Methamphetamine Use in Australia: What the data tells us about patterns of use

Ann Roche
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What the data tells us about patterns of use

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Australian Government Department of Health
Increasing concern in Australia about methamphetamine use, often framed as ‘ice’ use

Strong media interest
‘An Epidemic of Negative Headlines’

Pressure on health and community services to respond appropriately

Family impact and social disruption
What’s the current situation?

* This presentation provides an overview of the current data to inform our understanding of patterns, problems and potential responses.

* Data will provide only part of the insight and understanding required. Best available data is limited.

* The community, families and users, and service providers need to complement the available data with first hand knowledge and experience.
Key Questions and Considerations

What is Methamphetamine?

What is ‘Ice’?

What has changed?

What is the concern?

Who is most likely to experience problems?

What are the best evidence-based intervention options?
Methamphetamine belongs to the ‘stimulant’ class of drugs, which also includes amphetamine, ecstasy, and cocaine.

They stimulate the brain and central nervous system; can result in a range of physiological and psychological changes including:

a) increased alertness/euphoria/energy/enhanced mood …..

b) anxiety/panic/agitation/hallucinations…aggression/violence.

3 main forms of methamphetamine:

• powder (speed)
• base
• crystal (ice)
Of particular concern is the crystalline form of methamphetamine, known as ‘ice’.

**Ice** (also known as crystal meth, meth, crystal, shabu, batu, d-meth, glass, or shard):
- most potent form of methamphetamine,
- usually smoked or injected.
What’s Changed?

1. Price
2. Purity
3. Form
4. Mode of administration
5. Frequency of Use
Scott et al., 2014

Reported:
- Increase in purity
- Decline in purity-adjusted price per gram
- Extreme purity variation
Patterns of use and Manifestation of Problems

Multiple sources….anecdote, media, observation, service providers, law enforcement…

1. National Drug Strategy Household Survey (NDSHS)
2. National Minimum Data Set (AOD Treatment Specialists)
3. Hospital Morbidity Data
4. Other (IDRS, EDRS, ED, specific targeted studies)
Recent methamphetamine use in Australia, 1995-2013

Methamphetamine use in the Australian population, 2013

Frequency of Methamphetamine Use

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime</td>
<td>7%</td>
</tr>
<tr>
<td>Past 12 months</td>
<td>2%</td>
</tr>
<tr>
<td>Past month</td>
<td>0.8%</td>
</tr>
<tr>
<td>Past week</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Frequency of methamphetamine use, 2007-2013

- Weekly:
  - 2007: 14%
  - 2010: 9%
  - 2013: 16%

- Monthly:
  - 2007: 22%
  - 2010: 16%
  - 2013: 17%

- Yearly:
  - 2007: 64%
  - 2010: 75%
  - 2013: 68%
Gender differences in frequency of methamphetamine use, 2013

![Frequency of Methamphetamine Use]

**Frequency of Methamphetamine Use**

Weekly: 53% (Male) - 47% (Female)

Monthly: 65% (Male) - 35% (Female)

Yearly: 66% (Male) - 34% (Female)

Main form of meth used in last 12 mnths, 2007-2013

Form of Methamphetamine Used


* Estimate may be unreliable due to small sample size
Main method of meth use, 2007-2013

<table>
<thead>
<tr>
<th>Mode of Methamphetamine Administration</th>
<th>2007</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked</td>
<td>17%</td>
<td>19%</td>
<td>41%</td>
</tr>
<tr>
<td>Swallowed</td>
<td>35%</td>
<td>36%</td>
<td>26%</td>
</tr>
<tr>
<td>Snorted</td>
<td>33%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Injected</td>
<td>16%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>0.2%</td>
<td>0%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>


* Estimate may be unreliable due to small sample size
Mean age of methamphetamine users, 2007-2013

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2010</th>
<th>2013</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice Users</td>
<td>29.5 years</td>
<td>28.9 years</td>
<td>28.8 years*</td>
<td>↓</td>
</tr>
<tr>
<td>Other Methamphetamine Users</td>
<td>28.6 years</td>
<td>30.0 years</td>
<td>30.9 years*</td>
<td>↑</td>
</tr>
<tr>
<td>All Methamphetamine Users</td>
<td>28.9 years</td>
<td>29.6 years</td>
<td>30.1 years*</td>
<td>↑</td>
</tr>
</tbody>
</table>

## Frequency of use by form: ice vs all forms of methamphetamine, NDSHS 2013

<table>
<thead>
<tr>
<th></th>
<th>Weekly/monthly meth (ice) users %</th>
<th>Yearly meth (ice) users %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>60 (62)</td>
<td>66 (62)</td>
</tr>
<tr>
<td><strong>Married</strong></td>
<td>24 (20)</td>
<td>35 (31)</td>
</tr>
<tr>
<td><strong>Employed</strong></td>
<td>49 (46)</td>
<td>71 (69)</td>
</tr>
<tr>
<td><strong>Heterosexual</strong></td>
<td>81 (77)</td>
<td>91 (87)</td>
</tr>
<tr>
<td><strong>Live in major cities</strong></td>
<td>73 (76)</td>
<td>72 (74)</td>
</tr>
<tr>
<td><strong>Psychologically distressed</strong></td>
<td>41 (46)</td>
<td>28 (18)</td>
</tr>
<tr>
<td><strong>Worked under the influence of drugs</strong></td>
<td>60 (62)</td>
<td>24 (22)</td>
</tr>
<tr>
<td><strong>Drove under the influence of drugs</strong></td>
<td>63 (62)</td>
<td>34 (48)</td>
</tr>
<tr>
<td><strong>Drink at risky levels</strong></td>
<td>70 (78)</td>
<td>68 (59)</td>
</tr>
<tr>
<td><strong>Smoke tobacco</strong></td>
<td>72 (83)</td>
<td>59 (57)</td>
</tr>
</tbody>
</table>

Less frequent (yearly) users of methamphetamine, including ice users, tend to be:
- employed,
- heterosexual,
- male,
- low levels of psychological distress.

Frequent (weekly/monthly) methamphetamine users, including ice users, tend to:
- comprise more females,
- be less likely to be married
- fewer heterosexual.

Frequent users are also more likely to be:
- unemployed,
- psychologically distressed,
- engage in various risk taking activities

Likely to be a non-treatment seeking population
AOD Treatment Specialist Services

Report growing episodes of care for methamphetamine

* In 2009/10, <1% of episodes of AOD specialist treatment were for meth (n=1,240)
* In 2012/13, >3% of episodes of AOD specialist treatment were for meth (n=4,043)
Stimulants as a proportion of all hospital separation for illicit substances, Increased from:

15%  2009/01
27% 2012/13
Methamphetamine treatment: Indigenous status by age, 2012/13

Hospital separations: methamphetamine vs other stimulants, 2008/09-2012/13

<table>
<thead>
<tr>
<th>Year</th>
<th>Methamphetamines</th>
<th>Other stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>2009/10</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>2010/11</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>2011/12</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>2012/13</td>
<td>65%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Hospital separations: stimulants,
2008/09-2012/13

158% inc

Source: Australian Institute of Health and Welfare (AIHW).
2008-2013 National Hospital Morbidity Database
(NCETA secondary analysis, 2015).
Hospital separations: poisonings due to psychostimulants, 2008/09-2012/13

41% inc

Hospital separations: psychotic disorders due to methamphetamines, 2008/09-2012/13

312% inc

Hospital separations: psychotic disorders due to methamphetamines by age, 2008/09-2012/13

Important not to see either the causes or the responses to meth/ice issues in isolation

Comprehensive/holistic responses needed

Consideration given to concurrent patterns of use:

**Alcohol:**

- high levels of stimulant use associated with risky drinking and night time economy ...

’Wide-awake drunkenness’ (Pennay et al 2014)

**Cannabis:**

Potential displacement effect, shifting from cannabis to meth to avoid drug detection.
Implications

Clear changes, not in same direction

Greater demand on treatment services
Recognition of impost on services and workers

People with complex needs
Not just a simple drug issue
Targeted interventions needed
Problems experienced by people with complex needs and concerns. Tip of the iceberg only.