

**The National**

# **Methamphetamine Symposium**

*Making Research Work in Practice*

*12 May 2015 | Arts Centre, Melbourne*

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

**Ann Roche**

# Methamphetamine Use in Australia:

What the data tells us about patterns of use

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The National Methamphetamine Symposium:  
Making Research Work in Practice

12 May 2015



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# Current Context

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?



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**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.

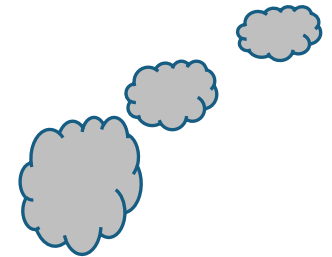




# What's Changed?



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



**THE AUSTRALIAN  
METHYLAMPHETAMINE  
MARKET**  
**THE NATIONAL PICTURE**



# 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)

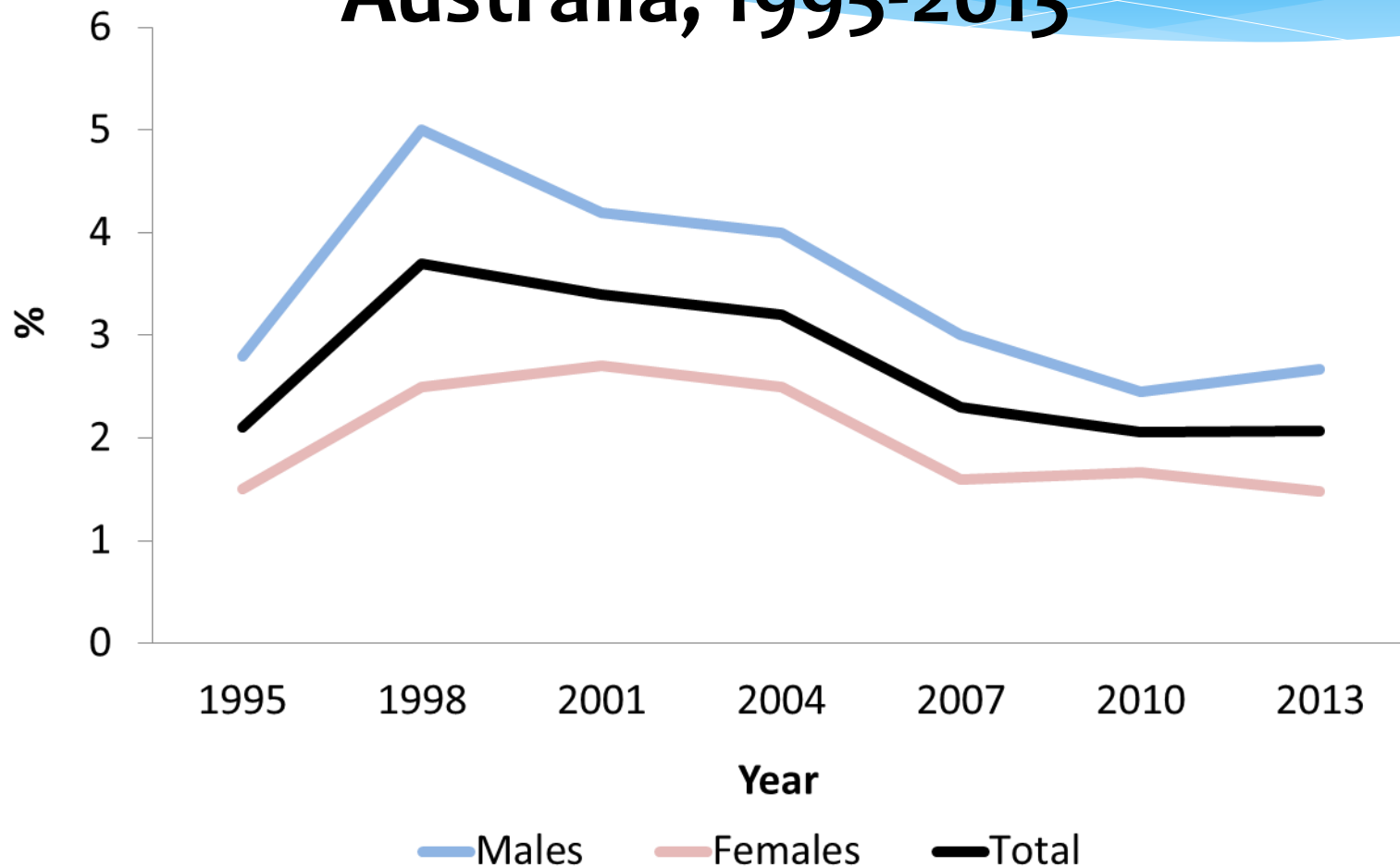


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# Recent methamphetamine use in Australia, 1995-2013



Source: Australian Institute of Health and Welfare (AIHW).  
2013 National Drug Strategy Household Survey

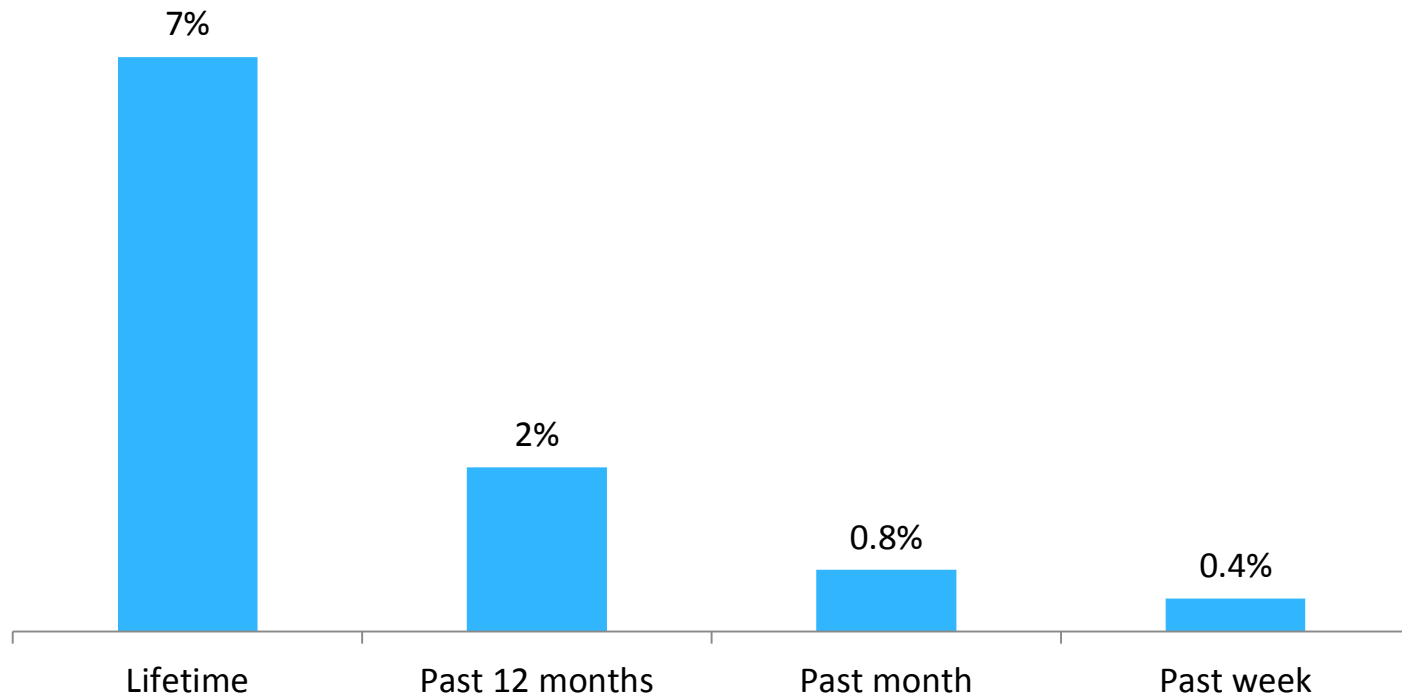


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# Methamphetamine use in the Australian population, 2013



## Frequency of Methamphetamine Use

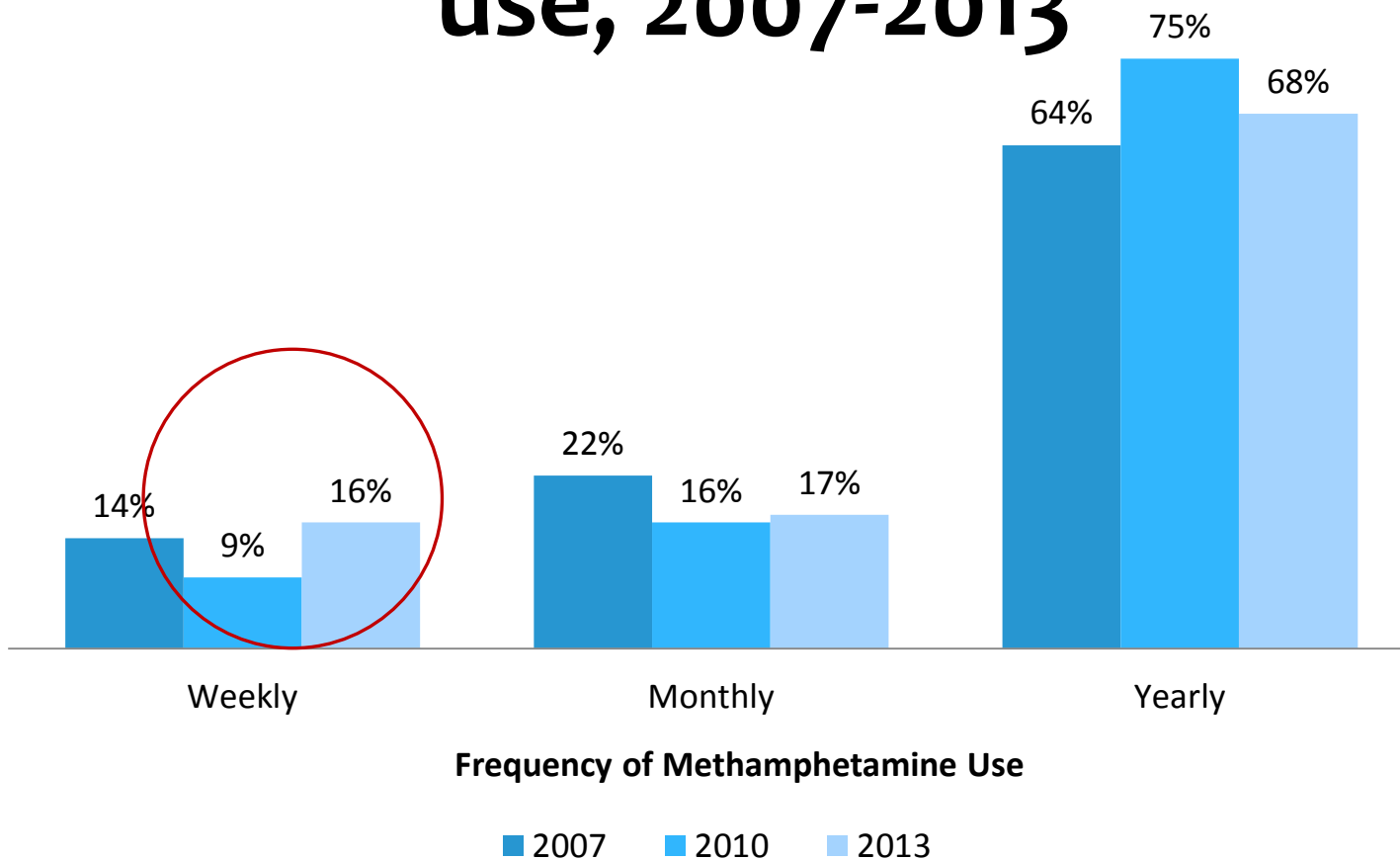
Source: Australian Institute of Health and Welfare (AIHW).  
2013 National Drug Strategy Household Survey  
(NCETA secondary analysis, 2015).



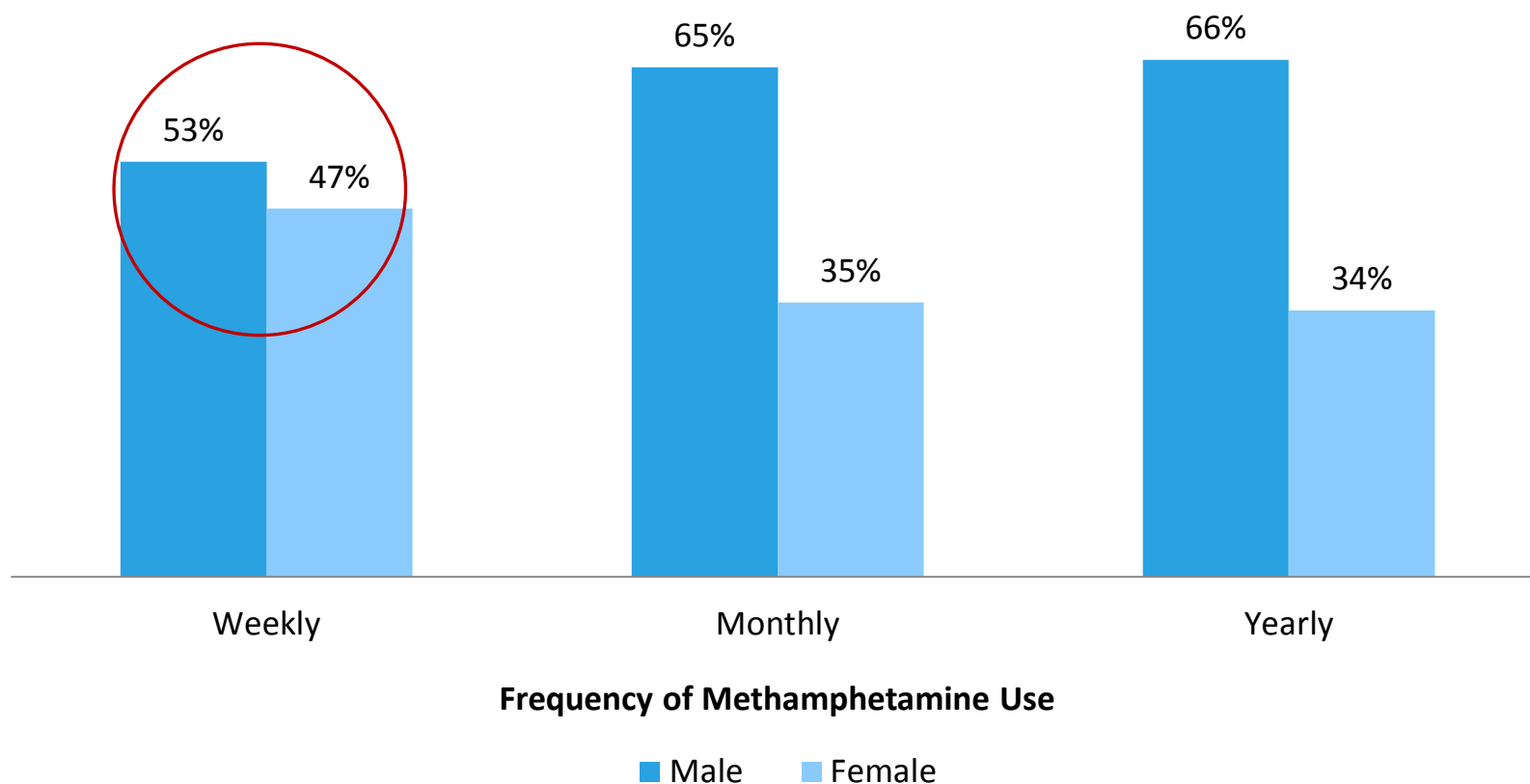
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# Frequency of methamphetamine use, 2007-2013



# Gender differences in frequency of methamphetamine use, 2013



Source: Australian Institute of Health and Welfare (AIHW).  
2013 National Drug Strategy Household Survey<sup>1</sup>  
(NCETA secondary analysis, 2015).

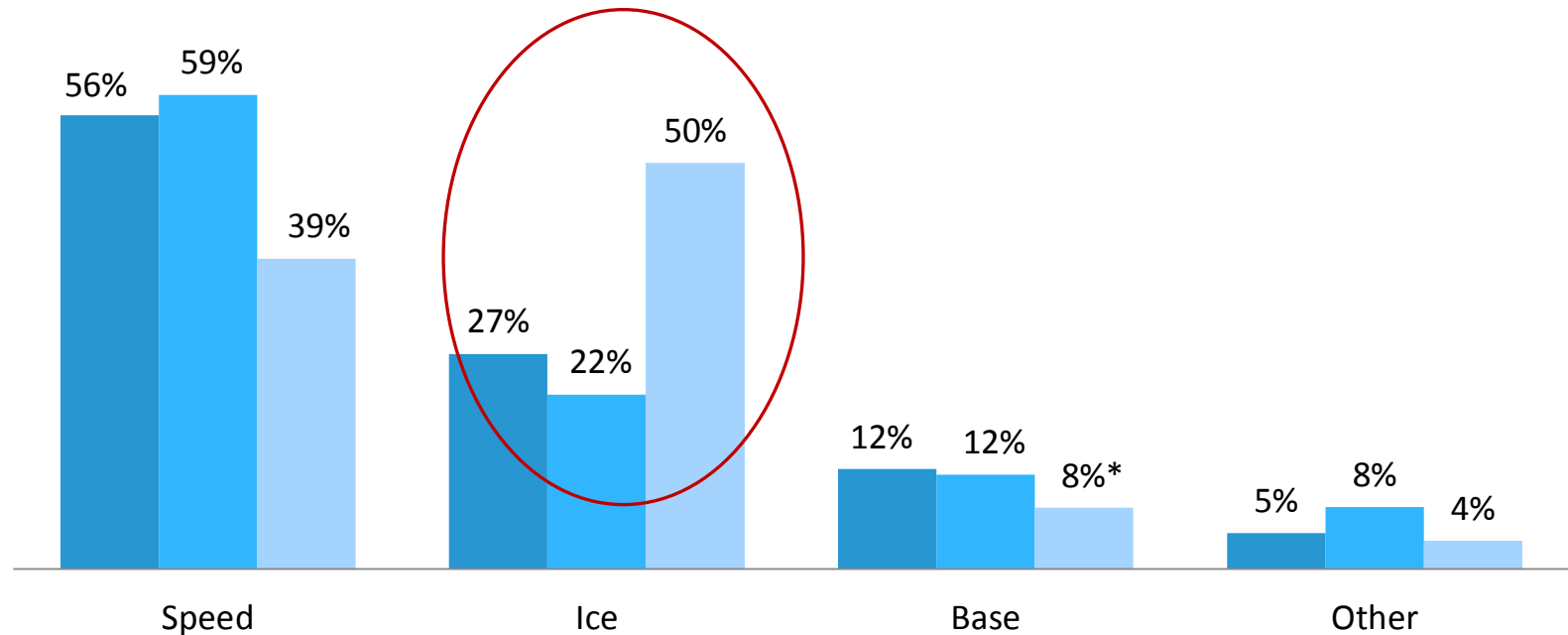


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# Main form of meth used in last 12 mnths, 2007-2013



Form of Methamphetamine Used

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

\* Estimate may be unreliable due to small sample size

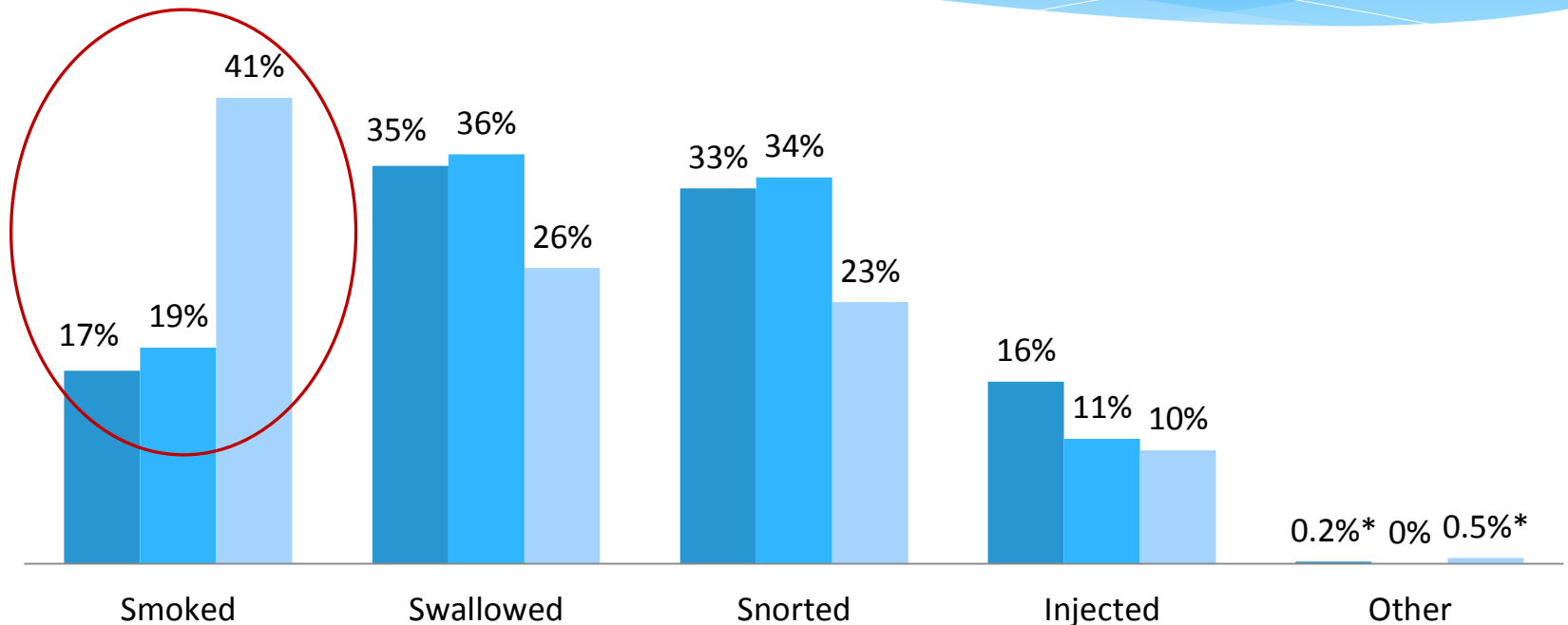


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# Main method of meth use, 2007-2013



## Mode of Methamphetamine Administration

■ 2007 ■ 2010 ■ 2013

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

\* Estimate may be unreliable due to small sample size



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# Mean age of methamphetamine users, 2007-20013

	2007	2010	2013	Trend
Ice Users	29.5 years	28.9 years	28.8 years*	↓
Other Methamphetamine Users	28.6 years	30.0 years	30.9 years*	↑
All Methamphetamine Users	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).



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

	Weekly/monthly meth (ice) users %	Yearly meth (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)

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



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**Less frequent (yearly) users** of methamphetamine, including ice users, tend to be:

- employed,
- heterosexual,
- male,
- low levels of psychological distress.

*Likely to be a non-treatment seeking population*

**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

# 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**)



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Stimulants as a proportion of all hospital separation for  
illicits substances, Increased from:

15% 2009/01

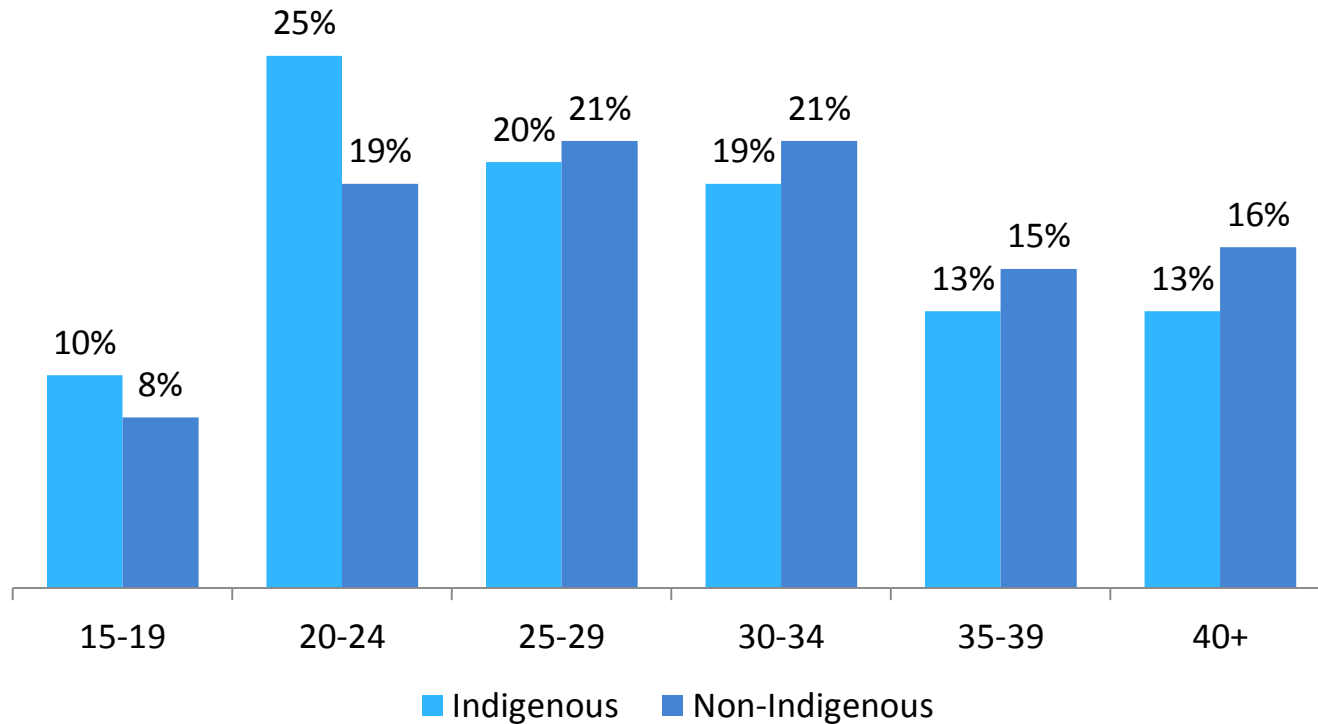
27% 2012/13



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# Methamphetamine treatment: Indigenous status by age, 2012/13



Source: Australian Institute of Health and Welfare (AIHW).  
2012/13 Alcohol and Other Drug Treatment Services National  
Minimum Data Set  
(NCETA secondary analysis, 2015).

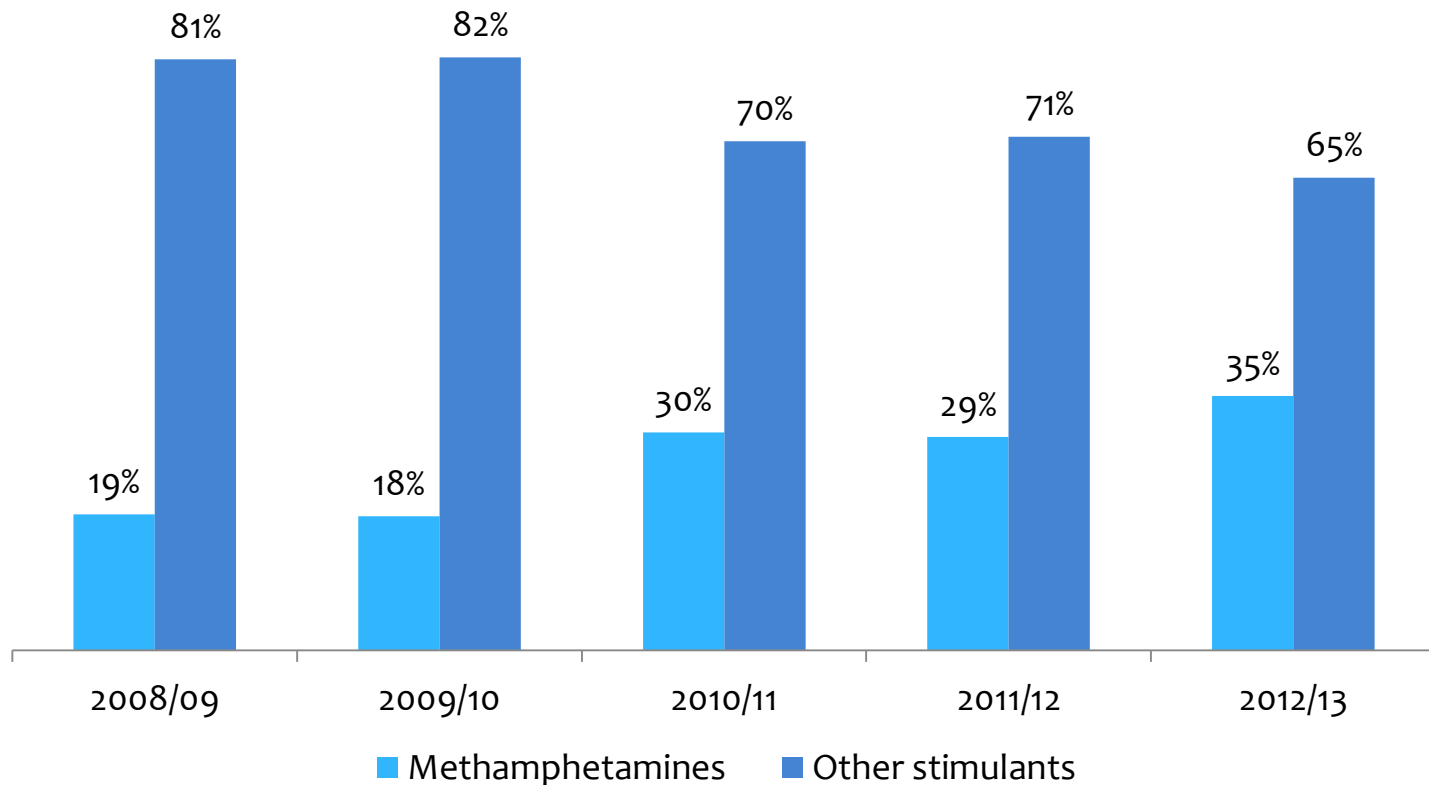


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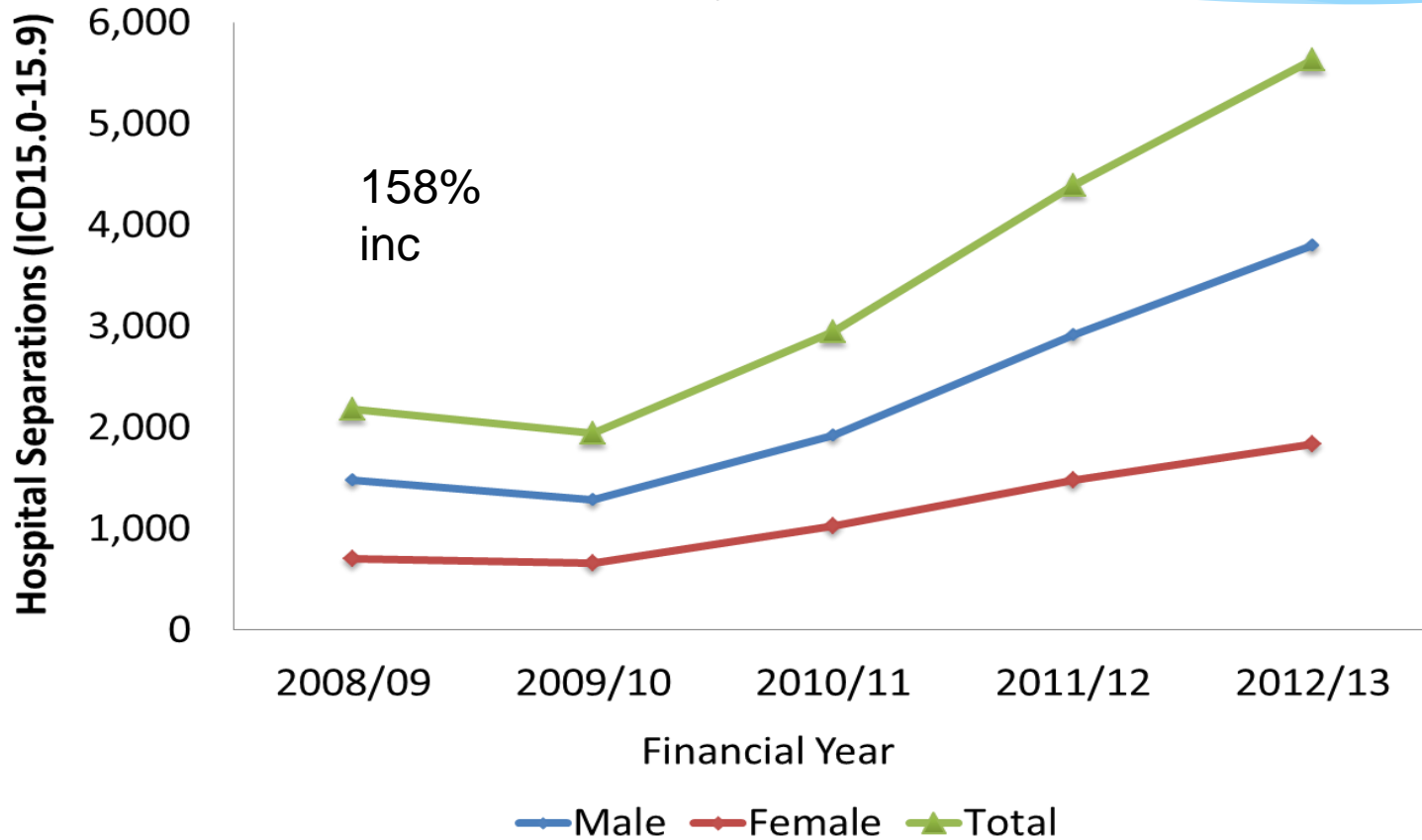
# Hospital separations: methamphetamine vs other stimulants, 2008/09-2012/13



Source: Australian Institute of Health and Welfare (AIHW).  
2008-2013 National Hospital Morbidity Database  
(NCETA secondary analysis, 2015).



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



Source: Australian Institute of Health and Welfare (AIHW).  
2008-2013 National Hospital Morbidity Database  
(NCETA secondary analysis, 2015).

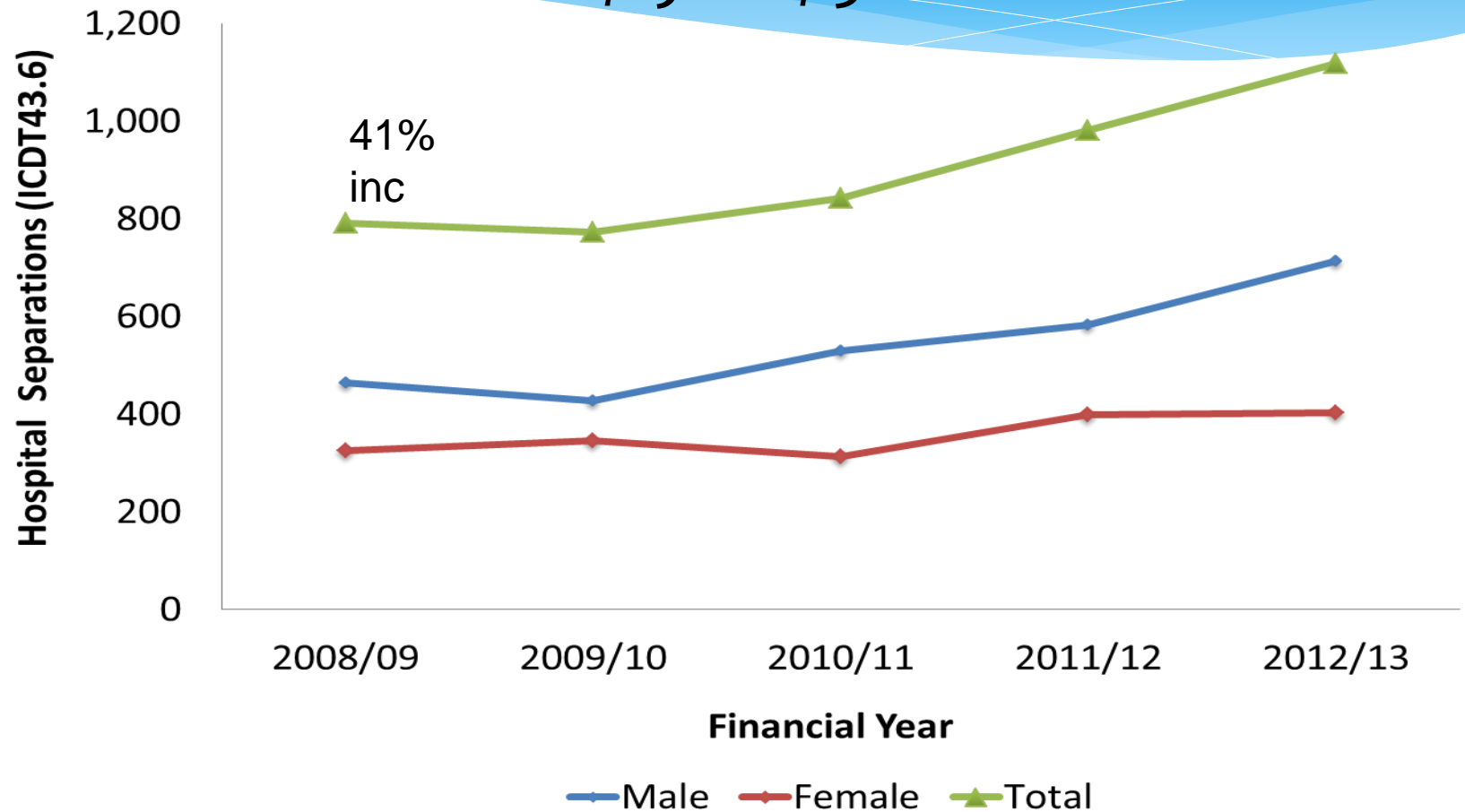


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# Hospital separations: poisonings due to psychostimulants, 2008/09-2012/13



Source: Australian Institute of Health and Welfare (AIHW).  
2008-2013 National Hospital Morbidity Database  
(NCETA secondary analysis, 2015).

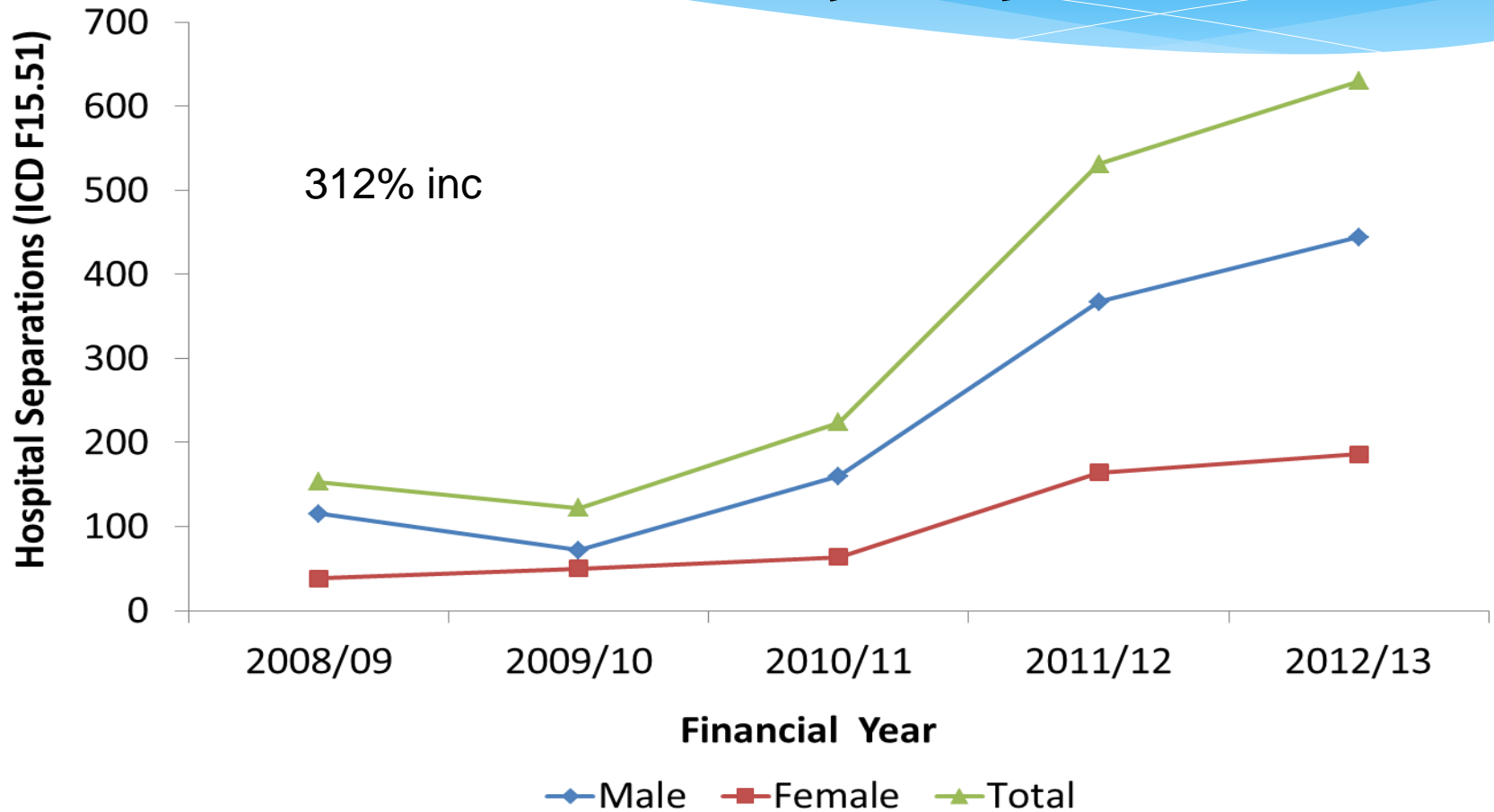


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# Hospital separations: psychotic disorders due to methamphetamines, 2008/09-2012/13



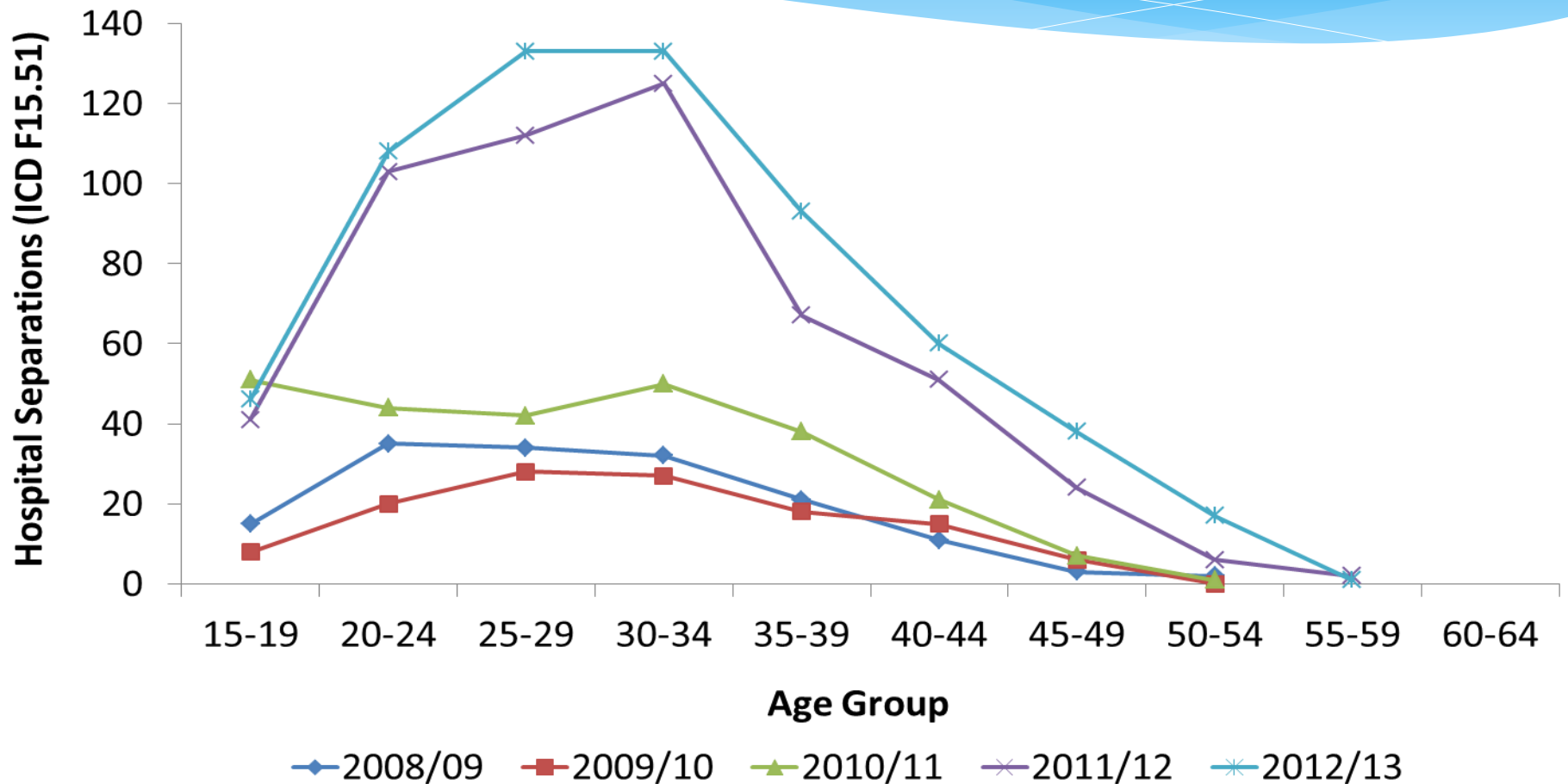
Source: Australian Institute of Health and Welfare (AIHW).  
2008-2013 National Hospital Morbidity Database  
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# Hospital separations: psychotic disorders due to methamphetamines by age, 2008/09-2012/13



Source: Australian Institute of Health and Welfare (AIHW).  
2008-2013 National Hospital Morbidity Database  
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# Other Considerations

- \* 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.



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# 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



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Problems experienced by people with complex needs and concerns. Tip of the iceberg only.



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