



The growing challenge of party drugs in general practice



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BACKGROUND

'Party drugs' are commonly used by young people to enhance feelings of sociability, mood and sexual arousal. Recent studies suggest the prevalence of party drug use is increasing with more than 1 million Australians using party drugs. The potential for morbidity is high with increasing polydrug use.

OBJECTIVE

This article aims to provide practical information for the general practitioner in the assessment and management of patients presenting with party drug related problems.

DISCUSSION

People that use party drugs can present in general practice with a variety of symptoms and signs depending on the drug used. Importance is often placed on identifying the drug, but it is more important to engage the user and explore the drug using behaviour. While cessation of party drug use may be influenced by many things including GP advice, the natural history is eventual cessation, and GPs have a key role in promoting harm minimisation strategies and ongoing health care in the meantime.

A young man comes into the surgery seeking a medical certificate. He admits to feeling tired and unwell. The only clue to his fatigue is that he goes 'clubbing' every weekend. He tells you that he has been taking 'party drugs'. How do you know what he's been taking? What are the effects of these drugs? How does he use these drugs? These are difficult questions to answer for many general practitioners. This article provides the GP with a framework for consultations involving users of party drugs; a collective term for drugs traditionally used in a party, 'rave', or club scene. These drugs include MDMA/ecstasy (methylenedioxymethamphetamine) and other designer drugs, GHB (gamma hydroxybutyrate), amphetamines, ketamine, and even alcohol (with the high consumption of alcohol and the advent of 'alcoholic sodas', alcohol could also be classed as a party drug).^{1,2}

Life in the 'young lane'

Drugs have long been a part of society's sub-culture. The 1920s saw cocaine in jazz clubs, the hippies had their cannabis and LSD, and inhalants and heroin were the fad in the 1980s punk rock scene. In recent years, party drugs have come to dominate the rave and club culture. Every week in Australia, tens of

1000s of young people attend nightclubs and dance parties; some of them taking a range of drugs to 'enhance' the experience.

In 2001, the Australian Institute of Health and Welfare's National Drug Strategy Household Survey³ found that over 1 million Australians aged 14 years and over had ever used ecstasy or 'designer' drugs. This figure did not include the number of Australians who have ever used amphetamines (1.4 million), or alcohol (12 million in the past 12 months). The average age of starting drugs is in the late teens and 20s for most drugs, with use declining with increasing age (*Table 1, 2*). Many people stop using drugs because they find the experience less interesting over time, their friends stop using or simply, they become interested in something else.⁴

The majority are infrequent users (eg. only 6.2% of ecstasy or designer drug users having daily or weekly use).³ Use was most common in the context of the dance or 'rave' environment (70.1%), private parties (53.8%), and at home (46.1%).³ Three-quarters of those surveyed drank alcohol at the same time, and two-thirds used cannabis together with ecstasy or designer drugs.³ Polydrug use is the norm among most party drug users.^{3,5} Research has shown that those who identify party drugs as their preferred drugs are likely

Table 1. Mean age of first use by drug type

Drug	Mean age (years)	
Marijuana	18.5	
Heroin	20.7	
Ecstasy/designer drugs	21.9	
Amphetamines	20.4	
Tobacco	Males 15.1	Females 16.3
Alcohol	Males 16.2	Females 17.6

Source: 2001 National Drug Strategy Household Survey

Table 2. Prevalence of drug use in the past 12 months: selected illicit drugs, persons aged 14–19 years and over 40 years

Drug	14–19 years	40+ years
Cannabis	25%	4%
Amphetamines	6%	0.5%
Heroin and other opiates	0.9%	<0.5%
Ecstasy/designer drugs	5%	0.5%

Source: National Drug Strategy Household Survey, 2001

to engage in greater polydrug use than those primarily dependent on injectable drugs such as heroin or methamphetamine.⁵

Why use party drugs?

While there are complex reasons behind drug use; curiosity, recreation and fun are the most common factors influencing the decision to use a drug for the first time.^{5,6} Drug use has a long history of being linked to influences exerted by an individual's peer group, and these also rate highly in shaping first time drug use. The choice of substance may also be understood in terms of the functions served by its use, eg. taking amphetamines to improve endurance at a dance party.

Which drugs?

There are an increasing number of drugs that are classified as party drugs.⁷ Most GPs are familiar with amphetamines and cannabis, but there are also new drugs synthesised, about which little is known when they first appear on the scene (eg. PMA [paramethoxyamphetamine]).⁸ What is known is that they exhibit

their effects principally on the peripheral and central nervous systems. It can be confusing in a consultation when faced with slang terms such as 'goey', 'meth' and 'ice' – they all stand for the same thing – amphetamines (Table 3). A useful way of thinking about drugs and their effects without knowing their street names is shown in Figure 1. Ask your

patient what effect the drug has on them. For example, a drug may cause the pulse to race or result in feelings of confidence and exhilaration. From this you can deduce that the drug may be a stimulant and possess properties similar to common stimulant drugs such as amphetamine. You don't need to necessarily know that it is an amphetamine derivative, but you can anticipate that taking this drug can potentially stimulate the cardiovascular and central nervous systems (eg. tachycardia, hypertension, anxiety). Similarly, cessation or withdrawal of the drug can cause the opposite effects, eg. in amphetamine withdrawal, users feel tired and irritable. There are a few drugs that have several properties such as GHB, and these are placed on the continuum between the points of the triangle in Figure 1.

The effects

Drugs have multiple effects depending on the dose and person. In the Zinberg model of Drug, Set and Setting (or alternatively Drug, Individual and Environment [DIE]) the effects are dependent on:

- drug factors, eg. pharmacokinetics, pharmacology
- individual factors, eg. health of the user, and
- environmental factors, eg. taken at a party or at home.⁴

Figure 2 shows the positive feelings that can be achieved from drug use, and how people

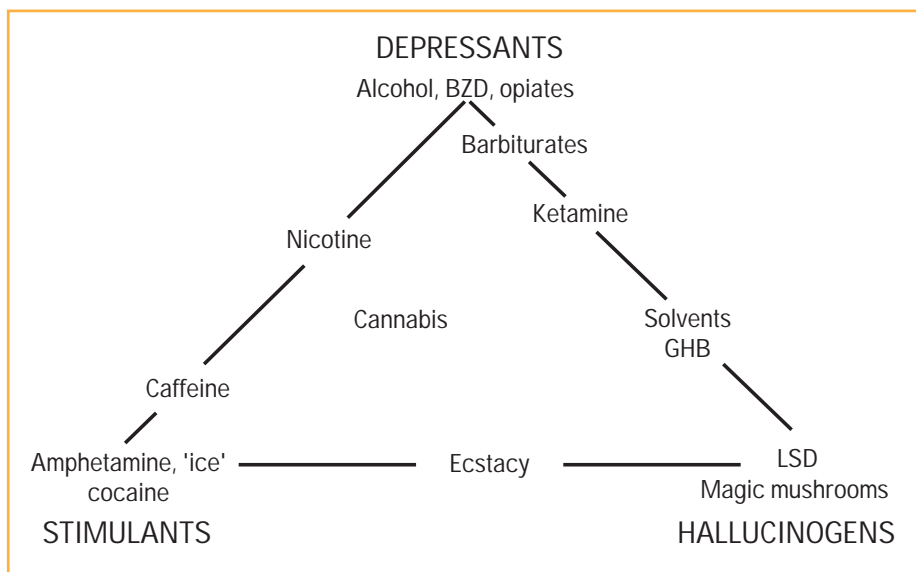


Figure 1. Triangle of drug types

Source: Sim M. Triangle theory, 2001

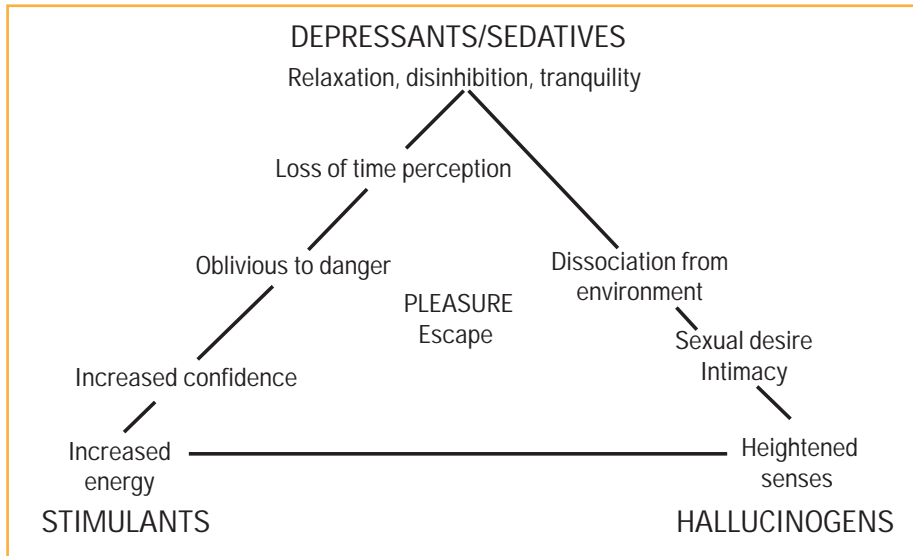


Figure 2. Triangle of drugs and their effects

Source: Sim M. Triangle theory, 2001

understanding the setting(s) for drug use and the tendency to mix and vary use.

Many users think party drugs are harmless. This may be because the prevalence of harmful effects is small in comparison to the number of people that use these drugs. However, research has shown that they can produce a range of unwanted effects including hallucinations, paranoia, amnesia, and sometimes death.⁹ Unfortunately the occurrence of these harmful effects is unpredictable in the majority of users. The risk of harm is increased further with polydrug use.

There are also physiological differences among individuals as to the effect these drugs have on their bodies. Some people have been known to have severe, even fatal, reactions the first time they use party drugs.^{8,9} To further complicate things, party drugs are often adulterated or impure.¹⁰ In some instances, street ecstasy may contain little or no MDMA at all. Recent Victorian drug seizure data for the first half of 2003

take different combinations of drugs to get a mix of effects. For example, an evening might begin with a group of friends drinking alcohol to feel relaxed before they go out, then taking some speed to give them more

energy on the dance floor, maybe some ecstasy to feel more intimate later, and then a few benzodiazepines to eventually help them sleep!⁷ This means thinking about the individual effects of drugs is less helpful than

Table 3. Types of party drugs

Party drug	Also known as	Method of use	Main effect	Why used
Alcohol	Booze, juice, sauce, brew, vino, grog	Swallowed	Depressant	To relax and feel less inhibited
Ecstasy (3,4 methylenedioxy-methamphetamine)	XTC, love drug, mitsubishi, Adam	Mainly swallowed (90%)	Hallucinogen/stimulant	For feelings of intimacy and pleasure, to enhance energy, sociability and sexual arousal
Amphetamines	Speed, goey, uppers, crank, whizz	Snorted or swallowed	Stimulant	To feel full of energy and heighten senses
Methamphetamine	Ice, crystal	Smoked or injected	Stimulant	To feel full of energy and heighten senses
LSD	Acid, trips, tabs	Swallowed	Hallucinogen	To feel dissociated from the environment
Ketamine	Special K, vitamin K, KitKat	Snorted or swallowed	Hallucinogen/depressant	Dreamy feeling or detached, hallucinogenic state
Amyl nitrate	Poppers	Snorted	Hallucinogen	Feelings of wellbeing and tranquillity
GHB (gamma hydroxyl butyrate)	Liquid ecstasy, fantasy, GBH (grievous bodily harm)	Swallowed	Depressant/hallucinogen	Uninhibited behaviour, mood elevation, relaxation. At high doses – CNS and CVS depressant effects
Cocaine	Coke, crack, snow	Snorted	Stimulant	To feel full of energy and heighten senses

indicated the purity of ecstasy tablets ranged from 3–51%.¹¹

Drugs commonly used in the party scene are listed in *Table 3*. However:

- this list is constantly being expanded as new drugs appear on the market. A good understanding of general effects can help classify drugs when you have no idea of their pharmacology
- although we tend to think of each drug individually, the reality is that they are often used in combination with unpredictable effects, and
- tobacco and alcohol use outnumber the use of party drugs and remains a major health problem in Australia.

Where do young people find these drugs?

Substantial numbers of users in New South Wales and Queensland reported that party drugs were ‘very easy’ to obtain.¹² Recent research into party drugs by the National Drug and Alcohol Research Centre found that users obtained their drugs most frequently from a friend’s home (66%), delivered to their own home (43%), or dealer’s home (39%) rather than from nightclubs (29%), dance parties (19%) or raves (17%).¹³ This may be because users prefer to buy from someone they know rather than a stranger at a dance party. The study reinforces other research that party drugs are used in other contexts apart from traditional club and dance parties.

What can the GP do?

A common approach in drug prevention has been to highlight the potential negative effects from use. But negative experiences arising from substance use has not been sufficient to discourage future consumption.¹⁴ In some instances, conventional educational materials – which tend to be fear related and/or medically orientated drug prevention messages – were seen as irrelevant to the needs of a group of at risk ‘ravers’. They viewed claims about possible dangers as scare mongering.¹⁵

When it comes to talking about the young person’s drug using behaviour, it is critical to

Table 4. Harm minimisation messages for party drug users

- Take one drug at a time – don’t mix
- Start with a small amount
- Maintain adequate hydration (500 mL/hr of water or fruit juice)
- Tell a friend what you take and use in the company of others
- Have a nondrug using friend monitor your condition
- Keep body temperature down by resting frequently
- Beware of fake MDMA tablets of dubious composition – know your dealer
- Practise safe sex
- If you feel unwell, ask for help
- If you plan to inject drugs, use a new ‘fit’ for every hit

be nonjudgmental. This is not the same as condoning or approving risky behaviour.¹⁶ You are more likely to achieve a therapeutic relationship this way. It is also important to reassure young people that nothing said in the consulting room will be repeated to anyone. The risk of confidential information reaching parents or other people is a major barrier to young people accessing health care.¹⁷ Also, young people may present reluctantly and interpret normal history taking as intrusive and interrogative. If they do not like the consultation, they do not complain, but they don’t come back either. Parents may object to you seeing their child alone, but it is important to let them know it is in the young person’s best interest to do so. You could say for example: ‘By seeing Tim alone, he is more likely to tell me things so I can give him the best medical care’. There are however, exceptions that make disclosure appropriate such as suicidal ideation, risk of harm to others, psychosis, sexual and physical abuse, and if you are not satisfied that the adolescent is a ‘mature minor’.¹⁸ In general practice, the key principles are to:

- remember that most people will eventually stop their party drug use of their own accord
- engage the patient and maintain an ongoing therapeutic relationship
- communicate an ‘open door policy’ (‘I’m here when you need help to stop’)
- promote harm minimisation, ie. focus on the reduction of harm as a primary

goal rather than the reduction of drug use *per se*¹⁹ (*Table 4*)

- provide resources such as websites, contact telephone numbers for drug and alcohol organisations in your area, and general advice (see *Resources*)
- reinforce existing harm reduction strategies (eg. praise for not injecting)
- encourage awareness of symptoms of intoxication and hazardous behaviour, and
- identify other health issues, eg. mood change, risk of sexually transmitted infections, and contraception issues.

There is also evidence for the use of brief cognitive behavioural therapy for regular amphetamine users,²⁰ but time constraints in general practice can make this difficult (see *Resources*).

Conclusion

Party drugs can present a challenge for the busy GP. It is generally not necessary to know what the drug used was – in many cases what people think they have used may be very different from what has actually been taken. It is more important to engage the user, explore their drug use and be flexible and realistic in your approach to their care. While cessation of party drug use may be influenced by many things including GP advice, the natural history is eventual cessation. In the meantime GPs have a key role in promoting harm minimisation and ongoing health care for their drug using patients.

Resources

For more detailed management strategies: Sim M, Hulse G, Khong E. 'Case files' series in *Australian Family Physician*, 2004.

National Drug and Alcohol Research Centre
www.ndarc.med.unsw.edu.au/ndarc.nsf

Australian Drug Information Network
www.adin.com.au/index.html

Australian Institute of Health and Welfare
www.aihw.gov.au/

Drug Aware
www.drugaware.com.au/

DrugScope (UK)
www.drugscope.org.uk/druginfo/drugsearch/home2.asp

The Vaults of Erowid (US)
www.erowid.org/

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The 5 domains of general practice



1. Communication skills and the patient-doctor relationship



2. Applied professional knowledge and skills



3. Population health and the context of general practice



4. Professional and ethical role



5. Organisational and legal dimensions