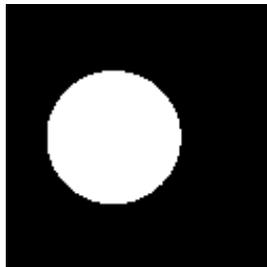


party drugs feature

inside yet another jam-packed issue:

- * **The Story of Mister T**
- * Results from Australia's First National Study of Party Drug Trends
- * **Tips and tricks to finding AOD information online #4**
- * A Noise Hangover
- * **Sound check**
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- * Party drugs – what works for young people and what doesn't
- * **Popping party pills isn't so abnormal**
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- * **Party Drugs: some more clues**
- * IRDS and PDI are not STIs
- * **Hangin' In not hanging out Project and DVD launch**
- * Youth Coalition's Alcohol and Other Drugs Project



What's the problem with party drugs?

Well... firstly, we're not sure know what they are.

The definition of "party drugs" is a contentious one, which is currently being debated in the alcohol, and other drugs research sector.

The National Drug and Alcohol Research Centre considers party drugs to include cocaine, ecstasy, methamphetamine, LSD, GHB, ketamine and MDMA as party drugs and they need to be used in the context of entertainment.

The "party drug" the Illicit Drug Reporting System (IRDS) considered for the purpose of the Party Drug Initiative included ecstasy and other drugs typically taken in combination with ecstasy such as methamphetamine, cocaine, ketamine, LSD, MDA and GHB.

When reading these definitions there are some considerations such as:

- some definitions include some drugs and some include others
- the drugs considered to be party drugs don't come from the same drug category (ie: stimulants or depressants)
- party drugs are also defined by the context in which they are taken

These considerations in mind "party drugs" aren't the easiest to define. The National Drug and Alcohol Research Centre is currently reviewing the term "party drugs". Some of their ideas to date include:

- Youth culture drugs
- ERD (pronounced urd) ecstasy and other drugs

Re-name PARTY DRUGS and WIN!!

So lets give them a hand! We have three pairs of movie tickets to give out to workers and young people who can think of a new name for party drugs. We will send the results to the National Drug and Alcohol Research Centre. New names must be in by September 8th.

Results will be published in September's FRANK.
Send your ideas to carrie@youthcoalition.net

Results From Australia's First National Study Of Party Drug Trends



Media Release

For release: 27 November, 2003

'Party drug' users across Australia are experimenting with a wide variety of different drugs according to the most comprehensive and detailed study of party drug markets in Australia, and possibly the world. The results of the first Party Drug Initiative (PDI) study will be released today at the Masonic Centre in Sydney. The PDI is a national study funded by the National Drug Law Enforcement Research Fund and conducted in the capital city of every state and territory in Australia to monitor emerging trends in party drug markets. The PDI monitors emerging trends in the use, price, purity and availability of ecstasy and other party drugs such as speed, crystal methamphetamine, cocaine, GHB and ketamine.

The study, which interviewed 809 regular ecstasy users found over half reported that they typically used more than one tablet and almost half reported bingeing on ecstasy, i.e. using the drug on a continuous basis for more than 48 hours without sleep. The similarities across jurisdictions on patterns of ecstasy use were noteworthy, although those in Queensland reported a greater frequency of ecstasy use.

One hundred and thirty nine key informants who had regular contact with party drug users were also interviewed including health professionals, law enforcement personnel, youth workers, DJs, party promoters and drug dealers. Other indicator data such as seizure purity, arrests data, and calls to drug help lines were also used.

The results of this year's study indicated that a significant proportion of the party drug users interviewed have experimented with a range of illicit drugs. About three quarters had used methamphetamine powder (speed) in the previous six months, with snorting and swallowing being the most common routes of administration. Other drugs such as crystal methamphetamine ('crystal'), cocaine and ketamine had also been used by those interviewed.

The findings surprised researchers who did not expect to see some of the newer drugs across all states and territories, according to Chief Investigator for the project, Dr Louisa Degenhardt, Lecturer at the National Drug and Alcohol Research Centre at the University of NSW.

"Previous research suggested that ecstasy users traditionally use a variety of drugs in combination, and we have previously identified newer drugs being used in markets such as NSW," said Dr Degenhardt. "However, the PDI has provided evidence that the newer drugs such as ketamine and GHB are used across the country."

"Victorian figures were interesting, with the proportion of those interviewed reporting recent use of GHB, ketamine, and cocaine being similar to those of NSW," said Dr Degenhardt. "Also interesting was the recent use of crystal methamphetamine, reported by at least a third up to three quarters in every state and territory."

Every weekend, across Australia, tens of thousands of young people attend nightclubs, dance parties and a range of other entertainment venues. For some of them this also means taking what have become called 'party drugs' – a range of substances that are used to 'enhance' the party environment.

Results from Australia's First National Study of Party Drug Trends continued...

The use of ecstasy and other 'party drugs' appears to be increasing in many parts of the world. In Australia, general population surveys indicate an increase in those ever having tried ecstasy between the years 1998 and 2001: from 4.8% to 6.1%.

"This is a large market and if you look at the figures for 20-29 year olds, a staggering 20% of that age group have tried ecstasy. This is a growing and constantly changing market that we need to continue to monitor, particularly as we learn more about the harms associated with many of the newer drugs that they are now experimenting with," said Mr Paul Dillon, Information Manager for the National Drug and Alcohol Research Centre.

The PDI will provide valuable information on the growing party drug market.

"Party drugs continue to grow in popularity and it is important to identify new trends so that we can try to pre-empt any future problems that may arise."

"Obviously, messages about the harms associated with some of these drugs are not being taken on board by some young people" said Mr Dillon. "One thing that we do know is that using drugs in combination increases the risks. This is a message that we need to get across to the growing number of party drug users."

For further information contact the National Drug and Alcohol Research Centre
<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS>

What is the PDI?

The Party Drugs Initiative (PDI) is a national study conducted in the capital city of every state and territory in Australia to monitor emerging trends in party drug markets. The study uses a similar methodology to the Illicit Drug Reporting System (IDRS). The PDI monitors the price, purity and availability of 'ecstasy' (MDMA) and other party drugs such as 'speed', crystal methamphetamine, cocaine, GHB and ketamine. It also examines trends in the use and harms of these drugs. The data collection includes: surveys with regular ecstasy users, surveys with key informants who have contact with party drug users through the nature of their work; and the analysis of existing data sources that contain information on party drugs.

Source: Party Drug Trends Bulletin December 2004
<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.partydrugs>

What is the IDRS?

The Illicit Drug Reporting System (IDRS) is Australia's national illicit drug monitoring system, which has been funded since its inception by the Commonwealth Department of Health and Ageing in 1996. The IDRS monitors the price, purity, availability and patterns of use of the main illicit drugs, as well as acting as an early warning system for emerging trends in illicit drug markets, through a triangulation of three data sources. The IDRS is conducted each year in every state and territory by participating research institutions throughout the country, and is coordinated by the National Drug and Alcohol Research Centre.

Source: National Drug and Alcohol Research Centre <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS>



Tips and tricks to finding AOD information online #4

How reliable is this information I have found on the Internet?

What type of site is it?

Government sites: look for .gov, .mil, .au, or another country code such as .ca (Canada) or .uk (United Kingdom). Example: www.act.gov.au

Educational sites: look for .edu or another country code. Example: www.anu.edu.au or www.canberra.edu.au

Non-profit organisations: look for .org. Example: www.salvationarmy.org

Who published the page?

In general, the publisher is the agency or person operating the "server" computer from which the document is issued. The server is usually named in the first portion of the URL (between http:// and the first /)

Example: www.youthcoalition.net (The server is Youth Coalition)

Is it somebody's personal page or is the server a commercial ISP or other provider of web page hosting (like aol.com or geocities.com)?

Look for a personal name (e.g., jbarker or barker) following a tilde (~) or the word *users* or *people*.

Who wrote the page?

Look for a name and e-mail. Often at the bottom of the page, or in a section called something like *About us* or *Contact us*.

It is usually not the same person as the *webmaster* or *page designer* (except in personal pages). This person is a technician or may have been hired to put the content on the web.

Are the author's credentials provided? Does this person seem to be a reliable authority on the subject? Look all over (top, bottom, side bars, etc.) for a link to an *About us* or *Biography* section, a *Philosophy*, etc.? Or try the *Home Page*.

Source: ABC online

A Noise Hangover



In May RNID - the largest charity representing the 9 million deaf and hard of hearing people in the UK – conducted the *Don't Lose the Music* campaign. It highlighted the risks to hearing from over-exposure to loud music in clubs, at concerts and from using personal stereos.

Some findings included:

- 👂 Regular over exposure to loud music can lead to premature hearing loss. It can also cause ringing in the ears which may become permanent, a condition called tinnitus.
- 👂 Hearing damage is cumulative. Once hearing damage occurs there is no cure.
- 👂 Young adults are at risk. An RNID survey found that 73% 18-30 year olds who regularly go to clubs and gigs had experienced ringing in the ears or dullness of hearing warning signs of potential hearing damage.
- 👂 Noise levels in nightclubs and at concerts can be as high as 110 dB(A)... the same noise level as an aircraft taking off.
- 👂 Many clubbers use recreational drugs enabling them to remain on the dance floor for longer

It is up to individuals to protect their hearing. Here are some tips:

- 👂 Take regular breaks from the dance floor
- 👂 Stand / dance away from the loudspeakers
- 👂 Use chill-out areas to give ears a break
- 👂 Wear earplugs if you go regularly to a club or a gig
- 👂 Watch out for the warning signs of hearing damage – ringing ears or dullness of hearing
- 👂 Tell local clubs if you are concerned about noise levels in their venue or think they should provide information or earplugs to customers.
- 👂 **RULE OF THUMB: if you can't talk to someone two metres away without shouting, it means the noise level is too loud.**

Source: <http://www.clubhealth.org.uk/pages/resources.asp>



Sound check?!

Here's an easy way for musos, fans and clubbers to check if gigs or clubs are hurting your ears. Before you go out, set the volume of your car radio to a level where you can barely hear the words. A talk show works best, as sometimes it is hard to understand lyrics in music. After the gig, turn on the radio to the same setting. Can you still hear and

understand the words? If not, you're experiencing a form of short term hearing loss called temporary threshold shift. When this happens too many times, the damage can become permanent.

If you notice these early warning signs, or have any hearing difficulties, get your hearing checked by a doctor. Other signs of possible problems can be acute or chronic dizziness, pain, discomfort, and drainage from your ears. If you have any of these symptoms get some help. Try calling the Junction Youth Health Service on 6247 5567

Source: http://www.hearnet.com/at_risk/risk_soundcheck.shtml

Some AOD services in the ACT:

Alcohol and Other Drugs Council of Australia (ADCA)

Phone: 02 6281 0686

Email: adca@adca.org.au

Web: www.adca.org.au

Description: Peak national non-government organisation for the alcohol and other drugs sector.

Alcohol and Drug Program ACT Health

Phone: 02 6207 9977 **Fax:** 02 6205 0951

Web: www.health.act.gov.au

Description: Provides a 24-hour information service on alcohol and other drugs. Support, referral and initial phone assessment is also offered to clients and families wanting to access ADP services 24 hours per day. Other services include: withdrawal supervision from alcohol and/or other drugs; methadone prescribing, dosing and co-ordination; liaison nursing services for patients admitted to Calvary or The Canberra Hospital; counselling and case management and health promotion, and a range of diversion services including the treatment referral program and a court alcohol and drug assessment service.

ALATEEN

Phone: 02 6251 7726

Description: Self help group for children and adolescents whose lives are, or have been, affected by problem drinkers.

Arcadia House Withdrawal Centre

Phone: 02 6253 3055 **Fax:** 02 6253 3086

Email: arcadia@directionsact.com

Web: www.directionsact.com

Description: 24 hour service for drug, alcohol, and nicotine issues. Detox unit. A natural and alternative therapy based service including natural remedies, massage and acupuncture.

Canberra Alliance for Harm Minimisation and Advocacy

Phone: 02 6262 5295 **Fax:** 02 6262 8381

Email: cahma@apex.net.au

Web: angelfire.com/on/cin

Description: Peer based user group run by and for illicit drug users, their families and friends. Operates primary needle and syringe program outlets, offers drop-in service, education and community development project. Support, advocacy, referral and counselling.

Canberra Recovery Service

Phone: 02 6295 1256 **Fax:** 02 6295 3766

Email: bruce.harmer@aue.salvationarmy.org

Description: Long-term residential alcohol and other drug related rehabilitation program. Involvement in Alcoholics Anonymous, Narcotics Anonymous and Gamblers Anonymous is encouraged.

For further information on AOD services in the ACT contact:

Canberra Citizens' Advice Bureau

www.citizensadvice.org.au

Making Contact (for young people)

www.makingcontact.net.au

ACT Health Alcohol and Drug Program

02 6207 9977

THE STORY OF Mister T

Mister T is a young person 22 years old – this is his story of polydrug use

I'm a drinker mostly. Always went out on the weekends and got pissed – really pissed. But that's okay everybody does it you know.

The guts of my story “about drugs” is that I started takin' what do you call them? Yeah. Party drugs. Anyway, started getting' on it a bit on the weekends – you know every once in a while... mostly Es I guess. But really it was what you could get your hands on – I don't mean desperate I mean who you got it from. See I bought off mates – not dealers...well that's not what I'd call dealers anyway. And I guess that was important – now that I've thought about it. I didn't know... at first... about the drugs or what would happen... but I trusted the guys I was doin' it with. You know what I mean? I didn't really have to know because they knew and then I'd know...

So I started to get on heaps and all the time. I started hangin' out with different mates and didn't skate as much...which kinda sucked. I lost heaps of weight and looked fucked really. I started getting all those calls made on me about being an eckie-head and a junkie and other shit. You know it was okay at first but then it just pissed me off – so I fucked those guys off.

Anyway, the moral of the story is... I crashed my car... fuckin' totalled it... no insurance... you know except the bit you get with rego... my parents broke up... Dad had a midlife crisis and became a total asshole... had to move back to my parent's house... they found out “about the drugs”... went fuckin' mental and wanted to send me to rehab or some shit... I ended up with a curfew instead... it was a joke at first... and didn't work really but kinda did...

So... I guess I'm not as fucked up as I used to be... I only drink these days. Things are pretty good – I guess. Back skatin'. Old mates... new girlfriend... And now I'm in the army... reserves... now my mates have something else to call me then junkie... pofter.

Check out some of these websites:

Club Drugs factsheet

<http://www.druginfo.adf.org.au/article.asp?id=6066&ContainerID=563>

GHB factsheet

<http://www.druginfo.adf.org.au/article.asp?id=2318>

Ecstasy

<http://www.druginfo.adf.org.au/article.asp?id=ecstasy&ContainerID=drug>

International Harm Reduction Association

www.ihra.net/

Amphetamines - "Ice"

<http://www.druginfo.adf.org.au/article.asp?id=Amphetamines%20and%20ice&ContainerID=drug>

LSD

<http://www.druginfo.adf.org.au/article.asp?id=6936&ContainerID=618>

Ketamine

http://www.adca.org.au/policy/policy_positions/1.8Other_Drugs_22.10.03.pdf [PDF: 42KB]

Ravesafe SA

www.ravesafe-sa.org

Dancesafe (USA)

www.dancesafe.org

Party drugs? Some clues:

The extent of party drug use

The extent of party drug use has been, and continues to be, a contentious topic. No-one questions the broad based data assumptions about the extent of party drug use by young people. What remains unclear is the range of groups and sub populations (including social classes) that are using these drugs, the types and combinations of drugs being used at any given time, and the context in which these drugs are used.

Source: www.vaada.org.au

PARTY DRUGS WHAT ARE THEY?

- **AMPHETAMINES**
What: A stimulant that increases the activity of the sympathetic nervous system.
- **ECSTASY**
What: A stimulant that increases the activity of the sympathetic nervous system.
- **BENZODIAZEPINES**
What: A sedative that acts on the central nervous system to produce anxiolysis, sedation, and amnesia.
- **COCAINE**
What: A stimulant that increases the activity of the sympathetic nervous system.
- **ICE (crystal meth)**
What: A stimulant that increases the activity of the sympathetic nervous system.
- **KETAMINE**
What: A dissociative anaesthetic that produces a state of unconsciousness and analgesia.

Source: The Age www.theage.com.au/.../09/21/1063625267683.html

Variance in drugs, users and context

A definite outcome of the Victorian Alcohol and Drug Association's (VAADA) Youth Party Drugs Symposium was the extent of variation in the types of drugs, the people who use them and the contexts in which they are used. Delegates were informed that the composition of party drugs differs greatly across time and in different regions and amongst users. This is true also of the environment that party drugs are used in (from bars and nightclubs to raves and house parties).

Current research provided an overview of what is currently known about the extent of party drug use. Some key statistics about the extent of use include:

- ☒ The use of ketamine and methamphetamine is on the increase
- ☒ Due to the ever changing nature of these substances, people who use party drugs do not know exactly what they contain nor can they judge the purity of the substance
- ☒ One third of young people using party drugs repeat use within one month
- ☒ Ninety per cent of young people in one study (Monash University survey) said they did not intend to stop using party drugs
- ☒ The number of users mixing party drugs with alcohol is increasing
- ☒ More acknowledgement and understanding of the issues among professionals who may come into contact with people who use party drugs is essential along with knowledge of suitable referral sources.

Source: www.vaada.org.au



ACT YOUTH SERVICE PROFILE: Youth in the City

Address	14 Cooyong St, Civic
Phone	6247 0770
Type of service	Youth Centre
Programs	<ul style="list-style-type: none">• Drop-in service Monday to Friday• Youth (alternative) Education Program• Intensive Case Management• Various drop-in programs
Referral process	Self-initiated drop in
Support for young people with AOD issues	There is no qualified AOD worker available, so if a young person requires help with an AOD issue the youth centre provides a referral service. They also offer case management.
Can a young person access the service under the influence of AOD?	Yes – access is dependent on behaviour.
Contact person	No key contact person, all youth workers can assist
Age group	12-25
Support	case management, youth work, referral service and young mums support group, brokerage, free food, computers, internet

Partying tips:

Nightclubs, raves and other entertainment venues and events can get very crowded and hot, even in winter. Some drugs, such as ecstasy and speed, raise the body's temperature, while alcohol dehydrates the body. Following some Do's and Don'ts can reduce the risks of overheating and feeling unwell.

Do's

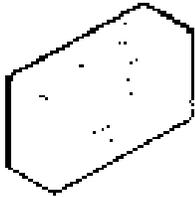
- ✓ Take regular rests from dancing—use a 'chill-out' space to rest or recover
- ✓ Wear light, absorbent clothing
- ✓ Replace lost fluids with water—500ml per hour if active and 250ml per hour if inactive
- ✓ Watch your drink (drink spiking)
- ✓ Allow your body to recover—make sure you eat well and get enough sleep

Don'ts

- ✗ Mix drugs
- ✗ Mix GHB and alcohol—this mix has been associated with overdose

When something goes wrong

- ✓ If you (or a friend) feel too hot or unwell, ask for assistance
- ✓ For medical assistance, call an ambulance (Emergency 000)



YOUTH WORKERS' SURVIVAL KIT: Working with young people with alcohol and other drug issues

“This was one of the most effective workshops I have attended and relevant information.”

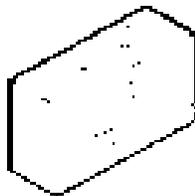
Youth Workers' Survival Kit participant, July 27th 2004

On July 26th & 27th 52 workers from the youth, alcohol and other drugs, and community sectors came together for Peter Slattery's training *Working with young people with alcohol and other drug issues*.

Some of the key learnings from the training included:

- Drug use is a response
- Drug use is a behaviour that only makes sense in a context
- Focus on the welfare of the young person you are working with
- Focus on the person rather than the substance
- Help young people understand where they are at
- Help young people see that they have a choice
- Don't go into an interaction with a predetermined outcome in mind, ie: stopping drug use
- Be creative and interesting
- Refer to other workers and services if you aren't the right worker for a young person at a particular time
- Acknowledge that if someone's life does not shift then it's unlikely their behaviour will change
- Focus on small steps, small changes and celebrate small victories
- Don't waste time on things that don't work
- Avoid thinking we will "fix things", we can offer support and assistance because ultimately a young persons best resource is themselves

For a full training summary and / or the training evaluation please contact Carrie or Bianca on 6247 3540.



COMING SOON:



Violence training



Youth participation

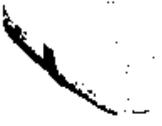


Case management



Motivational interviewing

If you are interested please contact Jess on 6247 3540 or email jess@youthcoalition.net



Polydrug use

What's the problem with poly drug use?

When drugs are mixed the effects may increase dramatically or they may produce different and unpredictable reactions. In extreme cases this can result in overdose and / or death

Polydrug use can cause the following situations:

- Stimulants and depressants have a dangerous masking effect on each other. For example, if someone has taken a drug like speed and has also been drinking alcohol they may not feel intoxicated. If that person were to drive they could be way over the limit and their driving would be affected by the influence of alcohol as well as the other drug.
- Stimulants when combined with other stimulants greatly increase the associated side effects causing a greater false sense of confidence and risk-taking behaviour.
- A depressant combined with another depressant dangerously increases the associated side effects, drastically slowing reaction times and distorting perceptions.
- Hallucinogens when combined with any drug can be very unpredictable and dangerous. This is because can cause visual distortion, including perceptions of speed and distance and greatly limit the accuracy of actions.
- Combining alcohol and heroin can fatally depress heart rate and breathing resulting in death.
- Combining amphetamines and ecstasy can result in severe dehydration, dangerously high body temperature, heart seizures and even death.

PS...

You cannot tell what is in a drug or its strength without testing it. Many overdoses have occurred due to users not knowing the content or purity of the drugs they were using.

What is poly drug use?

Using more than one drug at a time for example drinking a beer and smoking a joint / cigarette or having a few beers and dropping an E or taking prescription medications with alcohol. Mixing drugs can also occur when the manufacturer combines two different drugs in order to achieve a specific effect to save money. This often results in users combining drugs unintentionally.

Effects of poly drug use:

- Multiplying effects – more effect but the comedown can be more severe and may last for weeks instead of days
- Place a huge stress on the body which tries to maintain normal functional balance
- Cancelling out effects resulting in more drugs being taken
- Effects on heart rate, blood pressure and body temperature can be exaggerated, which can increase the chance of serious problems occurring
- Higher risk of overdose
- Increased effects may also cause severe emotional and mental disturbances such as panic attacks and paranoia

Minimising harm

The best way to minimise harm is by only using one drug per occasion – having a few beers then dropping an E a few hours later is still polydrug use

It is important to remember that you can never straighten yourself up by having more drugs to counteract what is already in your system. Having more drugs will place you at greater risk of toxic overdose and will intensify the comedown

Sources:

http://www.officeofroadsafety.wa.gov.au/Facts/drugs_driving/polydrug.htm
<http://www1.drugaware.com.au/pages/polydruguse.asp>



ACT AOD SERVICE PROFILE: Directions ACT

Address	Lvl 1, 35 East Row, Canberra
Phone	6248 7677
Web	www.directionsact.com
Email	admin@directionsact.com
Type of service	Community based drug and alcohol support and treatment services
Programs	<ul style="list-style-type: none">• Primary needle and syringe outlet• Late Night Directions• Directions at College• Withdrawal Centre• Home detoxing• Daily activities• Food• Counselling• Information and referrals
Opening hours	Monday – Friday 9am – 5pm
AOD approach	Holistic with harm minimisation principles
Referral process	Self-referral
Support for young people with AOD issues	Yes
Can a young person access the service under the influence of AOD?	Yes=dependent on behaviour
Contact person	Any staff member
Age group	All ages



FEED FRANK.

Opportunities for young people to write or tell their stories to FRANK. and get paid for it?!

What is **FRANK.**? **FRANK.** is the monthly newsletter from the Youth Coalition of the ACT's Alcohol and Other Drug Project. Each month **FRANK.** features a drug. **FRANK.** is for those who work with young people and is a resource that can be used with young people.

Feedback into **FRANK.** If there is something you would like to know, input, include your experiences, write an article... just let us know. Contact Carrie or Bianca on 6247 3540.

Popping a party pill is not so abnormal

By Andrew Stevenson, Sydney Morning Herald
June 23, 2004

Party drug use among young people is so prevalent, so infrequently intercepted by police and so rarely a cause of problems that society should rethink its attitude to drug policy, says the head researcher of a study of nightclub patrons.

The director of research at the Australian Drug Foundation, Cameron Duff, found that more than half the Melbourne nightspot patrons who were surveyed had tried ecstasy, cocaine, speed or ice. More than three-quarters knew regular users. The survey, of 380 patrons, was completed last month and is a clear indication of the normalisation of recreational drugs.

"You're starting to see drug use spreading from an underground subculture very much into the mainstream," Dr Duff said. "Yet we persist with the notion that most young people who use drugs are dysfunctional or delinquent in some way, that they're unemployed or not doing very well in school." More than 90 per cent of the sample were working or studying, most of them full-time.

"They're just average, normal kids who happen to use party drugs, Dr Duff said. "If you take away the drug use, you're talking about utterly typical young people. They're as normal as normal can be."

Ecstasy had been tried by 40 per cent of the sample, the same proportion as had tried cannabis. Almost as many had tried speed, 30 per cent had used cocaine and almost 20 per cent had used ketamine, a disassociative anaesthetic. Surprisingly, more of the respondents were worried about their alcohol consumption than their use of party drugs.

Dr Duff's work suggests nightclub patrons' first worry when going out is what to "wear on the inside". Drugs are arranged well before they leave home, with two-thirds buying them from friends.

"It's almost the case that drug use itself has become the leisure activity," Dr Duff said. "In the past, drug use was a way of enhancing another cultural experience, such as dancing or being at a party. Drug use seems to have become a leisure activity in its own right."

Figures provided to the Herald by the NSW Bureau of Crime Statistics and Research show how unlikely young users of ecstasy are to be caught by police. While criminal incidents of possession or use of marijuana totalled more than 11,000 a year in the state, police caught only 434 people with ecstasy last year.

The foundation's study also reinforced the scale of the party drug market, "of which all the corruption and murders in Melbourne is clearly the most abject manifestation", Dr Duff said.

He added that because the lives of those using drugs were holding together - and they were unlikely to face police sanction - two key triggers for drug users to seek treatment had been removed. A few users encountered severe problems, he said, but most took party drugs two or three times a year without adverse consequences.

The challenge was how to respond, he said. "We provide drug education at school, and at the other extreme we've got treatment for people who've gone through their drug hell; but we don't do much once people have decided to use drugs.

"We need to think about how we can influence their behaviour in ways that lead them away from heavy to more moderate drug use."

Party Drugs: What works for young people?

This is an excerpt from the Victorian Alcohol and Drug Association (VAADA) Party Drugs Symposium Report - 'Beyond 'e': exploring the impact of party drugs on current day youth and culture'

A symposium on Party Drugs held in Victoria in August 2003 highlighted the following areas that were working well in Victoria:

- Peer education and information does work when relevant to people who use party drugs
- While pill testing remains contentious and illegal, it is growing in popularity amongst people seeking to reduce harm associated with their use of party drugs
- A focus on health rather than legal consequences is important eg. medical support for overdoses
- Referrals to specialised drug treatment services are important, however, the availability of services able to accommodate the needs of these drug users is limited
- The prevalence of 'grass roots' organisations who campaign and raise awareness on the issue of party drugs is increasing

Young people are not a homogenous group. There are a number of ways of portraying messages that are appropriate to users including websites, publications, guidelines and giving them the opportunity to discuss their concerns or drug use with people face to face.

What doesn't work?

Mass media campaigns

A common theme evident at the symposium regarding what is not working was the increasing media sensationalism and misguided media campaigns targeting users. Points raised included:

- Mass media scare campaigns targeting young people do not work as young people do not identify with them
- Sensational media misreporting is unhelpful. It was acknowledged that it is very difficult to control as the media has a 'thirst' for sensational information on this issue.

Source: http://www.vaada.org.au/new_page_8.htm

Darwin Awards Honorable Mention

Canada, 1997: A woman in Canada called the police with a complaint that she had been burnt in a drug deal. She claimed that a man had sold her a rock of crack cocaine, but when she brought it home, it "looked like baking powder." The police dispatched a narcotics agent to her house, who tested the rock and verified that, despite its appearance, it was indeed cocaine. The woman was promptly arrested for drug possession. The RCMP (Royal Canadian Mounted Police) are encouraging anyone who thinks they may have been fooled into buying fake drugs to come forward.

CLUB <party> DRUGS: some more clues:

Nightclubs, dance parties, raves and other events have become popular as venues for people to share their interest in particular types of music or dancing, to have fun and meet new people, or just to hang out with friends. For some people, this also means taking 'club drugs' – a range of substances used to increase their enjoyment of the event.

What are club drugs?

'Club drugs' refers to a range of substances used in the environment of a nightclub or other entertainment venue or event. This includes drugs such as ecstasy, speed, LSD, GHB and ketamine.

Amphetamines

Amphetamines are a group of related drugs that include:

- ▶▶ speed (amphetamine, dexamphetamine)
- ▶▶ meth (methamphetamine, methylamphetamine)
- ▶▶ ice (crystalline methamphetamine hydrochloride, purified methylamphetamine).

Amphetamines are sold in different forms including powder, liquid, capsules, tablets and paste.

GHB

GHB (gamma-hydroxybutyrate) is also known as 'fantasy', 'grievous bodily harm (GBH) and 'liquid ecstasy'. It comes as a colourless, odourless liquid or as a crystal powder.

Ecstasy

Ecstasy (MDMA) is an amphetamine-type substance classed as a hallucinogenic amphetamine, which means it combines the effects of hallucinogens such as LSD and the stimulant effects of speed.

Alcohol

Many people do not think about alcohol in the same way as they would other club drugs, but statistics show that alcohol is the most popular recreational drug used in Australia. It is also the most common drug used to assist sexual assault (drink spiking).

LSD

LSD (lysergic acid diethylamide) is a hallucinogen, also known as a 'psychedelic drug', or 'acid'. In its pure state, LSD is a white, odourless powder, but usually comes in the form of a liquid, tablet, capsule or square of gelatine or blotting paper.

Ketamine

Ketamine, also known as 'Special K', is a powerful anaesthetic used in surgery. It is a disassociative drug, which means that when used the mind seems to 'leave' the body. Ketamine comes as a liquid (for injecting), pill, powder and a formulation for smoking.

Source: Adapted from Druginfo Clearinghouse
www.druginfo.adf.org.au

FRANK.