

ATTUNE

Understanding Pathways to Stimulant Use.

The Initiation Phase of ATS use

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ZIS Centre for Interdisciplinary Addiction
Research of Hamburg University (ZIS)



ATTUNE
Understanding Pathways
to Stimulant Use across Europe

Consortium



Centre for Interdisciplinary Addiction Research, *University of Hamburg (ZIS)*



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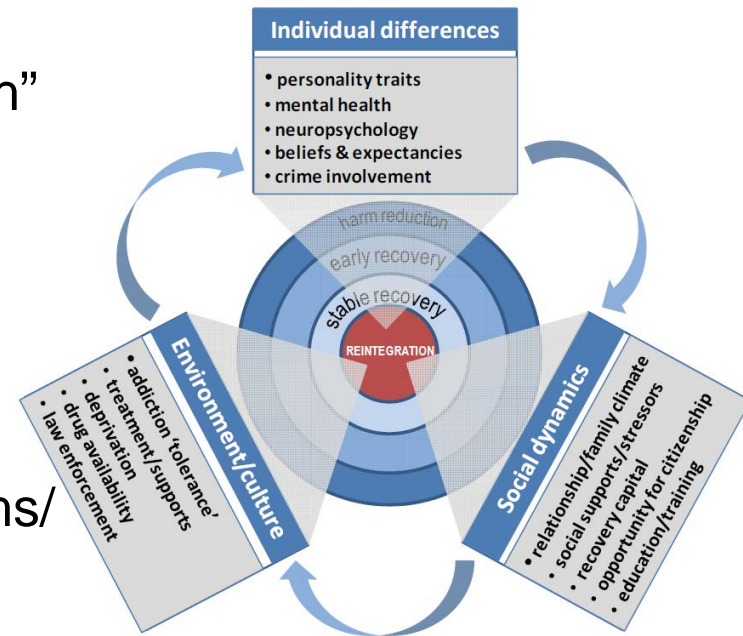
Background and research topic

- Amphetamine-type stimulants (ATS) ranked world's second most used drugs after cannabinoids (UNODC)
- In EU lifetime prevalence rates for ATS of up to 12% (EU average 6%) and last year prevalence of up to 4% (EU average 1.3%)
- But: there is little (almost no) evidence why ATS users start, stop, increase, and/or reduce their consumption, and under which circumstances and conditions ATS users change their consumption patterns
- Objective: understanding pathways of ATS use
- ATS in focus of ATTUNE
 - Amphetamine ("Speed")
 - Methamphetamine ("Chrystal Meth")
 - Ecstasy (MDMA, MDA, MDEA)
 - New synthetic stimulants, mephedrone (cathinones and phenethylamines, which have a core of amphetamine), and similar substances
 - Non-prescribed medication containing amphetamine: methylphenidate (Ritalin®), modafinil (Vigil®), dextroamphetamine (Attentin®), phentermine (Adipex®)



Methods, Design

- Sequential, exploratory, mixed methods, stratified, cross-sectional
- Two core Modules
 - **Module 1:** qualitative methods (270 semi-structured face-to-face interviews)
 - **Module 2:** quantitative methods (2000 face-to-face interviews with structured questionnaires)
- Both modules use “biographical research” based on the **biopsychosocial model** (individual, social dynamics, cultural/environment) to investigate on pathways/trajectories/turning points
- Online screening, recruitment via drug services, flyers, posts in web forums/social networks, snowball sampling



Stratified Groups

- we aimed to include a **broad spectrum of ATS users**: from users who just tried ATS to users who developed an ATS dependency
- also exposed non-users are included
- the sample was stratified in order to reach following groups:
 - **Group 1: Currently dependent users**
 - **Group 2: Currently remitted users**
 - **Group 3 : Currently frequent, non-dependent users**
 - **Group 4 : Formerly frequent, non-dependent users**
 - **Group 5 : Non-frequent users (currently or formerly)**
 - **Group 6 : Exposed non-users**



Sample characteristics

(Germany)

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Total
Interviewees (N)	9	17	12	6	9	7	60
Gender male(%)	44.4	52.9	75.0	66.7	66.7	71.4	61.7
Current age (mean, SD)	28,2 (5,7)	30,2 (4,4)	27,2 (2,8)	34,7 (17,5)	33,8 (11,2)	28,9 (6,9)	30,1 (8,1)
Ever in drug treatment (N, %)	7 (77.8%)	14 (82.4%)	1 (8.3%)	0 (0%)	1 (11.1%)	0 (0%)	23 (38.3%)
ATS dependency (SDS positive, N, %)	9 (100%)	14 (82.4%)	2 (16.7%)	4 (66.7%)	0 (0%)	-	29 (48.3%)
Daily ATS use ever in life	4 44.4%	12 70.6%	1 8.3%	4 66.7%	0 0%	-	21 39.6%
Time period since first ATS use/exposition	11,9 (SD 5,3)	12,5 (SD 5,3)	8,8 (SD 2,9)	13,5 (SD 9,5)	12,0 (SD 9,2)	11,3 (SD 6,8)	11,6 (SD 6,3)



Initiation Phase

- Results from Germany and UK
- Concomitant circumstances and reasons for onset at the beginning of ATS consumption on three levels:
 - individual level
 - social level
 - environmental level



Description of Constellation at Initiation

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Age at ATS onset/exposition	16,3 (SD 2,2)	17,4 (SD 4,1)	18,3 (SD 2,1)	21,2 (SD 9,5)	21,8 (SD 5,9)	17,6 (SD 1,5)
Predominant use pattern ATS at initiation phase	weekly	weekly	weekly	less than monthly/ monthly/daily	less than monthly	-
Predominant type of ATS at initiation phase	Speed & MDMA/>3 ATS	Speed & MDMA	Speed/Speed & MDMA	Speed/>3 ATS	MDMA	-
Predominant use pattern alcohol at initiation phase	weekly	weekly	weekly	weekly	weekly	weekly
Predominant use pattern cannabis at initiation phase	daily/weekly/ monthly	weekly	monthly	weekly/less than monthly	less than monthly	monthly
Consumption of alcohol and/or Cannabis at initiation phase, %	78%	88%	79%	83%	89%	79%



Individual Level: Motives for ATS use

Hedonistic attitudes:

curiosity, pleasure seeking, feeling understood and experiencing intimacy, staying awake, being able to drink more alcohol

„They [my friends] were more affectionate, talkative and awake from amphetamines. But especially ecstasy has the effect that people have more empathy and I found this more pleasant than those people who are drunk and potentially aggressive. So I decided to try it as I wanted to experience the effect“ (male, group 3).



Individual Level: Motives for ATS use

Functional motives

coping with mental health problems/ self-medication in recreational and occupational settings: low self-confidence, depression, social insecurity/ anxiety

“(Speed) enabled me to care for my stuff, to manage obligations. I was always afraid to contact institutions, and now I was able to functioning on my own” (female, G1).

“I had no work, I lived from the money of my parents and of my partner. I had a serious eating disorder which I acted out much. Nothing in my life which I could be proud for, nothing on which I could base my self-esteem. Consequently the drug was highly tempting“ (female, G2).



Social Level: Reasons for initiation ATS use

Social factors: mostly no direct peer pressure (“don’t be a coward, just try it”) but

- wanting to be part of the (ATS consuming) group

„I appreciated sitting together with many people talking. This feeling of community if someone prepares a line of speed and everybody takes some piece of it. This gives you a sense of community, we are belonging together” (female, G3).

- appetite is fostered by experienced users

“Oh, I’m jealous. Oh, it’s your first time. Oh, it’ll be amazing.” (male, G3).

- enhancement of professional performance

“When finishing high school, I used Ritalin daily. Learning had to be done on Ritalin” (male, G1).

„I was stressed, under pressure during my university time. So I took it [Ritalin] for learning, I thought it would help me standing the examination” (female, G5).



Environmental Level: Factors for ATS use

environmental factors

- key environment factor for ATS initiation: type of spaces
club/festival, university accommodation, on the streets, prison
- coupled with the type of event that was taking place:
parties/festivals but also learning groups
- easy availability
ATS was highly visible and available in private and public settings

‘Whether that was sitting in the flat with my friends and we were just doing it for the sake of it or it was going to [nightclub name removed] to just... that’s the go to spot’ (male, G1).

- accidentally for people who did not enter ATS environments intentionally: owner of a bar next to drug scene and members of the scene regularly dropped in the bar.



Conditions of ATS non-use

Individual motives

- already problematic use of alcohol and cannabis, avoiding problems with further substances
- avoiding negative consequences that were perceived in others (uncontrolled behaviour, unpleasant “come down”)

“[Ecstasy] is rather suspicious to me. You never know what it brings up. What comes up, finally has to come down and I don’t want to experience the hangover related to ecstasy. Being depressed two days after the intake...I don’t want this in my life” (male, G6).

- afraid of negative health consequences (depression, dependency)



Conditions for ATS non-use

Social reasons

- most of the peer group is non-ATS user
- witnessing friends being under the influence of ATS: avoidance of unpredictable behaviour

'It just almost reminded me, why I wouldn't ever want to be like that, sort of out of control of themselves and not really having an awareness of what they looked like' (female, G6).

Environmental factors

- illegal status of ATS deterred non-users for it might result in
 - subsequent involvement with the criminal justice system
 - jeopardising their position at university or in the workplace



Biographic burden before/during initiation phase

Biographic burden before initiation was reported in all groups

Family

- separation of parents
- parental substance use problems
- neglect in childhood, blamed as “loser” by parents
- domestic violence

Education

- performance problems at school or workplace

Social relations

- experiences of bullying
- problems with integration in peer groups

Illness

- ADHD
- depression and anxiety
- eating disorders



Conclusions

- all ATS groups are quite similar at onset regarding biographical conditions and use patterns of ATS and other drugs
- participants show typical youth behaviour regarding experimental drug use
- initiation phase is not a good predictor for further development of consumption patterns (aside from age at onset)
- the variety of further trajectories/pathways (which led to specific group membership at the endpoint=date of interview) seems to be associated with other internal and external factors
- further analysis of module 1 and quantitative module 2 will examine these factors



Thank you for your attention!

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