



The Ecstasy and Related Drugs Reporting System: A comparison of GLB and heterosexual participants.

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KEY FINDINGS

- Thirteen percent of the 2013 national EDRS sample identified as gay, lesbian, bisexual or some 'other' sexual orientation (i.e. did not identify as heterosexual).
- Participants who identified as GLB were significantly more likely to be female, were older and had completed fewer years of schooling.
- Gay men were significantly more likely to nominate methamphetamine as their drug of choice, whilst GLB participants as a whole were less likely to nominate alcohol as their preferred drug of choice.
- In terms of recent drug use, gay men were significantly more likely to have used amyl nitrate, crystal methamphetamine, GHB and heroin. Inversely, the GLB group were less likely to have used alcohol, cannabis, cocaine and any NPS within the preceding six months.
- Gay men were also more likely to report a lifetime injecting history, to know someone else with an injecting history, to have been offered drugs to inject in the past year and to have ever seriously considered injecting a drug
- GLB participants were significantly more likely to have suffered from a mental health problem in the preceding six months, and were also more likely to report high or very high levels of psychological distress.
- However, GLB and heterosexual participants had similar sexual risk profiles, as well as similar rates of bingeing, overdose, drug driving and criminal activity.

INTRODUCTION

It has been estimated that between 1% and 3% of the general Australian population identify as gay, lesbian or bisexual, with a much higher proportion reporting same sex attraction (Ritter et al., 2012). The number of people who identify as transgendered is largely unknown, with gender variance being extremely difficult to estimate.

Despite considerable progress in GLBT rights over the past few decades, individuals who identify as gay, lesbian, bisexual or transgender still face discrimination and disadvantage in many areas of life. Indeed, it has been well-established that GLBT individuals suffer from mental health disorders at a significantly higher rate than their heterosexual peers. They also have a higher prevalence of alcohol, tobacco and illicit drug use and appear to be at a higher risk of developing substance use problems (Ritter et al., 2012).

With this in mind, this paper endeavours to determine whether such findings extend to participants of the 2013 Ecstasy & Related Drugs Reporting System (EDRS). Since only two participants identified as transgendered, the decision was made to limit the analysis to gay, lesbian and bisexual (GLB) participants. That is, the focus of this paper will be sexual orientation, rather than gender orientation. More specifically, this research paper aims to:

Examine the differences and similarities between GLB and heterosexual participants in relation to their drug use, mental health, sexual activity, injecting practices and other risk behaviours.

METHOD

The Ecstasy & Related Drugs Reporting System (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 GLB and heterosexual participants, this paper will be using the national data collected from interviews with RPU in 2013 (n=686). Please note that for the purposes of this paper, regular psychostimulant use is defined as at least six days of use in the preceding six months (i.e. \geq monthly use) and 'psychostimulants' primarily include ecstasy, methamphetamine, cocaine, GHB, ketamine and LSD.

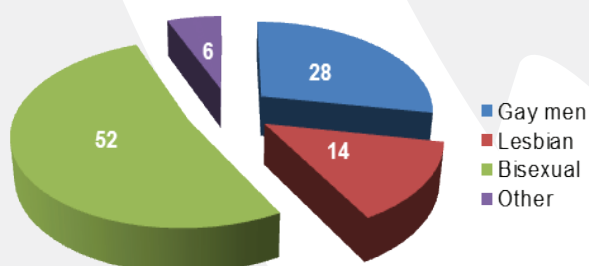
The EDRS questionnaire covers a range of topics including drug use, mental health, sexual health, driving behaviours, injecting behaviours and criminal activity.

RESULTS

In 2013, 13% of the national EDRS sample identified as gay, lesbian, bisexual or some 'other' sexual orientation (e.g. pansexual). New South Wales had the highest proportion of GLB participants (22%), followed by Victoria and South Australia (15% respectively). The Australian Capital Territory had the smallest proportion, with only 4% identifying as GLB. Due to the relatively small numbers of GLB participants in each jurisdiction, this paper will be presenting national data.

As can be seen in Figure 1, half of the GLB group identified as bisexual (of which 64% were female); 28% were gay men; 14% were lesbian; and 6% identified as some 'other' sexual orientation.

Figure 1: Composition of national GLB sample, 2013



Demographic characteristics

In 2013, 686 individuals took part in the EDRS; 600 of whom identified as heterosexual and 86 of whom identified as gay, lesbian, bisexual or some 'other' sexual orientation (to be referred to as the GLB group from here on in). As can be seen in Table 1, there

were a number of demographic differences between the GLB and heterosexual groups. More specifically, participants who identified as GLB were significantly more likely to be female, were older and had completed fewer years of schooling.

Table 1: Comparison of demographic characteristics amongst GLB & heterosexual participants, 2013

	GLB N=86	Heterosexual N=600
Male (%)	48	70***
Age (median)	22	21*
English-speaking background (%)	99	96
Aboriginal and/or Torres Strait Islander (%)	4	2
Schooling (mean years)	11	12*
Unemployed (%)	21	16
Drug treatment (%)	2	3

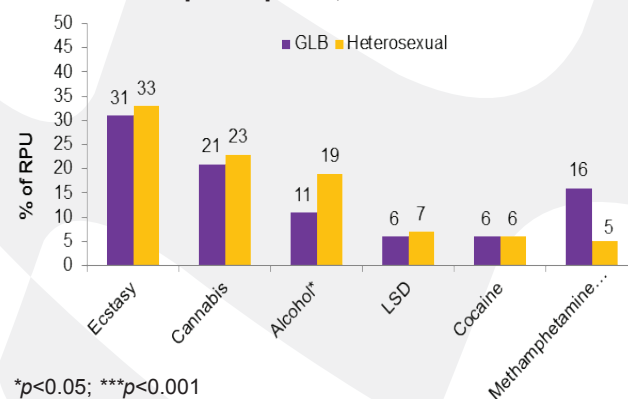
* $p < 0.05$; *** $p < 0.001$

Drug Use

Drug of choice

Given the nature of the EDRS, it was not surprising to find that ecstasy was the preferred drug of choice amongst both GLB and heterosexual participants (31% and 33% respectively). However, as seen in Figure 2, GLB participants were significantly more likely to nominate methamphetamine as their drug of choice ($p < 0.001$) and less likely to nominate alcohol as their drug of choice ($p < 0.05$). In particular, it was gay men who were more likely to nominate methamphetamine as their preferred drug of choice.

Figure 2: Drug of choice amongst GLB & heterosexual participants, 2013



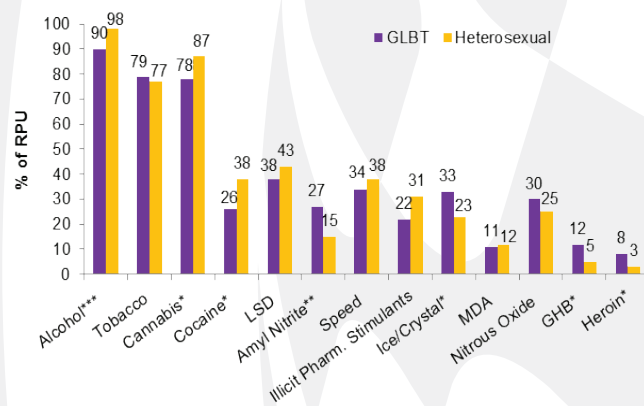
* $p < 0.05$; *** $p < 0.001$

Recent drug use

In 2013, EDRS participants were asked about their lifetime and recent use of 24 individual drugs. In regards to drugs used in the past six months, it was found that GLB participants were significantly more likely to have

used amyl nitrate, crystal methamphetamine, GHB and heroin (Figure 3). More specifically, gay men were more likely to have used all of these drugs, whilst there was no significant difference for lesbian and bisexual participants. Inversely, the GLB group were less likely to have used alcohol, cannabis and cocaine within the preceding six months.

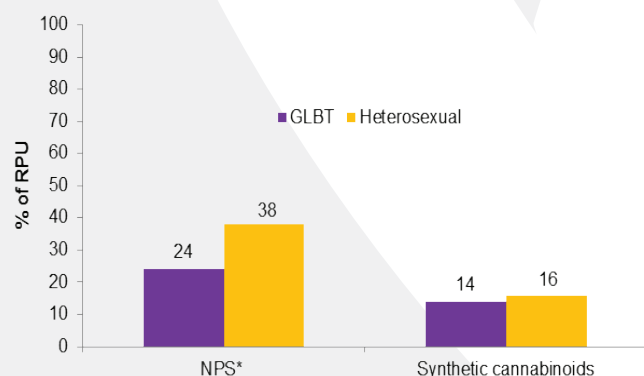
Figure 3: Recent use of drugs amongst GLB and heterosexual participants, 2013



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

New psychoactive substances (NPS) are a class of drugs that are designed to mimic the effects of illicit drugs and are produced by introducing slight modifications to the chemical structure of controlled substances to circumvent drug controls (UNODC, 2013). In 2013, the EDRS asked about 23 specific NPS (including mephedrone, 2CB, 2CI, DMT), as well as synthetic cannabinoids. Unfortunately, due to the relatively small numbers, it is not possible to look at each NPS individually. However, when looking at NPS as a group (excluding synthetic cannabinoids), we can see that when compared to the heterosexual group, GLB participants were significantly *less* likely to have used an NPS in the preceding six months ($p < 0.05$). The recent use of synthetic cannabinoids, however, was comparable across both groups (see Figure 4).

Figure 4: Recent use of new psychoactive substances amongst GLB and heterosexual participants, 2013



* $p < 0.05$

Mental and sexual health

In 2013, half (51%) of the GLB group self-reported a mental health problem (other than drug dependence) in the six months preceding interview. This was significantly higher than reported by the heterosexual group (27%; $p < 0.001$). In particular, GLB participants were more likely to report depression (80% versus 63%; $p < 0.05$) and panic (18% versus 8%; $p < 0.05$). However, GLB participants were also more likely to have sought professional help for their mental health problem, with 30% of participants reporting that they had attended a health professional for a mental health problem in the last six months (compared to 15% of the heterosexual group; $p < 0.001$).

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, GLB participants were significantly more likely to score high-very high on the K10; in particular, it was lesbian and bisexual participants who were more likely to report these high-very high levels of psychological distress.

However, in regards to sexual risk, it was found that GLB and heterosexual participants had similar risk profiles. Fifty-seven percent of GLB participants reported that they had had casual sex in the six months preceding interview, which was similar to the prevalence rate reported by the heterosexual group (63%). Amongst those who had had casual sex, the majority of both groups reported that they had used drugs (including alcohol) the last time they had casual sex, although GLB participants were significantly more likely to report being under the influence of crystal methamphetamine (16% versus 7%; $p < 0.05$) and amyl nitrate (12% versus 2%; $p < 0.001$). Just over half of both groups reported that they had used protection on the last occasion of casual sex. GLB participants were, however, significantly more likely to have ever had a sexual health check-up (78% versus 59%; $p < 0.01$), and also more likely to have ever been diagnosed with a sexually transmitted infection (24% versus 12%; $p < 0.001$).

Table 2: Mental and sexual health amongst GLB and heterosexual participants, 2013

%	GLB	Heterosexual
	N=86	N=600
Mental health		
Mental health problem (self-report)	51	27***
Attended a health professional	30	15***
K10 score (≥22)	48	28***
Sexual activity		
Casual sex (past six months)	57	63
Used drugs last time had casual sex*	88	91
Used protection last time had casual sex*	51	53
Sexual health check-up (ever)	78	59**

*Amongst those who had had casual sex in the past six months
 ** $p < 0.001$

Injecting practices

Injecting rates have traditionally been low amongst EDRS participants, with 13% of the 2013 national sample reporting that they had injected a drug within their lifetime. However, as shown in Table 3, one-fifth (21%) of the GLB group reported that they had a lifetime history of injecting drug use, which was significantly higher than reported by heterosexual participants (12%; $p < 0.05$). In particular, it was gay men who were more likely to have ever injected a drug.

Additionally, in 2013, EDRS participants were asked a series of questions about their exposure to, and attitudes towards, injecting practices. Surprisingly, exposure to injecting was high amongst both groups, with 54% of the entire sample reporting that they had a friend or acquaintance with an injecting history – however, exposure to injecting was significantly higher amongst GLB participants (66% versus 54%; $p < 0.05$). Amongst participants who had a friend or acquaintance with an injecting history, forty-two percent of the GLB group reported that their friend or acquaintance had injected whilst in their presence (e.g. the participant was in the same room and aware of it). Additionally, GLB participants were significantly more likely to report that they had been offered drugs to inject in the past 12 months, and also more likely to have seriously considered injecting a drug throughout their lifetime (see Table 3).

Table 3: Injecting behaviours amongst GLB and heterosexual participants, 2013

%	GLB	Heterosexual
	N=86	N=600
Ever injected a drug	21	12*
Friend/acquaintance ever injected	66	54*
Friend/acquaintance ever injected in their presence [#]	42	53
Offered drugs to inject (past year)	34	22*
Seriously considered injecting (ever)	19	9*

[#]Amongst those who had a friend/acquaintance with an injecting history
 * $p < 0.05$

Other risk behaviours

The EDRS collects data on a range of risk behaviours, some of which are outlined in Table 4. In 2013, 41% of the GLB group reported that they had used stimulants continuously for 48 hours or more without sleep in the preceding six months (compared to 39% of the heterosexual group). Both groups scored a median of one on the severity of dependence scale for ecstasy, indicating that the majority of all participants reported no or few symptoms of dependence in relation to ecstasy use. GLB and heterosexual participants also had similar prevalence rates for lifetime stimulant overdose, lifetime depressant overdose, drug driving and past month criminal activity. However, as shown in Table 4, there were significant differences 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. Interestingly, the GLB group were significantly *less* likely to score 8 or more on the AUDIT, indicating that they had lower levels of hazardous alcohol use.

Table 4: Other 'risk' behaviours amongst GLB and heterosexual participants, 2013

%	GLB	Heterosexual
	N=86	N=600
Binged (last six months)	41	39
AUDIT (score ≥8)	63	81***
SDS (median score)	1	1
Lifetime stimulant overdose	31	29
Lifetime depressant overdose	26	22
Drug driving (past six months)	34	43
Criminal activity (past month)	37	33

*** $p < 0.001$

CONCLUSION

The GLBT literature is replete with evidence of associations between sexual orientation, drug use and mental health problems, and it was not surprising to find that such associations also hold true for GLB participants of the 2013 EDRS. More specifically, GLB participants were significantly more likely to self-report a mental health problem within the preceding six months, and more likely to report high or very high levels of psychological distress. This is undoubtedly an issue of grave concern, however it is beyond the scope of this paper to recommend interventions that may redress mental health amongst GLBT populations. Fortunately, this issue has recently been addressed by Ritter et al (2012) who highlight the importance of: (1) prevention and early intervention; (2) eliminating the stigma and discrimination that is often directed towards GLBT populations; and (3) ensuring that all mental health services are GLBT sensitive.

In regards to drug use, it was interesting to find that even amongst a sample of RPU, there remained significant differences between GLB and heterosexual participants. More specifically, gay men were more likely to nominate methamphetamine as their drug of choice and more likely to have recently used methamphetamine, GHB, amyl nitrate and heroin. Inversely, the GLB group were less likely to nominate alcohol as their drug of choice and also less likely to have used alcohol, cannabis, cocaine and any NPS within the preceding six months. They also reported lower levels of hazardous alcohol use (as measured by the AUDIT). Such findings show that GLB and heterosexual participants have quite different patterns of drug use. That is, RPU are not a homogenous group of drug users and as such it is important that harm reduction messages are tailored accordingly.

Finally, it was concerning to find that gay men were more likely to engage in and be exposed to injecting practices. That is, gay men were significantly more likely to report an injecting history, to know someone else with an injecting history, to have been offered drugs to inject in the past year and to have ever seriously considered injecting a drug. Previous research has shown strong associations between injecting drug use, sexual risk practices and blood-borne virus infections and this suggests a need for combined sexual health and harm reduction services for gay men who inject drugs (Lea et al., 2013).

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