



NDARC

National Drug &
Alcohol Research Centre

The Difference is Research



UNSW
AUSTRALIA

Assessing the Situation and Shaping the Response

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Medicine

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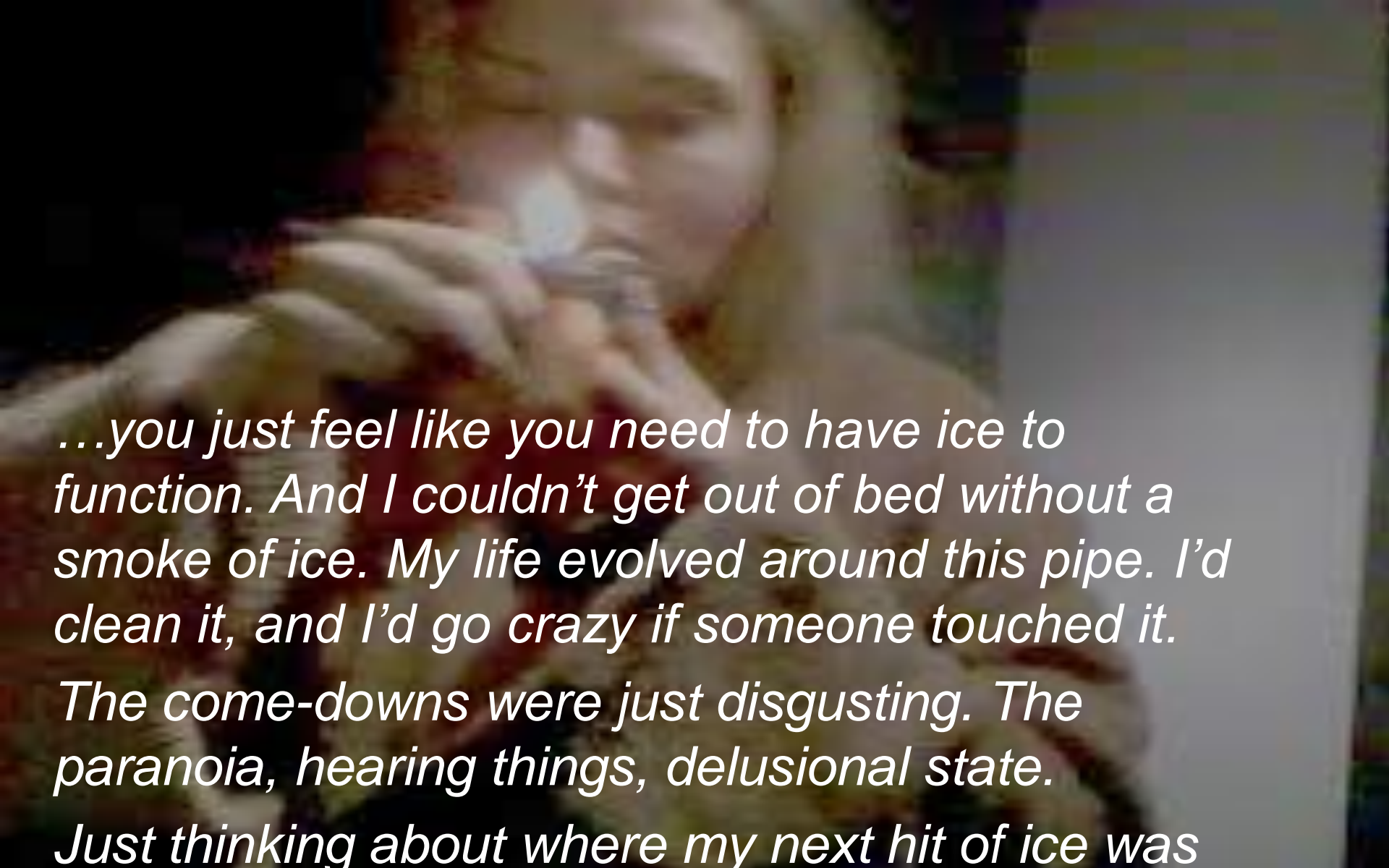
Overview

- Summarise data on methamphetamine use in the general population based on household surveys
- Present time trend data on health outcomes related to amphetamines impacts on services
- Look at challenges and pressures on services
- Beginning to look at options for intervention and for evaluation across a wide range of sectors

"Yeah everyone out to get me... I always felt I was being followed.

I'd get taxi drivers to drop me off miles away from where I was going and then I'd walk for ages ...I was afraid people were coming to get me.

I swear today there's something behind it, I personally think it's real."



...you just feel like you need to have ice to function. And I couldn't get out of bed without a smoke of ice. My life evolved around this pipe. I'd clean it, and I'd go crazy if someone touched it. The come-downs were just disgusting. The paranoia, hearing things, delusional state. Just thinking about where my next hit of ice was

Trends in methamphetamine use

Prevalence of methamphetamine use as measured in household surveys

Prevalence of methamphetamine use estimated in Australian surveys remains stable (2.1%, in 2010 and 2013 NDSHS)

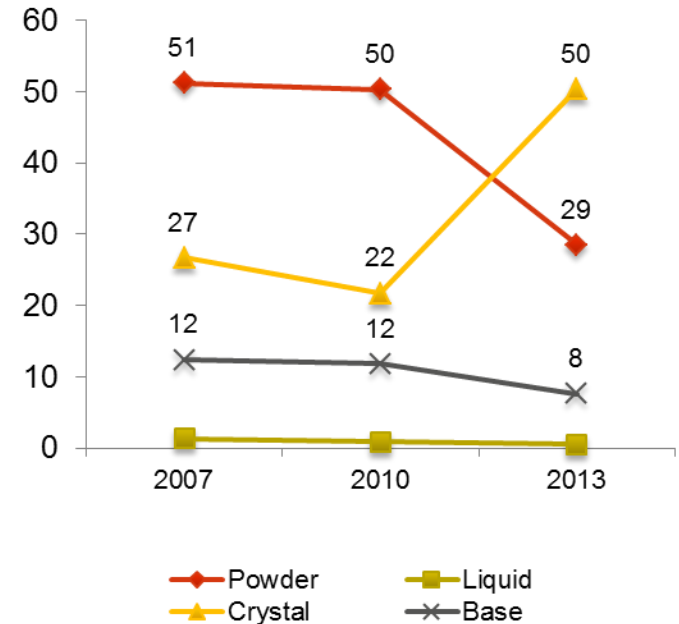
However, a shift towards using crystal over other forms among those who use methamphetamine.

- 21.7% in 2010
- 50.4% in 2013

There has also been an increase in the frequency of use, weekly methamphetamine use increased in 2013

- 9.3% reported weekly or more use in 2010
- 15.5% in 2013

Forms of meth/amphetamine used, recent
(^a) users aged 14 years or older, 2007-2013
(percent).

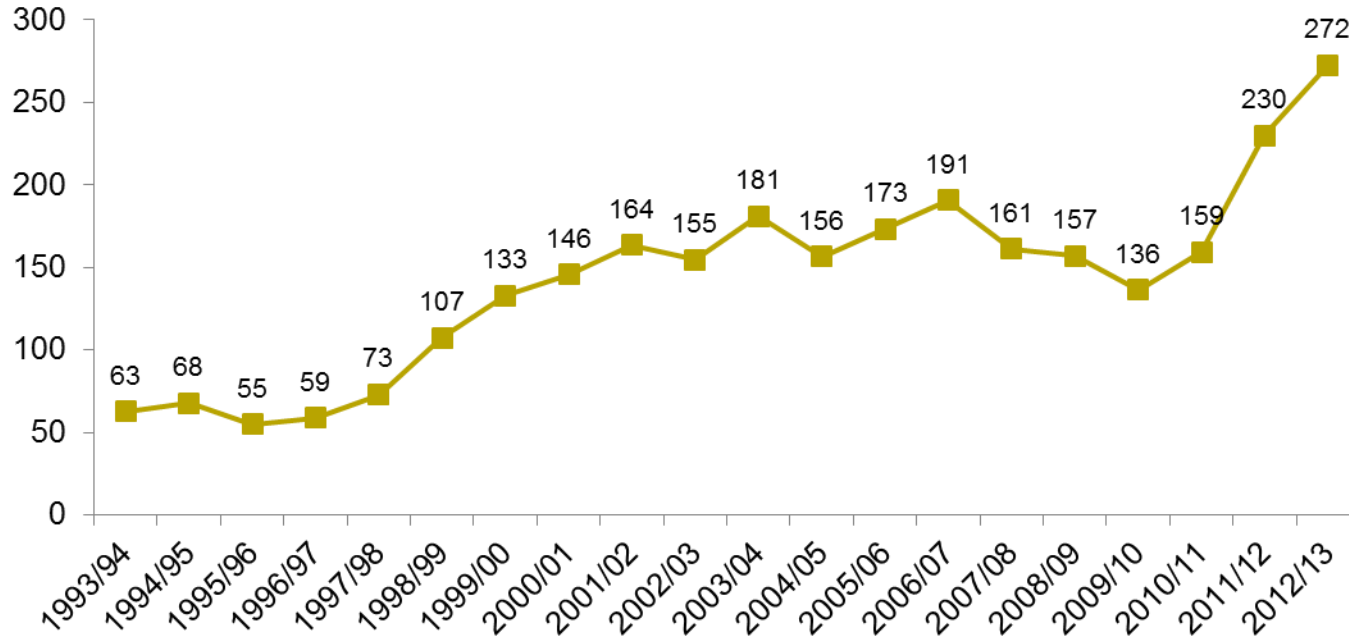


(^a) Used in the previous 12 months
Source: 2013 National Drug Strategy Household Survey

Trends in methamphetamine health harms

Hospital separations for amphetamines

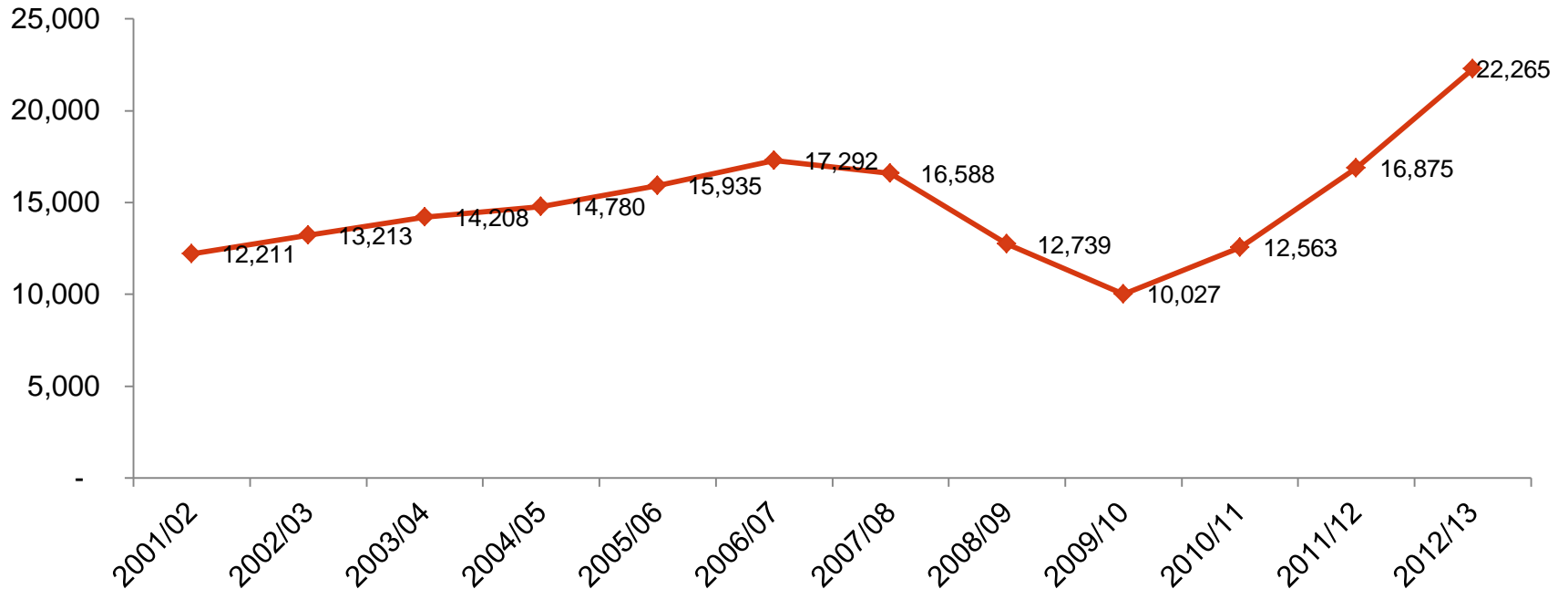
Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15-54, 1993-2013



Source: Roxburgh, A., and Burns, L. (2013). *Drug-related hospital stays in Australia, 1993-2011*. Sydney: National Drug and Alcohol Research Centre

Methamphetamine treatment episodes

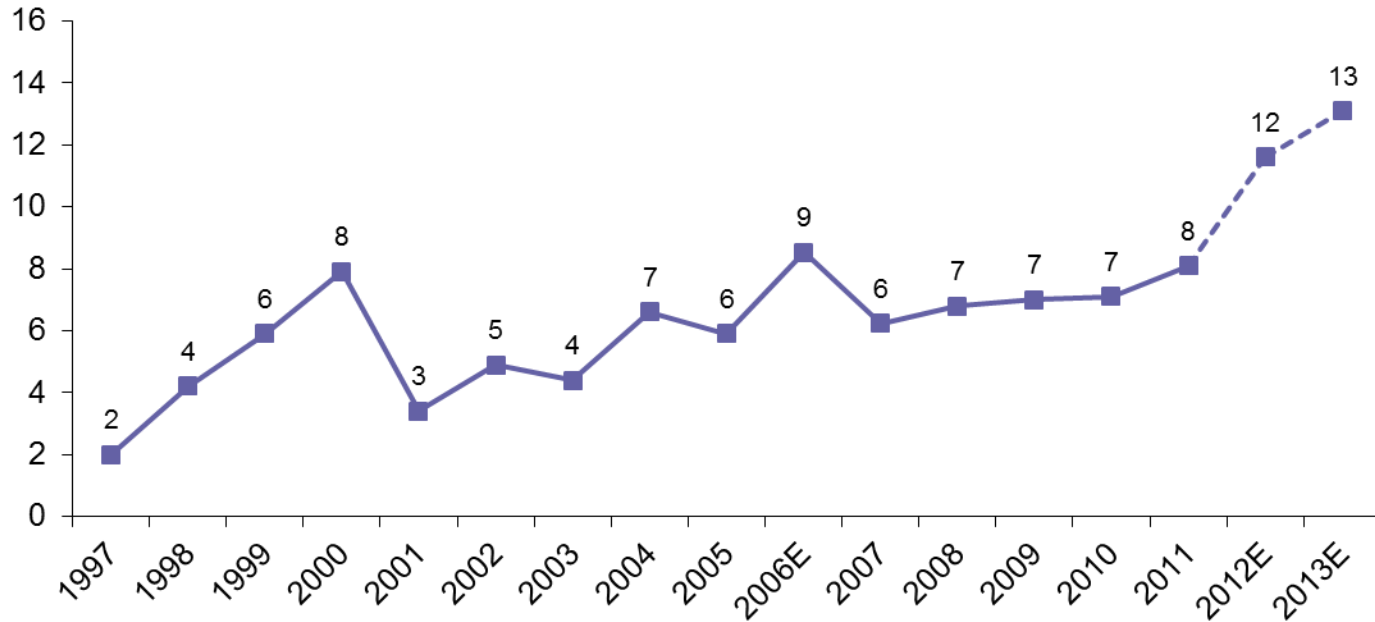
Number of closed treatment episodes where amphetamine was the principal drug of concern.



Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, AIHW

Methamphetamine related drug-induced deaths in Australia

Rate of accidental drug-induced deaths with methamphetamine mentioned per million population ages 15-54 years, Australia 1997-2011

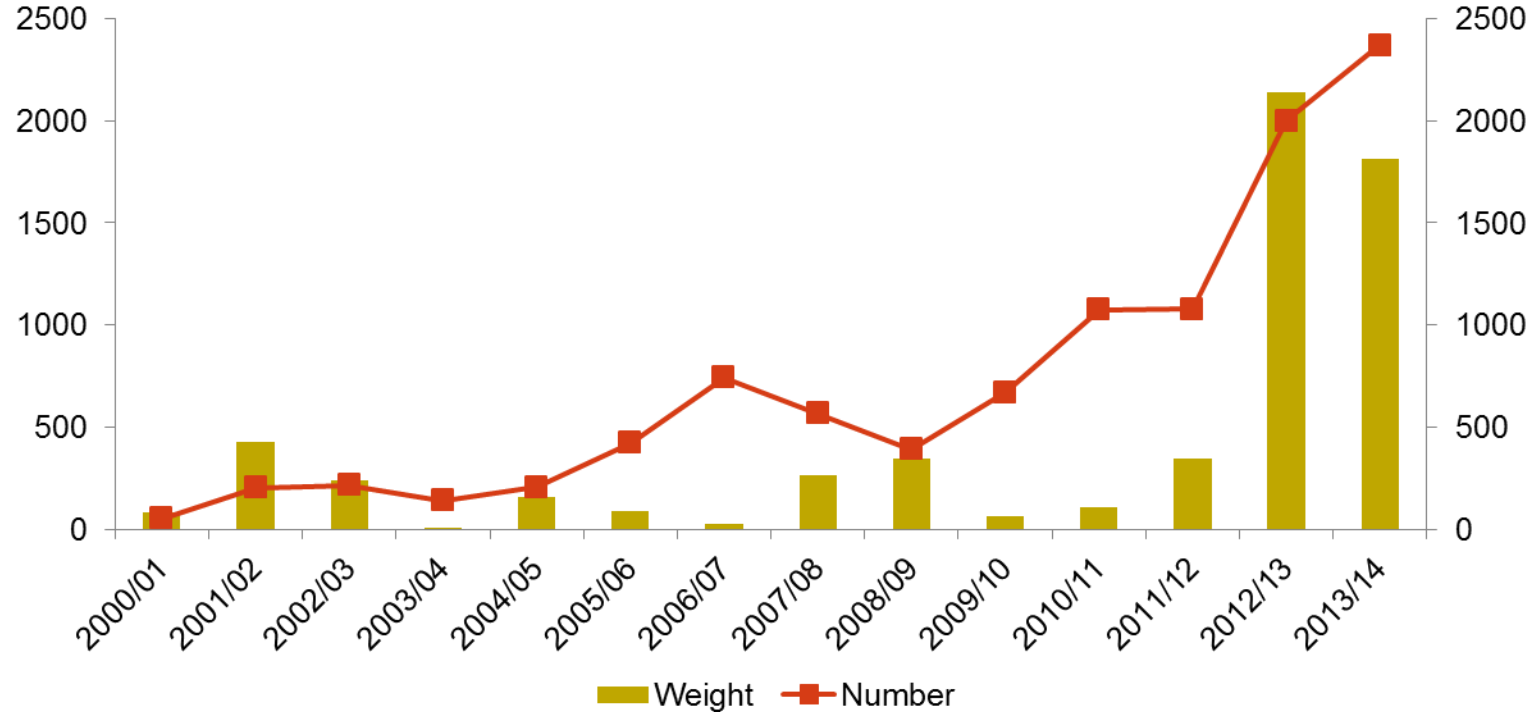


Source: Roxburgh, A. and Burns, L. (2015). Cocaine and methamphetamine related drug-induced deaths in Australia, 2011. Sydney: National Drug and Alcohol Research Centre

Indicators of the methamphetamine market

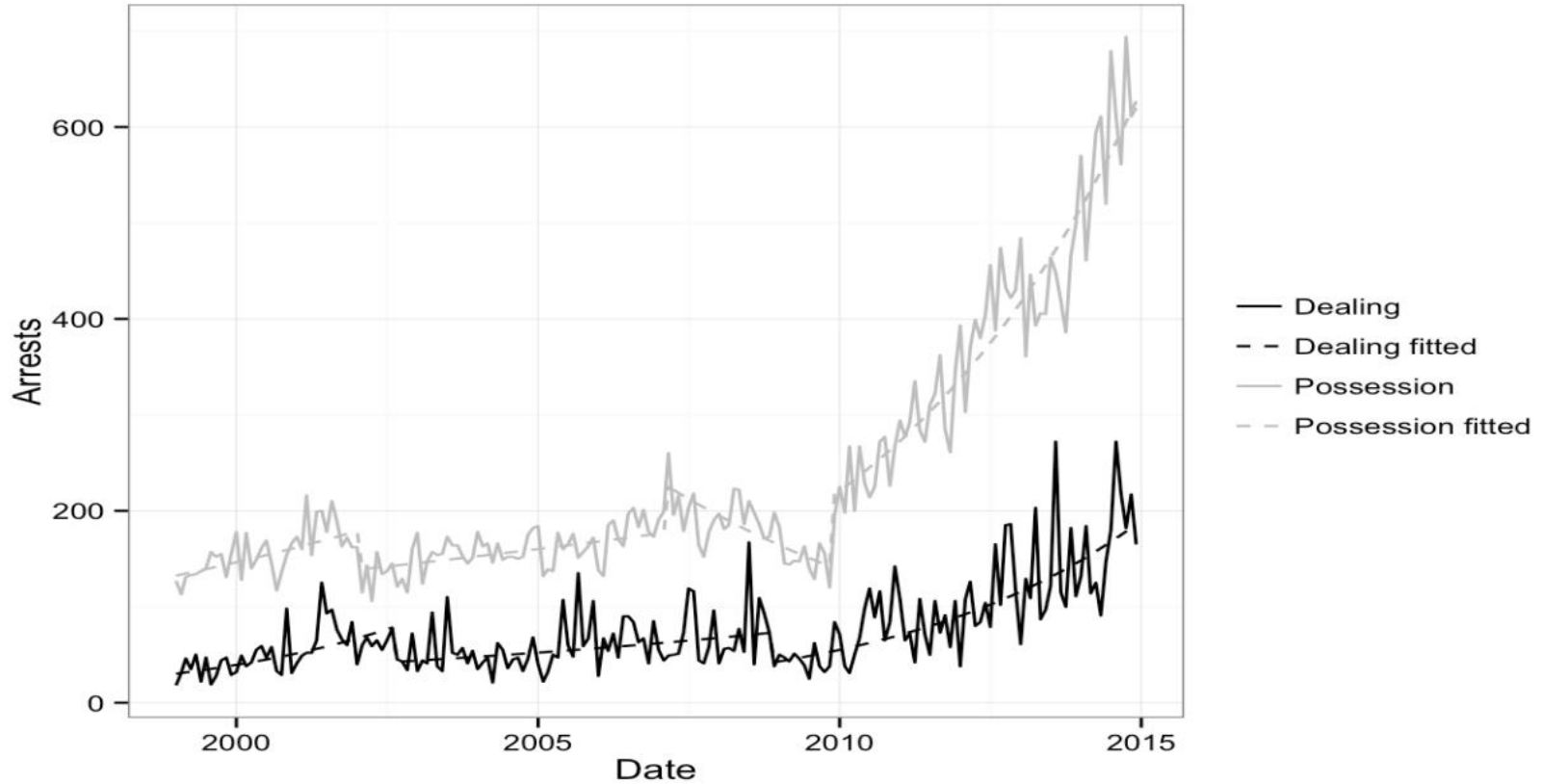
Australian Border detections of amphetamines

Number and weight of ATS* (excluding MDMA) detections at the Australian border, 2000-01 to 2013-14.



Source: Australian Crime Commission, Illicit Drug Data Report, 1995-2015

NSW arrests for amphetamine possession, and dealing/trafficking



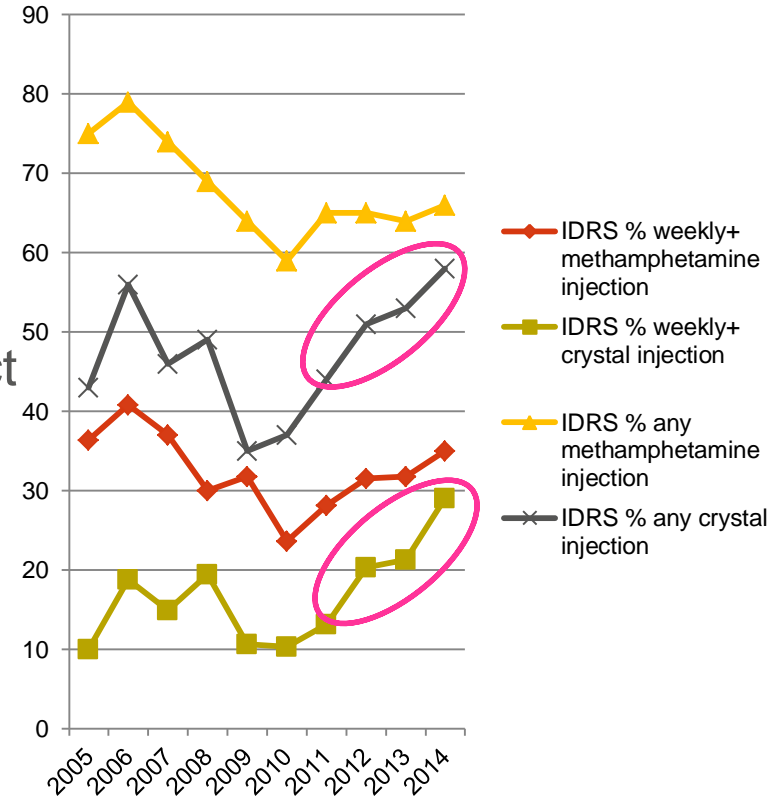
Summary of indicator data

- Consistent evidence of increases in purity, availability and harms
- However, two different explanations could be true:
 - increasing harms reflect an increased risk of adverse consequences among a population of users that is not changing in size;
 - there are people “new” to methamphetamine use who are developing harms;
 - ...or a combination of both

Is use increasing among existing users?

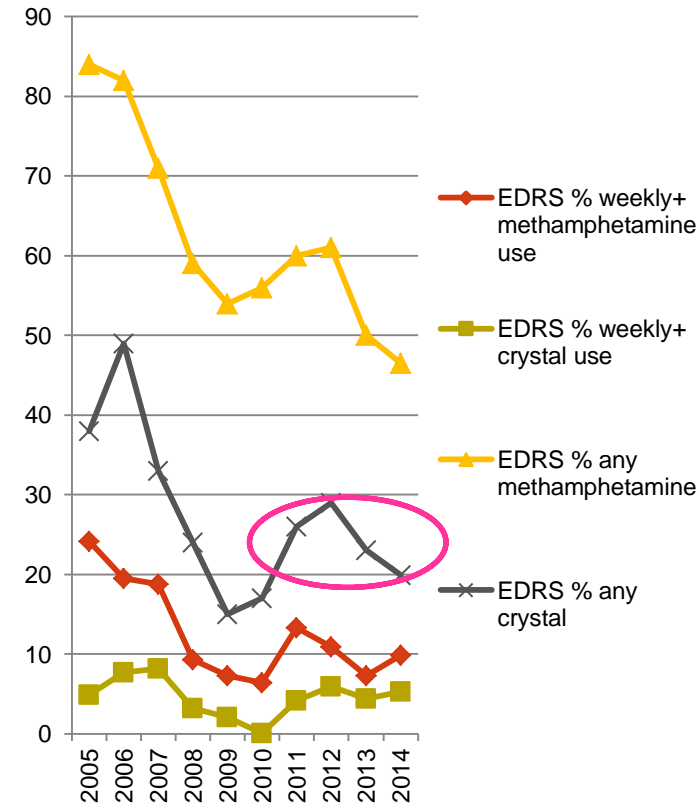
Use among people with established histories of heavy/injecting substance use

- IDRS has been across Australia since 2000 and includes surveys with people who inject drugs in capital cities
- High, stable levels of methamphetamine injection overall among people who inject drugs regularly (IDRS)
- Crystal methamphetamine increasingly used
- Weekly+ use at highest levels (one in three)
- Evidence supporting increasing use in people who inject drugs



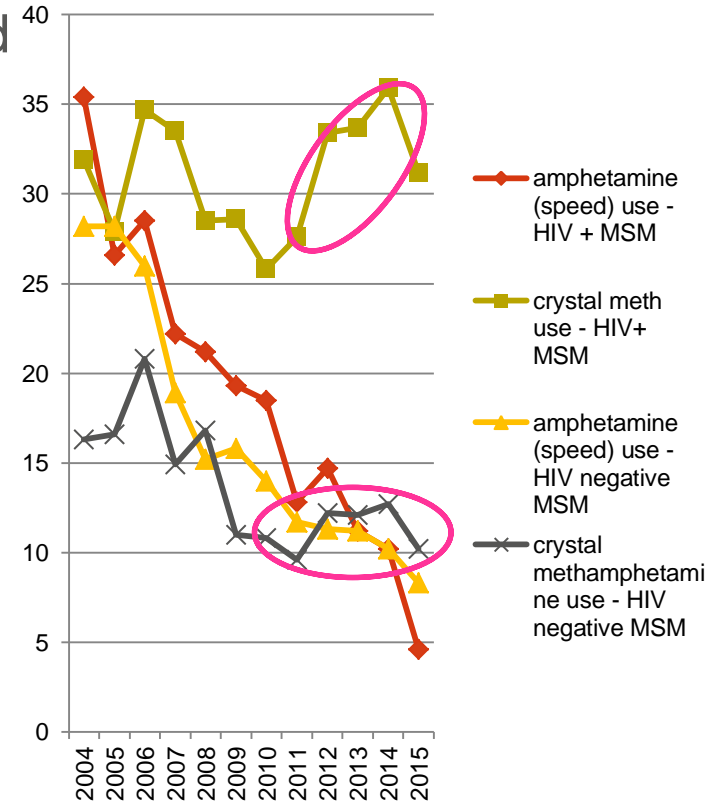
Use among existing methamphetamine users?

- EDRS has been run across Australia since early 2000s
- Includes surveys with regular ecstasy users in capital cities each year
- No evidence that methamphetamine or crystal methamphetamine increasing in EDRS samples



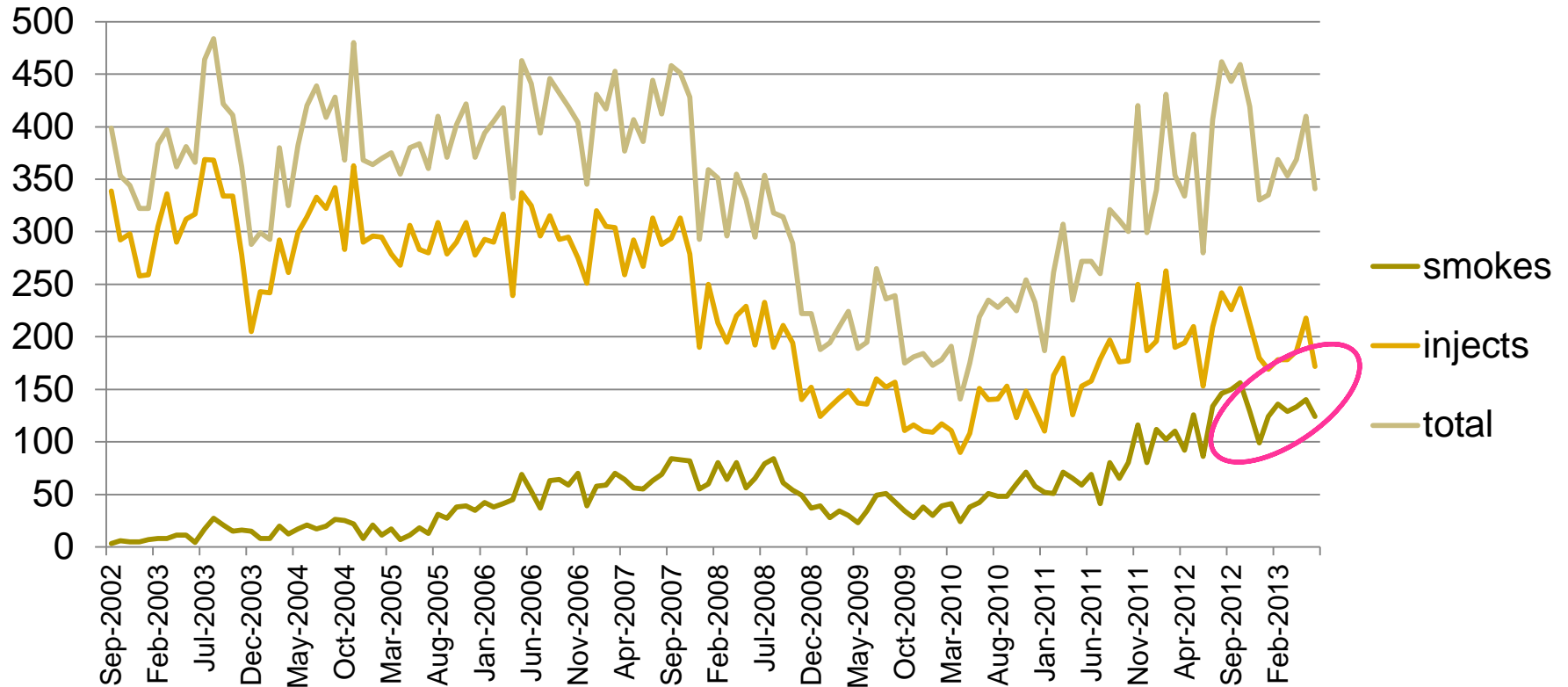
Methamphetamine use among men who have sex with men (MSM)

- Gay Periodic Survey has been conducted in Australian capital cities for many years
- Sydney: Declines in past 6 month amphetamine (speed) use for both HIV-positive and HIV-negative MSM over the past decade
- Sydney: High levels of crystal methamphetamine use among HIV+ MSM – increased since 2009-2010
- Sydney: Lower levels among HIV- MSM, stable in recent years

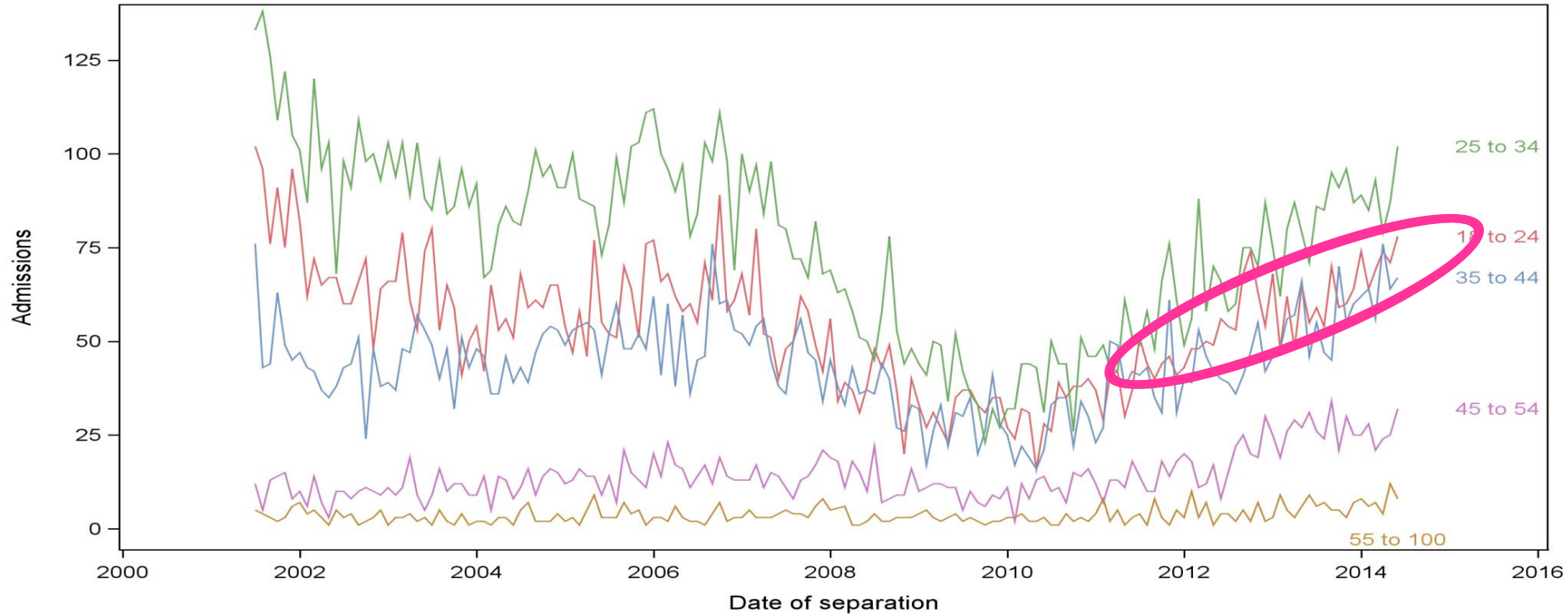


Is there any evidence of “new” users?

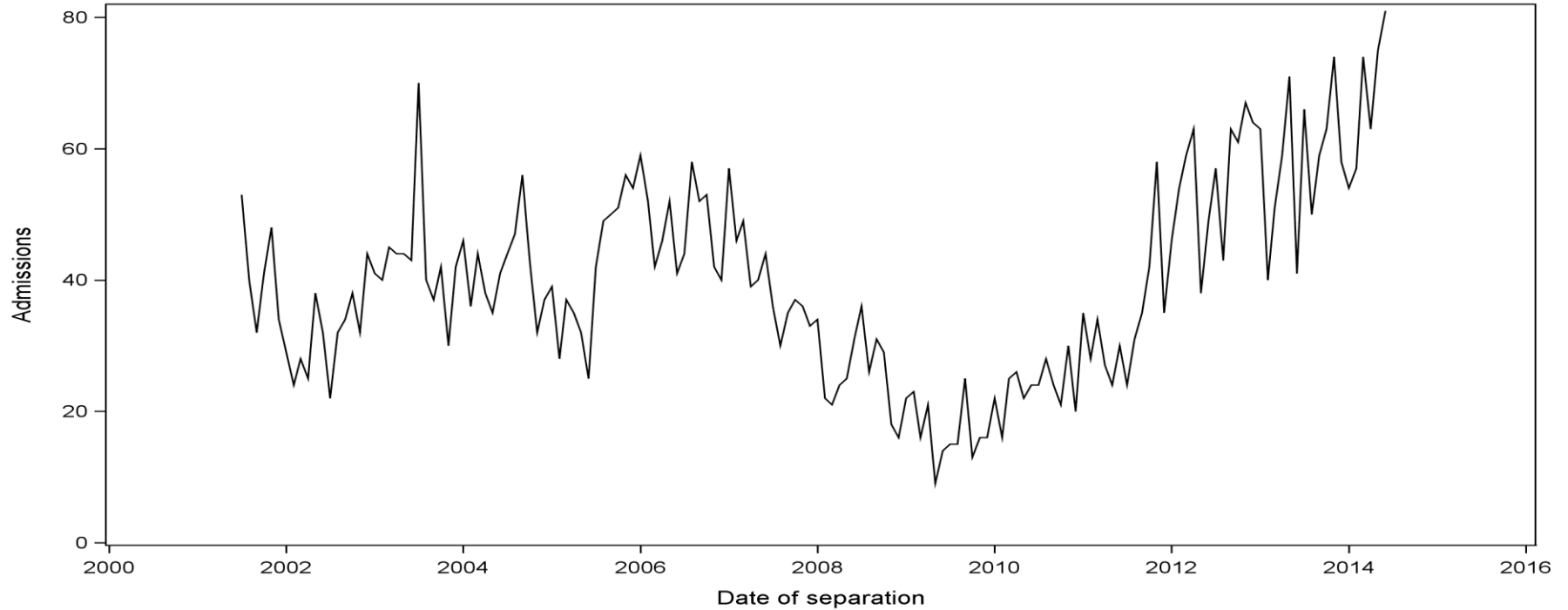
Increasing treatment episodes among people smoking methamphetamine



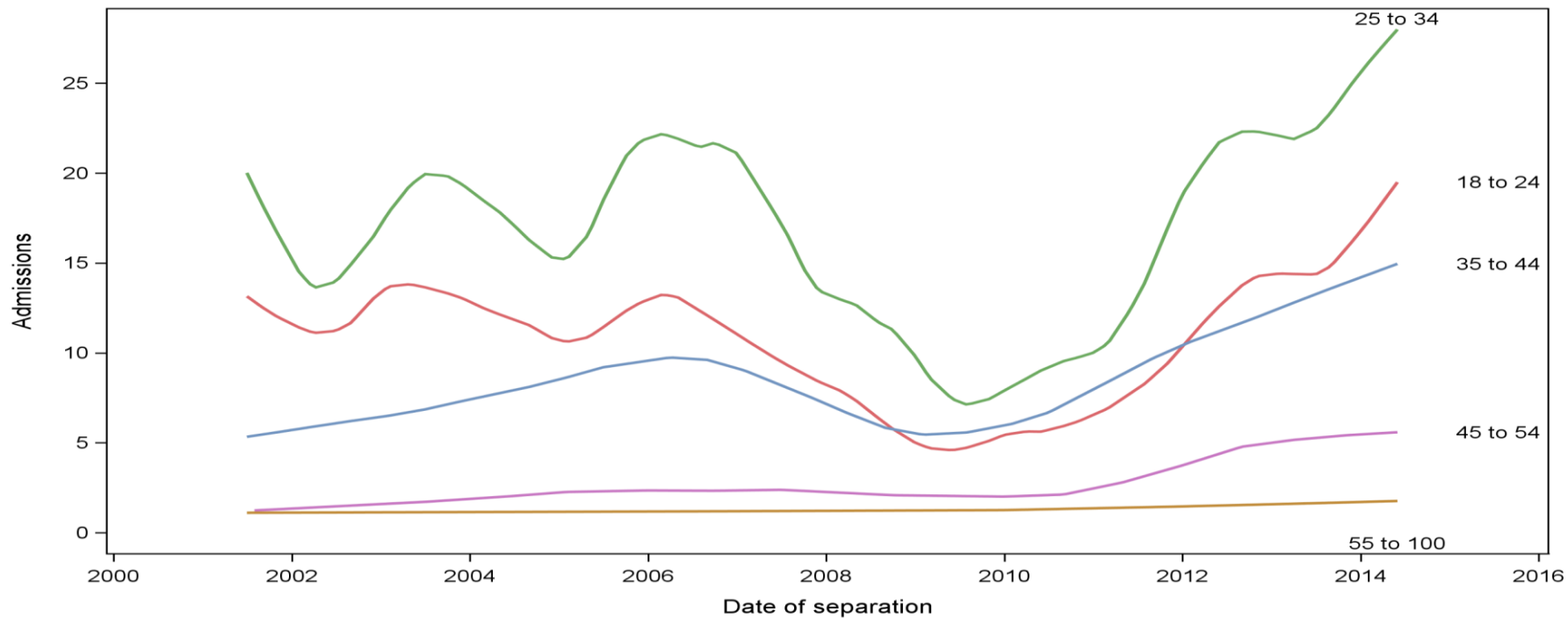
Increases in first-time stimulant admissions, including among 18-24 year olds



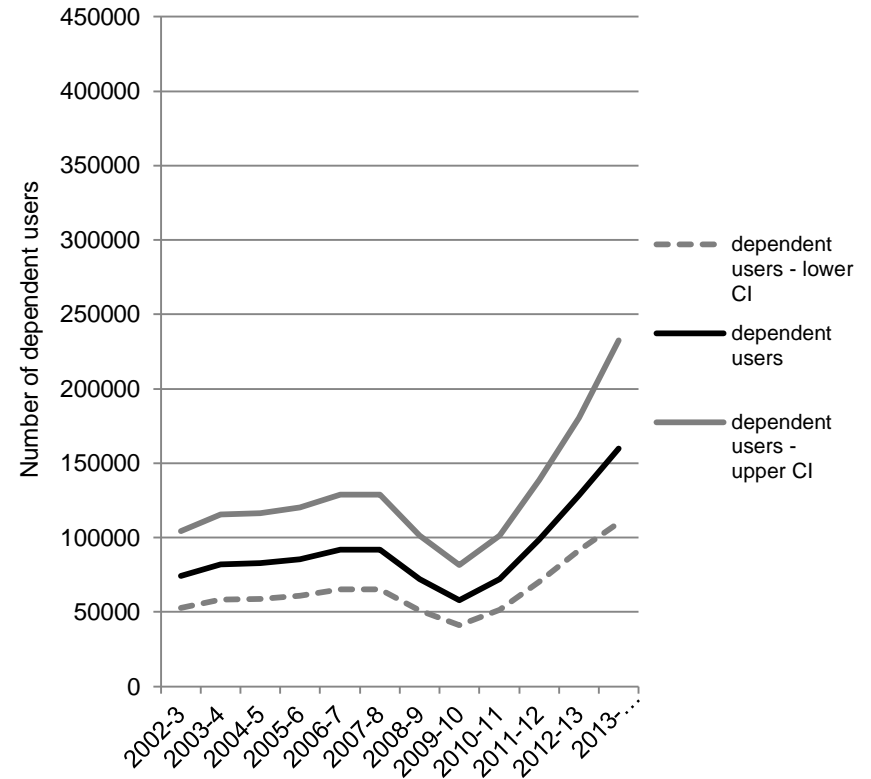
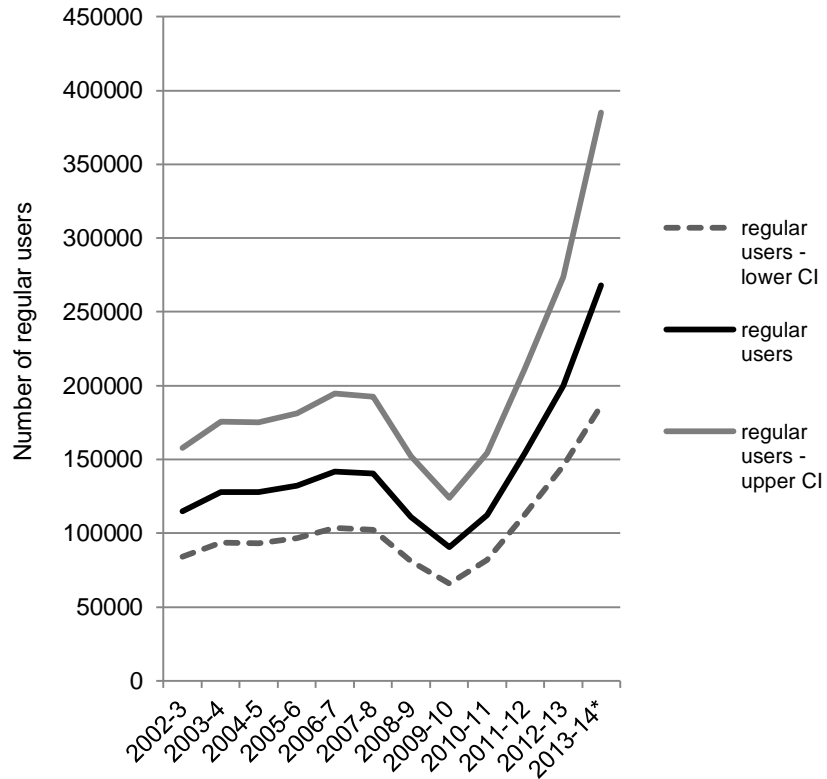
Stimulant psychosis admissions



Stimulant psychosis admissions

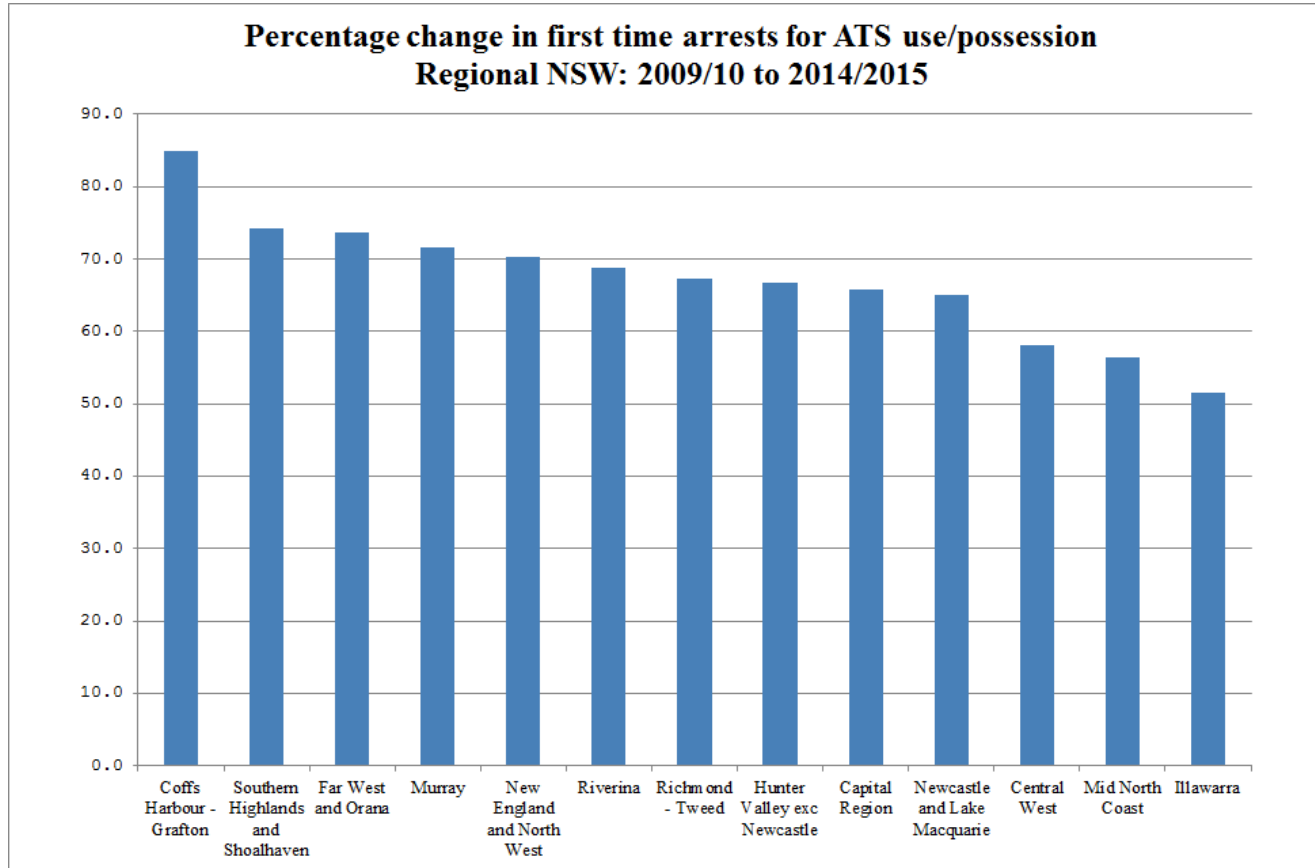


Estimated number of regular and dependent methamphetamine users aged 15-54 years in Australia, 2002-2014



Source: Degenhardt et al, (in press)

Increases in first-time arrests for amphetamine use/possession – urban NSW (2013-14 compared to 2009/10)



Challenges for responding

Treatment Services responding but under-under resourced and lacking confidence and capacity

Users Reluctance to enter existing treatments

High utilization of emergency services and mental health services other than traditional AOD services

No obvious drug treatment current available

Poor linkage between courts, probation and treatment

Commend the Ice Task Force Comprehensive approach.

Recognises need for expansion and improvement in quality of AOD services as part of overall strategy

Investment in achieving this.

Need for better support for workforce and better evidence.

Wide range of recommendations

Renew and disseminate a national suite of evidence based guidelines to assist frontline workers to respond to ice in their workplace.

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Renew and disseminate National Comorbidity Guidelines for alcohol and drug treatment services to assist with managing co occurring alcohol, drug and mental health conditions

Areas of key pressures for change and development

Acute presentations Emergency Departments

Mental Health Acute Admissions

Links between Prisons, AOD and Mental Health

Need for early interventions engage with Primary Care

How PHN adapt to new role and what resources are used for local planning rather than implementation

Vast majority of interventions will be community based

Vast Majority of evidence base is psychosocial

Commencing Lisdex RCT in three sites

Moving forward substantively

Need to develop a broad understanding of ongoing impact of treatments

Through ongoing evaluation and identification of characteristics of organisations providing good outcomes.

Use such systematic data to develop and shape updated evidence based guidelines.



Intensive psychological/behavioural treatments

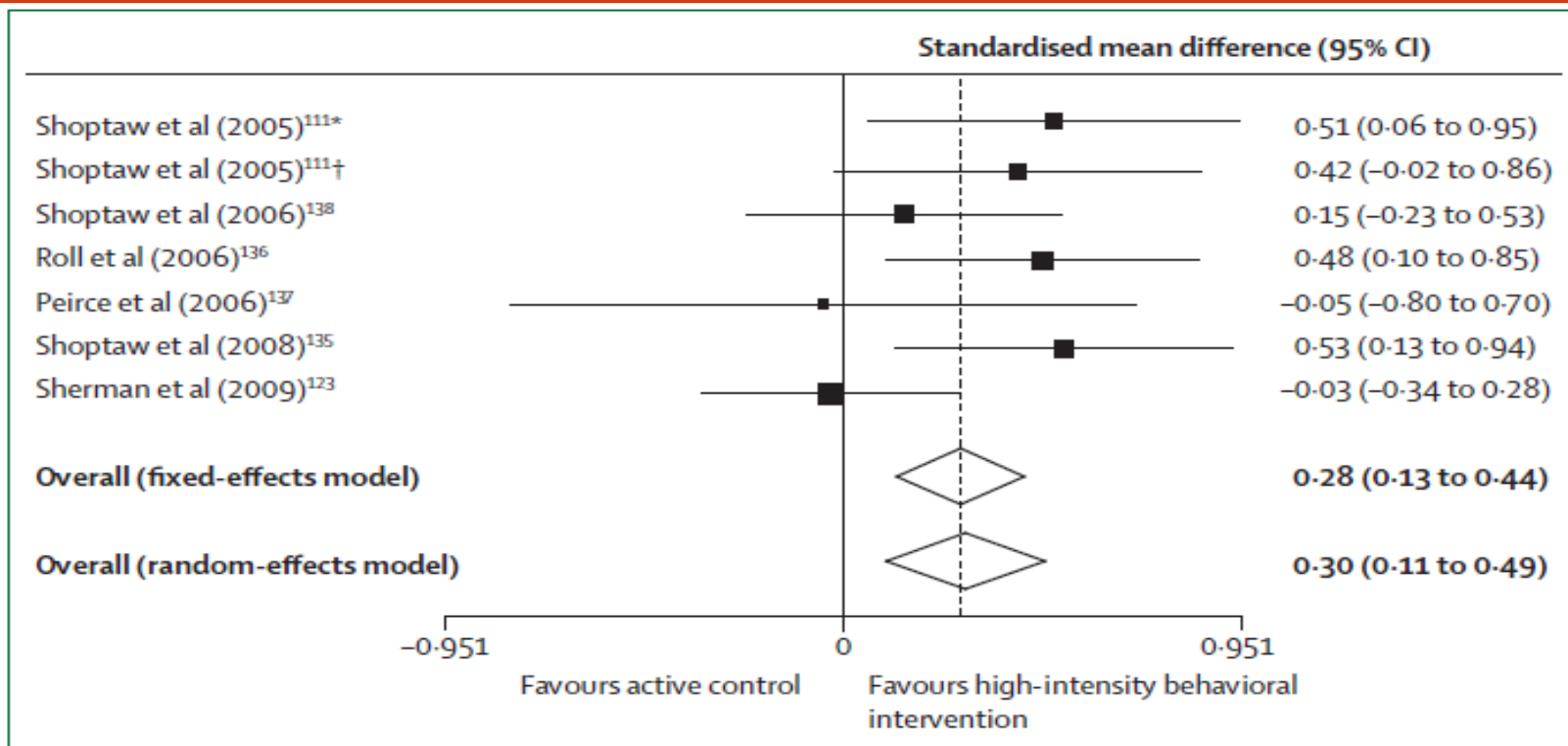


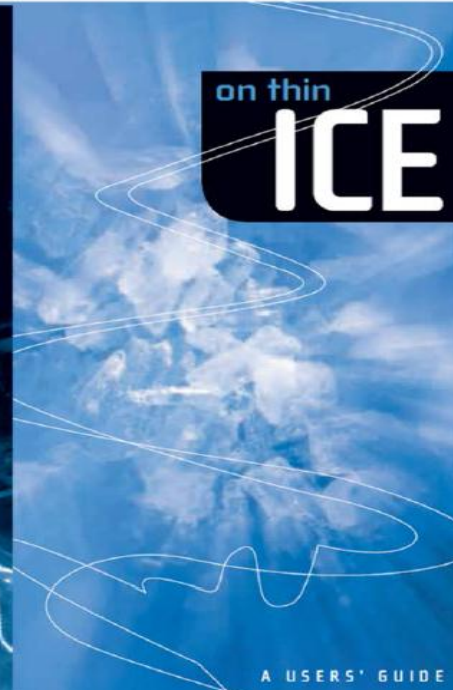
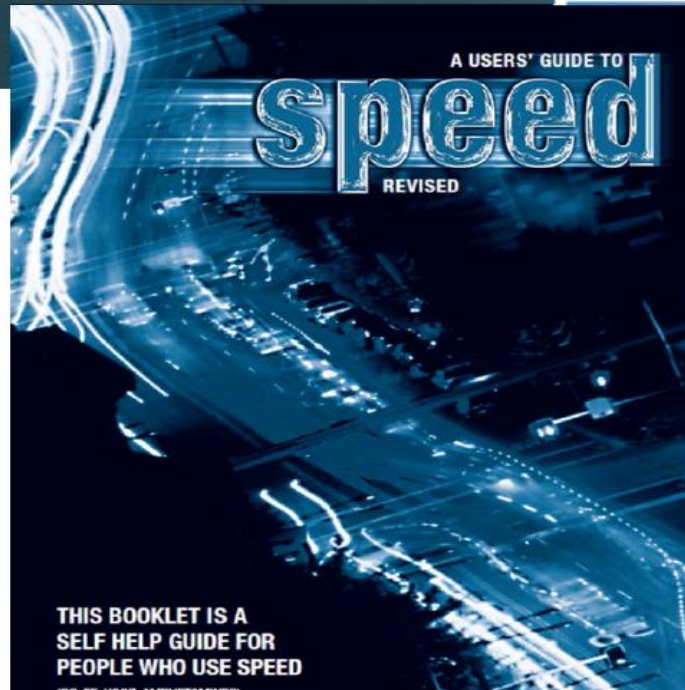
Figure 5: Meta-analysis comparison two—efficacy of high-intensity or adjunctive behavioural interventions versus active treatment for reduced use of amphetamine-group substances

Treatments compared in each study are shown in the table. *Gay-specific cognitive behavioural therapy versus cognitive behavioural therapy. †Contingency management plus cognitive behavioural therapy versus contingency management.

Stimulant Treatment Program (STP)



 **NSW**
GOVERNMENT | **Health**
Hunter New England
Local Health District



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