EDRS

ECSTASY AND RELATED DRUGS REPORTING SYSTEM
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Travellers in the Territory: A comparison of Darwin residents and travellers from the Ecstasy and Related Drugs Reporting System.

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KEY FINDINGS

- Fifty-two per cent of the Northern Territory EDRS sample from 2013 and 2014 were domestic or international travellers.
- Participants who identified as travellers were significantly more likely to be older and completed higher education after school. Inversely, travellers were significantly less likely to be employed full-time.
- In terms of recent drug use, travellers were significantly more likely to have used cocaine, nitrous oxide and ketamine; however, Darwin residents were significantly more likely to have recently used ice/crystal and MDA.
- A significantly higher proportion of travellers were found to be drinking alcohol at hazardous levels.
- Significantly less travellers reported a mental health problem compared to residents, however there was no difference found between the two groups in terms of their psychological distress scores (K10).
- A significantly higher proportion of travellers reported having casual sex in the past six months than residents. Aside from this finding, both groups had similar sexual risk profiles.
- Both groups had similar rates for bingeing, overdose and criminal activity.

INTRODUCTION

Young people's substance use patterns typically increase when they travel away from their usual residence (Bellis, Hughes et al. 2007). Increased consumption of alcohol and other drugs by travellers is associated with a number of risk-taking behaviours and negative health outcomes, including increases in unsafe sex, overdoses and accidents (Traeen and Kvalem 1996, Connor, Norton et al. 2004). As such, travellers who are engaging in these behaviours within an unfamiliar setting may be vulnerable, as they often have a limited knowledge of local health services and smaller social networks to assist them if they experience trouble (Bellis, Hughes et al. 2002).

Youth travellers (aged 15-29 years) comprised about one-third of all holiday visitors to the Darwin region between June 2011/12 to June 2013/14, with almost half (47%) of all international travellers to Darwin falling within this age group (Tourism NT 2014). With this in mind, as well as the recent upward trend in visitation of both domestic and international travellers to Darwin (Tourism NT 2014), it is important that we understand what substance use consumption patterns are occurring in Darwin, and what the health and other risk-related issues are that both health service and law enforcement should be aware of.

With this in mind, this bulletin endeavours to determine what specific substance use, health and risk factors are unique to travelling participants of the 2013 and 2014 Ecstasy and related Drugs Reporting System (EDRS). Due to small numbers, the decision was made to combine international and domestic travellers into one category for analysis. More specifically, this research bulletin aims to:

- Examine the differences and similarities between travellers and Darwin residents in relation to their drug use, mental health, sexual activity and other risk behaviours.

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METHOD

The EDRS is an annual monitoring system that has been conducted in every capital city across Australia since 2003. It is funded by the Australian Government Department of Health and acts as an early warning system for emerging illicit drug problems – primarily focusing on ecstasy and other 'party drugs', such as methamphetamine, cocaine, GHB and ketamine.

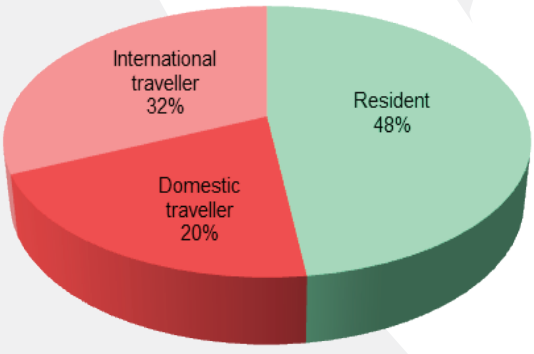
The study uses a triangulation of three data sources including: a survey of current regular psychostimulant users (RPU), a survey of key experts who work in the drug and alcohol field, and analysis of indicator data from health and law enforcement sectors. In examining the differences between travellers and residents, this paper will be using the Northern Territory (NT) EDRS data collected from interviews with RPU in 2013 (n=45) and 2014 (n=100). For the purposes of this bulletin, regular psychostimulant use is defined as at least six days of use in the preceding six months (i.e. at least monthly use) within Australia, with 'psychostimulants' primarily including ecstasy, methamphetamine, cocaine, GHB, ketamine and LSD.

The EDRS questionnaire covers a range of topics including drug use, mental health, sexual health, driving behaviours, injecting behaviours and criminal activity.

RESULTS

Of the 145 individuals who participated in the NT EDRS during 2013 or 2014, 52% identified as a traveller. Of the travellers, the majority were international visitors (61%) from various countries, including the United Kingdom (31%), New Zealand (7%), Ireland (5%) and the United States of America (4%). The remaining two-fifths of travellers (39%) were Australian born (domestic travellers). On average, travellers had been in Darwin for five of the 12 months preceding the interview.

Figure 1: Breakdown of Darwin participants according to traveller status, 2013 & 2014



Demographic characteristics

As can be seen in Table 1, there were a number of demographic differences between the travellers and residents groups. More specifically, participants who identified as travellers were significantly more likely to be older and completed higher education after school. Conversely, travellers were significantly less likely to be employed full-time.

Table 1: Comparison of demographic characteristics amongst participants according to traveller status, 2013 & 2014

%	Residents N=70	Travellers N=75
Male (%)	67	55
Age (median)	21.5	24**
In a relationship (%)	43	28
Completed higher education (%)	47	76***
Employed full-time (%)	49	32*

*$p<0.05$; **$p<0.01$; ***$p<0.001$

Drug Use

Recent drug use

EDRS participants were asked about their lifetime and recent use of 24 individual drugs. No significant differences were found between the samples in terms of drug of choice, mean number of drugs used or drug used most often in the past six months.

In regards to specific drugs used in the past six months, it was found that travellers were significantly more likely to have used cocaine, nitrous oxide and ketamine (Figure 2). Inversely, travellers were significantly less likely to have recently used ice/crystal and MDA.

Figure 2: Recent use of drugs amongst participants according to traveller status, 2013 & 2014

*$p<0.05$; **$p<0.01$.

Note: NPS (new psychoactive substances).

Mental and sexual health

One-in-ten travellers self-reported a mental health problem (other than drug dependence) in the six months preceding interview (Table 2). This was significantly lower than reported by the residents (25%; $p<0.05$). However, no difference between the proportions of each sub-group who sought professional help for their mental health problem was found.

The EDRS also captures mental health using the Kessler Psychological Distress Scale (K10). The K10 consists of ten questions which generates a score between 10 and 50. A score of 10 indicates no psychological distress, whilst a score of 22 or more indicates high or very high levels of psychological distress. As can be seen in Table 2, there was no significant different in the proportions of participants within the samples who scored high to very high distress on the K10. This finding is interesting in light of the significant difference found between self-reported mental health problems.

In regards to sexual risk behaviours, a significantly higher proportion of travellers reported having casual sex in the past six months than residents (80% vs. 62%; $p<0.05$). Aside from this, for the remaining sexual risk behaviours it was found that residents and travellers had mostly similar risk profiles. During the six months preceding interview, the majority of participants reported being under the influence of drugs during sex at least once. In terms of always using protection during sex whilst under the influence of drugs, a larger proportion of residents reported doing so compared to travellers (41% vs. 23%), however this did not reach significance. The majority of both residents and travellers who had engaged in casual sex reported having a sexual health check-up in the past year (59% vs. 67%), and no differences were found in relation to diagnosis of a sexually transmitted infection (10% vs. 13%).

Other risk behaviours

The EDRS collects data on a range of risk behaviours, some of which are outlined in Table 3. Forty-four per cent of both the residents and travellers reported that they had used stimulants continuously for 48 hours or more without sleep in the preceding six months. Both groups scored a median of one on the severity of dependence scale (SDS) for ecstasy, indicating that the majority of all participants reported no or few symptoms of dependence in relation to ecstasy use. The two groups also had similar prevalence rates for lifetime stimulant overdose, lifetime depressant overdose, past month criminal activity and arrest history in the past year. However, as shown in Table 3, there was a significant difference in relation to the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is a brief screening tool which identifies individuals with alcohol problems: scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence. In line with previous research, travellers were significantly more likely to score 8 or more on the AUDIT, indicating that a higher proportion of the group were drinking at highly hazardous levels.

Table 2: Mental health and sexual risk behaviour amongst participants according to traveller status, 2013 & 2014

%	Residents N=70	Travellers N=75
Mental health		
Mental health problem (self-report; past six months)	25	9*
Attended a health professional (past six months)	68	38**
K10 score (≥22)	11	17
Sexual risk behaviour		
Casual sex (past six months)	62	80*
Under influence of drugs during casual sex#	79	88
Always used protection during casual sex under influence of drugs#	41	23
Sexual health check-up (past year)	59	67

#Amongst those who had had casual sex in the past six months
*$p<0.05$; **$p<0.001$
Note: K10 (Kessler 10 Psychological Distress Scale).

Table 3: Other risk behaviours amongst participants according to traveller status, 2013 & 2014

%	Residents N=70	Travellers N=75
Binged (last six months)	44	44
AUDIT (score ≥8)	81	93*
SDS (median score)	1	1
Lifetime stimulant overdose	17	16
Lifetime depressant overdose	7	12
Criminal activity (past month)	30	20
Arrested (past year)	19	11

*$p<0.05$
Note: AUDIT (Alcohol Use Disorders Identification Test); SDS (severity of dependence scale).

CONCLUSION

It is well known that Darwin is home to a highly transient population, often comprised of backpackers, seasonal workers and tourists. In acknowledgment of this, the EDRS has changed the eligibility and recruitment strategy for the NT in recent years in order to recruit an active sample of RPU who were engaged with the Darwin illicit drug market, regardless of whether they had resided in the capital city for the entirety of the preceding year. Consequently, we have recruited over the past two years a mixture of travellers and residents, whereby the split within the RPU sample has been almost 50/50. This has given us the unique opportunity to examine the Darwin ecstasy and related drugs marketplace as a whole, but also to look at the important differences between those RPU who are residents compared to those RPU who are travellers.

In regards to drug use, it was interesting to find that even amongst a sample of RPU, there remained significant differences between Darwin residents and travellers. Specifically, travellers were more likely to have recently used cocaine, nitrous oxide and ketamine. Inversely, travellers were less likely to have used ice/crystal and MDA within the preceding six months. A higher proportion also reported hazardous alcohol use (as measured by the AUDIT). Such findings show that RPU who are travelling have quite different patterns of substance use than RPU who are residing in their home city. That is, RPU who are travelling are engaging in different consumption patterns and as such it is important that harm reduction messages are tailored accordingly.

Finally, two findings of particular interest arose from the analyses. First, although fewer travellers reported a mental health problem compared to residents, there was no difference found between the two groups in terms of their psychological distress scores as measured by the Kessler 10. Second, significantly fewer travellers reported seeing a health professional in the past six months, however there was no difference between travellers and residents in terms of the proportion in the past year who had had a sexual health check-up. This finding may be linked to the significantly higher proportion of travellers engaging in casual sexual practices, and potentially travellers are receptive to health messages of the importance of sexual health check-ups for those who are sexually active.

It would be interesting for future research to examine gender differences between RPU who are travellers versus those who are residents. Previous research has shown that gender differences do exist among travellers in terms of consumption patterns (Pedersen, Skidmore et al. 2014), so it would be interesting to see if this finding is mirrored within a sample of RPU. Such research could help inform specific harm reduction messages that should be targeted to this sub-group, as well as interventions that may minimise the risks that are unique to travellers in Darwin.

REFERENCES

Bellis, M., Hughes, K., Dillon, P., Copeland, J., & Gates, P. (2007). "Effects of backpacking holidays in Australia on alcohol, tobacco and drug use of UK residents." BMC Public Health 7(1): 1.

Bellis, M., Hughes, K., & Lowey, H. (2002). "Healthy nightclubs and recreational substance use. From a harm minimisation to a healthy settings approach." Addict Behav 27(6): 1025-1035.

Connor, J., Norton, R., Ameratunga, S., & Jackson, R. (2004). "The contribution of alcohol to serious car crash injuries." Epidemiology 15(3): 337-344.

Pedersen E.R, Skidmore J.R., & Aresi G. (2014). "Demographic and predeparture factors associated with drinking and alcohol-related consequences for college students completing study abroad experiences." Journal of American College Health 62(4): 244-254.

Tourism NT (2014). Tourism NT Regional Report Darwin & Surrounds. Darwin, Tourism NT.

Traeen, B. and I.L. Kvalem (1996). "Sex under the influence of alcohol among Norwegian adolescents." Addiction 91(7): 995-1006.

SUGGESTED CITATION

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