

# Methamphetamine use in Australia

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*There is growing concern about methamphetamine use in Australia.*

*This document provides an overview of current patterns and trends in methamphetamine use and associated harms in Australia, with a particular focus on ice.*

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## What is methamphetamine?

Methamphetamine belongs to the 'stimulant' class of drugs, which also includes amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness and physical activity.

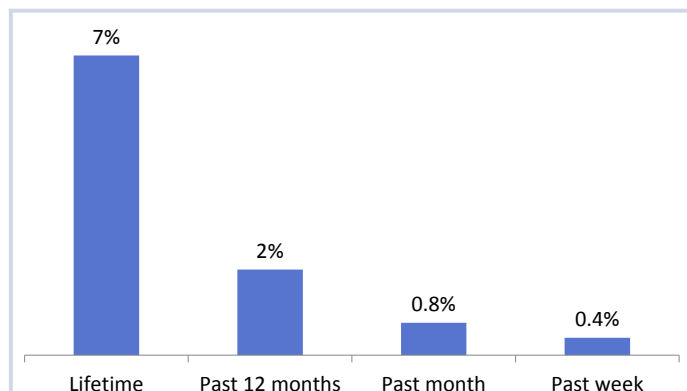
There are three main forms of methamphetamine: powder (speed), base, and crystal. Of particular concern is the crystalline form of methamphetamine, known as 'ice'. Ice (also known as crystal meth, meth, crystal, shabu, batu, d-meth, tina, glass, or shard) is the most potent form of methamphetamine, and is usually smoked or injected.

## Who uses methamphetamine?

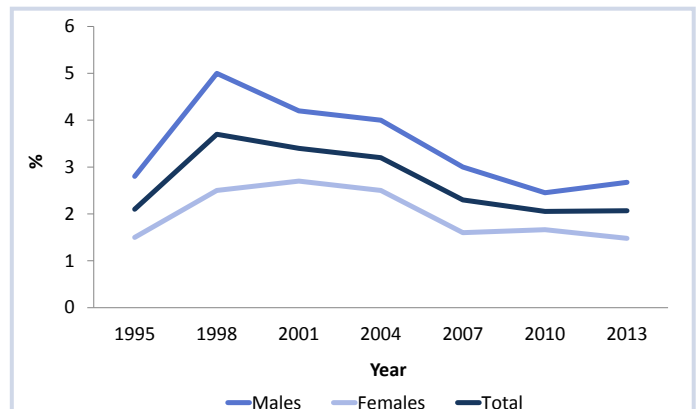
In 2013, 7% of Australians reported that they had used methamphetamine in their lifetime, and 2% reported using in the past 12 months (including 0.8% and 0.4% using in the last month and week, respectively) (Fig 1). The highest prevalence of 12 month methamphetamine use was recorded in 1998 at 3.7% (Fig 2).

Since 2007 the proportion of Australians who have used methamphetamine in the past 12 months has remained relatively stable. However, several important changes have occurred that have increased risks and harms.

**The same proportion of Australians use methamphetamine now as in 2007. However, the frequency, form, and method of administration has changed. These changes are likely to result in greater harms.**

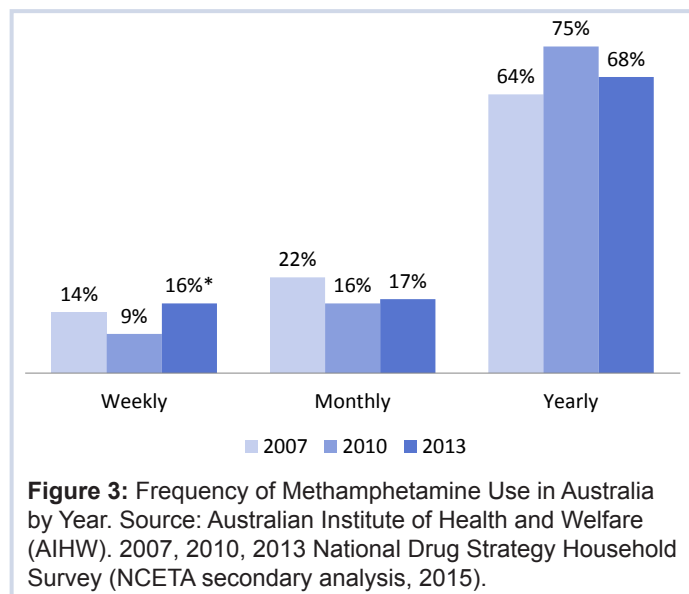


**Figure 1:** Proportion of Australians (14+ years) Who Have Used Methamphetamine. Source: Australian Institute of Health and Welfare (AIHW)<sup>1</sup>. 2013 National Drug Strategy Household Survey (NCETA secondary analysis, 2015).



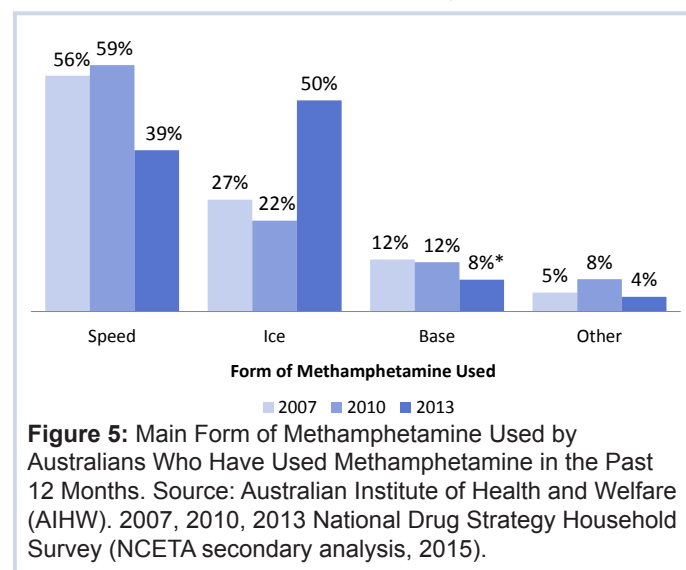
**Figure 2:** Proportion of Australians (14+ years) Who Have Used Methamphetamine in the Past 12 Months. Source: Australian Institute of Health and Welfare (AIHW). 2013 National Drug Strategy Household Survey.

The proportion of *weekly* methamphetamine users significantly increased from 2010 to 2013 (Fig 3). The overall proportion of methamphetamine users has not changed over this period, and most still use less than monthly. However, the proportion of users who use more frequently (i.e., weekly) has increased. Frequent use increases risk of harm and dependence.

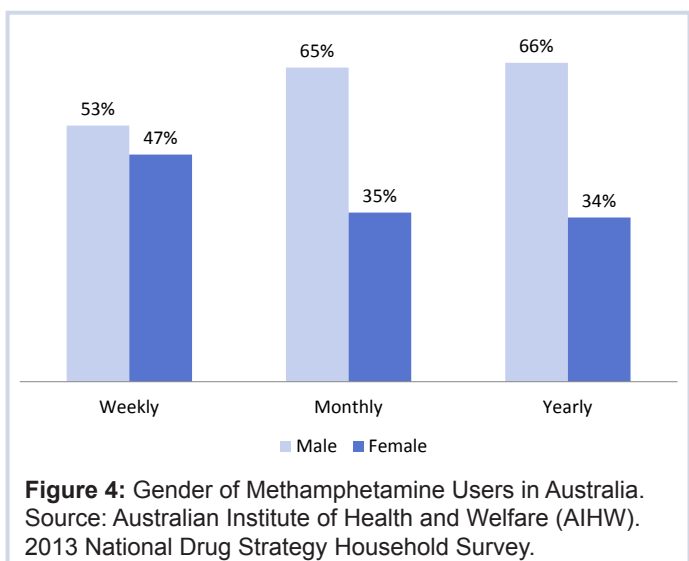


## Form and method of use

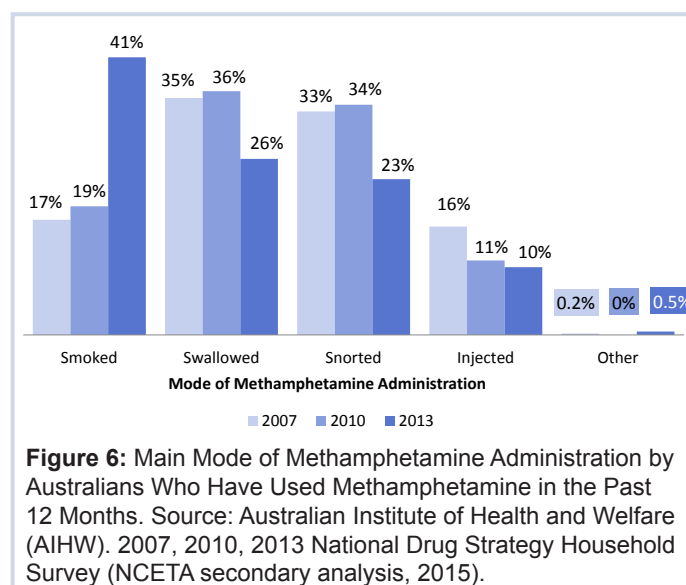
Speed (powder, tablets, capsules) was used by most methamphetamine users in 2007 and 2010 (Fig 5). In 2013, ice was the preferred form of methamphetamine. Ice use has more than doubled since 2010. The recent shift to ice is concerning, as it is a particularly potent form of methamphetamine, and may cause more harm.



In 2013 the majority of monthly and yearly methamphetamine users were male (Fig 4), but weekly users were equally likely to be female. This gender difference was not apparent in 2010.



Smoking has become the main method of administration. Since 2007, the proportion of users who usually smoked methamphetamine has doubled (Fig 6). This trend is likely to reflect greater use of ice. Among ice users, the majority (78%) prefer to smoke it.



## User profiles

The demographic profile of methamphetamine users varies depending on the frequency and form of use.

Although the average age of methamphetamine users is increasing, the average age of ice users has significantly declined.

In 2007, ice users were, on average, older than users of other forms of methamphetamine. In 2013, the reverse was true with ice users significantly younger, on average, than methamphetamine users overall (Table 1).

**Table 1:** Mean age of methamphetamine users by form of methamphetamine used, 2007-2013.

	2007	2010	2013	Trend
<b>Ice Users</b>	29.5 years	28.9 years	28.8 years	↓
<b>Other Methamphetamine Users</b>	28.6 years	30.0 years	30.9 years	↑
<b>All Methamphetamine Users</b>	28.9 years	29.6 years	30.1 years	↑

Source: Australian Institute of Health and Welfare (AIHW). 2007, 2010, 2013 National Drug Strategy Household Survey (NCETA secondary analysis, 2015).

## Associated harms

The growing harms associated with changing patterns of methamphetamine use can be seen in:

- episodes of specialist drug treatment for methamphetamine use
- methamphetamine-related hospitalisations.

Increasing harms are likely to be due to greater frequency of use, preference for ice, and smoking as the main method of administration.

### *Methamphetamine specialist drug treatment*

Methamphetamine-related treatment episodes increased significantly in recent years.

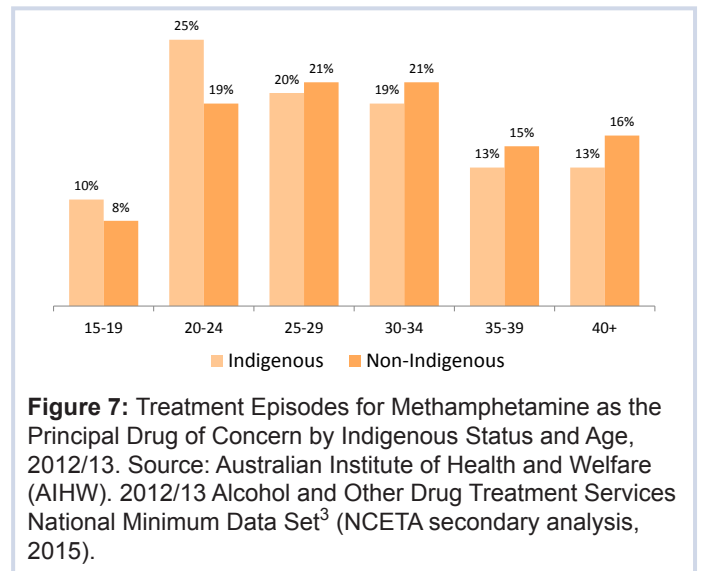
In 2009/10, less than 1%<sup>2</sup> (1,240) of alcohol and drug treatment service episodes of care were for methamphetamine use, accounting for 12% of all amphetamine-related treatment episodes.

In 2012/13, there were 4,043 treatment episodes for methamphetamine use, representing 3% of all treatment episodes, and 18% of amphetamine-related treatment episodes.

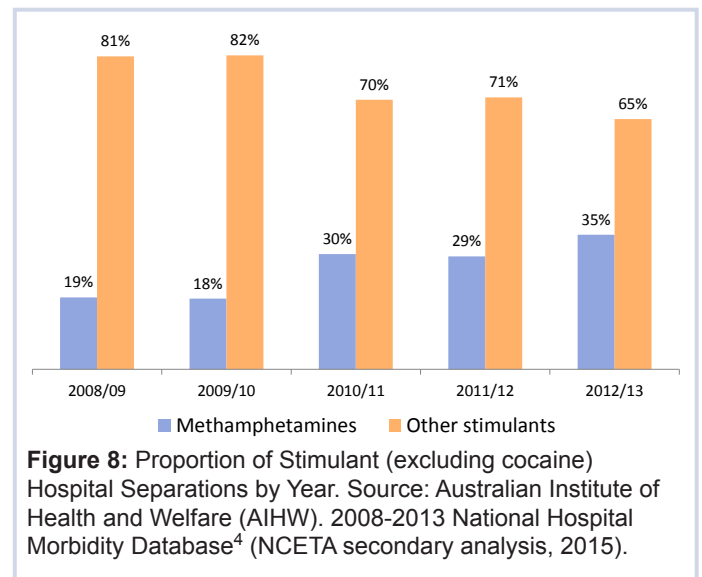
Indigenous clients tended to be younger than non-Indigenous clients (Fig 7).

### *Methamphetamine hospitalisations*

Hospitalisations due to stimulants (including methamphetamine) have increased markedly since 2008/09. In 2012/13, 35% of stimulant-related hospital separations were due to methamphetamine, compared to 19% in 2008/09 (Fig 8).



**Figure 7:** Treatment Episodes for Methamphetamine as the Principal Drug of Concern by Indigenous Status and Age, 2012/13. Source: Australian Institute of Health and Welfare (AIHW). 2012/13 Alcohol and Other Drug Treatment Services National Minimum Data Set<sup>3</sup> (NCETA secondary analysis, 2015).



**Figure 8:** Proportion of Stimulant (excluding cocaine) Hospital Separations by Year. Source: Australian Institute of Health and Welfare (AIHW). 2008-2013 National Hospital Morbidity Database<sup>4</sup> (NCETA secondary analysis, 2015).

**Table 2:** Weekly/monthly and yearly methamphetamine and ice use amongst Australians who used methamphetamine in the past 12 months.

	Weekly/ Monthly Meth Users (Ice Users) %	Yearly Meth Users (Ice Users) %
<b>Male</b>	60 (62)	66 (62)
<b>Married</b>	24 (20)	35 (31)
<b>Employed</b>	49 (46)	71 (69)
<b>Heterosexual</b>	81 (77)	91 (87)
<b>Live in major cities</b>	73 (76)	72 (74)
<b>Psychologically distressed</b>	41 (46)	28 (18)
<b>Worked under the influence of drugs</b>	60 (62)	24 (22)
<b>Drove under the influence of drugs</b>	63 (62)	34 (48)
<b>Drink at risky levels</b>	70 (78)	68 (59)
<b>Smoke tobacco</b>	72 (83)	59 (57)

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

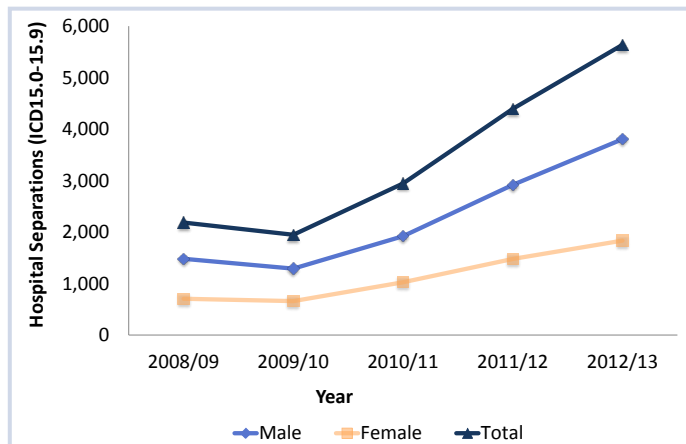
Frequent (weekly/monthly) methamphetamine users, including ice users, tend to comprise more females, and are less likely to be married or heterosexual.

Frequent users are also more likely to be unemployed, psychologically distressed, and to engage in various risk taking activities (Table 2).

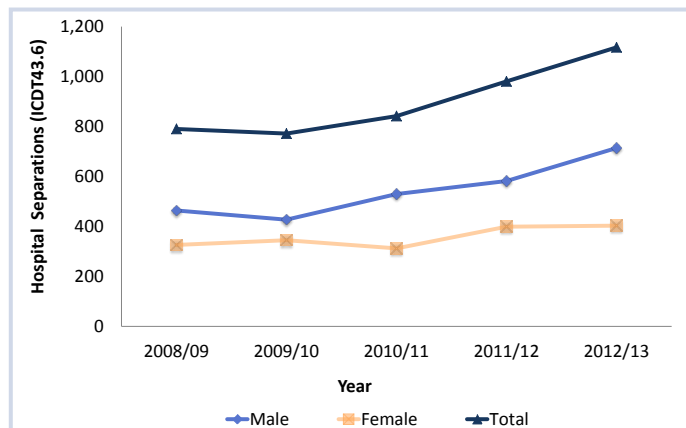
Source: Australian Institute of Health and Welfare (AIHW). 2013 National Drug Strategy Household Survey (NCETA secondary analysis, 2015).

Between 2008/09 and 2012/13, hospital separations for:

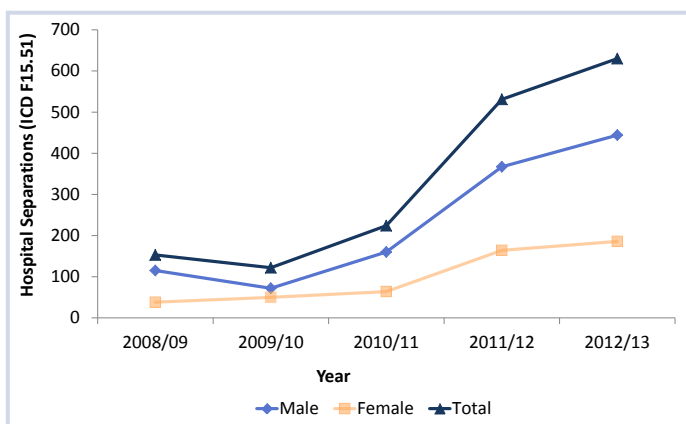
- stimulant use increased by 158% (Fig 9)
- stimulant poisonings increased by 41% (Fig 10)
- psychotic disorders due to methamphetamine increased by 312% (Fig 11).



**Figure 9:** Hospital Separations due to Stimulants Other than Cocaine (ICD F15.0-15.9) (15+ years) by Gender and Year. Source: Australian Institute of Health and Welfare (AIHW). 2008-2013 National Hospital Morbidity Database (NCETA secondary analysis, 2015).

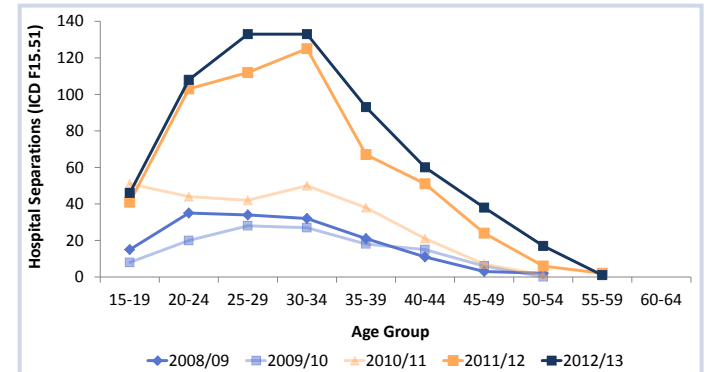


**Figure 10:** Hospital Separations for Poisonings Due to Psychostimulants (ICD143.6) (15+ years) by Gender and Year. Source: Australian Institute of Health and Welfare (AIHW). 2008-2013 National Hospital Morbidity Database (NCETA secondary analysis, 2015).



**Figure 11:** Hospital Separations for Psychotic Disorders Due to Methamphetamine (ICD F15.51) (15+ years) by Gender and Year. Source: Australian Institute of Health and Welfare (AIHW). 2008-2013 National Hospital Morbidity Database (NCETA secondary analysis, 2015).

The demographic profile of those admitted to hospital for methamphetamine-related causes also changed, with an increased proportion of males receiving treatment for psychotic disorders due to methamphetamine than for females from 2008/09 to 2012/13. The typical age of patients admitted to hospital for psychotic disorders due to methamphetamine also increased from 20-24 years to 25-34 years (Fig 12).



**Figure 12:** Hospital Separations for Psychotic Disorders due to Methamphetamine (ICD F15.51) (15+ years) by Age and Year. Source: Australian Institute of Health and Welfare (AIHW). 2008-2013 National Hospital Morbidity Database (NCETA secondary analysis, 2015).

### Dataset Notes

1 The National Drug Strategy Household Survey (NDSHS) is undertaken every three years and provides estimates of the proportion of Australians aged 12 years and older who are using alcohol, tobacco and illicit drugs. For selected illicit drugs, such as methamphetamine, only Australians aged 14 years and older are asked specific details about their usage. The most recent NDSHS survey was undertaken in 2013.

2 The proportion of treatment episodes for methamphetamine is likely to be under-reported due to inconsistent coding across jurisdictions. Victoria, for instance, codes methamphetamine as 3100 (amphetamine not further defined) rather than using the specific methamphetamine code (3103).

3 The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) provides national Australian information regarding clients accessing alcohol and other drug treatment services. It contains information on treatment episodes which focus on an individual client and have an identifiable beginning and end date. The most recent data available are for 2012-13.

4 The National Hospital Morbidity Database (NHMD) contains confidential data regarding hospital separations (i.e. episodes of care) in almost all Australian hospitals. It includes diagnoses, procedures, and causes of injury, recorded using International Classification of Diseases (ICD) codes. The most recent data available are for 2012-13.

### Contact Us

For more information about NCETA's alcohol and other drug research, visit or contact:

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