

Engagement in harm reduction behaviours among a sample of people from Canberra, ACT who use ecstasy and related drugs

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Background

People who use illicit drugs can deploy a range of strategies to reduce their risk of experiencing harm. For example, research has shown that people who use illicit drugs at festivals often employ their own dose-controlled harm reduction strategies (e.g., avoiding mixing stimulants with depressants, limiting quantity consumed), and that these behaviours are associated with reduced risk for adverse drug-related health consequences¹.

One harm reduction strategy that has garnered particular attention of late comprises drug checking ('pill checking'). Drug checking services are currently unavailable in Australia with the exception of trial services at a festival in Canberra in 2018 and 2019^{2,3,4}. In the absence of formal drug checking services, colorimetric reagent kits can be used by people who use illicit drugs to test the contents of their substances. These tests only offer presumptive identification (e.g., presence or absence of a substance, with no quantification) and accuracy can be impacted by a range of factors⁵.

The aim of this bulletin is to summarise engagement in harm reduction strategies amongst a sample of people from Canberra, ACT, who regularly use ecstasy and related drugs. This bulletin focuses particularly on experience of drug checking.

Methods

Data were used from the 2019 Ecstasy and Related Drugs Reporting System (EDRS) face-to-face interviews conducted with people that self-reported using illicit stimulants on a monthly or more frequent basis in the past 6 months, were a minimum of 18 years old and had lived in a capital city for at least 10 out of 12 months preceding interview. A total of 100 participants were interviewed in Canberra during April-June 2019. The majority of the participants were recruited via social media (mainly Facebook) and word-of-mouth. As part of the interview, questions around harm reduction behaviours, including items on drug checking, were asked.

What our work found

Nearly all the ACT EDRS participants (98%) reported engaging in at least one type of harm reduction strategy the last time they consumed ecstasy or a related drug (e.g. methamphetamine, cocaine, LSD, ketamine). The most common harm reduction strategy reported by the majority of the sample (88%) was ensuring that people knew that they were using drugs, followed by consuming water regularly (83%), making sure to eat beforehand (70%) and obtaining information from others that have used the drug from the same batch (70%) (Table 1). However, a large percent also reported drinking alcohol when last using illicit drugs (70%). This was followed by two-fifths (42%) reporting using more of the drug than planned and one quarter (26%) using other illicit drugs unplanned (Table 2).

Table 1.

Harm reduction strategies applied on last occasion of ecstasy or related drug use:	EDRS ACT (N=100)
	% (n)
Ensured I was with people who knew I was using	88 (n=88)
Consumed water regularly	83 (n=83)
Obtained information from others who had tried the same batch	70 (n=70)
Made sure I had eaten beforehand	70 (n=70)
Spread out doses over the session	64 (n=64)
Rested the night before	60 (n=60)
Took regular breaks to cool down	46 (n=46)
Searched online for reports of the drug by appearance	34 (n=34)
Researched online about interaction of drugs	30 (n=30)
Used vitamin supplements	22 (n=22)
Consumed a test dose	19 (n=19)
Used less of the drug than planned	9 (n=9)

Table 2.

Other behaviours on last occasion of ecstasy or related drug use:	EDRS ACT (N=100)
	% (n)
Used alcohol	70 (n=70)
Used more of the drug than planned	42 (n=42)
Used other illicit drugs unplanned while under the influence	26 (n=26)
Avoided food immediately (<1-2 hours) before drug consumption	19 (n=19)
Used drugs on my own	9 (n=9)

Regarding drug checking (testing the content and/or purity of drugs), three in five of the ACT participants reported lifetime experience of drug checking (59%), and 45% reported doing so in the year preceding interview. Of those that had checked their drugs in the past year (n=45), the majority reported using a colorimetric reagent kit (77%), and a smaller percent reported using a face-to-face testing service (16%) (Table 3).

Table 3.

Experience of drug checking	EDRS ACT (N=100)
	% (n)
No	41 (n=41)
Yes, but not in the past year	14 (n=14)
Yes, in the past year	45 (n=45)
Of those who have tested in the past year:	
Type of test used last time % (n)	n=45
Colorimetric reagent test	77 (n=33)
Testing strips (e.g., fentanyl testing strips)	-
Face-to-face testing service (e.g., festival pill-testing service)	16 (n=7)
Postal/online testing service	0
Other	-
Don't know	-

Note. - data suppressed when n = 5 or less

Of those who had last tested their drugs for one or multiple substances via a colorimetric reagent kit (n=29), nearly all participants had tested for drugs that were sold as MDMA/ecstasy (86%, n=25). Of those who tested MDMA (n=25), the majority (88%) identified MDMA in their drug sample.

For those that had last tested and detected MDMA/ecstasy (n=22), all had consumed the tested drug (100%), over two-fifths (46%) reported the results to their friends/peers or on forums, over one-third (36%) gave or sold the drug to someone else and a smaller percentage reported the results back to the dealer (Table 4).

Table 4.

EDRS participants who tested and detected MDMA with a colorimetric reagent kit:	EDRS ACT (N = 22)
	% (n)
Used the tested drug	100% (n=22)
Did not use the tested drug	0% (n=0)
I gave/sold them to someone else	36% (n=8)
Reported results of tested drugs to peers/friends or on forums	46% (n=10)
Reported results of tested drug back to dealer	-

Note. - data suppressed when n = 5 or less. Two participants tested for MDMA but did not detect MDMA and one participant did not respond; these results are not presented here due to small number reporting.

Conclusion

Nearly all participants engaged in some form of harm reduction behaviour when last consuming ecstasy or a related drug. Further, more than half of the participants had tested their drugs in their lifetime and just under half reported doing so in the past year. It is evident that people who use illicit drugs actively engage in various strategies to reduce their risk of harm, including obtaining information on the contents of their drugs. There are also indications that people are actively sharing the acquired knowledge from drug checking within their social networks. These findings reinforce the reliance of people who use illicit stimulants on colorimetric reagent kits in the absence of formal drug checking services, and the necessity for accurate knowledge of substance contents given the capacity for broader information sharing.

References

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