

**'Kiddie drugs' and controlled pleasure: Recreational use of
dexamphetamine in a social network of young Australians**

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Abstract

Background

This article explores the recreational use of diverted dexamphetamine, a pharmaceutical stimulant, amongst a social network of young adults (aged 18-31 years) in Perth, Western Australia (WA). Prior epidemiological research indicates that there are high levels of dexamphetamine prescription, and use of diverted dexamphetamine, in this jurisdiction. Little research exists on the social contexts of diverted dexamphetamine use in Australia or overseas.

Methods

Ethnographic fieldwork was conducted over 18 months among a network of approximately 60 young adults who regularly used psychostimulants. Data collection involved participant observation conducted in natural settings including nightclubs and private parties. In-depth interviews were also conducted with 25 key contacts which explored drug use histories and themes emerging from fieldwork.

Results

The use of diverted dexamphetamine, or 'dexies', was prevalent among the social network and integrated into local drug practices. The paper explores the ways in which dexamphetamine use is rationalised, negotiated and represented in the context of the use of alcohol and other psychostimulants such as methamphetamine and ecstasy. Two key aspects are emphasised. First, dexamphetamine use is seen as insignificant by network members and is positioned as 'safer' in relation to the use of other drugs by virtue of its

pharmaceutical status. Second, dexamphetamine plays an instrumental role in facilitating the pursuit of 'controlled pleasure' via the heavy consumption of alcohol and other drugs.

Conclusion

The findings of the paper have implications for harm reduction policy. In particular, dexamphetamine use facilitates heavy drinking and polydrug use among young adults, which may increase the harms associated with such use. Further, current interventions targeting young psychostimulant users, which emphasise their adulterated and illegal nature, may inadvertently contribute to the cultural construction of dexamphetamine as a relatively 'safe' drug.

Keywords

Pharmaceutical stimulants; psychostimulants; young adults; harm reduction; ethnography; Australia

Introduction

This article explores the recreational use of dexamphetamine, a pharmaceutical stimulant, amongst a social network of young adults (aged 18-31 years) in Perth, Western Australia (WA). Dexamphetamine is a common name for dextroamphetamine sulphate, an amphetamine that stimulates the central nervous system by releasing dopamine, norepinephrine and serotonin (see Kuczenski & Segal, 1997). Its effects include reduced fatigue, elevated mood, increased feelings of well-being and confidence, and, in high doses, feelings of euphoria (see Zacny, Bodker, & de Wit, 1992). For these reasons, dexamphetamine is sometimes called 'legalised speed'.

Internationally, the pharmaceutical use of amphetamines dates back to the 1930s when benzedrine inhalers were used to treat symptoms of the common cold (Iversen, 2006, p.2). Amphetamines have also been used in a variety of other medical settings including for the treatment of narcolepsy and depression. They have also been used, sometimes controversially, in military settings and professional sport (for a comprehensive historical overview of the use of amphetamines see Iversen, 2006; Rasmussen, 2008). Since the 1980s, stimulants such as dexamphetamine and methylphenidate (or 'Ritalin') have been increasingly used for the management of Attention Deficit and Hyperactivity Disorder(s) (referred to collectively as ADHD) in children and adults (Kutcher et al., 2004).

In Australia, dexamphetamine is marketed as 'Dexedrine' and 'Dextrostat'. It is available only on medical prescription and is the only stimulant listed on the

Pharmaceutical Benefits Scheme, a government initiative that subsidises the cost of prescription drugs. Whereas in Australia, dexamphetamine is most commonly used to manage ADHD, in other countries Ritalin is the first line treatment and alternative preparations (including a non-stimulant, branded 'Strattera') are also increasingly popular.

The diverted use of pharmaceutical stimulants has received some attention in the international research literature (e.g. Kelly & Parsons, 2007) but very little in Australia. Public discussion of psychostimulant use in Australia tends to focus on methamphetamine and ecstasy and is characterised by sensationalist rhetoric and moral panic; only rarely does research focus on the views and experiences of young adults themselves (e.g. Gourley, 2004).

Using ethnographic methods, we sought to understand the cultural meanings that shape, and are constituted through, recreational use of psychostimulants.

The remainder of the paper is divided into several sections. The first describes the supply context for dexamphetamine in WA, which has one of the highest rates of dexamphetamine prescription in the world. Through a brief review of existing epidemiological evidence, we also show how recreational use of dexamphetamine (diverted from ADHD prescriptions) is higher amongst psychostimulant-using young adults in WA than in other Australian jurisdictions. In the second and third sections, we outline the ethnographic methods used in the study and summarise the sociodemographic characteristics and drug use patterns of our sample.

Next, we show that dexamphetamine has been integrated into local drug practices and explore the ways in which its use is rationalised, negotiated and represented in the context of the use of alcohol and other psychostimulants such as methamphetamine and ecstasy. Drawing on ethnographic data, we argue that dexamphetamine use is considered insignificant, is perceived as 'safer' than the use of other drugs and plays an instrumental role in facilitating the pursuit of 'controlled pleasure' via heavy consumption of alcohol and other drugs. We argue that these patterns of use have implications for harm reduction, and these are explored in our conclusion.

The prescription and use of pharmaceutical stimulants in WA

Between 1994-2000, Australia's licit consumption of psychostimulants was the third highest in the world behind the United States (US) and Canada (when standardised) (Berbatis, Sunderland, & Bulsara, 2002, p.540). Of particular significance for this paper is that, within Australia, WA has markedly higher prescription rates for dexamphetamine than any other Australian jurisdiction. WA's dexamphetamine prescriptions from 1984-2000 increased by an average of 43% per year compared to a combined average of 27% for other Australian jurisdictions (Berbatis et al., 2002, p.541). Indeed, prescription rates in WA are among the highest in the world, similar to that of the US and Canada (Berbatis et al., 2002, p.541). The same dataset also shows that dexamphetamine represents the majority of prescriptions for psychostimulants in WA, a finding confirmed by recent surveillance data (Department of Health, 2007).

A 2003 inquiry, conducted by the WA Government, drew a link between high prescription rates, the prescribing practices of a small number of medical practitioners and adherence to the US model of medicating a wider 'spectrum' of ADHD symptoms (Government of Western Australia, 2004). The inquiry led to greater monitoring and tightening of prescribing practices in WA through the establishment of a 'stimulants' committee of medical professionals, the introduction of regulatory measures and audits, and the funding of further research (Calver, Preen, Bulsara, & Sanfilippo, 2007; Department of Health, 2002, 2005a, 2005b; Preen, Calver, Sanfilippo, Bulsara, & Holman, 2007). These measures have resulted in slightly lowered rates of prescription among children in WA, although there has been a significant rise in adult prescriptions (Department of Health, 2007).

Annual national surveys conducted for the Ecstasy and related Drugs Reporting System (EDRS) also indicate that recreational use of pharmaceutical stimulants by young adults in WA is far greater than in other Australian jurisdictions (Breen et al., 2004; Dunn et al., 2007; Stafford et al., 2005). For example, in 2005, rates of recent use in the WA EDRS sample peaked at 74% compared to 25% in a national sample (the national sample also included WA, so the actual discrepancy is even greater) (Stafford et al., 2006). Another study (conducted as part of the multi-site, multidisciplinary project of which this research was also a component) also reported that the prevalence of recent use of pharmaceutical stimulants was 10% in a Melbourne sample compared to 71% in a Perth sample (Jenkinson, Dietze, & Jolley, 2007). While previous research has established the ready availability

of pharmaceutical stimulants in WA, and the high prevalence of their use amongst young adults, little data is available on the social and cultural contexts of this use.

Methods

Between December 2005 and June 2007, the first author (RG) conducted ethnographic fieldwork with a social network of approximately 60 young adults who used psychostimulants (particularly ecstasy and methamphetamine).

This network consisted of several clusters of close relationships, which were linked to the other clusters by 'weak ties' (Granovetter, 1983). Ethics approval was granted by Curtin University of Technology's Human Research Ethics Committee. Beginning with two individuals known to her through her own social networks, RG relied on peer-based networking and referral to establish relationships with members of the network.

Data collection involved two components: participant observation and in-depth interviews. The fieldwork component involved regular interaction by RG with members of the social network in natural settings as they engaged in drug use and related leisure activities. Typical settings in which drugs were used included nightclubs, festivals and other outdoor music events, private parties and social gatherings, and public spaces. RG's involvement also extended to leisure activities that did not necessarily involve drug use (e.g. barbeques and dinners). This broader participation in the social network provided opportunities to understand how drug use was positioned within the overall context of people's lives, to develop relationships with individuals outside drug

use settings and to observe network social processes. Detailed fieldnotes were recorded following each observation 'session'. Throughout the course of fieldwork, fieldnotes were analysed for emerging themes, insights, contradictions and divergence. This ongoing analysis then informed future data collection thereby influencing the course and direction of the study.

In order to pursue key themes arising during the participant observation, and to gather personal narratives of involvement in drug use, RG also conducted semi-structured, in-depth interviews with 25 members of the network, who were selected on the basis of their relationship with RG, influence within the network and their availability. Themes covered in the interviews included how different social contexts shaped drug use, the negotiation, regulation and transformation of drug use over time, and perceptions of drug-related benefits and harms. Interviews were digitally recorded and professionally transcribed. All fieldnotes and interview transcripts were managed using NVivo7 software and subjected to open and axial data coding (Strauss & Corbin, 1998). Analysis was informed by research on the 'normalisation' of drug use (Cameron Duff, 2003; Parker, 2005) and on 'controlled' drug use (Mugford, 1991; Zinberg, 1984).

Network demographics and patterns of drug use

The demographics of the young adults involved in this research are similar to the profiles of typical 'party drug' users reported in Australian quantitative studies. The majority were engaged in full-time work or study (or both), and many had tertiary qualifications. Approximately 60% were male and the

majority were of Anglo-Celtic background and heterosexual. Their ages ranged between 18-31 years old, while the average age of the 25 interviewees was 24 years old. Individual patterns of drug use varied significantly over time: the frequency of use fluctuated widely, the amounts used in specific sessions varied and drug preferences changed.

Within this variation, however, we identified two main styles of drug use and found that movement between them was common during the fieldwork period.

'Regular' use involved use of psychostimulants at least monthly and encapsulated the majority of young adults involved in the research.

'Occasional' use, as the name suggests, involved less frequent psychostimulant use – that is, use every 1-6 months. Among regular users, drug use was oriented around the working week/weekend cycle with public holidays and periods of leave from work or university breaks being times of increased use. One defining feature of regular use were frequent 'benders', which typically occurred across a weekend (1-3 nights) and involved significant polydrug use with little or no sleep. By comparison, among those who used drugs only occasionally, 'benders' were rare. Exceptions included large music events, special occasions or extended holiday periods.

Though there are many commonalities in the characteristics of 'regular' and 'occasional' drug use (when considering types of drugs used and typical contexts for use), the main difference was the extent to which drug use took priority over other aspects of life. Regular drug use involved a significant investment of resources (ie, time, money and energy) in the pursuit of

'partying'. Frequent attendance at nightclubs and electronic music events often took precedence over work, study, non-drug involved friendships and family. Those who used drugs occasionally tended to prioritise their non-drug commitments, often choosing to socialise in private with partners or close friends. This group tended to value their weekends as an opportunity to refresh themselves following the working or study week, pursue sporting interests and socialise with family, friends and partners unhindered by the after-effects of drugs. Other distinguishing features of the regular drug-using style were more extensive polydrug use and participation in 'risky' and potentially stigmatising activities such as smoking methamphetamine (in either powder or crystalline form).

Being predominantly Anglo-Celtic and middle-class, these young adults held many shared cultural values. One key notion was that 'party drug' use was only acceptable on weekends or during holidays. The theme of personal control is central to experiences of drug use (whether of the 'regular' or 'occasional' kind) and network members were aware of the potentially detrimental effects of 'unchecked' drug use to their health, interpersonal relationships, employment/careers and financial goals. They were also acutely aware that uncontrolled drug use had the potential to damage their status within 'mainstream' society. For these reasons, the maintenance of 'controlled' or 'functional' drug use was much valued by network members.

The majority of network members regularly engaged in 'risky' or 'heavy' drinking, defined in the National Health and Medical Research Council

guidelines as the consumption of more than six standard drinks in a day for males and four for females ([in Australia, one standard drink is 10g of alcohol](#)) (Commonwealth of Australia, 2001, p.35). The most commonly used illicit drugs, following cannabis, were 'rock', 'crack' or 'meth' (crystalline methamphetamine, usually smoked in a glass pipe), 'speed' (methamphetamine powder, usually snorted) and 'pills' (ecstasy tablets, usually swallowed). Six people had previously injected drugs, two on a regular basis (injecting was heavily stigmatised among this network and so may have been more widespread than reported). Recreational use of diverted prescription opiates and benzodiazepines was not common, though they were occasionally used to manage the 'comedowns' from psychostimulants. In addition to the primary use of methamphetamine and ecstasy, use of dexamphetamine was very prevalent among both regular and occasional drug users.

Sourcing and using 'dexies'

Commonly known as 'dexies', 'd5s' (referring to the inscription on the tablet) or simply 'dex' or 'd', dexamphetamine has been, for almost all members of the network, an integral element of the drug landscape throughout their drug careers. The sourcing of dexies was often covert and occurred directly between individuals possessing medical prescriptions and those seeking a recreational supply. These transactions, while rarely the topic of lengthy discussion, were observed frequently during ethnographic fieldwork. Below is an excerpt from RG's fieldnotes:

Nick lined up some dexies from Cameron [who held a prescription] when we got into [Pub X] on Saturday night. The discussion was brief – something like “hey mate do you have any ds on you tonight?”, Cameron said “yeah, I’ll throw you some later”. Later in the night Cameron went over to Nick and slipped two or three white pills into Nick’s top pocket without saying anything. I think I was one of the only people who even noticed.

Dexies were most often given as ‘gifts’ by the prescription holder or incorporated into reciprocal exchanges of alcohol or other drugs between friends. If sold for money, dexies were usually priced at AU\$1-2 per tablet.

There were five individuals in the studied network who held dexamphetamine prescriptions, three of whom participated in in-depth interviews. All of them filled their prescriptions but did not always use dexamphetamine strictly as medically prescribed (sometimes using it for recreational purposes). The three individuals interviewed all questioned the precision of their ADHD diagnoses and used dexamphetamine according to their own assessments of need.

For these five individuals, managing their supplies of dexies required considerable coordination, particularly as dexies were a popular commodity in the illicit drugs landscape and all were concerned that they could find themselves ‘short’ if they gave away or sold too many. For these reasons, those with a prescription were somewhat selective about who they gave or sold their dexies to, and only rarely sold them to strangers (for the increased sum of AU\$2-5 per tablet). Very occasionally, whole bottles of dexies (containing 100 tablets) were sold for between AU\$200-400. Such sales delivered a significant profit to the seller because the subsidy provided by the Pharmaceutical Benefits Scheme meant that bottles cost under AU\$15.

Throughout fieldwork, those with dexamphetamine prescriptions (and even those with access to prescriptions through partners or close friends) spoke about the burden of being ‘the person [in their social network] with a dexies prescription’. Reluctantly placed in the role of ‘dealer’, they often felt harassed and overwhelmed with requests to supply friends with dexies. Various strategies were used to negotiate these requests – telling people that they ‘don’t have the prescription anymore’, that they have ‘run out’ or that they ‘need the rest’ for their own medical needs.

Although usually swallowed whole, dexies were occasionally crushed into a powder and snorted to achieve a quicker onset of effects. Availability and individual preferences determined the level of use but 1-5 tablets was a common amount to use ‘at a time’ or ‘in a night’. This is consistent with data obtained from a pharmaceutical stimulant component of the 2007 EDRS, where the median number of dexamphetamine tablets reportedly consumed on the last occasion of use was three (Fetherston, 2007). It was rare for an individual to take more than ten tablets in one session.

‘They’re not really worth talking about’: Cultural understandings of dexies

To the young adults involved in this study, dexamphetamine use was not regarded as especially noteworthy and was often absent from their discussions about drug use (hence our emphasis in this paper on data from in-depth interviews). Underpinning this ambivalence was a conceptual ‘scale’ by which drugs were ordered from ‘least’ to ‘most risky’. At the risky end of the

scale was the injection of heroin, which was widely associated with loss of personal control, ill-health and degradation. At the other end of the scale were pharmaceuticals, which were seen as subject to stringent quality control, available in measured doses and usually taken under medical supervision. Methamphetamine, cocaine, ecstasy and illicit drugs other than heroin were positioned somewhere in between, recognised as potentially risky but also as familiar and commonplace components of the leisure landscape. When smoked, methamphetamine was positioned at the more serious end of the scale. Given its widespread use, cannabis was positioned at the low-risk end of the scale.

Alcohol occupied a complex and contradictory position in relation to risk. As a legal, widely-available and socially sanctioned drug, it was sometimes placed at the low-risk end of the scale. However, network members also acknowledged high levels of overall harm attributable to alcohol use in their network and the wider community, and often spoke about alcohol use as therefore 'worse' than methamphetamine and ecstasy. This suggests a general perception that all drugs had the potential to cause harm, particularly when used in excess.

Guided by their understanding of dexamphetamine as a pharmaceutical, and as a relatively benign drug, its use was often overlooked by network members. Below is an excerpt drawn from RG's fieldnotes. It involves one of RG's closest male participants, Trevor (a pseudonym, as are all names used), a 25 year old professional:

Last weekend Trevor and I had a conversation about the number of 'large' upcoming music events (three or four). He spent some time discussing the merits of each event to me – which djs he was looking forward to seeing, which djs he thought I would enjoy, and offered to get me cheap tickets. He planned to go most of these events. I commented on the high price of the tickets and Trevor agreed. He said to me that he would 'probably not go out as much' until then – 'just to save and yeah... just have a break and stuff' (he was talking about having a break from drug use, an intention that he had spoken with me about previously also).

This Friday night Trevor invited me to come along with him to Club A. It was a regular Friday night at Club A - one of the locals was playing ['local' meaning a Perth dj as opposed to an international act] and we knew the usual crowd would be there.

I sat around most of the night chatting to everybody, moving around between small groups (it's so loud inside that usually conversations can only happen in groups of two or three). Throughout the night I occasionally came back to Trevor, who was sipping on his favourite beer. At the end of the night he said that he had three (standard for him - he is not a big drinker). At about 2:30am he started to spend more time on the edge of the dance floor, standing and watching the dj, drink in hand. By 4:30/5am he was dancing with some friends right in the middle of the dance floor. The dj was playing heavy drum and bass – Trevor's favourite style of music. He came off the dance floor, red, sweating and said that he was going outside. I accompanied him while he had a cigarette and sipped on a water bottle.

I was curious as to whether he had kept to his decision to take a break? This wasn't one of the music events that he had been looking forward to, yet he was wide awake at 5am and was talking about going back to somebody's place 'for a bit', and I thought that he may have taken something. I said to him, 'Trevor I don't know how you are so energetic... you haven't taken anything tonight?' He responded, 'nah, just a couple of dexies.'

Trevor's covert dexamphetamine use and his offhand remark about it were typical within this social context. Among network members, there was a culturally ambivalent attitude towards dexamphetamine and resistance to identifying it as a 'drug' was widespread. When RG asked network members if they had taken any illicit drugs on particular nights, she was repeatedly told, 'I haven't taken anything tonight ... Oh, just dexies'.

The ambivalence towards dexamphetamine and the reluctance to view its use as 'significant' is further illuminated in the following example involving Melissa. When RG first told Melissa about the research, Melissa said, 'I'm sorry, I don't think I'll be much help to you, I don't really use drugs'. Over time, however, field observations revealed that Melissa attended music events on a weekly basis, where she would drink alcohol and use dexies. During an in-depth interview, Melissa spoke about her decision to use dexies even though she 'didn't use drugs'. She said of dexies:

[A friend of hers] *just always had them on him and it would be like asking someone, 'Would you like a mint?', you know? It was like, 'yeah, ok'.*

In comparing dexies to mints, Melissa detaches them from the discourse of illicit drug use (i.e. from notions of furtive 'dealing' and 'scoring', and considerations of quality, amount and price) and emphasises their acceptability and the casual way in which they are offered and used.

Melissa was not alone in expressing such sentiments. When prompted on the subject of dexies during an in-depth interview, Liz, another network member, replied, 'Well, they're not really worth talking about'. These comments were consistent with RG's ethnographic observations that use of dexies was considered to be 'no big deal'; their use was not considered particularly noteworthy or significant by network members when compared with the use of other illicit drugs. Dexies were seen as 'kiddie drugs'; if prescribed to children, so the reasoning went, they could not be 'that bad.'

Dexamphetamine use was also deeply embedded in the discourse of personal control that we outlined earlier and this was intimately linked to its status as a medical drug. The prescription quality of dexamphetamine enabled individuals to control the dose taken with a high degree of precision and it was in this context that dexamphetamine was interpreted as 'safer' than illicit 'street' drugs such as methamphetamine. The perception that dexies are 'better' than other drugs (as in less damaging to one's health) was common, and this informed a preference for their use among some occasional drug users, who were often more cautious and concerned with the health implications of drug use than regular drug users.

The pharmaceutical quality of dexies provided a clear rationale for their use in preference to other drugs. For example, Calvin said, during an interview:

[E]ven today they're actually probably one of my favourites because it's cheap and it's effective and it doesn't make you feel bad. It's a pharmaceutical product, it's like it's a controlled substance so it's kind of...yeah it seems to me that when you have them it's sort of... you kind of know how you're going to feel whereas when you have pills [ecstasy] and stuff like that [e.g. speed] the effects and the duration and stuff like that can change from time to time.

Similarly, when asked if he had a preference for dexies over speed, Max had this to say:

Absolutely. It's a prescription drug, I know what I'm getting every time. I know how I'm going to react to them every time.

Again, however, these statements must be viewed in the context of wider drug-related practices, as the interpretation of dexies as 'safe' was only relative to the use of other illicit drugs. While dexies were frequently described as 'kiddie drugs', network members also frequently experienced acute negative side-effects from their use – such as nausea, stomach cramps,

headaches and ‘comedowns’ – which were likened to those following the use of methamphetamine or ecstasy. Some individuals avoided dexamphetamine and others limited their use in any particular session because of these side-effects. Many network members spoke about their experiences of a range of health problems that they had recently experienced. These included especially low mood/swinging moods, anxiety, panic attacks, depression, sleep problems and compromised immune systems. Though it was acknowledged that using “gear” (meaning psychostimulant drugs) was related to these outcomes the link was rarely drawn between these experiences and dexamphetamine use,
outcomes that they also linked to psychostimulant use more generally.

‘Getting messy’ versus ‘keeping a lid on it’: Dexamphetamine and the pursuit of controlled pleasure

Several recent studies have focused on alcohol and other drug use amongst young adults in the United Kingdom (e.g. Measham, 2004, 2006; Measham & Brain, 2005; Szmigin et al., 2008). According to these studies, aggressive alcohol marketing, the cultural normalisation of alcohol and other drug intoxication, and changes in night-time leisure economies have meant that young adults must negotiate complex contradictions between a market-driven society that emphasises excessive consumption and the increasing social regulation of such consumption. They negotiate these contradictions through what has been termed ‘calculated hedonism’ or a ‘controlled loss of control’, where apparently ‘excessive consumption’ of alcohol and other drugs remains bounded by space, time and social situation (Measham, 2004). Young adults

balance the desire for 'having fun', 'letting go' and 'taking risks' within the constraints imposed by study, work and family, and try to avoid risking their social and cultural credibility by 'getting messy' through drinking and/or drug use at inappropriate times or too frequently. These contradictions need also to be seen against a 'backdrop of heightened uncertainties about identity and the journey to adulthood by young adults in contemporary society' (Measham, 2006, p.261).

Negotiating a form of controlled pleasure in relation to drug use was also a key concern for members of the studied social network. They categorised drugs according to the ease with which their physiological and psychological effects could be controlled, and how peers were likely to perceive their behaviour when intoxicated. Drugs that, by virtue of their pharmacological properties, were used to 'get messy' or 'messed up' were distinguished from those that delivered a more controlled experience, which was sometimes described as 'keeping a lid on it'.

Despite its widespread use, alcohol was categorised as the quintessentially 'messy' drug. Among network members (as is common among young adults in Australia more generally), 'binge drinking' among males and females occurred frequently. However, the decreased motor control, depressant effects and 'drunken' behaviour (eg, passing out or vomiting) associated with excessive alcohol consumption were seen as undesirable, especially in the context of electronic music events. Such events usually ran all night and involved long periods of socialising and dancing.

Interestingly, during fieldwork it became clear that ecstasy had also come to be categorised as a potentially 'messy' drug (see also C Duff, Johnston, Moore, & Goren, 2007). The visible effects of ecstasy intoxication (known among this group as 'gurning', a term primarily referring to contorted facial expressions), and the emotional closeness expressed in hugging friends, were seen as indicating a loss of personal control, and as potentially embarrassing and inappropriate. Although ecstasy was still used occasionally in nightclubs or at dance parties, particularly by younger members of the network, its use was increasingly confined to private settings among more experienced drug users.

By contrast, methamphetamine was seen as facilitating controlled drug experiences. In the following interview extract, Liz compares methamphetamine's effects with those of ecstasy and alcohol:

Liz: I find that the rock [crystal methamphetamine] just doesn't affect my emotions at all. The E affects your emotions and that's not what I was after. I wanted to be in full control of what I was doing, what I was feeling.

Rachael: Okay so what you're describing is choosing a drug that would suit exactly the state that you wanted to be in to go out and listen to music and socialise, right?

Liz: Yeah, pretty much something that leaves you with control of your faculties, because there's nothing I hate more than a drunk girl. They're loud and squealy. I don't drink that much either, you know what I mean.

Likewise, Gretel also voices a preference for controlled drug experiences:

There was a day where I used to say that pills were so much better than everything else ... but I think I would definitely have a preference for something where I'm still able to have my state of mind intact; where I know what's going on rather than being not completely but almost out of control.

The effects of dexamphetamine were well-suited to this desire for controlled pleasure. In particular, its unadulterated stimulant effect was widely appreciated for its ability to provide a counterpoint to alcohol intoxication and it was often used to 'straighten' one out during and after heavy drinking. For example, when asked whether he would drink and take dexies, Ryan said:

I have done in the past and you can drink like a trooper. You can drink a lot of alcohol and you don't feel drunk ... you don't get the whole drunk, drowsy – you get the drunk feeling, but not the fatigue associated [with it].

Similarly, Fiona said that the combination of alcohol and dexies was 'great':

Coz you can drink and you don't get that that slurring, stumbling thing, you can drink so much more... but you still get that Dutch courage kind of chatty.

Likewise, Henry said he liked dexies because:

Dexies really stimulated you. It got you thinking and going. It kept you awake. When you mix them with alcohol you get all the great effects of being drunk without the stupor involved.

For Ryan, Fiona and Henry, and for many of their peers, using dexies enabled them to experience the pleasures of alcohol intoxication while, at the same time, controlling some of its negative or 'messy' effects – that is, to experience controlled pleasure. The ability to 'drink like a trooper' while maintaining bodily control was celebrated and using dexies allowed individuals to enjoy socialising for longer periods without getting too 'messy'. Female participants also noted that they felt safer and 'more in control of the situation' (eg, in night-time environments) when using stimulants in conjunction with alcohol. These benefits were also useful in more formal social or work-related situations where heavy drinking was involved yet presentation of a controlled

self was valued. Dexamphetamine use was also often concealed from peers or used 'on the sly', for example, to enhance drinking prowess.

A final aspect of dexamphetamine use was its largely instrumental nature and its cultural detachment from notions of pleasure. While it was culturally appropriate to speak of ecstasy-related 'highs', it was deemed 'pathetic' to speak about 'highs' in relation to dexamphetamine. When discussing drug use, individuals often spoke about using dexies 'just' to stay awake. The measured dose of dexies allowed precise calculations to be made of the amount of time likely to be invested in the social experience and the post-intoxication period. As Gretel said during an interview:

I know if I've taken x amount of dexies I'm not going to sleep until x o'clock um but I don't get a comedown off them at all which is why I actually have a preference with them.

She highlights the ability to control the experience as the main reason for using dexies.

The instrumental use of dexamphetamine also manifested in the polydrug using environment. Dexies were often incorporated in 'the mix' during heavy drug-using sessions but were seen as just one element of the experience rather than as its highlight. For example, they were often used to 'smooth out' the 'crash' when the effects of an ecstasy pill began to wear off, or to prolong the social (and drug) experience – for example, at an after-party. The effects of dexamphetamine were rarely described as 'pleasurable' but dexies facilitated, enhanced and helped to control the pleasures derived from the use of other drugs – licit and illicit – and the associated leisure activities.

Conclusion: Dexamphetamine use and harm reduction

In our account, we have focused on three key aspects of recreational dexamphetamine use amongst a social network of young adults. First, we located our ethnographic analysis within the supply context of Perth, where high rates of dexamphetamine prescription – amongst the highest in the world – appear to support a pattern of widespread use of diverted dexamphetamine amongst young polydrug users. Second, we have shown how network members distinguished dexamphetamine use from the use of illicit drugs. Ambivalent about its use, they categorised it as ‘safer’ than illicit drugs such as methamphetamine and ecstasy on a scale of risk. Third, we have described its instrumental role in the pursuit of controlled pleasure and, in particular, its facilitation of heavy drinking and/or drug use. In closing, we consider the implications of these findings for harm reduction.

First, it should be acknowledged that although psychostimulant use, including use of dexamphetamine, was not entirely unproblematic for network members, it was not generally associated with widespread, serious or long-lasting harm. TheyNetwork members ~~Further, the young adults involved in this study~~ maintained involvement in ‘mainstream’ society (eg, through employment and/or universitytertiary study), were not involved in violent or acquisitive crime, recognised the need to regulate their use of dexamphetamine and of other psychostimulants, and used dexamphetamine to avoid getting ‘messy’, particularly when drinking heavily. Given this style of use, and the pharmaceutical status of dexamphetamine, we pose the

following question: does dexamphetamine use have harm reduction benefits when compared to the use of illicitly-manufactured psychostimulants such as methamphetamine?

Second, and notwithstanding dexamphetamine's reported ability to reduce 'messy' alcohol use, education and harm reduction campaigns might consider addressing, in particular, dexamphetamine's instrumental role in facilitating heavy drinking and/or use of other drugs. Like other amphetamines, dexamphetamine decreases sensitivity to many of the body's signs of alcohol intoxication and may increase the risk of acute and chronic alcohol-related harms (eg, alcohol poisoning, drink-driving and long-term liver damage). Concomitant use of psychostimulants with other drugs is also potentially harmful (Gouzoulis-Mayfrank & Daumann, 2006) but this information is not widely available to young adults. This is a cause for concern given that the use of diverted pharmaceuticals in conjunction with alcohol and other drugs is common among young adults (Copeland, Dillon, & Gascoigne, 2004). More broadly, this study suggests that the maintenance of rigid distinctions between licit and illicit drugs may be unhelpful in efforts to reduce drug-related harm.

Third, education and harm reduction campaigns should consider the inclusion of material on the use of dexamphetamine (and potentially of other pharmaceutical stimulants) and related harms, particularly in contexts of high availability – such as Perth, the US and Canada. In Australia, public health campaigns have focused mainly on the use of illicitly-manufactured drugs such as ecstasy and methamphetamine (particularly crystal

methamphetamine or 'Ice') and related harms. They have also tended to focus on the dangers posed by adulterants in 'street' drugs (for example, through campaign images of 'backyard labs' and an emphasis on dangerous contaminants), a warning that is irrelevant in the context of pharmaceutical drugs. Furthermore, the common emphasis on the adulterated and illicit status of drugs in strategies targeting this group may reinforce the existing belief that dexamphetamine is benign in relation to other drugs – that it is a 'safe', 'controlled' chemical – and inadvertently encourage greater use.

We have focused in this paper on the recreational use of diverted dexamphetamine in a specific geographical setting – a finding that may have limited generalisability to other settings. The incorporation of diverted pharmaceuticals (including but not limited to pharmaceutical stimulants) in polydrug practices among young adults more generally is an area worthy of further investigation. This research highlights the need for further qualitative research on the social contexts and cultural meanings of such use to inform harm reduction measures.

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