

Short Communication

CLUB DRUG USE AMONG MINORITY SUBSTANCE USERS IN NEW YORK CITY[†]

Danielle C. Ompad, Ph.D.*;
Sandro Galea, M.D., Dr.P.H.*;
Crystal M. Fuller, Ph.D.*;
Darcy Phelan***
David Vlahov, Ph.D.****

Abstract—Surveillance data suggests that club drug use (Ecstasy, GHB, ketamine, LSD, methamphetamine, PCP and flunitrazepam) has been a predominantly White adolescent and young adult phenomenon in the United States. The authors investigated the use of club drugs among 323 street-recruited minority substance users in northern New York City (66.3% were Hispanic, 23.8% were Black, and 9.9% were White/other race; median age = 32 years old). While Whites were more likely than others to have used club drugs, club drug use among Hispanics and Blacks was not uncommon; 45.3% Hispanics and 56.4% of Blacks reported a lifetime history of club drug use. PCP was the most commonly reported club drug used among all racial/ethnic groups. Further investigation of club drug use in minority populations is warranted.

Keywords—club drugs, Ecstasy, epidemiology, methamphetamine, substance use

Club drugs are an emerging concern among adolescents and young adults in the United States (National Institute on Drug Abuse 1999). Although a number of

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*Epidemiologist, Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, New York.

**Medical Epidemiologist, Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, New York.

***Research Associate, Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, New York.

****Director, Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, New York.

Please address correspondence and reprint requests to Dr. Danielle C. Ompad, New York Academy of Medicine, Center for Urban Epidemiologic Studies, 1216 Fifth Avenue, New York, New York 10029; email: dompad@nyam.org.

psychoactive agents have been referred to as “club drugs,” the most common substances encompassed by the term are: Ecstasy (3,4-methylenedioxy-methamphetamine or MDMA), GHB (gamma hydroxybutyrate), ketamine, LSD (lysergic acid diethylamide), and Rohypnol[®] (flunitrazepam) (National Institute on Drug Abuse 2002). PCP and methamphetamine have also been called club drugs (National Institute on Drug Abuse 2002; U.S. Department of Justice 2001), however this could be a misnomer as these substances are also reported to be found in the streets. While club drugs have been a growing concern in the United States since the 1980s, surveillance studies have provided much of the currently available epidemiologic data. These limited data have suggested that club drug use has been mostly confined to Whites in the western half of the United States; most club drug use has been reported in clubs and during raves. However, these drugs have been moving east since the early 1990s and the use of club drugs has become of increasing concern to health care providers and legislators in the United States and Canada (Vastag 2001; Weir 2000). Recently, there have been anecdotal reports of increased use of club drugs as street drugs. The National Institute on Drug Abuse’s Community Epidemiology Working Group found that Ecstasy in particular was moving from the clubs to the street in several cities, including Baltimore and New York (Community Epidemiology Work Group 2001). The authors aimed to investigate the use of club drugs among street-recruited substance users in New York City.

Between October 2002 and March 2003, the authors enrolled substance users for three ongoing observational studies in New York City. To be eligible to participate in these studies, individuals had to be over 15 years old and have used heroin, crack or other forms of cocaine at least two to three times per month in the prior two months. Participants were recruited into the parent studies using street outreach methodology at two stationary storefronts in Central Harlem (Manhattan) and the South Bronx and through the use of a recreational vehicle that parked in three additional neighborhoods (Brooklyn, the Lower East Side of Manhattan and Queens) in New York City. After providing informed consent, participants completed an interviewer-administered questionnaire that elicited information on demographic characteristics and drug use. A structured supplemental questionnaire was added to gather detailed information on club drug use. Bivariate analyses were conducted to examine demographic and club drug use variables by race/ethnicity using chi-square statistics.

TABLE 1
Demographic Characteristics of 323 Substance Users in New York City

	Number	(Percent)
Gender		
Male	249	(77.1)
Female	69	(21.4)
Transgender	2	(0.6)
Other	3	(0.9)
Race		
Hispanic	214	(66.3)
Black	77	(23.8)
White/Other	32	(9.9)
Born in the United States	212	(66.0)
Lived in New York City less than one year	292	(90.4)
Currently homeless	176	(54.5)
Dropped out of school	245	(75.9)
Completed high school or equivalent	151	(47.1)
Mean age (SD)	33	(9.4)

TABLE 2
Lifetime Drug Use Among 312 Substance Users in New York City, Stratified by Race

Drug Used	Hispanic	Black	White	P-value
	N = 214	N = 77	N = 21	
	N (%)	N (%)	N (%)	
At least one club drug	97 (45.3)	42 (54.6)	17 (81.0)	0.005
Ecstasy	48 (22.4)	9 (11.7)	8 (38.1)	0.018
GHB	3 (1.4)	0 (0.0)	2 (9.5)	0.008
Ketamine	7 (3.3)	5 (6.5)	2 (9.5)	0.263
LSD	45 (21.1)	19 (24.7)	10 (47.6)	0.024
Methamphetamine	7 (3.3)	9 (11.7)	7 (35.0)	<0.001
PCP	62 (29.3)	32 (41.6)	10 (47.6)	0.054
Rohypnol	3 (1.4)	0 (0.0)	2 (9.5)	0.008
Cocaine	211 (98.6)	74 (96.1)	21 (100.0)	0.315
Crack	179 (83.6)	69 (89.6)	19 (90.5)	0.355
Heroin	192 (89.7)	59 (76.6)	21 (100.0)	0.002

Of the 323 substance users recruited, 249 (77.1%) were male, 69 (21.4%) were female and 5 (1.5%) were transgender/other gender (see Table 1). Hispanics were the predominant racial/ethnic group (66.3%), followed by Blacks (23.8%), Whites (6.5%), and other (Asian Pacific Islander, Native American/Alaskan Native, or mixed) racial/ethnic groups (3.4%). The median age at enrollment was 32 (range 17-60). More than half (54.5%) were currently homeless. Thirty-four percent were born outside the United States, and 9.6% had lived in New York City for less than a year.

Overall 51.1% reported using at least one club drug in their lifetime. PCP was the most commonly reported club drug (34.3%), followed by LSD (24.8%), Ecstasy (21.7%), methamphetamine (7.9%), ketamine (5.3%), GHB (1.9%) and flunitrazepam (1.6%). For current club drug use, Ecstasy and PCP were the most commonly reported current (i.e.,

prior six months) club drugs used, (14.6% and 11.6%, respectively). Of the current Ecstasy users, 63.8% had used it three days per month or more, 31.9% used it one to three days per week and 4.3% used it four to seven days per week. Of the current PCP users, 83.8% used it three days per month or more, however only 8.1% used it one to three days per week and 8.1% used it four to seven days per week. Current LSD use was reported by 4.7%, followed by methamphetamine (3.8%), ketamine (2.2%), flunitrazepam (1.3%) and GHB (0.6%).

Racial/ethnic differences in club drug use among Hispanics, Blacks and Whites were examined (Table 2). Due to limited sample sizes, those in other racial/ethnic groups (N=11) were excluded from bivariate comparisons. Overall, whites were more likely than Blacks or Hispanics to use each substance. However, Hispanics were significantly more likely than Blacks to have used Ecstasy (22.4% versus

11.7%, $p = 0.042$) and heroin (83.6% versus 76.6%, $p = 0.004$) in their lifetime. Blacks were more likely than Hispanics to use methamphetamine (11.7% versus 3.4%, $p = 0.006$) and PCP (41.6% versus 29.3%, $p = 0.048$) in their lifetime.

As expected, Whites were more likely to have used club drugs than Blacks or Hispanics. However, in this study lifetime histories of club drug use among Hispanics and Blacks were surprisingly common. Much of the current knowledge of the epidemiology of club drug use relies on national surveillance studies like the Monitoring the Future (MTF) Study, which is a probability sample of public and private school students in the United States (Johnston, O'Malley & Bachman 2002). In the present sample, only 47.1% of participants had

finished high school (or equivalent), and 75.9% had dropped out of school at least once. It is likely that persons like the participants in this studies are overlooked by surveillance systems like the MTF, suggesting that current U.S. estimates of prevalence of club drug use are underestimates, having missed those not attending high school.

These findings underscore the need for further investigation of club drug use in minority populations and those missed through U.S. probability samples (e.g. homeless youth, high school drop outs, etc.). Anecdotal reports suggest that Ecstasy is being sold on the streets in New York City neighborhoods, providing further evidence for movement of club drugs beyond the clubs and raves.

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