

Beer and Skittles: Alcohol Use among Regular Ecstasy Consumers in Tasmania

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Background & Aims

Excessive alcohol use is an issue of concern among young Australians with people aged between 18-29 years old most likely to drink alcohol at risky levels (AIHW, 2011). In 2010, ecstasy was most commonly used by people in this age group with one in ten having used ecstasy in the past year (AIHW, 2011).

Concurrent alcohol and ecstasy use is common among regular ecstasy users (REU) and is associated with increased risk of harm or injury and masking the intoxicating effects of alcohol.

The aim of this research was to examine alcohol use among a Tasmanian sample of REU interviewed in 2013 and compare it to a similar age group (20-29 years) from the general population.

Method

The EDRS examines trends in ecstasy and related drugs and associated risk behaviours and health-related harms among REUs in Australian capital cities on a yearly basis.

Inclusion criteria: at least 16 years of age, monthly use of ecstasy in last 6 months, and resident of capital city in last 12 months.

Recruitment : posters/flyers, internet forums, and word of mouth. Reimbursement: \$40 for time and expenses. Confidential face-to-face structured interviews (~60 mins) were conducted in public locations (coffee shops, parks, university).

Alcohol use was examined among the 2013 Tasmanian EDRS participants (n=76, Median age=24 (18-42)). Trends in alcohol use were examined and compared to those aged 20-29 years in the general population (AIHW, 2011).

Results

Table 1. Alcohol use among Tasmanian REU, 2013

	2013 (n=76)
Ever Used (%)	100
Used last 6 months (%)	100
Median days use (range)*	72 (1-180)
Mean days use per week (range)*	4 (1-7)
No. standard drinks on a typical day when drinking (%)	
1-2	8
3-4	33
5-6	29
7-9	15
10 or more	15
Alcohol drug of choice (%)	16

*among those who used alcohol in the last six months

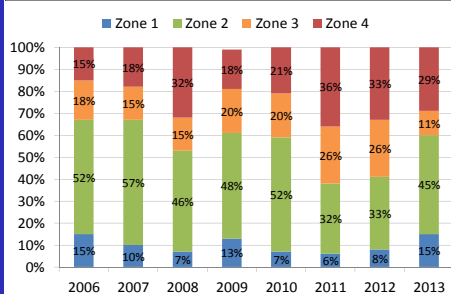


Figure 1. Proportion of Tasmanian REU in each zone of the AUDIT, 2006-2013

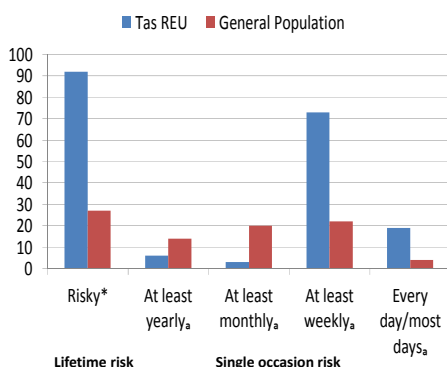
Zone 1=Low risk drinking
 Zone 2=Alcohol use in excess of low-risk guidelines
 Zone 3=Harmful and hazardous drinking
 Zone 4=Possible indicator of alcohol dependence

Table 2. Proportion of REU in Zone 4 accessing a health service for drug/alcohol related problem

	% REU in Zone 4 (n=22)
Accessed health service in last 6 months	5
Thought about contacting a health service in last 6 months	33

Guideline 1: Drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury (NHRMC, 2009)

Guideline 2: Drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion (NHRMC, 2009)



*Consume 2 or more standard drinks on a typical day when drinking
 * Consume >4 standard drinks

Figure 2. Alcohol consumption (2009 guidelines), Tas REU and general population at risk of alcohol related harm

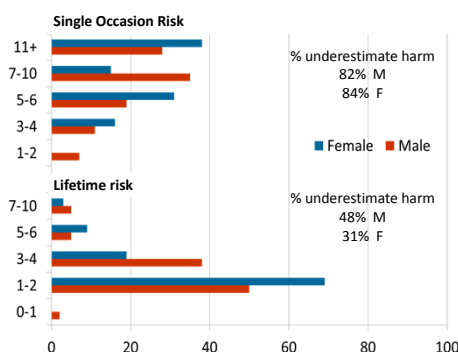


Figure 3. REU perceptions of the number of standard drinks an adult male could drink before he puts his health at risk, by sex of respondent

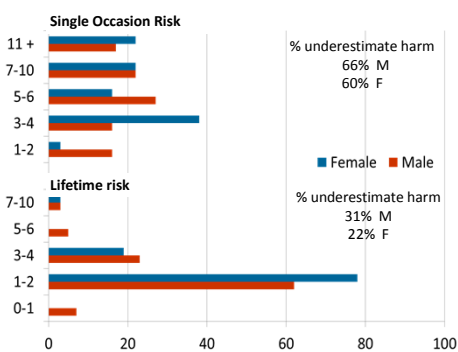


Figure 4. REU perceptions of the number of standard drinks an adult female could drink before she puts her health at risk, by sex of respondent

Table 3. Use of Alcohol and Ecstasy in Combination among Tas REU 2013 (n=76)

	Female	Male	Total
% Used >5 std drinks with ecstasy	88	81	84
% Used >5 std drinks in comedown	38	35	37
% Used >5 std drinks in binge* session	25	30	28

*use for more than 48 hours continuously without sleep

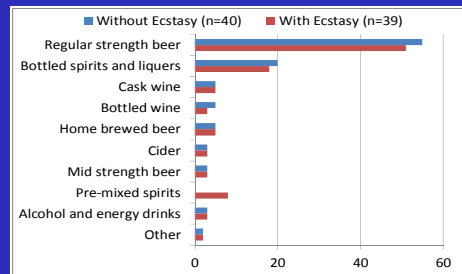


Figure 5. Main drink usually consumed by male REU when 4 or more standard drinks consumed without ecstasy and with ecstasy

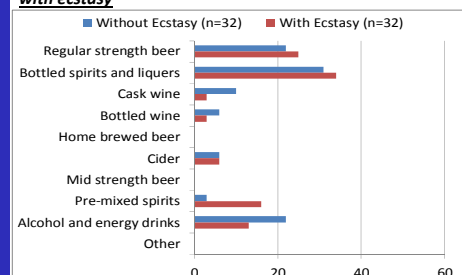


Figure 6. Main drink usually consumed by female REU when 4 or more standard drinks consumed without ecstasy and with ecstasy

Key Findings

- Compared to the general population (aged 20-29), a substantially greater proportion of REU reported drinking at levels which put themselves at risk of lifetime and single session harm (Figure 2).
- Almost one-third were classified as at risk of alcohol dependence (Figure 1), and only 5% of these had accessed a health service for a drug/alcohol related problem (Table 2).
- Large proportions (60-84%) of REU underestimated the risk of harm from a single drinking occasion (Figures 3 and 4), with risk more likely to be underestimated for an adult male (82-84%).
- Smaller proportions (22-48%) underestimated the lifetime risk of alcohol-related harm (Figures 3 and 4), with male participants most likely to underestimate their own risk (48%). Despite this, 92% reported drinking at levels putting them at risk of lifetime harm (Figure 2).
- Most REU (84%) consumed >5 standard drinks with ecstasy and one-third (37%) used > 5 standard drinks when coming down (Table 3).
- Males typically reported drinking beer or bottled spirits regardless of whether alcohol was consumed alone or with ecstasy (Figure 5).
- Females reported drinking bottled spirits, beer, pre-mixed spirits and alcohol with energy drinks, and tended to consume more pre-mixed spirits and less energy drinks with ecstasy than without (Figure 6).

Conclusions

- These findings suggest that REU are more likely to engage in risky drinking practices when compared to the general population, and are therefore more likely to be at risk of alcohol related harm.
- REU may benefit from targeted messages with an emphasis on safer drinking practices, the potential risks of alcohol in combination with psychostimulants such as ecstasy, and how to identify when they may be experiencing harms from drinking.

Acknowledgements

The EDRS is funded by the Australian Government Department of Health and Aging. Thank you to all the participants who were willing to share their experiences.