

# ALTERED STATES

IN 1996, THE NSW CORONER RULED TEENAGER ANNA WOOD HAD DIED AFTER TAKING ECSTASY. A WAR ON E WAS DECLARED. FIFTEEN YEARS ON, ARE THE AUTHORITIES WINNING OR DOES THE PARTY STILL RAGE ON?

WORDS: JOSHUA JENNINGS

**A**нна Wood isn't the first person to say it. It's what you're supposed to say when you do it. That's why so many people do it. Anybody who's ever blissed-out on ecstasy knows that. "I'm having the best night of my life," she says. Not just once, though. Numerous times.

She shouldn't be at the Phoenician Club tonight. Nor should any 15-year-old school kid. But Anna's parents don't figure she's at an over-age dance party; they think she's at a friend's watching a video. That's what she told them.

Anna's pal Alexia thinks it's around 5am when she spots Anna on a boy's lap near the dance floor. Anna's tried ecstasy recently but it didn't do anything; now it's clear to Alexia that it's doing plenty.

Anna's eyes, jaw, pallor: it all smacks of an E. Anna vomits, collects the boy with some of it and makes a beeline for the toilets. Her friend Chloe's with her to see her collapse and help her sit to vomit into the toilet bowl. This isn't the kind of vomiting that earns belly laughs and honour badges in *American Pie*. It's the kind that's making Chloe scream.

It's about 45 mins back to Chloe's. On the way, Anna says she can't feel her lips or legs. Chloe proposes a doctor but there's no answer. They get to Chloe's. Anna vomits some more while they help her up the stairs to Chloe's



Anna Wood was just 15 years old when she died after taking an ecstasy tablet

bedroom. They leave Anna in bed while they clean up the vomit on the stairs and then there's a thump. Anna's blocking the door to Chloe's room. Vomiting, again. It's all over the floor and she keeps doing it and retching and tossing around when they put her back in bed and she's still doing it and she can't stop. Chloe's mother Judy eventually comes in. Judy calls Anna's parents to tell them something's wrong. Anna's ill.

They arrive at 10am. Their daughter is clammy, cramped, sweating, reeking of vomit, delirious and uncontrollable. She's wet herself, and her hair is caked in what she's vomited. Angela wants to know what they've done to her daughter. Tony Wood tries to keep his daughter conscious and whispers, "Don't die darling. You have to keep breathing." At some point, the ambulance siren sounds.

Anna Wood died at NSW's Royal North Shore Hospital on October 24, 1995, two days after that morning at Chloe's. The coroner's report into her death, released in 1996, states that the cause of death was insufficient oxygen to the brain, which stemmed from the acute water intoxication that happened after Wood ingested MDMA.

ANNA IS CLAMMY, CRAMPED, SWEATING, DELIRIOUS AND UNCONTROLLABLE

## IS ECSTASY YOUR NOMINATED DRUG OF CHOICE?



## IT'S WAR

Wood's death sent the media into overdrive. Then-NSW Premier Bob Carr talked tough on the fate of licensed premises that let under-age drinking and ecstasy use happen. Hardline anti-drug stances were debated. Better resourcing for policing was argued. Calls were made for improvements to preventative education. In short, it was war.

But 15 years on, just how successful has the war been? Are Australians less likely to take ecstasy now? No way, says Dr Greg Pike, director of the Southern Cross Bioethics Institute in Adelaide. "I think we're doing woefully," he says. "We have some of the highest levels of use amongst OECD countries worldwide."

The National Drug Strategy Household Survey from 2007 shows 3.5 per cent of the over-14 population had used ecstasy in the past 12 months and just under 9 per cent in their lifetime. The year Anna Wood died, just under one per cent had used ecstasy or other designer drugs in the last 12 months and 2.4 per cent had tried them in their lifetime.

Findings from *Weekend on the Town: Examining a "Session" of Psychostimulant Use Among a Sample of Young "Socialites"*, a yet-to-be-released study into psychostimulant use amongst 220 18- to 30-year-old Melbourne-based users, describes a typical night out for a snapshot of young drug users. Respondents had all used ecstasy, speed, crystal meth or cocaine at least monthly, on average, for the previous six months. The study shows a typical night out for them starts on a Friday evening or Saturday afternoon and runs for a median of 20 hours. The group consumes a median of 15 standard alcoholic drinks and a little over half a gram of psychostimulant drugs – shelling out "considerable" sums of cash to do so.

The report's author, Dr Rebecca Jenkinson from the Centre for Population Health, Burnet Institute, says although significant minorities in the group took risks such as drug-impaired driving and unprotected sex, the majority of the sample considers these nights out to be highly enjoyable.



## IT'S NOT A QUESTION OF WHAT IS ECSTASY; RATHER, WHAT ISN'T

### IMPURE THOUGHTS

Doof-doof pumps out of the grungy inner-city share house. My "connection", a recreational drug user, answers the door. The living room is a standard lad-pad affair: ripped lounge chairs; the coffee table buried by video-game controllers; an ashtray bulging with punched-out butts. I hand over \$30 in exchange for a "Pink Mitsubishi", a tiny pink tablet locked in a coin bag. It's grainy and nasty. I ask "Dave" whether it's actually ecstasy; he seems baffled by the question. It's not a question of what *is* ecstasy these days he says; rather, what *isn't*. He doesn't have the patience for semantics right now. He informs me that it's just a "f\*\*king pill".

Then he postures a little by proposing I try the heroin ones instead. I consider this a threat rather than a genuine invitation.

The National Drug Campaign's rudimentary definition of ecstasy cites MDMA as the primary ingredient. MDMA brings to life the euphoric and empathetic experiences commonly reported by ecstasy users – feeling f\*\*king awesome, basically.

But the MDMA level in locally available ecstasy can vary wildly. The 2011 Ecstasy and Related Drugs Reporting System (EDRS) report states that 56 per cent of regular ecstasy users cited low purity in 2010 – compared with 9 per cent in 2005 – and the median purity of tablets analysed in NSW in 2008-09 was 22 per cent, but with significant numbers

## A TYPICAL NIGHT OUT FOR YOUR RUN-OF-THE-MILL MELBOURNE CANER



15 STANDARD ALCOHOLIC DRINKS AND A LITTLE OVER HALF A GRAM OF PSYCHOSTIMULANT DRUGS

containing no MDMA. This may be responsible for a slight softening of demand for the drug – nationally, 37 per cent of regular ecstasy users nominate ecstasy as their drug of choice, compared to 42 per cent in 2009 – although latent demand for the drug “remains strong” according to *Organised Crime In Australia 2011*, an unclassified report released by the Australian Crime Commission (ACC) this April.

This all matters now to Dave. He tips some speed onto a video-game case and uses a bankcard to make a neat little line out of it while said game flickers on the TV screen. He rolls up a \$50 bill and vacuums the speed into a nostril. The exercise is purely medical, he laments. He’s zonked from a week-long slog at work and needs a lift. He probably should be staying at home watching a *Friends* marathon, but he’s committed to a beast of a dance party happening in a shack in the CBD, and he knows from more than 10 years of weekends out how intolerable those things can be unless you have a headful of drugs.

## LEGALISE IT?

In February, Matthew Chesher, chief-of-staff to then-NSW roads minister David Borger, got busted buying an ecstasy tablet. It ended his career. The debate that ensued in the media concerned whether low-level ecstasy possession should even be a crime.

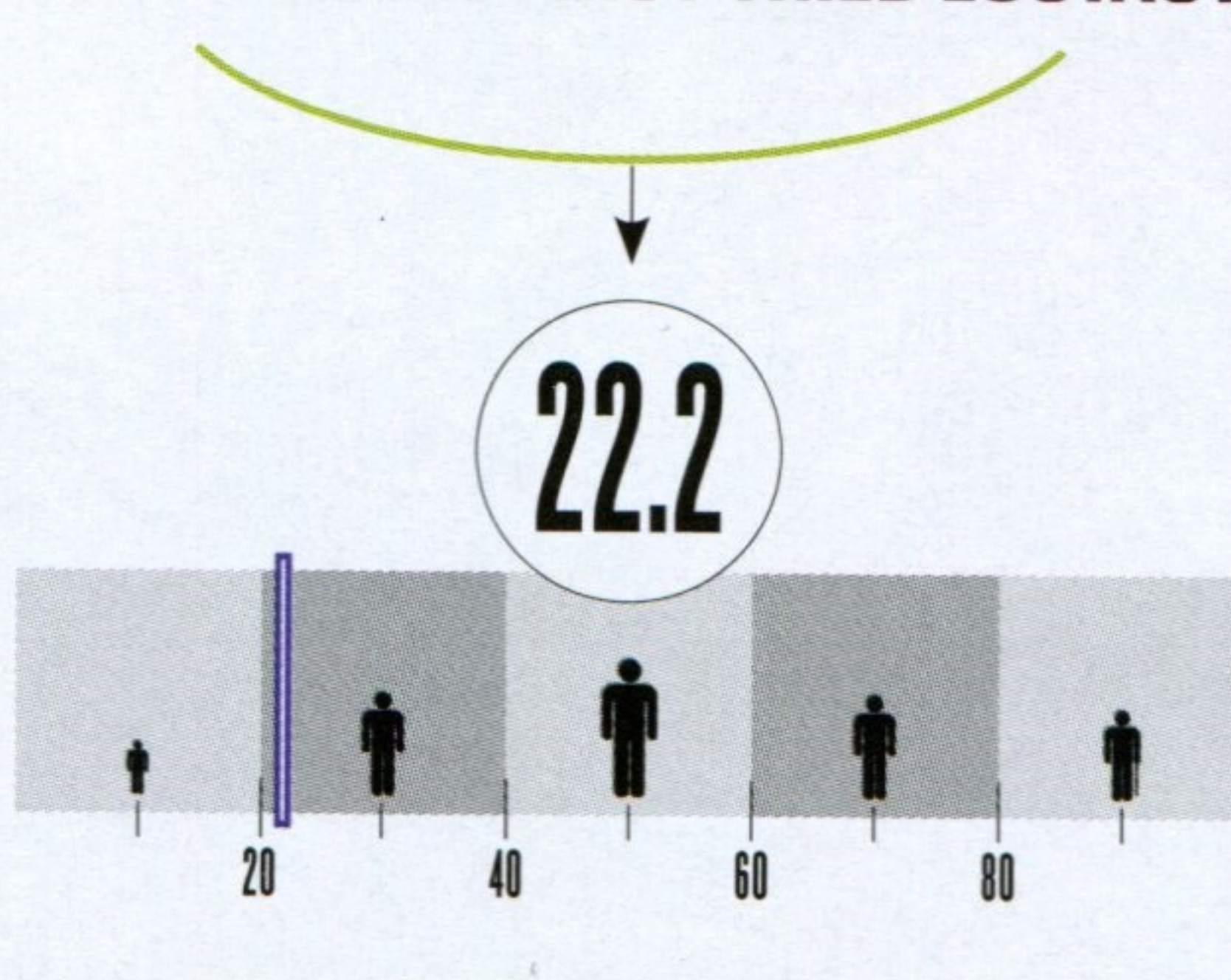
The discussion continued in May when, in a public debate on drug legalisation, anti-prohibitionist Dr Alex Wodak, director of the alcohol and drug service at St Vincent’s Hospital and president of the Australian Drug Law Reform Foundation, proclaimed that drug prohibition had been a global failure. Wodak argues that decriminalisation will wipe out the black market and disempower the criminals who control the trade. He points to Portugal – which decriminalised low-level illicit drug use in 2001 – and proclaims that they have the “drug policy of the future.”

Predictably, not everyone agrees with Wodak. Greg Pike says the question that needs to be answered is whether the harm caused by black-market pills that are not quality controlled – and often adulterated with various substances – is greater than the harm that might be caused by normalising ecstasy use and potentially increasing its popularity with Australians.

“It’s possible there would be a decline in some of those severe events if the substance was pure,” says Pike. “By the same token, the perception that the substance is pure and the perception that the Government is producing the pure product immediately has the stamp of safety attached to it.”

Pike points to Sweden – where ecstasy use is criminal under a tough anti-drugs policy and drug usage rates are low – as a case for arguing the prohibitionist line.

## THE AVERAGE AGE AT WHICH AUSTRALIANS FIRST TRIED ECSTASY



*Drug Law Reform: Beyond Prohibition*, a 2006 report released by the Australia Institute, highlights that clear insight into the effectiveness of drug prohibition is hindered by the performance measures of drug law enforcement (DLE). In short: there is no conclusive evidence as to how effective DLE actually is.

*Measuring the Effectiveness of Drug Law Enforcement*, a paper released this February by the Australian Institute of Criminology (AIC), states that the focus on arrests and drug-seizure data in the conventional assessment of DLE performance has limitations. Put simply, there’s no way to know if DLE is wiping out drug problems or failing to address them.

“When a big seizure comes through, it grabs the public’s attention,” says Katie Willis, the paper’s author and an AIC senior research analyst. “But whether that actually represents a real increase in the drug at the time? We just don’t know, using that seizure data. That’s part of the problem.”

The report says that there’s mounting pressure on DLE to demonstrate how it is positively benefiting the community, but this has proven to be a very difficult undertaking with the current metrics. “The police would be the first to tell you... that [*the measures they use are*] not perfect,” says Willis. “In fact, they’re extremely blunt measures.”

## THE LONG VIEW

I climb out of Dave’s dance party-bound taxi and have a beer in a bar. The Pink Mitsubishi is still in my pocket and two police officers in yellow vests are doing a lap of the room. The plan is to take the Pink Mitsubishi – for research, of course – and to join Dave the dealer at his dance party. But I’m starting to have second thoughts. I’m no drug noob; I’ve done my share of drugs and had both fantastic and less-than-fantastic experiences. The first time I thought that I was going to die on ecstasy, I asked the woman in the cloakroom at the club to call me an ambulance. The next time, I was too messed up to arrange an ambulance. I didn’t die, obviously, but

what matters at the time is that you *think* the plane is going down. I vividly recall the drug’s warm, loved-up, triumphant and celebratory qualities. I also remember frightening ATM bank statements, week-long blues, general dysfunctionality and paramedic stretchers. And right now I’m also thinking about Anna Wood.

I look up “Pink Mitsubishi” on my phone. The first user review is cautionary: “DO NOT USE THIS PILL”. A little later I contact Dave for feedback: he says he’s just feeling “wobbly” and horny.

I drink a few beers and decide to go home with the pill still in my pocket, leaving the option open to have it tomorrow night. The plan is to follow up with Dave then. He’s DJing at a party for payment in cocaine. I text him the next afternoon for details about the party – but there’s a spanner in the works. Dave has had to cancel his DJ set: he’s had a seizure and sustained some minor injuries. He’s okay, but doesn’t doubt that the combination of party drugs he took to thwart his exhaustion from the working week played a part.

That’s when I decide to dispose of my Pink Mitsubishi.

A week later I interview Anna Wood’s father, Tony. It’s the day after what would have been Anna’s 31st birthday. The Woods have been going out for Peking duck for Anna’s birthday every year since she died. That was her favourite, besides McDonalds, says Wood.

“I don’t know, it’s just something we do,” he says. “It just makes you want to say, ‘Happy birthday, Anna.’ That’s all. She was such a fun kid. She really was.”

Wood says he’s as concerned by the harmful impact that ecstasy has on the community as he is by the lack of effective action to prevent it. It’s not like he thinks everybody is going to be as adversely effected by ecstasy as Anna was. However, because he’s Anna’s father, he’s frequently fielding contact from the families of those people who drugs do destroy – and he’s concerned with what happens to them. →

## THE PERCENTAGE OF 693 SURVEYED PEOPLE WHO’D OVERDOSED ON STIMULANT DRUGS



“Because of the publicity of Anna’s death, [her mum] Angela and I can be anywhere and people come along and tell us their story,” says Wood. “It never starts off, ‘Gee, they were great once they started using drugs.’ It’s always, ‘Our child was wonderful when they started on their drug journey and it just went downhill from there.’”

*Australian Trends in Ecstasy Related Drug Markets 2010: Findings from the Ecstasy and Related Drugs Reporting System*, which uses a sample of 693 regular ecstasy users around Australia to provide a snapshot of ecstasy use, found that 21 per cent had previously overdosed on stimulant drugs and 24 per cent had accessed either a medical or health service concerning their drug use in the previous six months.

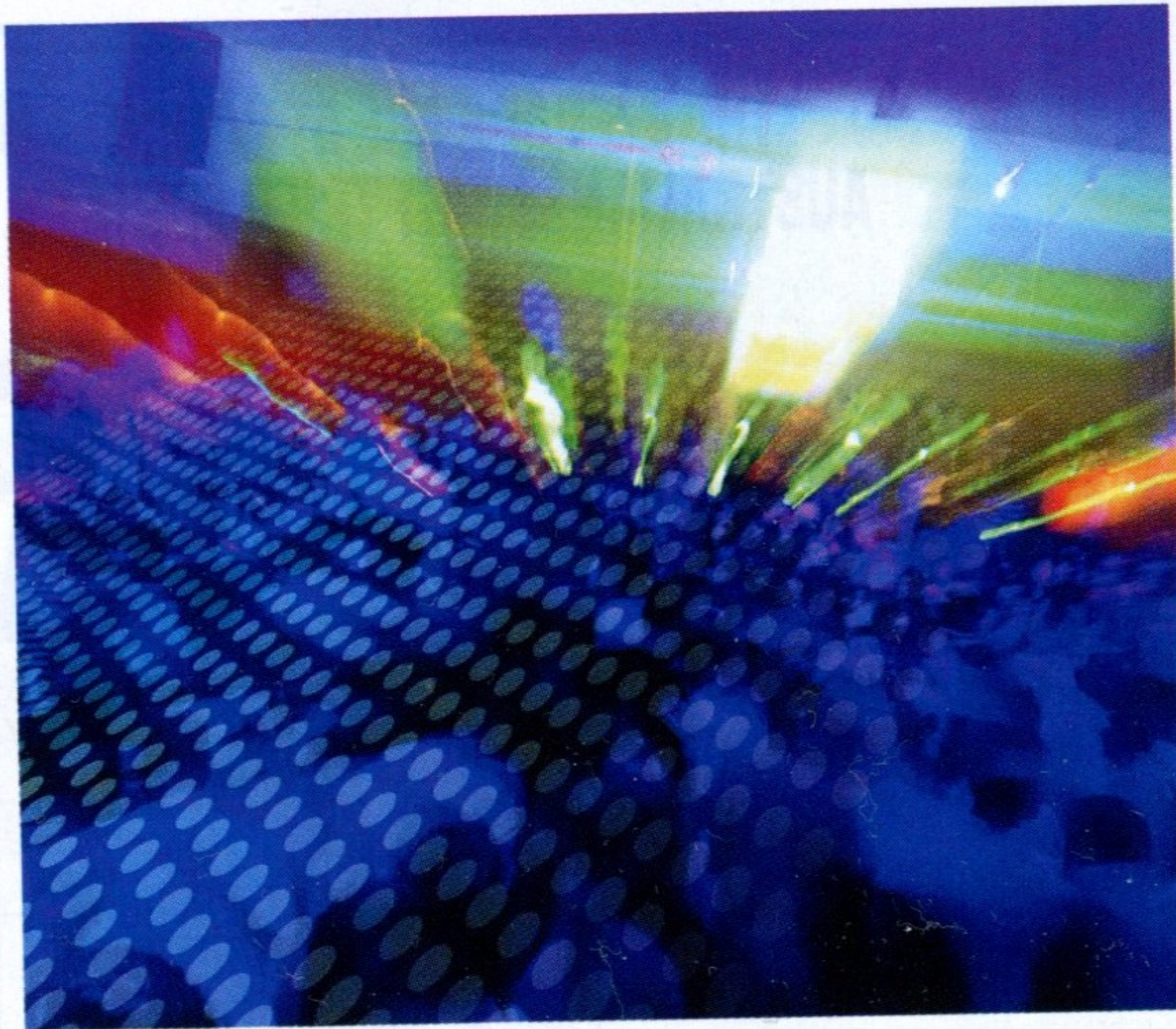
Rebecca Jenkinson says the psychostimulant users from her sample demonstrate a reasonably good understanding of the potential risks associated with their drug use: unknown drug quality, psychological and neurological harm, damage to physical health and harmful decision-making under the influence. She says that some of the worst aspects of her sample’s experience using ecstasy and other psychostimulants relate to the comedown: sleeplessness, irritability, anxiety, depression, memory problems and trouble concentrating.

It’s a question of weighing up the good with the bad for Jenkinson’s sample, she says. “Most of these young socialites [78 per cent] believed that the benefits of using psychostimulants outweighed the possible risks for them, and the majority [87 per cent] reported that they planned to continue to use psychostimulants regularly during the coming 12 months.”

Matthew Frei, head of clinical services at Eastern Health Turning Point Alcohol and Drug Centre, says the effect of drugs needs to be understood in both the immediate and the long term. “Acute effects can vary but generally, because of the life of the drug in the body, it will be transient, unless there’s a catastrophic adverse effect,” he says. “It’s the long-term effects we have less information about. So we know most people take certain drugs such as ecstasy or related drugs and these are the general effects they have over 24 hours, but what happens – over a couple of years of taking the drug periodically – to things like brain function, mood and so forth... We’re still gathering that evidence.”

### INCONVENIENT TRUTH

The behaviour of Jenkinson’s sample group points towards the one essential fact of the ecstasy debate that invariably gets overlooked by the academics and doctors and politicians: people really want to take it. Dr Sean Leneghan, from the University of Western Sydney’s School of Humanities and Languages, says “harm minimisation”, the core of the Federal Government’s



National Drug Strategy 2010–2015, takes an extremely narrow view of the drug.

“I don’t see that particular perspective as exactly neutral,” says Leneghan. “They get up there and say they’re scientists and what they’re offering is neutral research but... usually ecstasy is cast in terms of risk or toxicity and so on. But it’s not actually explored in terms of what the people themselves are doing with it or what they’re going through.”

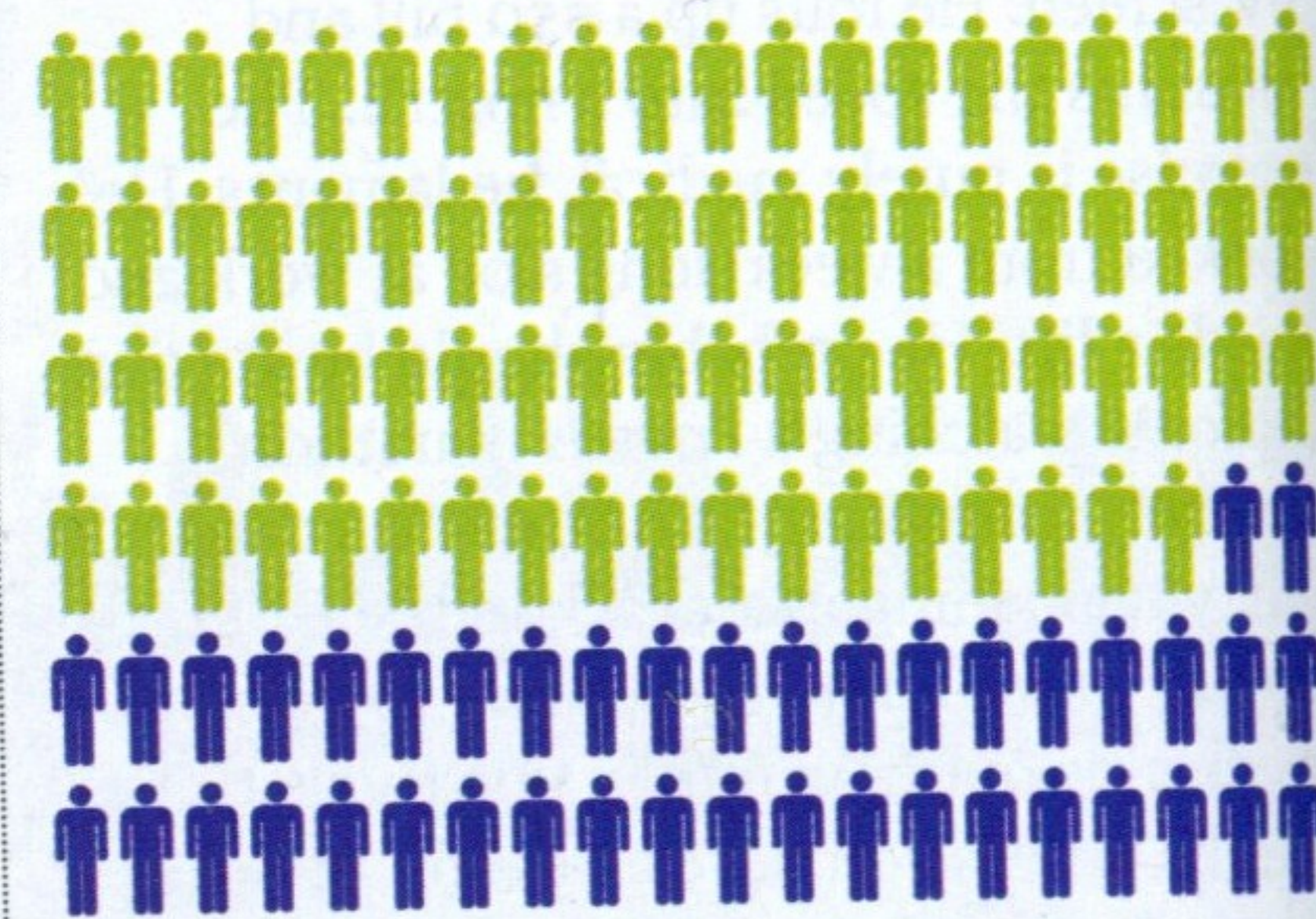
Leneghan sought to address this in his PhD thesis *The Varieties of Ecstasy Experience: An Exploration of Person, Mind and Body in Sydney’s Club Culture*. Leneghan embedded himself in the scene as an observer and participant, to explore what it is that ecstasy users are experiencing. His research into the scene uncovers vast aspects of the phenomena of ecstasy use – everything from the nature of religious and metaphysical experiences, looking in the mirror, smoking cigarettes, experiencing music, having random conversations with strangers and even getting laid.

“It puts the people themselves at the forefront of research – that’s important,” he says. “Most science doesn’t do that. It either eliminates the people or doesn’t take them seriously... This aims to show what the people are on their own terms.” He says everything known about a drug, good and bad, should be available to those who are considering using that drug.

## THE PERCENTAGE OF YOUNG PEOPLE WHO SAID THE BENEFITS OF PSYCHOSTIMULANTS OUTWEIGH THE RISKS

IN A STUDY CONDUCTED BY THE BURNET INSTITUTE

78%



*It Blasted Me into Space: Intoxication And An Ethics Of Pleasure*, a Deakin University-authored paper published in the *Health Sociology Review* in 2010, looks at why drinkers and drug users get intoxicated in spite of the potential consequences. It points out what everybody who gets intoxicated knows: it can be extremely pleasurable.

But the paper’s author, Dr Grazyna Zajdow, senior lecturer at Deakin University’s School of History, Heritage and Society, says that Australia’s lack of social controls means incorporating the conversation of pleasure into the policy around harm reduction is problematic. “Human beings left to their own devices without social control would just take these desires into anarchy,” she says.

Frei, however, argues that harm-reduction campaigns run the risk of losing their audience if they fail to accurately represent the drug-user experience. “The audience the message is intended for will look at a harm-reduction campaign that’s strongly focused on the very rare, severe, almost-never-seen effects of the drug and will immediately become sceptical, because it’s not the experience they know,” he says.

Unfortunately for Tony Wood, that’s the experience he knows all too well. He says he was a “basket case” for the first three years after losing his daughter.

“The pain of losing Anna was so severe that it won’t matter what sort of a death the universe has in store for me, nothing will ever be as painful as that.” **FHM**

Sections of this story about Anna Wood’s ecstasy experience are based on excerpts from *Anna’s Story* (\$24.95; HarperCollins) by Bronwyn Donaghy, which is out now

### PERCENTAGE OF ECSTASY USERS CITING LOW PILL PURITY

