'Pills, powders and liquids': Everything parents should know about ecstasy, 'ice' and other illicit drugs in 2015

Paul Dillon
Drug and Alcohol Research and Training Australia
Outline

- what drugs are we talking about here?
- what do we know about prevalence rates – are more young people using them than in the past?
- who uses them and where?
- how much do they cost and where do they get them?
- what influence can a parent have in preventing use?
Growing parental concern

Over the past couple of years a number of drugs have hit the headlines – is the drug situation getting worse?

Teenager dies, another man critical, after A State of Trance festival at Sydney Olympic Park
Substances that are likely to be used by young people include:

**Alcohol, alcohol, alcohol ...**

Other substances - legal, illegal and pharmaceutical ....

- cannabis
- **ecstasy**
- **amphetamines** – *'speed' and 'ice'*
  - as well as pharmaceutical products like Ritalin and dexamphetamine
- **LSD** and a range of other hallucinogens, both synthetic and naturally occurring (*'magic mushrooms', DMT, and peyote*)
- other drugs used on the dance scene – GHB and ketamine (*'Special K'*)
- amyl nitrite (*'Jungle Juice'*)
- *'emerging psychoactive substances'* (EPS)
Are we using more illicit drugs now than in the past?

Australian drug use
Lifetime illicit drug use (%) - 14 years and over

2013 National Drug Household Survey (AIHW, 2014)

- Cocaine: 8.1%
- Heroin: 1.2%
- Ecstasy: 10.9%
- Hallucinogens: 9.4%
- Meth/amphetamine: 7.0%
- Inhalants: 3.8%
- Cannabis: 34.8%
Never used illicit drugs (%) - 14 years and over

2013 National Drug Household Survey (AIHW, 2014)

<table>
<thead>
<tr>
<th>Drug</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>cocaine</td>
<td>91.9</td>
</tr>
<tr>
<td>heroin</td>
<td>98.8</td>
</tr>
<tr>
<td>ecstasy</td>
<td>89.1</td>
</tr>
<tr>
<td>hallucinogens</td>
<td>90.6</td>
</tr>
<tr>
<td>meth/amphetamine</td>
<td>93.0</td>
</tr>
<tr>
<td>inhalants</td>
<td>96.2</td>
</tr>
<tr>
<td>cannabis</td>
<td>65.2</td>
</tr>
</tbody>
</table>
1991-2013: Changes in 'recent use' (%)

2013 National Drug Household Survey (AIHW, 2014)
What about young people?

How many school-based young people have ever used drugs?
Apart from a small number of substances, drug use is uncommon amongst this group. Analgesics continue to be widely used across all ages, with inhalants being favoured by younger groups and tranquilisers more popular with the older students. Cannabis use had risen from 2008 from 13.6% to 14.8% in this survey.
Prevalence (%) of 12-17 year old students who have never drugs (excluding tobacco and alcohol)

2011 ASSAD Survey

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>3.8</td>
</tr>
<tr>
<td>Tranquillers</td>
<td>82.9</td>
</tr>
<tr>
<td>Cannabis</td>
<td>85.2</td>
</tr>
<tr>
<td>Inhalants</td>
<td>82.7</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>97.0</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>98.1</td>
</tr>
<tr>
<td>Steroids</td>
<td>98.0</td>
</tr>
<tr>
<td>Opiates</td>
<td>98.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>96.3</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>97.3</td>
</tr>
</tbody>
</table>
Overall, the story is a positive one. **Once again, most secondary school students do not use drugs.** However, this is the first time that cannabis use has not decreased and hallucinogens are now the second most popular drugs amongst this population.
Who is most likely to use these substances and where?

Illicit drug use is not the norm amongst secondary school students ... Those that do come from a wide range of backgrounds

Shift in where drugs are taken –

- alcohol and cannabis typically only drugs once associated with teenage parties
- younger adolescents are attending dance festivals – exposed to a range of drugs earlier
- ecstasy, LSD and others are being used at weekend parties and gatherings by some
- growing number of 'psychonauts' – use hallucinogens in their room and share experiences with others in chat rooms
Ecstasy

Pills, 'E' and 'pingers'
What is ecstasy?

Ecstasy is a street name for a substance known as MDMA

- usually comes in pill or tablet form, but can be powder
- usually swallowed, but can be snorted or injected

Not usually 'good quality' (why many call them 'pills' – don't know what you are actually taking) can contain a range of substances, some far more dangerous than others

- PMA is extremely dangerous
How do we compare with the rest of the world?

Population refers to those aged 15-64 years (UNODC, 2014)

Ecstasy prices have dropped dramatically since the 1990s but we still pay more for the drug than many other countries

We continue to be the world's largest consumers of ecstasy
Ecstasy - effects

Tolerance to the 'MDMA effect' built quickly

- continue to get the amphetamine effect – keep awake and gives you energy
- serotonin effect (the feeling of 'connectedness') does not last
- many ecstasy users keep searching for the same high they had the first time they used
- use increasing amounts and add other drugs to the mix in an attempt to replicate their initial experience

Ecstasy is not short-acting – takes time to recover - replenish serotonin levels

- 'hangover effect' - one reason users move away from the drug – impacting on work, study and relationships
Ecstasy deaths

Deaths from ecstasy are rare but they do occur
When they do - they get a great deal of media attention

- 1995 - Anna Wood
- 2007 - Annabel Catt
- 2009 - Gemma Thoms

These deaths have all been very different – not simply poisoning – have included water intoxication, other adulterants and MDMA overdose
Ecstasy deaths – how do they die?

(Kaye, Darke & Duflou, 2009)

If not caused by poisoning or ‘allergic reactions’ – how do they die?

- **Overheating** – usually resulting in respiratory collapse resulting from disseminated intravascular coagulation (DIC)
  MDMA affects blood coagulation, causing the blood to coagulate where it shouldn’t – the lungs. It also prevents it coagulating in places it should – this could cause haemorrhaging

- **Drinking too much fluid** – ‘water intoxication’ or dilutional hyponaetremia
  Affecting the kidneys by secreting an anti-diuretic hormone which prevents the excretion of fluids. Water is retained, especially in brain cells and eventually primary bodily functions shut down

- **Heart failure** – ecstasy causes rises in blood pressure and heart rate which a fit young person can normally sustain. Some young people have succumbed to these stimulant effects, sometimes as a result of an undiagnosed heart condition
Methamphetamine

Speed, 'ice', 'crystal', 'crystal meth', 'meth'
What is methamphetamine?

Three forms of methamphetamine – **powder, base and crystal (or 'ice')**

<table>
<thead>
<tr>
<th></th>
<th>Powder (speed)</th>
<th>Base</th>
<th>Crystal methamphetamine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street names</strong></td>
<td>Speed, goey or whiz</td>
<td>Paste, point, pure, or wax</td>
<td>Ice, shabu, crystal, or crystal meth</td>
</tr>
<tr>
<td><strong>Colour</strong></td>
<td>Fine or coarse powder</td>
<td>Sticky, waxy or oily form of damp powder, paste</td>
<td>Crystal or coarse crystalline powder</td>
</tr>
<tr>
<td><strong>Appearance</strong></td>
<td>Can be white, pink, yellow, orange, brown</td>
<td>Often has a yellow or brown tinge, strong odour</td>
<td>Usually translucent or white, may have green, blue or pink tinge</td>
</tr>
<tr>
<td><strong>Route of administration</strong></td>
<td>Usually snorted, ingested or injected</td>
<td>Usually injected or swallowed, but can be smoked or snorted</td>
<td>Usually injected or smoked but can be snorted or swallowed</td>
</tr>
</tbody>
</table>
2007-2013: Form of meth/amphetamine used, recent users aged 14 years or over

2013 National Drug Household Survey (AIHW, 2014)

DARTA Drug and Alcohol Research and Training Australia
How do we compare with the rest of the world?

In terms of cost, we pay more than almost any other country in the world for meth/amphetamine.

Population rates – 15-64 years (UNODC, 2014)

Rate of use of amphetamines – Australia ranks 3rd in the world

UNODC, 2014
Media coverage of methamphetamine

Stories published that are based on little, if any, evidence lead to the reinforcement of urban myths.

Campaigns developed by the US DEA do not tell the whole story and these images are regularly used in Australian media stories.

'Strawberry Quik' – the best example of an urban myth – continuing to appear in media stories.

Source: Daily Telegraph, 10 May, 2008
The term 'hallucinogens' includes synthetic and naturally occurring hallucinogens (acid, trips, mushies, magic mushrooms, blotter, angels trumpet and blue meanies)
LSD 'Trips', 'acid' and 'blotters'
LSD - risks

Effect depends on many factors including the dose and the user's tolerance – but most importantly 'set and setting'

- a 'bad trip' can be caused simply by feeling worried about taking the drug or feeling uncomfortable about where you are or who you're with
- may temporarily impair ability to make sensible judgments and understand common dangers, thus making the user more susceptible to accidents and personal injury
- deaths are rare and are usually related to accidents, although recently there have been deaths due to toxic adulterants
All took what they believed to be LSD and died. Tests have found that LSD was not the cause of death. They were all 25I-NBOMe-related – a substance linked to deaths across Europe.

NBOMe is being sold on the internet as LSD at very cheap prices – easy to buy and to import into the country without detection.

LSD-related deaths

Three high profile LSD-related deaths that led to changes to laws across the country.
Other hallucinogens

What does 'naturally occurring' actually mean?
'Emerging (or new) psychoactive substances' (EPS or NPS)

Used to be referred to as 'synthetic drugs'
What are 'synthetic drugs'?

Term makes no sense ...

- most illicits are synthetic — 'synthetic LSD' or 'synthetic ecstasy'?
- 'synthetic cannabis' on the other hand ...
- 'legal highs' makes more sense but is not politically palatable
- 'emerging psychoactive substances' (EPS) now being used by governments

Two types of products:

- **synthetic cannabinoids**
- **other legal highs** mimicking stimulants and hallucinogens — 'research chemicals'
Practically impossible to keep up with the range of new substances that are being introduced to the market and becoming available on-line.

NSW's approach to the over-the-counter 'legal high' market has had great success but it is via the internet that these substances continue to be available.

Where do they keep coming from and how do people find out about them?
The Internet – the new drug dealer

One of the greatest challenges that face drug prevention
Drugs and the Internet

Much of the research around drugs and the Internet has focused on:

- buying drugs on-line
- seeking drug-related information on-line

Recent media coverage has particularly focused on the capacity to buy drugs from web vendors. Drug transactions still occur in the traditional way – through friendship networks - on-line selling of drugs appears to becoming increasingly popular.
Anonymous marketplaces to buy illicit and pharmaceutical drugs online
How many products are we talking about here?
(EMCDDA, 2015)

1997 - EMCDDA developed 'early warning system' – over 450 substances reported since then (almost 350 in the last 5 years)

- 13 new substances were reported in 2008, 24 in 2009, 41 in 2010, 49 in 2011, 73 in 2012, 81 in 2012
- **2014 – 101 new substances – that's almost two per week!**
- included 30 synthetic cannabinoids (total now of 134!)
- others - synthetic cathinones, synthetic derivatives of well-established drugs (e.g., ketamine and PCP), as well as plant-based substances
Parenting and the prevention of alcohol and other drug use

What do we know that works and what shouldn’t we be doing?
Parents can make a difference

There are a number of areas that parents have a major impact ...

- **promote positive norms** – the vast majority of school-based young people do not use illicit drugs
- **challenge misconceptions** – 'not everyone does it', drugs are not 'everywhere' ...
- **make your views on drugs clear** – make your values absolutely clear and your reasons for this stand
- **role-modelling** – both positive and negative effects
- **parenting style** – what type of parent are you?
Parenting style

What type of parent are you and what do we know about the influence of particular parenting styles?
Different types of parenting styles have been identified:

- **authoritarian** (strictness but not warmth)
- **authoritative** (warmth and strictness)
- **indulgent** (warmth but not strictness)
- **neglectful** (neither warmth nor strictness)
"The single most important thing parents can do to raise healthy, happy and successful kids is to practice authoritative parenting"

Laurence Steinberg in 'Age of Opportunity'

Steinberg says it's crucial that parents excel in three areas:

- **be warm** – "you can't spoil a child with love" – you want to build your child's sense of feeling loved, valued and protected
- **be firm** – "set rules that are grounded in logic and purpose" and make adjustments as they get older and reward good behaviour
- **be supportive** – "gradually relinquish control and try to permit – rather than protect – when you can". If you decide to say 'no', explain why
Teenage parties and alcohol

Should you let your child go to teenage parties?

- Yes! This is how they learn to socialize – but make sure you find out as much as you can about the event as possible

Should you hold teenage parties?

- Yes! But make sure your child knows that holding a party is a joint responsibility - not just yours!

Should you serve alcohol at a teenage party?

- Absolutely not! In most states this is now illegal and no matter what you think, it is impossible to monitor alcohol at this type of event
Dance festivals and illicit drugs

Facts about dance festivals and drugs:

- not everyone who goes to dance festivals takes drugs
- anyone attending a dance festival, however, will be exposed to drug use
- these events now promoted to a younger audience

Should you let your child go to dance festivals?

- at a certain age – difficult to stop them! Are they appropriate for 15 year olds? Absolutely not - these are adult events - some young people simply not prepared for the experience

If they do attend, what should you do?

- discuss your concerns and expectations
- discuss an 'emergency strategy'
- make sure they have an ICE number on their mobile
- take them there and pick them up – if you want to know what they're doing, this is the only way to do it!
So what can a parent do around alcohol?

We cannot inoculate our children from these issues but we can ...

- **be a positive role model** – look at how you socialise with alcohol and talk about it
- **promote positive norms** - not everyone drinks and most don’t drink irresponsibly
- **create rules and consequences** around alcohol and parties early, modify them as they get older but don’t be influenced by others – stick to your guns!
- if things get out of hand, **seek professional help nice and early** – certain behaviour is not normal and needs to be addressed
So what can a parent do around other drugs?

Most school-based young people will never use other drugs, those who do so regularly usually have other issues

- **keep lines of communication open** – know their friends and show an interest in what they do
- **keep them busy** – making sure they have interests (sport, music, etc) and that you can be a part of that in some way is important
- **monitor their money** - alcohol and other drugs cost money – if they are spending a lot and you’re not seeing anything for it, start asking questions
- **certain activities are more likely to expose them to drugs** – dance events and nightclubs are linked to the ecstasy culture. Difficult to stop them going but discussion needs to be had on your expectations
Tell your children they're great, all the time!

- even at their very worst there is always something positive you can find to say about your child - find it and say it!

Really listen to your child and 'connect'

- when was the last time you really 'connected' with your child? Try to find the time at least once a week for a few minutes to 'connect' with your child
For further information or you are interested in more of what I have to say ...

*Teenagers, Alcohol and Drugs* is available at your local bookstore or on-line

For a PDF copy of this presentation or a list of references and supporting information, please go to my website - [www.darta.net.au](http://www.darta.net.au)

Please feel free to contact me by email - [p.dillon@darta.net.au](mailto:p.dillon@darta.net.au) or follow me on Facebook or Twitter ([Drug and Alcohol Research and Training Australia](http://www.darta.net.au)) or go to my blogs – 'Doing Drugs with Paul Dillon' or 'The Real Deal on Drugs'