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The methamphetamine situation in Australia:
A review of routine data sources

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The methamphetamine situation in Australia: A review of routine data sources

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Executive Summary

Background

The purpose of the current report is to document what is known about the methamphetamine situation in Australia through an analysis of routinely collected data sources. Material presented in the report is intended to serve as background information for the NDLERF funded project 'The emergence of potent forms of methamphetamine in Sydney: Developing our understanding of Australia's dynamic methamphetamine markets' and also as a reference guide on data sources relating to the methamphetamine situation in Australia.

Data sources

Data sources reviewed in this report consist of routinely collected indicator data and survey data that were publicly available at a national level. Routine indicator data sources included hospital separations (National Hospital Morbidity Database), treatment admissions (Alcohol and Other Drug Treatment Services National Minimum Data Set), mortality data, and drug arrest and drug seizure data collated by the Australian Crime Commission. Survey data include national level surveys that are conducted on a regular basis including surveys of drug use among the general population (National Drug Strategy Household Survey), national surveys of drug use among school students, sentinel surveys of injecting drug users and party drug users conducted by the Illicit Drug Reporting System (IDRS), surveys of drug users who come in contact with the criminal justice system through the Drug Use Monitoring in Australia (DUMA) and the Drug Use Careers of Offenders (DUCO) programs, and surveys of injecting drug users through the Australian Needle and Syringe Program Survey. Data sources that may yield information on the Australian methamphetamine situation that are not included in this report are detailed in the section 'other data sources'.

The methamphetamine situation

Analysis of the above data sources showed both an increase in the supply and the use of methamphetamine in Australia over the past five years. Seizures of amphetamine-type stimulants (including methamphetamine) in Australia increased ten fold from 156 kg in 1996-97 to just over 1.8 tons in 2001-02; this increase being characterised by both an increase in domestic production of methamphetamine and importation of the drug, notably importation of high purity 'Ice' methamphetamine. The increase in the supply and use of methamphetamine appeared to have begun around the mid to late 1990s (approximately 1998-99), while the emergence of the more potent forms of 'base' and 'Ice' methamphetamine were first detected in 1999. Since 2001 all forms of methamphetamine (i.e., 'Ice', 'base' and powder methamphetamine or 'speed') appeared to be readily available to users, although relatively speaking the powder form has remained the most readily available and most often used.

Currently 'amphetamines' (predominantly methamphetamine) are the second most commonly used illicit drug type after cannabis, with 9% of Australians having ever tried these drugs and about half a million Australians having taken the drug in the past year. Use is highest among young adults (20-29 years), and school survey data showed that by the age of 16-17 years around 8-10% of students have used the drug. Typically methamphetamine users are more likely to be male with a ratio of two males to every female, although there is less of a gender difference among adolescents using the drug. Methamphetamine use was observed among a broad range of population groups and sentinel drug using groups (e.g., injecting drug users and party drug users). Injecting use was particularly high among those users seeking help for their drug use and amphetamine/

methamphetamine injection accounted for a substantial proportion of injecting drug use in Australia.

The increase in the supply and use of methamphetamine was associated with an increase in related problems. More drug treatment clients were presenting with 'amphetamine' as their primary drug problem in 1998-2001 than in the early to mid 1990s, while there has been a noticeable increase in the number of admissions to hospitals in Australia for stimulant-induced psychosis and also other stimulant-related disorders. Methamphetamine users tended to have lower contact with health services than their opioid using counterparts, although it was noteworthy that high levels of methamphetamine use were seen among those people in contact with the criminal justice system (i.e., inmates and police detainees). Methamphetamine users who came into contact with health services and law enforcement tend to be slightly older than methamphetamine users seen among the general population, while those who came into contact with law enforcement were slightly more likely to be male.

Analysis of data sources

Currently available routinely collected data sources were able to provide general information about the extent of supply and demand for methamphetamine in Australia, methamphetamine-related trends, and some information on patterns of methamphetamine use. Specifically, these data can provide information relating to methamphetamine on the following issues:

- prevalence of use among the general population
- prevalence of use among the student population
- use patterns among the following specific populations
 - party drug users
 - injecting drug users
 - offenders
- treatment demand
- hospital service utilisation for mental and behavioural problems due to stimulants (including psychosis)
- mortality due to poisoning or overdose
- arrest and seizure data for:
 - domestic arrests and seizures
 - domestic clandestine laboratory seizures
 - import seizures
- purity for domestic seizures
- street level price and availability information among sentinel groups (party drug users and injecting drug users).

Areas not currently covered by routine data sources include the incidence of methamphetamine use; prevalence and incidence of methamphetamine dependence; extent and nature of the contact that methamphetamine users have with front-line services (e.g., ambulance and emergency personnel) and general health services (e.g., general practitioners). Further focused research on how and whether methamphetamine use contributes to morbidity and mortality would improve use of routine data in monitoring the burden of methamphetamine, while utilising a uniform classification system for methamphetamine forms (e.g., 'Ice', 'base', powder) where feasible may

enhance the utility of data for understanding methamphetamine use patterns and the nature of methamphetamine supply.

Conclusion

Analysis of the routinely collected data in Australia has been able to show that methamphetamine use and supply has increased in Australia from around 1998-99, and that this increase has co-occurred with an increase in related problems such as stimulant-induced psychosis. Moreover these data can provide some indication of the extent of methamphetamine use, broad demographic characteristics of users, and the extent of contact that users have with various health and law enforcement services. While these data have provided much information on the extent of methamphetamine use and methamphetamine-related trends it is also important to note that many of the issues surrounding the methamphetamine situation cannot be answered solely through analysis of routine data sources but require specific focused research. In these cases routine data are often still essential and continued effort in collecting good quality routine data at a national level will improve prospects for gaining information that can assist with specific research and also serve as ongoing information resources for methamphetamine trends and related issues.