Queensland Health

Methamphetamine Paper

January 2017

Queensland Government

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For more information contact:

Office of the Executive Director
Mental Health, Alcohol and Other Drugs Branch

Department of Health, Queensland Government
Level 1, 15 Butterfield Street Brisbane QLD 4006

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Acknowledgments

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- Healthcare Improvement Unit
- Health and Wellbeing Unit
- Statistical Services Branch.

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Contents

1. What is methamphetamine?

Methamphetamine is a drug, a stimulant that is part of the amphetamine group often manufactured from common pharmaceuticals and readily-available household chemicals. It has the effect of speeding up the function of the brain and nervous system.

There are three main forms of methamphetamine:

- **Ice**—commonly describes the crystalline form of methamphetamine. It is usually smoked or injected.
- **Base**—a damp or oily substance and typically white, yellow or brown in colour. This form of methamphetamine is typically injected or swallowed.
- **Powder**—a white or off-white powder that is also known as 'speed.' It can be snorted, injected or swallowed.

Methamphetamine can also come in pill form. Variations in the chemical structure of methamphetamine also produce other drugs, such as methylenedioxymethamphetamine (MDMA) or ecstasy.

Formal chemical analysis is required to identify active ingredients and adulterants in any illicit drugs. People using methamphetamine are not typically aware of the true chemical nature of the drug and methamphetamine may be manufactured to look like the crystalline form but not actually be 'ice.' Coding across data collections also varies.

Crystal methamphetamine usually appears as colourless to white crystals or coarse powder, but can also appear in other colours, such as light pink. The drug is also known by many different names. As well as 'ice,' it can be called 'crystal', 'crystal meth', 'meth' or 'shabu'. Crystal methamphetamine is usually injected or smoked, but can also be snorted or swallowed. A drug that is smoked or injected reaches a person's brain quicker, creating a sense of euphoria that many people find very difficult to resist repeating.

Evidence suggests that smoking or injecting this form of methamphetamine is associated with greater harm to the user and results in higher rates of use and dependence than oral or intranasal ingestion.

Consuming high purity crystal methamphetamine has a greater impact on the body than other forms. Its regular or repeated use can therefore result in a number of more complex or severe physical and psychological effects. It has stronger side effects than other forms and subsequently a worse 'comedown'. During a 'comedown', the user may feel physically and emotionally drained. Other users may experience a 'crash'—negative feelings associated with coming down off the drug.

Use of the term 'methamphetamine'

The term methamphetamine has been used inclusively in this paper to describe the different forms of methamphetamine, amphetamine, and in some cases inclusion of other stimulants, such as ecstasy. This is due to complexities in coding, self-reported use and identifying the actual chemical constituents of illicit drugs.

2. What are the harms associated with using methamphetamine?

Mental health

People who regularly use methamphetamine may experience poor mental health, including depression and anxiety. Other common mental health-related issues are poor cognitive function, agitation, mood swings, impaired concentration, lack of motivation and chronic sleep problems. Methamphetamine users are also more likely than the general population to experience psychotic symptoms—particularly those with a high dependence on the drug. Almost 25 per cent of regular methamphetamine users will experience a symptom of psychosis in a given year.

Methamphetamine use can cause psychotic symptoms in otherwise healthy people and can also worsen or bring on psychotic symptoms in people with pre-existing mental health problems, including schizophrenia.

Aggression and methamphetamine

The relationship between crystal methamphetamine use and aggression is not straight-forward. Use of the drug can increase aggression, but not all people experience it. Men tend to be more aggressive than women.

It is not clear why some people are more prone to violent behaviour than others, but some factors may be:

- concurrent alcohol or pharmaceutical drug use
- withdrawal from drugs
- personality
- not eating
- not sleeping for long periods
- other medical conditions.

Physical health

Many people who use methamphetamine regularly experience poor physical health, such as:

- disturbed sleep, jaw clenching teeth grinding and other dental problems
- weight loss, malnutrition and dehydration due to poor appetite
- high blood pressure, heart palpitations, chest pain and hyperthermia (overheating).

People who inject methamphetamine may also experience injecting-related injuries and disease. For example, skin infections, thrombosis, endocarditis and Hepatitis C. Those who snort the drug may experience nasal irritation.

Regular and long term methamphetamine use places people at greater risk of serious medical problems including, heart disease, seizures, stroke, kidney and liver failure.

Almost 25 per cent of regular methamphetamine users will experience a symptom of psychosis in a given year.

Risks in pregnancy

Evidence suggests that methamphetamine use in pregnant women can have an effect on foetal development. Use has been linked with bleeding of the placenta, miscarriage, early labour and an increased risk of foetal abnormalities.

Babies born to mothers who regularly use methamphetamine may also experience withdrawal symptoms in the first few weeks after their birth.

Not much is known about the effects of methamphetamine on breastfed babies, however it is a risk to take any non-prescribed drugs while breastfeeding (without medical advice).

Blood-borne viruses and sexual health

People who inject methamphetamine are at risk of hepatitis B, hepatitis C and other blood-borne infections if they carry out unsafe injecting practices, such as needle sharing. Evidence also suggests a strong association between methamphetamine use and sexual risk taking.

Babies born to mothers who regularly use methamphetamine may also experience withdrawal symptoms in the first few weeks after their birth.

3. Trends

The following provides an overview of the most recent and relevant methamphetamine data and trends available. The data in this document has numerous sources, therefore the years of collection, reportable age groups and collection processes do vary. Refer to Appendix A to E for more detail, including a discussion of data definitions and limitations.

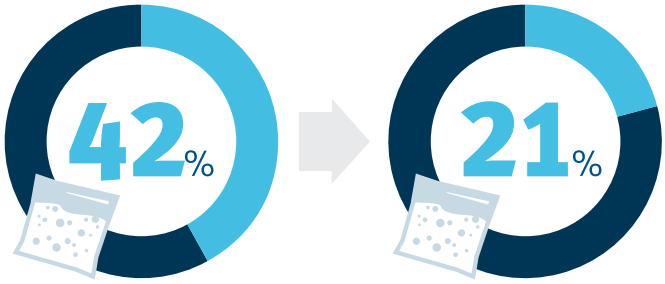
Population data *

- Latest available population survey data from 2013 indicate that overall methamphetamine use has remained stable. The proportion of Queenslanders aged 14 years and over who used methamphetamine in the past 12 months (2.3%) was consistent with that reported in other jurisdictions. New population level data will be available in 2017.
- Amongst Queenslanders who use methamphetamine, the use of powder decreased significantly from 42 per cent in 2010 to 21 per cent in 2013.
- The use of crystal methamphetamine in this group more than doubled between 2010 and 2013 to 46 per cent.
- Australians who recently used methamphetamine also used it more frequently with an increase in the proportion of people using it daily or weekly in 2013, from 9.3 to 15.5 per cent.

*Refer to Appendix D for more detailed information.

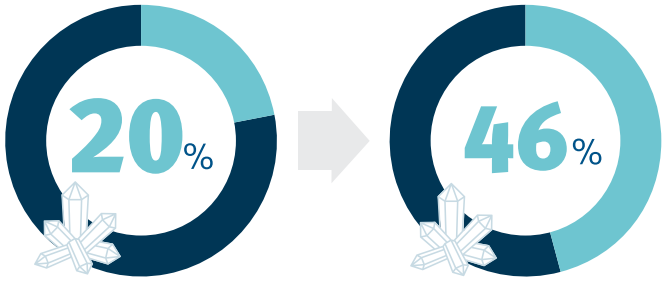
Among Queenslanders who use methamphetamine:

Percentage of powder use



2010 2013

Percentage of crystal methamphetamine use



2010 2013

Population subgroups

- In 2014, most school students (89%) indicated that they had never used methamphetamine, while 2.2 per cent had used methamphetamine at least once in the past year and 2.7 per cent had ever used methamphetamine.
- Girls (92%) were more likely than boys (86%) to have not used methamphetamines during the last year. The proportion of students who used methamphetamine during the last year increased significantly by age—from 1.1 per cent in the 12–13 year old age group to more than 3.5 per cent in 16–17 year olds.
- Students living outside South East Queensland were more likely to have used methamphetamine in the last year, compared to those who did not—3.4 per cent and 1.6 per cent, respectively.
- A 2015 environmental scan of the perceived impacts (reports from community members and service providers) of methamphetamine in northern and north-east Queensland indicates some impact (from methamphetamine-related behaviours) on Aboriginal and Torres Strait Islander individuals, families and communities in 'remote' and 'outer regional' centres. There were fewer incidents reported in 'very remote' communities. No evidence was found that use is spreading to significant numbers of new users. In Indigenous and mainstream populations, people with established use are experiencing more adverse consequences from use.
- The 2011 Queensland Indigenous Injecting Drugs Survey (QuIDS) reported that Aboriginal and Torres Strait Islander participants (86%) were more likely to inject methamphetamine compared to non-Indigenous participants (79%). Participants also reported using methamphetamine more frequently.
- The Queensland Minimum Dataset for Needle and Syringe Programs (NSP) shows a drop in occasions of service related to overall methamphetamine use of close to 10 percentage points between 2007 and 2014 (33.8%). Crystal methamphetamine use increased and has replaced base methamphetamine to become the most used sub-type. This increase was greatest in Aboriginal and Torres Strait Islander clients, with an increase of 135 per cent observed between 2010 and 2014.
- According to the Gay Community Periodic Survey in Queensland, recent crystal methamphetamine use among gay men remained stable between 2011 (8.7%) and 2015 (9.0%). Consistent with previous years, methamphetamine use was more prevalent among HIV positive gay men in 2015 than those who are HIV negative. (23.7% vs 8.0%).

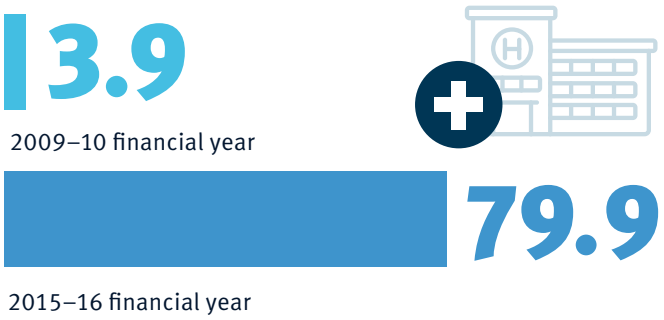
Health system reports

Queensland health system data reflect an increase in harms associated with methamphetamine use, most likely related to increased purity, frequency of use and mode of administration. This data is not reflective of general use in the community.

Queensland hospital admissions *

- Between the 2009–10 and 2015–16 financial years, there were 7,755 methamphetamine-related hospital admissions, among people aged 16 and over.
- In 2015–16 financial year, methamphetamine-related hospital admissions comprised 0.1 per cent of hospital admissions, among people aged 16 and over.
- Between the 2009–10 and 2015–16 financial years, the annual rate of methamphetamine-related hospital admissions increased 20-fold from 3.9 to 79.9 per 100,000 persons.
- Males accounted for almost two-thirds of hospital admissions in the 2015–16 financial year. The rate of hospital admissions was 101.7 per 100,000 persons in men and 58.8 in women.

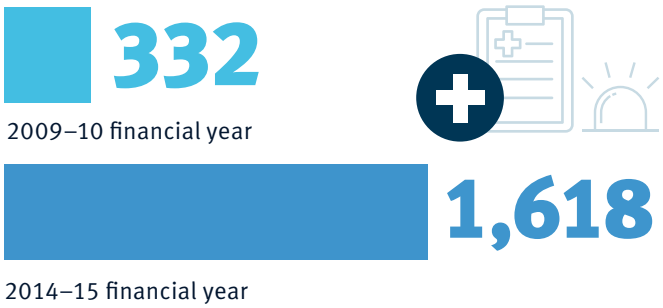
Queensland hospital annual admission rate (per 100,000)



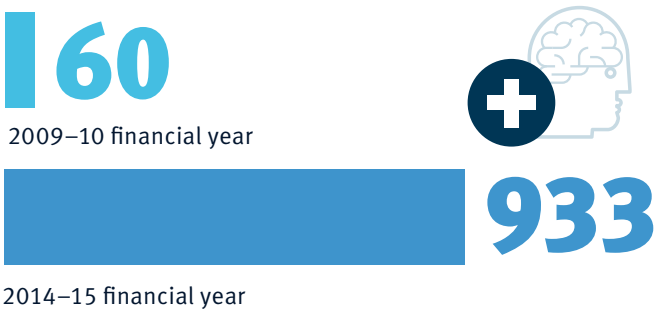
- The highest hospital admission rate was in the 16–34 year old age group. Between the 2009–10 and 2015–16 financial years, this rate increased from 7.6 to 156.3 per 100,000 persons.
- In the 2015–16 financial year, patients over 16 years who identified as being Aboriginal and/or Torres Strait Islander had almost five times the rate of methamphetamine-related hospital admissions (343.2 per 100,000 persons) as non-Indigenous people (70.6 per 100,000 persons). In 2015–16, Indigenous people accounted for 14.7 per cent of all methamphetamine-related hospital admissions in that year.
- In the 2015–16 financial year, the population rate of hospital admissions amongst Indigenous males was 4.5 times higher than among non-Indigenous males.
- Amongst Indigenous females in the 2015–16 financial year, the rate was 5.4 times higher than in non-Indigenous females.
- In the 2015–16 financial year, the hospital admission rate in Indigenous males was 411.6 per 100,000 and in Indigenous females was 277.1 per 100,000.
- In 2015–16 financial year, the rate of methamphetamine-related hospitalisations became highest in outer regional areas (99.0 per 100,000 persons), exceeding the rate in major cities (80.6 per 100,000 persons) for the first time.
- In the 2015–16 financial year, 64 per cent of methamphetamine-related hospital admissions were for people who lived in major cities.
- Methamphetamine-related hospital admissions in the 2015–16 financial year were highest in people who lived in areas in the lowest Socio-Economic Indexes for Areas (SEIFA) quintile and lowest in those living in areas with the highest SEIFA quintile.
- Between the 2009–10 and 2015–16 financial years, the hospitalisation rate for people who usually reside in the lowest SEIFA quintile increased from 5.3 to 111.5 per 100,000 persons.
- Between the 2009–10 and 2015–16 financial years, 81 per cent of Queenslanders admitted for a methamphetamine-related hospitalisation were only admitted once. This should be interpreted with caution due to the large proportion of methamphetamine-related hospital admissions that occurred in the most recent year.
- Seven per cent of persons had three or more methamphetamine-related hospital admissions. These accounted for 23 per cent of all methamphetamine-related hospital admissions between the 2009–10 and 2015–16 financial years.

*Refer to Appendix A for more detailed information.

Annual emergency department presentations



Annual inpatient mental health unit admissions



Emergency department presentations *

- Between the 2009–10 and 2014–15 financial years, the annual number of methamphetamine presentations to 27 Queensland public hospital emergency departments increased by 3.9 times, from 332 to 1,618. This increase was seen in both males (4.4 times) and females (3 times).
- In the 2014–15 financial year, males comprised 67.6 per cent of methamphetamine-related presentations. The ratio of males and females has remained stable between the 2009–10 and 2014–15 financial years.
- Nearly 75 per cent of methamphetamine-related presentations in the 2014–15 finacial year were for people in the 16–34 year old age group.
- In the 2014–15 financial year, 38.8 per cent of people who presented to an emergency department and were given a methamphetamine-related diagnosis were admitted to hospital.
- More than 11 per cent of all presentations with a methamphetamine-related diagnosis in the 2014–15 financial year identified themselves as Aboriginal or Torres Strait Islander.
- In the 2014–15 financial year, Aboriginal and Torres Strait Islander people aged 16–34 years accounted for 67.8 per cent of all Indigenous presentations with a methamphetamine-related diagnosis.
- Between the 2009–10 and 2014–15 financial years, there were 148 methamphetamine-related presentations to public hospital emergency departments for patients aged under 16.
- There were 109 methamphetamine-related presentations to Queensland rural hospitals between the 2013–14 and 2014–15 financial years.

*Refer to Appendix B for more detailed information.

Inpatient mental health unit admissions *

- Methamphetamine-related admissions to psychiatric units increased between the 2009–10 and 2014–15 financial years. Misuse and dependence accounted for a 15-fold increase and psychoses for a 16-fold increase.
- In the 2014–15 financial year, people admitted to psychiatric units for methamphetamine misuse/dependence were most commonly aged 20–24 (24.5%) or 25–29 (20.3%) years old.
- More than two-thirds of mental health admissions were in major cities, however, the rates of admissions were almost as high in outer regional areas.

*Refer to Appendix C for more detailed information.

Alcohol and other drug services

According to the Queensland Alcohol and Other Drugs Treatment Services National Minimum Data Set, methamphetamine was a drug of concern (principal or additional) in 25 per cent of closed treatment episodes in the 2014–15 financial year. It was the principal drug in 1 in 7 or 14 per cent of treatment episodes—a 4.5 per cent increase since 2011–12 financial year.

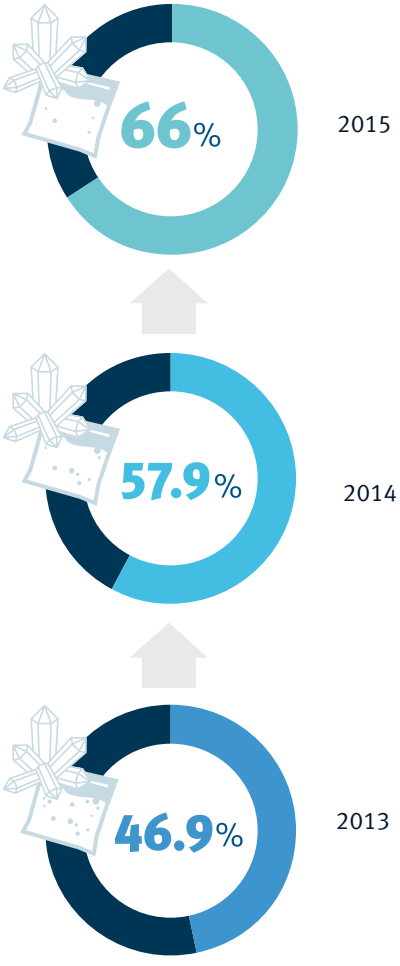
The Alcohol and Drug Information Service (ADIS) has reported that methamphetamine generated the second highest number of calls (after alcohol) across 2014 and 2015. This was a 79.5 per cent increase in calls for this drug type from 2014.

Methamphetamine availability and purity

Forensic and Scientific Services data show that since 2010 there has been a consistent increase in methamphetamine purity each year. In 2013, the mean purity was recorded as 46.9 per cent and 57.9 per cent in 2014. This increased to 66 per cent mean purity in 2015 (the marked increase in the purity level could be attributed to an elevated number of seizures containing high purity drugs).

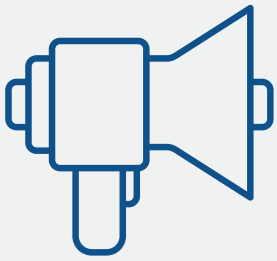
The Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) reports show that those who inject drugs and use psycho-stimulants indicate the availability of methamphetamine is 'easy' or 'very easy'.

Methamphetamine purity levels (2013–2015)



Summary

- The population prevalence of methamphetamine use in the community is still relatively low with reported variability across the State.
- There has been a consistent increase in methamphetamine purity since 2010.
- Among people who use methamphetamine, there has been an increase in the use of crystal methamphetamine and an increase in the frequency of use, with more regular and dependent use.
- There has been an increase in the experience of negative impacts and harm to individuals, families and communities, and a greater impact on health and emergency service providers.
- Queensland Health has recorded increases in methamphetamine-related presentations to emergency departments, admissions to hospitals and inpatient psychiatric units. More cases of methamphetamine being the 'principal drug of concern' have also been reported by clients presenting to specialised alcohol and other drug treatment services.



4. Current Queensland responses

In Queensland, alcohol and other drug (AOD) prevention, harm reduction and treatment is delivered through public, private and non-government organisations across residential, inpatient and community settings. This includes Hospital and Health Services, AOD non-government services, Aboriginal and Torres Strait Islander Community-Controlled Health Services, General Practitioners and other private healthcare providers, like pharmacists.

Specialist alcohol and other drug treatment services

Specialist treatment services deliver care to people affected by their own or someone else's substance use, both licit and illicit. It is recognised that drug use trends can change rapidly and services need to be flexible and adaptive to respond across drug types.

These treatment services are delivered through HHSs and non-government organisations, many of which receive funding from Queensland Health. Key treatment types include:

- withdrawal management and support
- psychosocial interventions—like counselling or brief intervention
- rehabilitation
- pharmacotherapies
- consultation and liaison
- programs for people diverted or referred from the criminal justice system.

Diversion programs

Queensland Health and non-government AOD treatment organisations also provide assessment, brief intervention, information and education and treatment for people who have been diverted or referred by the criminal justice system. Access to diversion programs varies by location and includes:

- police drug diversion
- illicit drugs court diversion
- Queensland Magistrates Early Referral into Treatment (QMERIT)
- Queensland Court Referral
- Drug and Alcohol Assessment Referral (DAAR) course.

Needle and syringe programs

Access to sterile injecting equipment is provided to people who inject drugs across most of Queensland. Needle and Syringe Programs (NSPs) are provided by the public and non-government health and welfare sectors, through pharmacies and vending machines. NSPs are effective harm-reduction strategies in reducing the incidence of blood-borne viruses and injection-related injuries and diseases. The programs also provide information and education to clients and referrals to relevant treatment.

In response to pressures on the public health system from methamphetamine-related presentations, the Queensland Government announced $6 million of new funding for the immediate rollout of additional service responses and statewide support for workers.

Queensland Health—current responses to methamphetamine

In response to pressures on the public health system from methamphetamine-related presentations, the Queensland Government announced $6 million of new funding for the immediate rollout of additional service responses and statewide support for workers.

This includes the establishment of:

- three new Drug and Alcohol Brief Intervention Teams (DABIT) in the Emergency Departments of Logan, Townsville and Rockhampton Hospitals
- enhanced DABIT services at Gold Coast University and Robina Hospitals
- additional clinical positions set up in Cooktown, Weipa, Logan, the Gold Coast and Rockhampton to support service delivery to young people, families and Aboriginal and Torres Strait Islander people
- funding to support community engagement and prevention programs in Logan, the Gold Coast, Cunnamulla and Charleville.

Queensland Health and the Queensland Aboriginal and Islander Health Council are collaborating to develop and deliver culturally appropriate statewide and targeted support for frontline workers and clinicians. This includes specialist AOD clinicians, the Aboriginal and Torres Strait Islander Community Controlled and Social and Emotional Wellbeing workforces, and workers in related health and community services that engage with individuals and families affected by methamphetamine use. Support is being provided through clinical tools and resources, a range of education and training options, such as face-to-face workshops and new harm reduction resources.

Aboriginal and Torres Strait Islander alcohol and other drug treatment services

There are a range of alcohol and other drug (AOD) treatment options for Queensland's Aboriginal and Torres Strait Islander people. These are provided through Aboriginal and Torres Strait Islander Community Controlled Health Services and Aboriginal and Torres Strait Islander AOD treatment services, and the provision of culturally secure mainstream treatment services.

Queensland Health also provides funding to support outclient, withdrawal care and residential rehabilitation services for Aboriginal and Torres Strait Islander peoples.

Drugs in pregnancy services

There are two specialised antenatal services in Queensland offering care and support to pregnant women who have a drug dependency and are unable to stop their use or are at risk of relapse.

Continuity of Care by Health Professionals (CHAMP) Clinic Mater Mothers' Hospital

The CHAMP Clinic provides antenatal care for pregnant women who have a history of, or currently use psychoactive substances, are drug dependant, at risk of relapse or are on opioid replacement therapies.

A CHAMP coordinator is available to network and share information and knowledge about substance misuse with other support workers across the state. While the clinic typically provides a service to women based on Brisbane's southside and accepts women from across Queensland.

Special Hospital Alcohol and Drug Education Service (SHADES)—Royal Brisbane and Women's Hospital

This service provides care to women, their babies and the families of women using alcohol and other drugs referred to this clinic. The clinic is run on Monday afternoons.

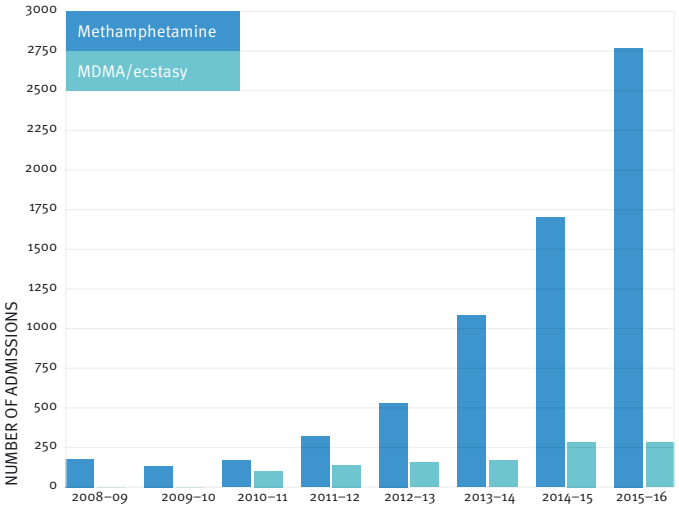
5. Appendix A

Methamphetamine-related hospital admissions data

Definitions

For the purposes of hospital admission data, methamphetamine use is defined to include ICD-10-AM codes:

- F15.x1—mental and behavioural disorders due to use of other stimulants, including caffeine: methamphetamine
- F15.x2—mental and behavioural disorders due to use of other stimulants, including caffeine: MDMA/ecstasy
- T43.61—psychostimulants with potential for use disorder: methamphetamine
- T43.62—psychostimulants with potential for use disorder: MDMA/ecstasy.



Note: Codes for MDMA/ecstasy were introduced in the 2010–11 financial year

Notes

- Indigenous people refers to people who identify as Aboriginal and/or Torres Strait Islander.
- **Exclusions:**
  - State of usual residence, other than Queensland
  - People aged under 16 years at time of admission
  - Episode changes and transfers
  - Forty-seven primary health care centres and outpatient clinics that Queensland Health asked the Commonwealth Department of Health to remove from the declared hospital list, as at 1 July 2014. The exclusion was applied for all years.
- The Socio-Economic Indexes for Areas (SEIFA) category is based on the Index of Relative Advantage and Disadvantage.
- The classification of areas into Accessibility and Remoteness Index of Australia (ARIA+) and the Socio-Economic Indexes for Areas (SEIFA) geographies changed by year of hospitalisation. Hospital admissions between the 2009–10 and 2011–12 financial years were assigned on the basis of Statistical Local Areas (SLA)—based on the 2006 census—while hospitalisations between the 2012–13 and 2015–16 financial years were assigned on the basis of Statistical Areas Level 2s (SA2s)—based on the 2011 census. For this reason, trends should be interpreted with caution.
- Episodes with an unknown Socio-Economic Indexes for Areas (SEIFA)— n = 8 —are excluded from t hose analyses, but included for other analyses.

Data sources

- Queensland Hospital Admitted Patient Data Collection (extracted 1/12/16)
- Master Linkage File (version 1268)
- Synthetic Estimated Resident Populations by Indigenous Status, Queensland Government Statistician's Office

5. Appendix A Methamphetamine-related hospital admissions data

Table 1.1: Count of methamphetamine-related hospital admissions, by sex, Queensland, 2009–10 to 2015–16 financial years

Year	Male	Female	Total
2009–10	96	37	133
2010–11	176	94	270
2011–12	312	141	453
2012–13	456	225	681
2013–14	831	402	1,233
2014–15	1,264	704	1,968
2015–16	1,894	1,123	3,017

Figure 1.1: Rate of methamphetamine-related hospital admissions, by sex, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

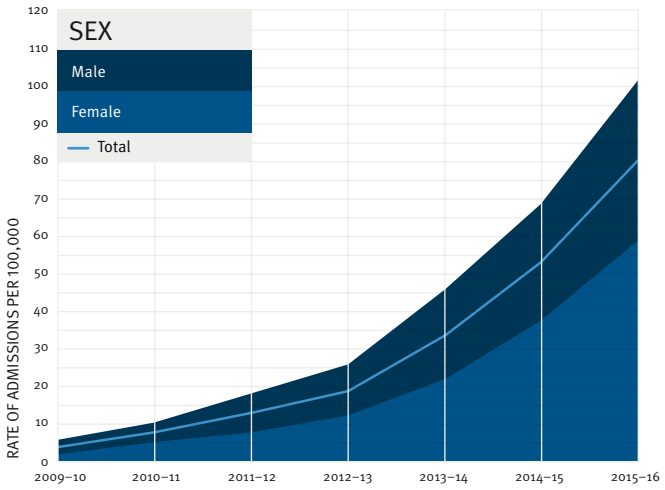
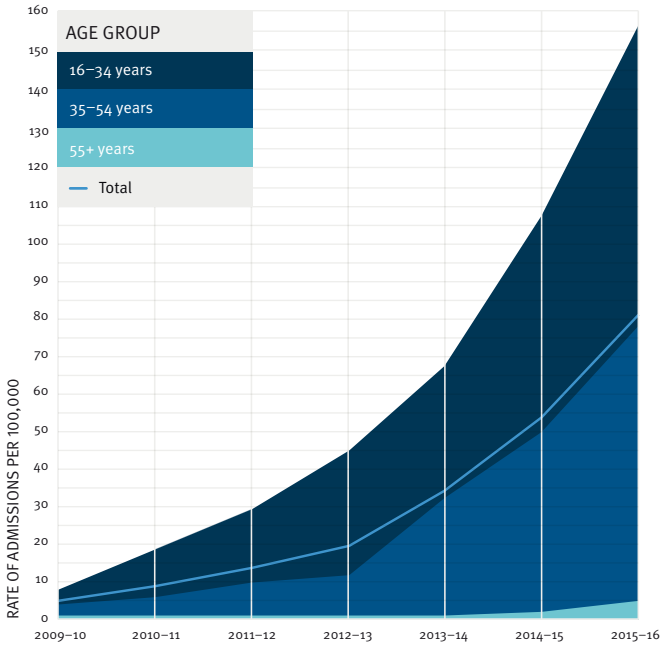


Table 1.2: Rate of methamphetamine-related hospital admissions, by sex, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

Year	Male	Female	Total
2009–10	5.7	2.2	3.9
2010–11	10.3	5.4	7.8
2011–12	17.9	7.9	12.9
2012–13	25.6	12.4	18.9
2013–14	45.8	21.7	33.6
2014–15	68.7	37.3	52.8
2015–16	101.7	58.8	79.9

Figure 1.2: Rate of methamphetamine-related hospital admissions, by age group, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years



5. Appendix A Methamphetamine-related hospital admissions data

Table 1.3: Count of methamphetamine-related hospital admissions, by age group, Queensland, 2009–10 to 2015–16 financial years

Year	16–34 years	35–54 years	55+ years	Total
2009–10	88	45	0	133
2010–11	206	64	0	270
2011–12	341	109	3	453
2012–13	540	137	4	681
2013–14	827	400	6	1,233
2014–15	1,329	617	22	1,968
2015–16	1,980	986	51	3,017

Table 1.4: Rate of methamphetamine-related hospital admissions, by age group, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

Year	16–34 years	35–54 years	55+ years	Total
2009–10	7.6	3.7	0.0	3.9
2010–11	17.5	5.2	0.0	7.8
2011–12	28.6	8.8	0.3	12.9
2012–13	44.3	10.9	0.4	18.9
2013–14	66.6	31.5	0.5	33.6
2014–15	105.7	48.5	1.8	52.8
2015–16	156.3	77.2	4.1	79.9

Table 1.5: Count of methamphetamine-related hospital admissions, by Indigenous status, Queensland, 2009–10 to 2015–16 financial years

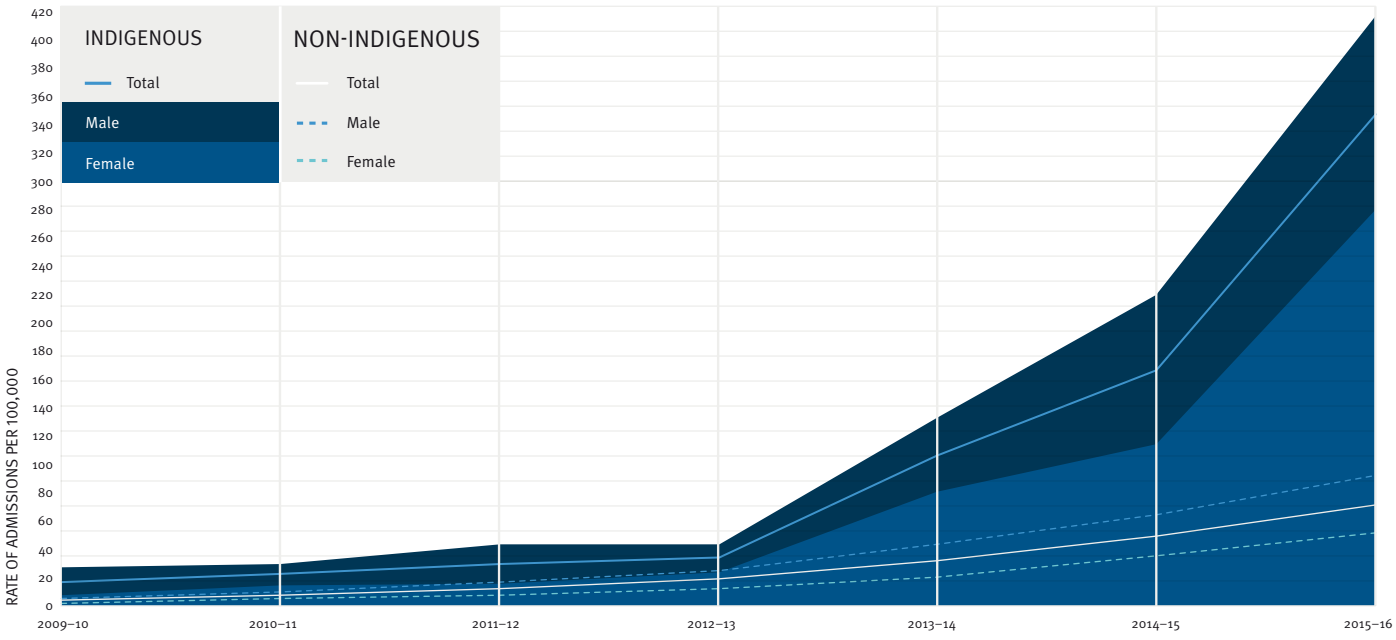
	Indigenous			Non-Indigenous		
Year	Male	Female	Total	Male	Female	Total
2009–10	14	4	18	82	33	115
2010–11	16	8	24	160	86	246
2011–12	24	9	33	288	132	420
2012–13	25	14	39	431	211	642
2013–14	78	49	127	753	353	1,106
2014–15	134	72	206	1,130	632	1,762
2015–16	261	182	443	1,633	941	2,574

5. Appendix A Methamphetamine-related hospital admissions data

Table 1.6: Rate of methamphetamine-related hospital admissions, by Indigenous status, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

	Indigenous			Non-Indigenous		
Year	Male	Female	Total	Male	Female	Total
2009–10	26.8	7.4	16.9	5.0	2.0	3.5
2010–11	29.7	14.3	21.8	9.6	5.1	7.3
2011–12	43.0	15.5	29.0	17.0	7.7	12.3
2012–13	43.3	23.4	33.2	25.0	12.0	18.4
2013–14	130.7	79.3	104.5	43.0	19.7	31.2
2014–15	217.7	112.8	164.3	63.6	34.7	49.0
2015–16	411.6	277.1	343.2	90.8	51.0	70.6

Figure 1.3: Rate of methamphetamine-related hospital admissions, by Indigenous status, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years



5. Appendix A Methamphetamine-related hospital admissions data

Figure 1.4: Rate of methamphetamine-related hospital admissions, by location of usual residence, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

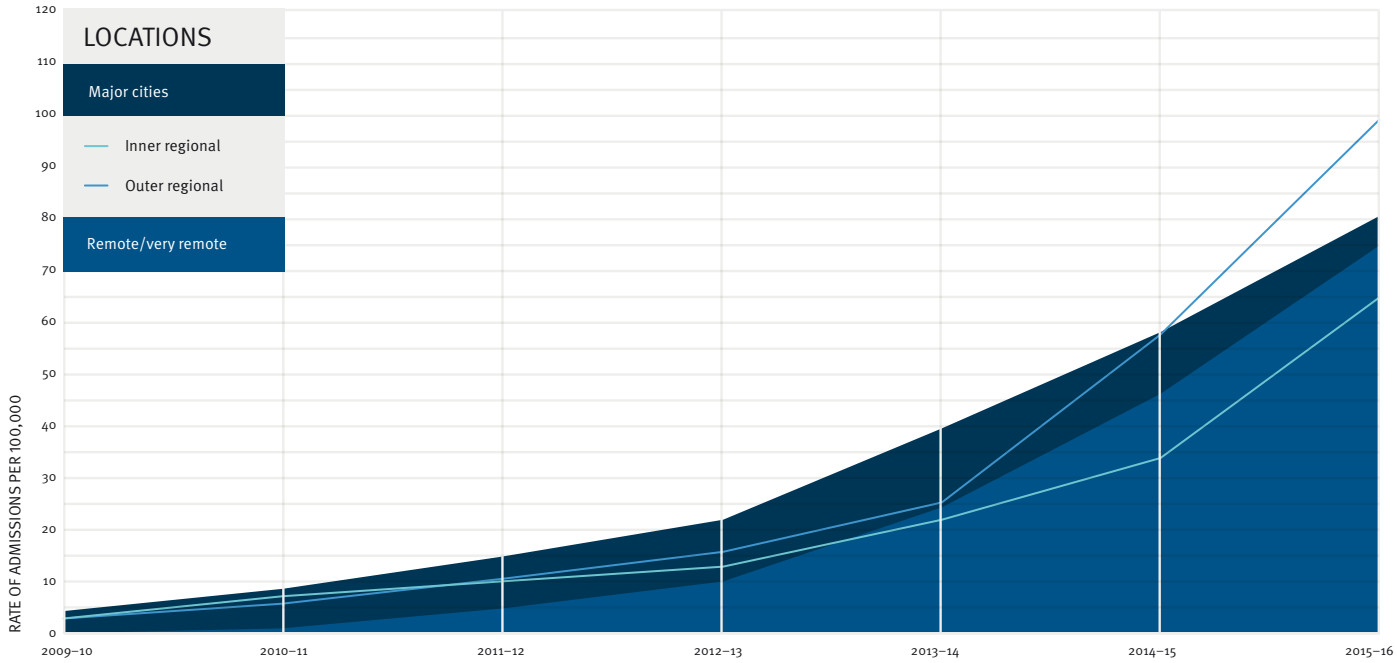


Table 1.7: Rate of methamphetamine-related hospital admissions,by location of usual residence, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

Year	Major cities	Inner regional	Outer regional	Remote/very remote	Total
2009–10	4.5	3.1	3.2	0.0	3.9
2010–11	8.7	7.3	5.8	1.3	7.8
2011–12	14.7	9.9	10.7	5.1	12.9
2012–13	21.9	13.0	16.0	10.0	18.9
2013–14	39.6	22.2	25.3	24.2	33.6
2014–15	58.1	33.8	57.7	46.0	52.8
2015–16	80.6	64.9	99.0	74.8	79.9

5. Appendix A Methamphetamine-related hospital admissions data

Figure 1.5: Rate of methamphetamine-related hospital admissions, by socio-economic status, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

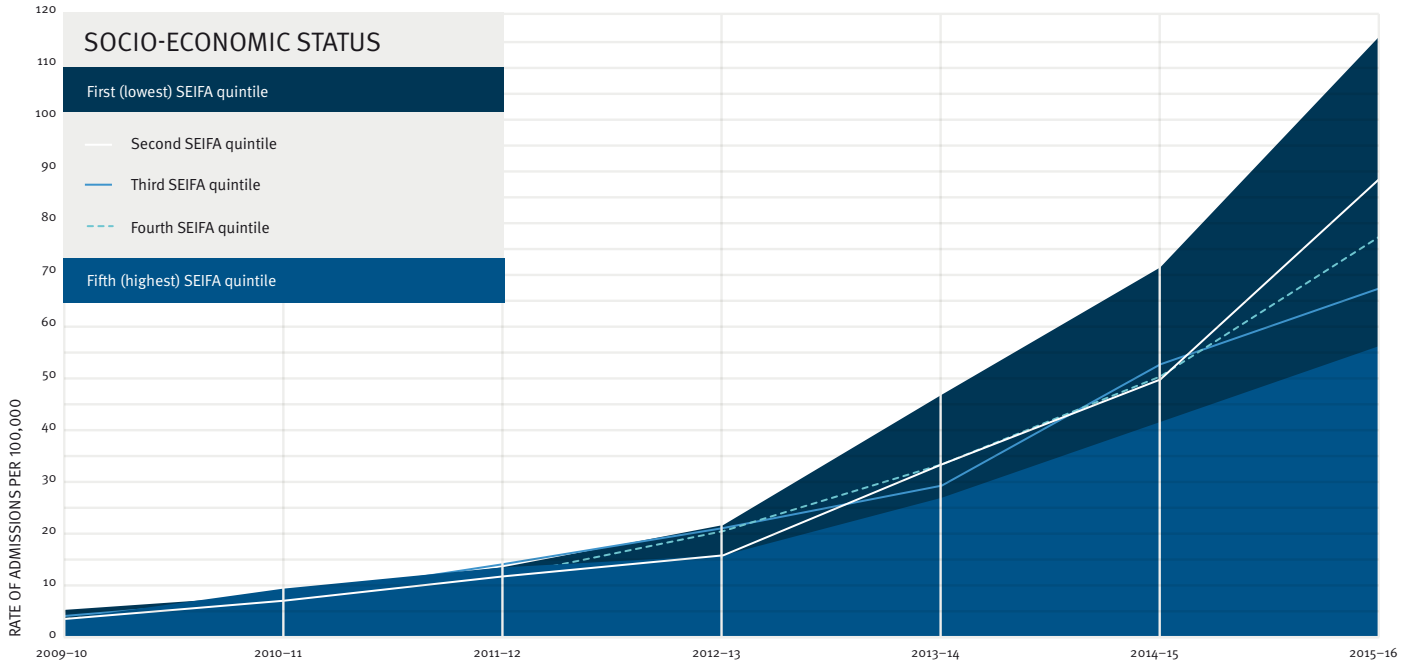


Table 1.8: Count of methamphetamine-related hospital admissions, by socio-economic status, Queensland, 2009–10 to 2015–16 financial years

Year	First (lowest) SEIFA quintile	Second SEIFA quintile	Third SEIFA quintile	Fourth SEIFA quintile	Fifth (highest) SEIFA quintile	Total
2009–10	34	22	27	24	26	133
2010–11	54	47	52	49	68	270
2011–12	89	80	101	86	97	453
2012–13	146	123	149	148	115	681
2013–14	319	250	216	243	200	1,228
2014–15	493	402	370	388	312	1,965
2015–16	817	671	504	594	431	3,017

5. Appendix A Methamphetamine-related hospital admissions data

Table 1.9: Rate of methamphetamine-related hospital admissions, by socio-economic status, per 100,000 persons, Queensland, 2009–10 to 2015–16 financial years

Year	First (lowest) SEIFA quintile	Second SEIFA quintile	Third SEIFA quintile	Fourth SEIFA quintile	Fifth (highest) SEIFA quintile	Total
2009–10	5.3	3.3	3.9	3.4	3.7	3.9
2010–11	8.2	7.0	7.4	6.9	9.5	7.8
2011–12	13.3	11.7	14.1	11.8	13.3	12.9
2012–13	20.8	17.1	20.6	20.6	15.7	18.9
2013–14	44.6	34.1	29.3	33.0	26.8	33.5
2014–15	68.0	54.2	49.5	51.7	41.1	52.8
2015–16	111.5	89.6	66.7	77.7	55.8	79.9

Table 1.10: Count of methamphetamine-related hospital admissions, per person, Queensland, 2009–10 to 2015–16 financial years

Admissions	No.	Percentage of people	Percentage of hospital admissions
1 hospital admission	4,527	81%	58%
2 hospital admissions	703	13%	18%
3+ hospital admissions	393	7%	23%

B

6. Appendix B

Emergency department data

Notes

- Included in these data are presentations to Queensland public hospital emergency departments for persons aged 16 years and over from 1 July 2009 to 30 June 2015.
- Queensland emergency department statistics are reliant on the information recorded during emergency department patient triage and the diagnosis. Analysis includes presentations with certain primary diagnosis codes assigned by the treating clinician.
- ICD10 Diagnosis Codes of 'T43.69' and ('T43.6' for Mater HHS) are typically used in Queensland emergency departments for patients presenting with methamphetamine poisoning. In addition to the primary diagnosis, analysis has been conducted in 'text recorded on patient files. This includes, the words:
  - overdose
  - poisoning
  - acute alcohol problems
  - illicit drugs, such as ice, meth and methamphetamine
  - mental health problems.

  Due to the large number of presentations, manual review was not performed and there may be a small proportion of false positive matches.

Limitations

- Presentations to emergency departments are treated and diagnosed symptomatically. For example, a patient may present to an emergency department with head injuries from a fall they sustained while under the influence of drugs. In this instance, the principal diagnosis on presentation may be trauma-specific, not drug specific. Further, the patients' drug use may not be diagnosed in the emergency department, but identified as a result of medical investigations after the patient has been admitted. In these cases it is unlikely that the patient's drug use will be recorded in the emergency department data.
- It is assumed that awareness of methamphetamine use with emergency department clinicians has increased, resulting in more instances of the drug's use recorded at triage.

Data source

- Emergency Department Information System (EDIS). Data is sourced from an operational information system and is subject to change.

6. Appendix B Emergency department data

Figure 2.1: Count of methamphetamine-related emergency department presentations, by sex, Queensland, 2009–10 to 2014–15 financial years

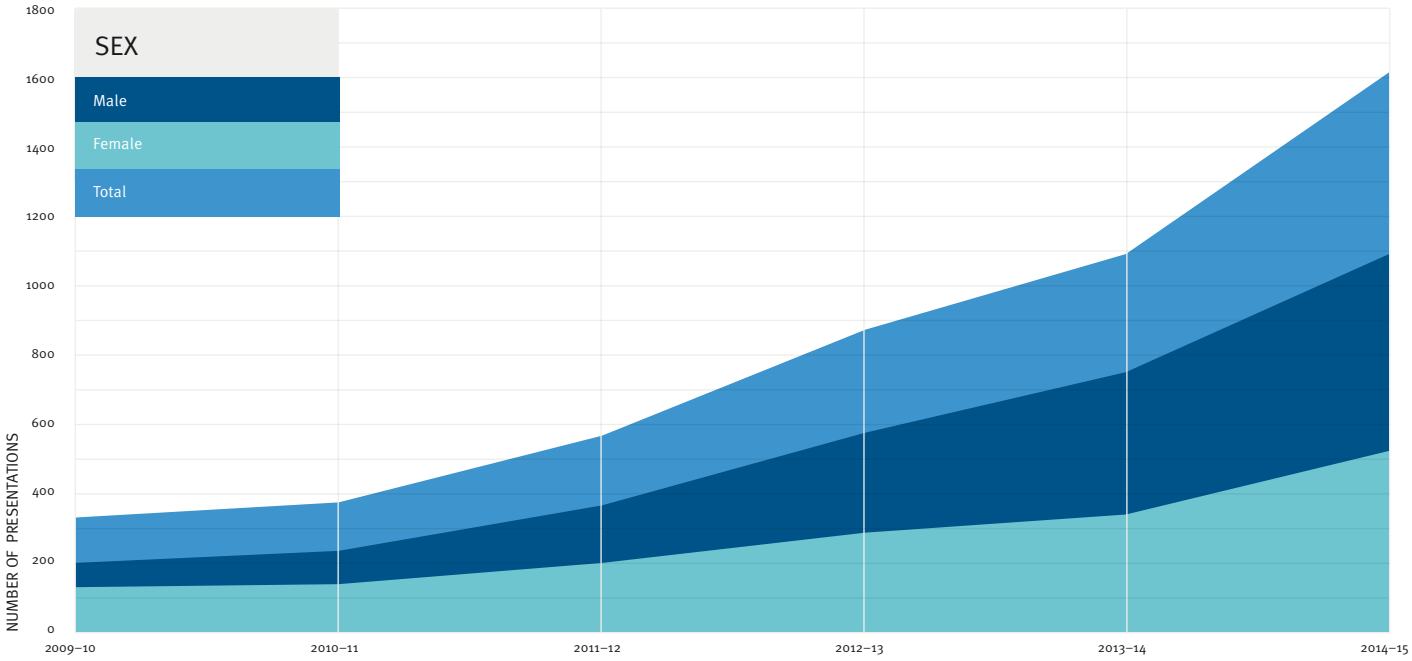


Table 2.1: Count of methamphetamine-related emergency department presentations, by sex, Queensland, 2009–10 to 2014–15 financial years

	Male		Female		
Year	Number	%	Number	%	Total
2009–10	202	60.8%	130	39.2%	332
2010–11	236	62.4%	142	37.6%	379
2011–12	371	65.2%	198	34.8%	569
2012–13	580	66.4%	293	33.6%	874
2013–14	753	69.0%	339	31.0%	1,093
2014–15	1,094	67.6%	524	32.4%	1,618

Note: sex was missing in < 1 per cent of records, therefore the numbers recorded in both the 'Male' and 'Female' columns may not add up to the total number of presentations.

6. Appendix B Emergency department data

Figure 2.2: Count of methamphetamine-related emergency department presentations, by age group, Queensland, 2009–10 to 2014–15 financial years

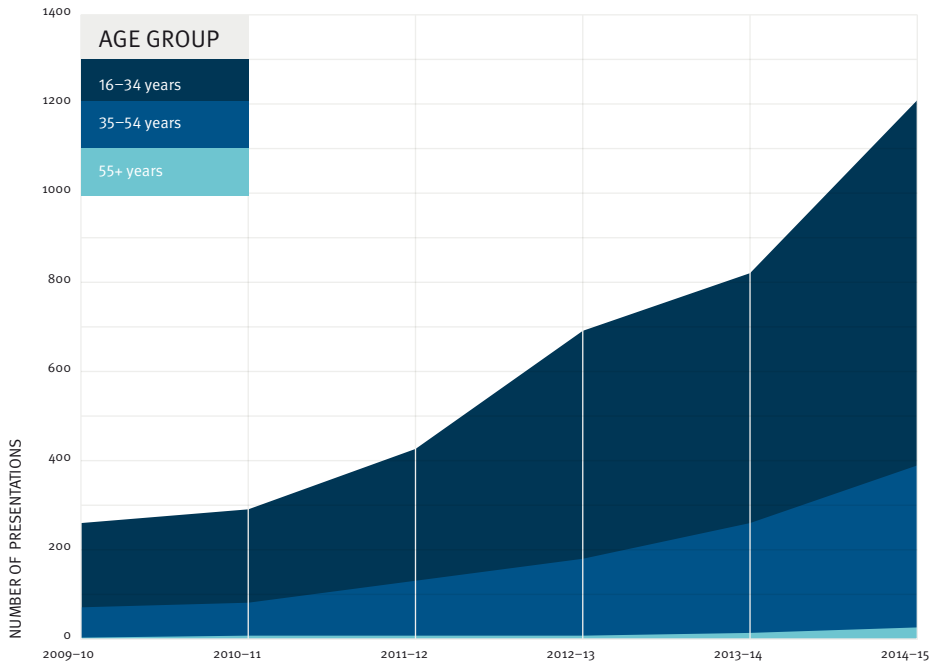


Table 2.2: Count of methamphetamine-related emergency department presentations, by age group, Queensland, 2009–10 to 2014–15 financial years

Year	16–34 years	35–54 years	55+ years	Total
2009–10	259	71	3	333
2010–11	291	83	5	379
2011–12	429	133	7	569
2012–13	691	177	6	874
2013–14	823	258	12	1,093
2014–15	1,206	389	24	1,619

6. Appendix B Emergency department data

Figure 2.3: Count of methamphetamine-related emergency department presentations, by admission status, Queensland, 2009–10 to 2014–15 financial years

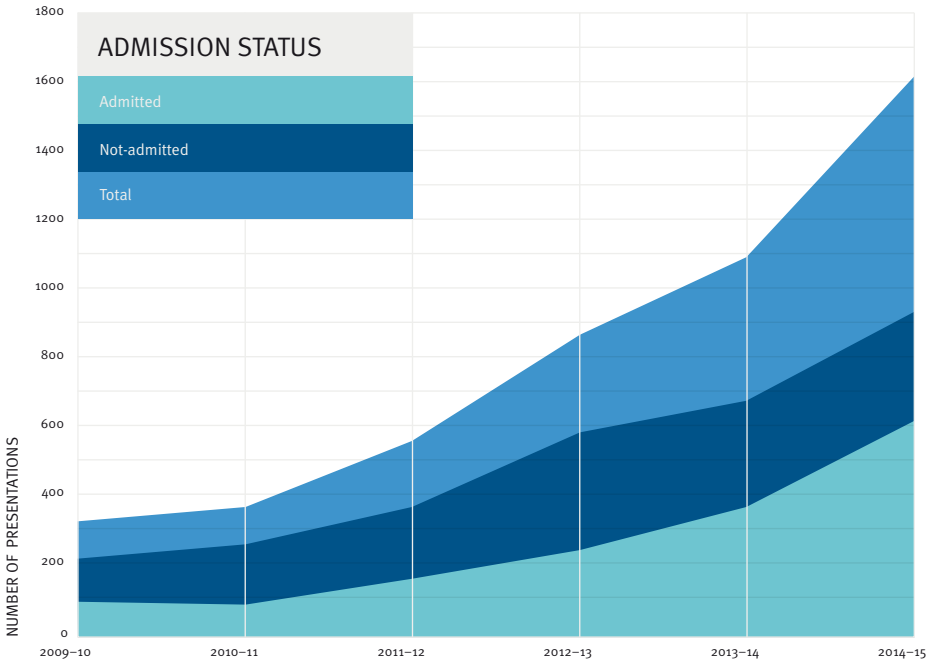


Table 2.3: Count of methamphetamine-related emergency department presentations, by admission status, Queensland, 2009–10 to 2014–15 financial years

Year	Admitted	Not-Admitted	Other	Total
2009–10	99	225	9	333
2010–11	94	271	14	379
2011–12	172	378	19	569
2012–13	255	589	30	874
2013–14	376	684	33	1,093
2014–15	628	939	52	1,619

Note: Admission status of 'Other' includes presentations for patients who did not wait, were transferred, died in the emergency department or were dead on arrival.

6. Appendix B Emergency department data

Figure 2.4: Count of methamphetamine-related emergency department presentations, by Indigenous status and sex, Queensland, 2009–10 to 2014–15 financial years

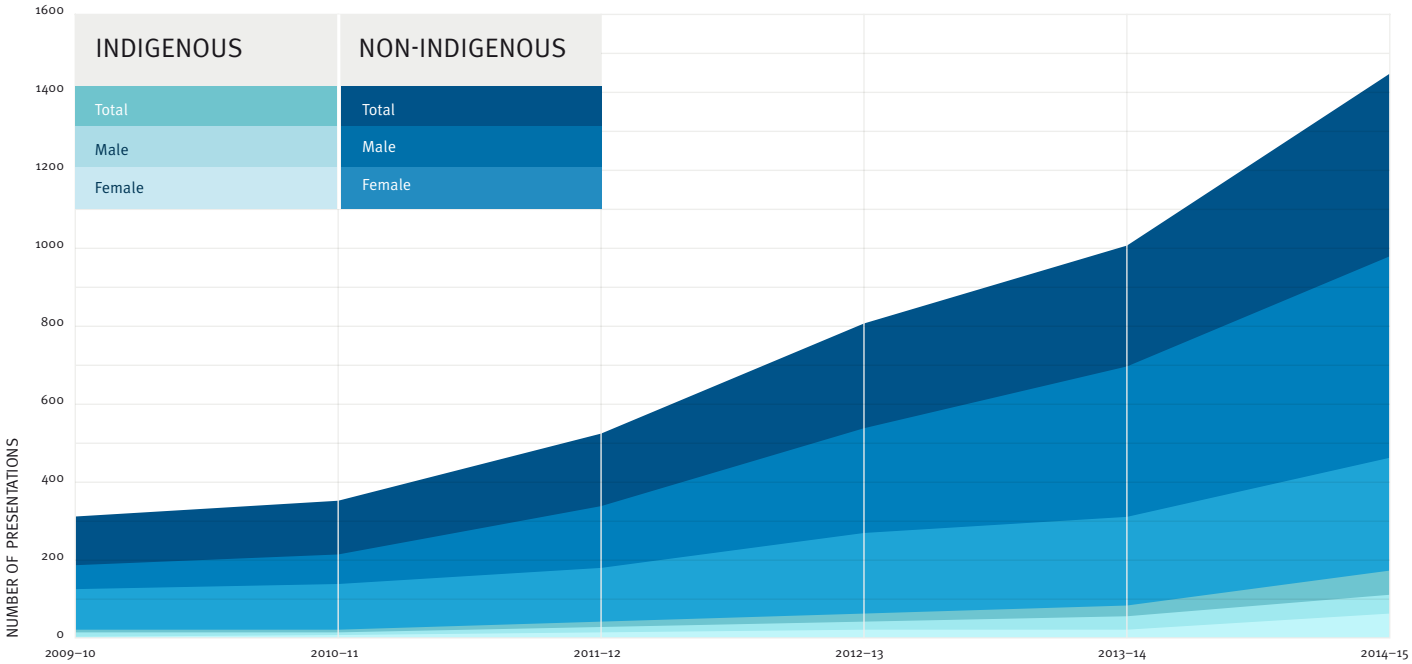


Table 2.4: Count of methamphetamine-related emergency department presentations, by Indigenous status and sex, Queensland, 2009–10 to 2014–15 financial years

	Indigenous			Non-Indigenous			
Year	Male	Female	Total	Male	Female	Total	Total
2009–10	15	4	19	186	126	312	333
2010–11	18	6	24	217	136	353	379
2011–12	28	16	44	342	182	524	569
2012–13	43	19	62	535	273	808	874
2013–14	58	25	83	695	314	1,009	1,093
2014–15	114	60	174	980	464	1,444	1,619

Note: Persons with unstated or missing values for indigenous status and sex account for <1 per cent, so numbers in the columns may not add up to the total number of presentations.

7. Appendix C

Inpatient mental health unit data

Definitions

ICD-10-AM codes were restricted to those with a fifth digit of 1 (methamphetamine) or 2 (MDMA/ecstasy). This was done in order to estimate mental health and behavioural disorders, resulting from the use of methamphetamine, rather than amphetamine, caffeine and other stimulants.

The following definitions are used:

- Methamphetamine abuse/dependence —F15.x1 and F15.x2
- Methamphetamine psychosis —F15.51, F15.52, F15.71, F15.72
- Opioid abuse/dependence F11
- Opioid psychosis—F11.5, F11.7.

Notes

- Data includes people admitted to psychiatric units for acute care
- **Exclusions:**
  - State of usual residence other than Queensland
  - People aged less under 16 years at time of admission
  - Transfers
- Forty-seven primary health care centres and outpatient clinics) that Queensland Health asked the Commonwealth Department of Health to remove from the declared hospital list, as at 1 July 2014. The exclusion was applied for all years.
- The classification of areas into Accessibility and Remoteness Index of Australia (ARIA+) and the Socio-Economic Indexes for Areas (SEIFA) geographies changed by year of hospitalisation. Hospital admissions between the 2009–10 and 2011–12 financial years were assigned on the basis of SLAs (based on the 2006 census), while hospital admissions between the 2012–13 and 2014–15 financial years were assigned on the basis of SA2s (based on the 2011 census). For this reason, trends should be interpreted with caution.

Data sources

- Queensland Hospital Admitted Patient Data Collection (extracted 19/02/16).
- Synthetic Estimated Resident Populations by Indigenous Status, Queensland Government Statistician's Office.

7. Appendix C Inpatient mental health unit data

Figure 3.1: Count of methamphetamine-related acute admissions to psychiatric units, Queensland, 2009–10 to 2014–15 financial years

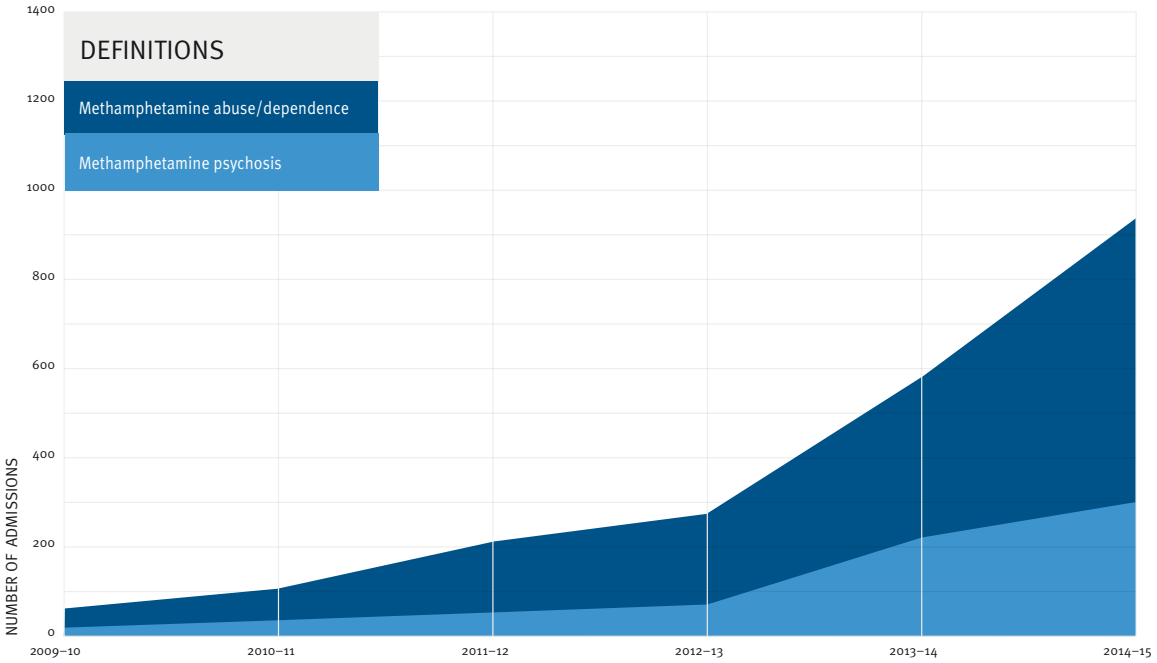
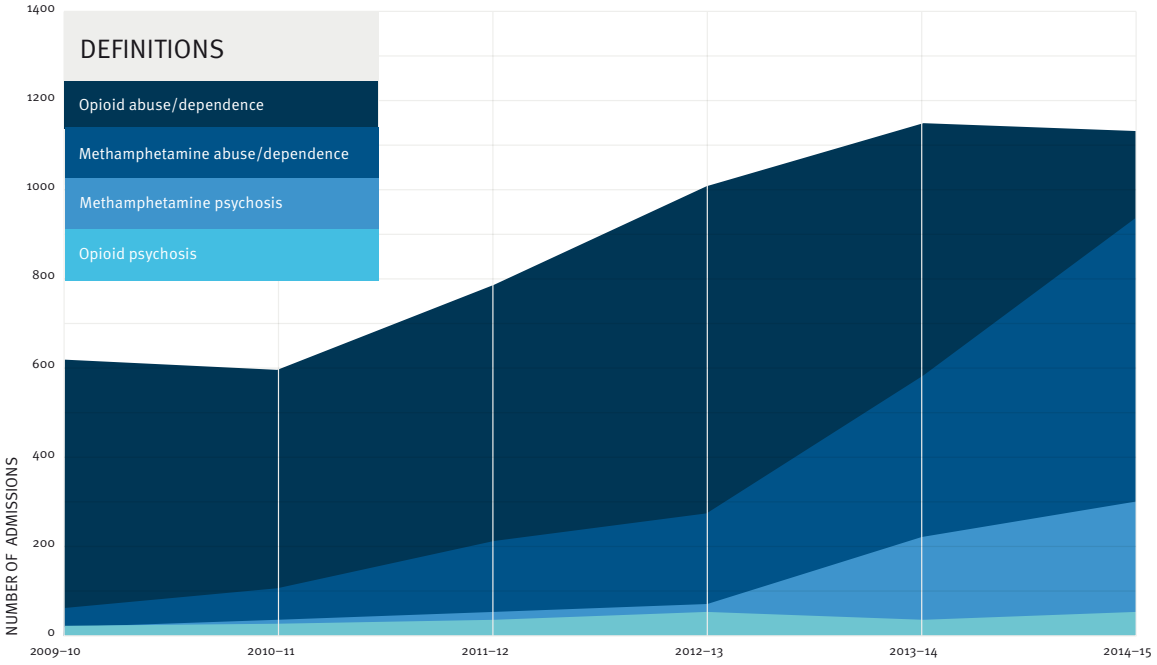


Figure 3.2: Count of methamphetamine-related acute admissions to psychiatric units, Queensland, 2009–10 to 2014–15 financial years



7. Appendix C Inpatient mental health unit data

Table 3.1: Count of acute admissions to psychiatric units for methamphetamine abuse/dependence, by age group, Queensland, 2009–10 to 2014–15 financial years

Age group	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
16–19 years	3	11	19	26	36	58
20–24 years	11	28	58	67	79	229
25–29 years	11	25	54	81	118	189
30–34 years	16	25	37	47	146	169
35–39 years	13	12	24	29	98	142
40–44 years	3	5	12	15	70	87
45–49 years	3	2	6	4	27	35
50–54 years	0	2	3	4	9	16
55–59 years	0	0	0	1	0	4
60–64 years	0	0	0	1	0	4
65–69 years	0	0	0	0	0	0
70–74 years	0	0	0	0	0	0
75–79 years	0	0	0	0	0	0
80–84 years	0	0	0	0	0	0
85+ years	0	0	0	0	0	0

7. Appendix C Inpatient mental health unit data

Table 3.2: Rate of acute admissions to psychiatric units for methamphetamine abuse/dependence, by age group, per 100,000 persons, Queensland, 2009–10 to 2014–15 financial years

Age group	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
16–19 years	1.2	4.5	7.8	10.6	14.5	23.2
20–24 years	3.5	8.8	18.0	20.4	23.8	68.2
25–29 years	3.5	7.8	16.5	24.2	34.8	55.4
30–34 years	5.5	8.5	12.3	15.1	45.3	50.9
35–39 years	4.0	3.7	7.6	9.2	31.5	45.9
40–44 years	1.0	1.6	3.7	4.5	20.7	25.6
45–49 years	1.0	0.6	1.9	1.3	8.7	11.3
50–54 years	0.0	0.7	1.0	1.3	2.9	5.1
55–59 years	0.0	0.0	0.0	0.4	0.0	1.4
60–64 years	0.0	0.0	0.0	0.4	0.0	1.6
65–69 years	0.0	0.0	0.0	0.0	0.0	0.0
70–74 years	0.0	0.0	0.0	0.0	0.0	0.0
75–79 years	0.0	0.0	0.0	0.0	0.0	0.0
80–84 years	0.0	0.0	0.0	0.0	0.0	0.0
85+ years	0.0	0.0	0.0	0.0	0.0	0.0

7. Appendix C Inpatient mental health unit data

Table 3.3: Count of acute admissions to psychiatric units for methamphetamine abuse/dependence, by location of usual residence, Queensland, 2009–10 to 2014–15 financial years

Year	Major cities	Inner regional	Outer regional	Remote/very remote	Total
2009–10	49	7	4	0	60
2010–11	81	20	8	1	110
2011–12	159	31	23	0	213
2012–13	216	28	31	0	275
2013–14	444	75	61	3	583
2014–15	684	106	134	9	933

Table 3.4: Rate of acute admissions to psychiatric units for methamphetamine abuse/dependence, by location of usual residence, per 100,000 persons, Queensland, 2009–10 to 2014–15 financial years

Year	Major cities	Inner regional	Outer regional	Remote/very remote	Total
2009–10	2.4	0.9	0.8	0.0	1.8
2010–11	3.8	2.7	1.6	1.3	3.2
2011–12	7.4	4.1	4.4	0.0	6.0
2012–13	9.6	3.9	5.9	0.0	7.6
2013–14	19.3	10.1	11.4	3.3	15.9
2014–15	29.2	14.1	24.7	9.9	25.0

D

8. Appendix D

National Drug Strategy Household Survey 2013 (NDSHS)

The National Drug Strategy Household Survey (NDSHS) is a national survey of licit and illicit substance use conducted by the Australian Institute of Health and Welfare. It has been conducted every three years since 1998 using various modes of data collection.

The 2013 survey collected data from 23,855 Australians, including 4,302 Queenslanders, aged 12 years and older. A 'drop and collect' method was used with questionnaires for self-completion delivered to households selected using a multi-stage stratified random sample. Personal contact was attempted at drop-off and collection to minimise response bias.

The national response rate was 49.1 per cent of contacted households.

Limitations

The NDSHS is a household survey and subsequently may underestimate substance use, due to omission of vulnerable sub-populations, including the homeless persons living in institutional housing, or persons without a stable residential address. It is also a self-administered questionnaire, which may prevent those with low literacy or from non-English speaking backgrounds from completing it.

8. Appendix D National Drug Strategy Household Survey 2013 (NDSHS)

Table 4.1: Summary of recent[a] drug use, people aged 14 years or older, by state/territory, 2013 (per cent)

Drug	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Current smoker	14.7	15.8	17.4	15.8	15.4	18.4	12.2	24.2	15.8
Recent drinker	75.8	76.7	80.4	81.8	79.5	83.2	82.6	83.6	78.2
Illicit (excluding pharmaceuticals)									
Cannabis	9.5	9.1	11.1	11.3	11.0	11.8	10.1	17.1	10.2
Ecstasy	2.4	2.4	2.4	2.6	2.8	*2.9	2.9	3.7	2.5
Meth/amphetamine[b]	1.4	1.9	2.3	3.8	2.2	*3.0	2.2	*2.8	2.1
Cocaine	2.7	2.0	2.0	1.6	*1.2	**1.2	2.8	*2.4	2.1
Hallucinogens	1.0	1.3	1.2	1.9	*1.6	*1.1	*1.7	*1.8	1.3
Inhalants	0.8	0.9	0.8	*0.5	*0.4	*1.7	*1.1	*0.8	0.8
Heroin	*<0.1	*0.1	**<0.1	*0.3	**<0.1	––	**0.3	**<0.1	0.1
Ketamine	*0.3	*0.3	**0.2	––	**0.3	*0.8	**0.2	**0.4	0.3
GHB	*<0.1	**<0.1	**<0.1	**0.1	––	**0.7	––	**<0.1	*<0.1
Synthetic Cannabinoids	1.0	1.0	1.5	*2.5	*0.9	*0.9	*0.8	2.8	1.2
New and Emerging Psychoactive Substances	*0.2	*0.5	*0.5	*0.5	*0.4	**1.1	**0.5	*0.6	0.4
Injected drugs	*0.3	*0.2	*0.3	*0.6	*0.3	*0.9	**0.2	*0.3	0.3
Any illicit[c] excluding pharmaceuticals	11.4	11.0	12.6	13.7	12.5	13.3	12.4	19.0	12.0
Pharmaceuticals									
Pain-killers/analgesics[b]	2.9	3.2	3.3	4.4	3.5	2.7	2.8	4.0	3.3
Tranquillisers/sleeping pills[b]	1.7	1.8	1.7	1.8	0.8	*1.9	1.6	1.8	1.6
Steroids[b]	*0.2	**<0.1	**0.1	**<0.1	**0.2	**0.5	––	**0.1	*0.1
Methadone[d] or Buprenorphine	*0.2	*<0.1	*0.3	**<0.1	*0.4	**0.3	––	**0.1	0.2
Other opiates/opioids[b]	*0.3	0.4	*0.6	*0.5	*0.6	**0.5	**0.4	**0.5	0.4
Misuse of any pharmaceutical[b]	4.4	4.8	4.8	5.6	4.7	4.3	4.2	5.2	4.7
Illicit use of any drug[e]	14.2	14.3	15.5	17.0	15.7	15.1	15.3	22.0	15.0
None of the above	20.2	20.1	16.9	15.7	17.0	14.2	15.3	12.6	18.5

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

a. Used in the previous 12 months. For tobacco and alcohol, recent/current use means daily, weekly and less than weekly smokers and drinkers.

b. For non-medical purposes.

c. Illicit use of at least 1 of 12 drugs (excluding pharmaceuticals) in the previous 12 months in 2013.

d. Non-maintenance.

e. Used at least 1 of 17 illicit in the previous 12 months in 2013.

Source: Australian Institute of Health and Welfare. State and territory comparisons. Available: http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs-2013/ch7/. Accessed 12 May 2016.

8. Appendix D National Drug Strategy Household Survey 2013 (NDSHS)

Table 4.2: Recent(a) use of meth/amphetamines(b), people aged 14 years or older, by sex and state/territory, 2013 (per cent)

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	1.7	2.5	2.6	5.4	*2.8	*4.8	*3.2	*3.2	2.7
Females	1.1	1.3	1.9	2.1	1.7	**1.3	*1.3	*2.4	1.5
Persons	1.4	1.9	2.3	3.8	2.2	*3.0	2.2	*2.8	2.1

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

a. (a) Used in the previous 12 months.

b. (b) For non-medical purposes.

Source: Australian Institute of Health and Welfare. State and territory comparisons.
Available: http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs-2013/ch7/. Accessed 12 May 2016.

Table 4.3: Form of meth/amphetamines used, recent users(a) aged 14 years or older, by state/territory, 2010 and 2013 (per cent)

	NSW		VIC		WA		QLD		SA	
Form of drug	**2010**	**2013**	**2010**	**2013**	**2010**	**2013**	2010	2013	**2010**	**2013**
Powder	51.9	27.0#	71.9	47.2#	35.2	*12.2#	41.6	*21.2#	*28.9	*12.7
Liquid	**0.7	––	––	––	––	––	**4.1	**0.5	––	––
Crystal, ice	*14.7	41.9#	*10.1	43.9#	43.9	78.2#	*19.9	45.5#	38.1	63.9#
Base/Paste/Pure	25.7	*14.7	**2.2	––	––	––	*11.4	*14.3	*26.1	*17.2
Tablet	*3.6	*6.5	*9.5	**3.9	**7.6	*9.6	*16.6	*15.5	**1.6	**1.5
Prescription amphetamines	**3.3	**6.1	*6.4	**2.1	*13.3	––	**6.4	**2.6	**5.3	**4.8
Capsules	n.a.	**3.8	n.a.	**2.9	n.a.	––	n.a.	**0.4	n.a.	––

	TAS		ACT		NT		AUST	
Form of drug	**2010**	**2013**	**2010**	**2013**	**2010**	**2013**	**2010**	**2013**
Powder	*44.1	*53.6	**30.2	48.6	*63.5	*29.1	50.6	28.5#
Liquid	––	**4.8	––	––	––	**10.7	**0.9	**0.5
Crystal, ice	**5.4	**21.6	**36.5	**18.4	**30.4	*44.6	21.7	50.4#
Base/Paste/Pure	*24.6	**7.2	**18.6	––	**6.1	––	11.8	*7.6
Tablet	**15.4	**10.0	––	**13.0	––	**3.7	8.2	*8.0
Prescription amphetamines	**10.5	––	**14.7	**13.6	––	**3.7	6.8	*3.0#
Capsules	n.a.	**3.0	n.a.	**6.5	n.a.	**8.2	**n.a.**	***2.0**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Statistically significant change between 2010 and 2013.

a. (a) Used in the previous 12 months.

Note: Base is recent users of meth/amphetamines.

Source: Australian Institute of Health and Welfare. State and territory comparisons. Available: http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs-2013/ch7/. Accessed 12 May 2016.

8. Appendix D National Drug Strategy Household Survey 2013 (NDSHS)

Table 4.4: Frequency of meth/amphetamine use, recent(a) users aged 14 years or older, Australia, 2007–2013 (per cent),

Frequency of use	2007	2010	2013
All recent meth/amphetamine users			
At least once a week or more	13.0	9.3	15.5#
About once a month	23.3	15.6	16.6
Every few months	27.9	26.3	19.8
Once or twice a year	35.6	48.8	48.0
Main form of meth/amphetamine used - Ice			
At least once a week or more	23.1	*12.4	25.3#
About once a month	24.3	*17.5	20.2
Every few months	20.7	*23.1	14.3
Once or twice a year	31.8	47.0	40.2
Main form of meth/amphetamine used - Powder			
At least once a week or more	7.7	*2.9	**2.2
About once a month	22.9	13.8	16.6
Every few months	31.6	29.0	20.0
Once or twice a year	37.6	54.4	61.2

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Statistically significant change between 2010 and 2013.

a. (a) Used in the previous 12 months.

Note: Base is recent users of meth/amphetamines.

Source: Australian Institute of Health and Welfare. NDSHS 2013 data and references. Available: http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/2013/data-and-references/#supplementary. Accessed 12 May 2016.

E

9. Appendix E

Australian School Student Alcohol and Drug (ASSAD) Survey (2014)

The Australian School Student Alcohol and Drug (ASSAD) survey is coordinated nationally by the Cancer Council Victoria. The Queensland component is conducted by Cancer Council Queensland, in partnership with Queensland Health.

Data are collected using a self-completed questionnaire administered to a random sample of state, independent and private secondary school students aged 12–17 years.

A total of 3,917 students from 48 Queensland schools participated in 2014. The Queensland school response rate was 34 per cent in 2014.

9. Appendix E Australian School Student Alcohol and Drug (ASSAD) Survey [2014]

Figure 5.1: Recent methamphetamine use by secondary school students, Queensland, 2014

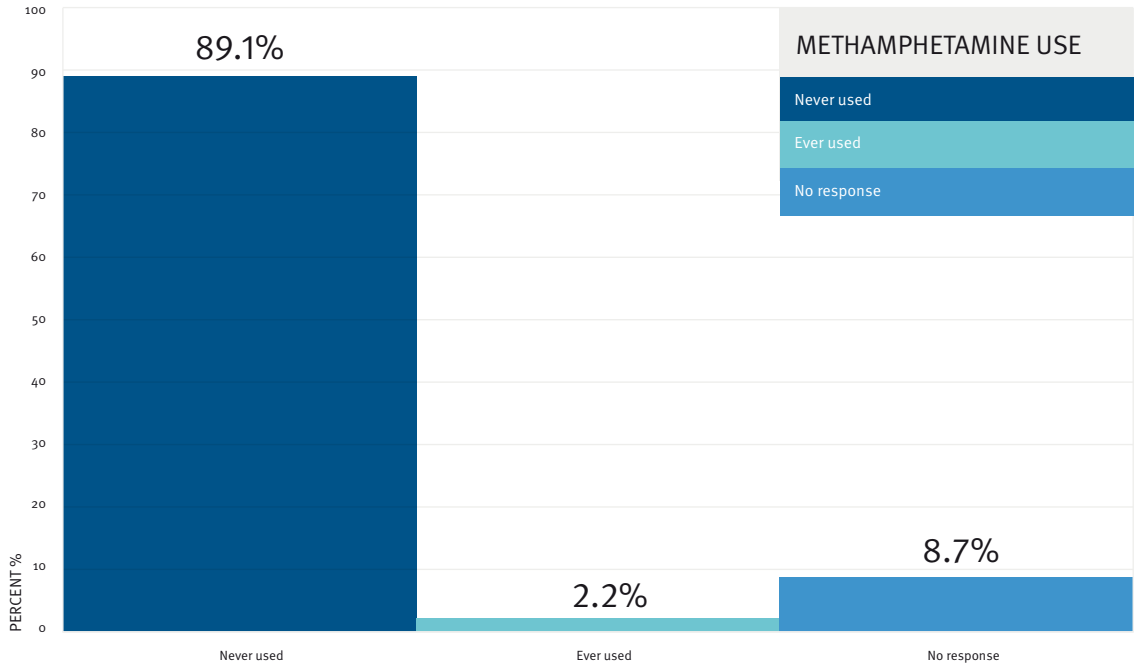


Table 5.1: Recent use by sex

Methamphetamine use	Boys		Girls		Total	
	Col%	[95% CI]	Col%	[95% CI]	Col%	[95% CI]
Never used	86.1	[82.0,89.5]	92.2	[89.7,94.1]	**89.1**	[85.9,91.6]
Used in past year	2.8	[1.9,4.0]	1.6	[1.1,2.4]	**2.2**	[1.7,2.9]
No response	11.1	[7.8,15.5]	6.2	[4.3,8.7]	**8.7**	[6.2,12.1]

Notes: "No response" includes invalid responses and multiple responses.

9. Appendix E Australian School Student Alcohol and Drug (ASSAD) Survey [2014]

Table 5.2 Recent use by age group

Methamphetamine use	12–13 yrs		14–15 yrs		16–17 yrs	
	Col%	[95% CI]	Col%	[95% CI]	Col%	[95% CI]
Never used	88.4	[85.7,90.6]	87.3	[80.2,92.1]	92.4	[90.4,94.0]
Used in past year	1.1	[0.7,1.6]	2.4	[1.8,3.4]	3.5	[2.3,5.1]
No response	10.5	[8.3,13.2]	10.2	[5.6,17.9]	4.2	[3.3,5.3]

Notes: "No response" includes invalid responses and multiple responses.

Table 5.3 Recent use by region

Methamphetamine use	SE QLD		Rest QLD	
	Col%	[95% CI]	Col%	[95% CI]
Never used	88.2	[83.4,91.8]	90.7	[88.3,92.6]
Used in past year	1.6	[1.1,2.1]	3.4	[2.5,4.7]
No response	10.2	[6.7,15.3]	5.9	[4.4,7.8]

Notes: "No response" includes invalid responses and multiple responses.

Figure 5.2: Lifetime use of methamphetamine use by secondary school students, Queensland, 2014

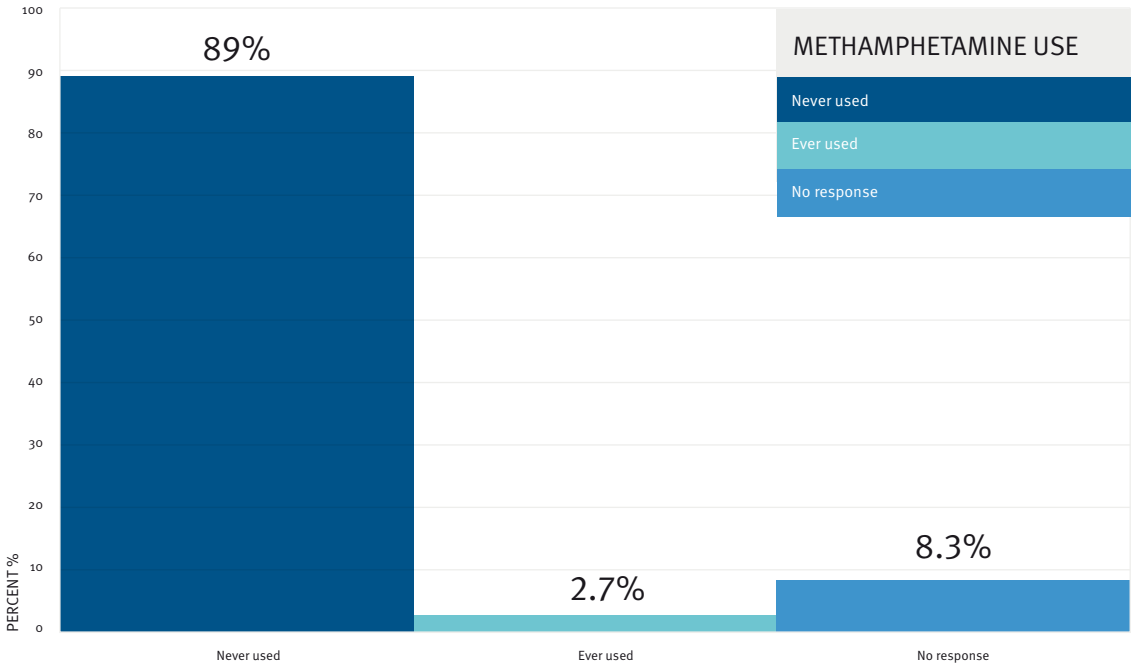


Table 5.4: Lifetime use by sex

Methamphetamine use	Boys		Girls		Total	
	Col%	[95% CI]	Col%	[95% CI]	Col%	[95% CI]
Never used	86.2	[82.0,89.4]	92.0	[89.6,93.9]	**89.0**	[85.9,91.5]
Used in past year	3.3	[2.4,4.5]	2.0	[1.4,2.9]	**2.7**	[2.1,3.4]
No response	10.6	[7.4,14.9]	6.0	[4.2,8.4]	**8.3**	[5.9,11.6]

Notes: "No response" includes invalid responses and multiple responses.

9. Appendix E Australian School Student Alcohol and Drug (ASSAD) Survey [2014]

Table 5.5: Lifetime use by age group

Methamphetamine use	12–13 yrs		14–15 yrs		16–17 yrs	
	Col%	[95% CI]	Col%	[95% CI]	Col%	[95% CI]
Never used	88.6	[86.2,90.7]	87.4	[80.5,92.1]	91.6	[89.3,93.4]
Used in past year	1.5	[1.0,2.3]	2.7	[2.0,3.7]	4.1	[2.8,5.8]
No response	9.8	[7.8,12.3]	9.8	[5.4,17.3]	4.3	[3.4,5.5]

Notes: "No response" includes invalid responses and multiple responses.

Table 5.6: Lifetime use by region

Methamphetamine use	SE QLD		Rest QLD	
	Col%	[95% CI]	Col%	[95% CI]
Never used	88.4	[83.6,92.0]	90.0	[87.7,92.0]
Used in past year	1.9	[1.4,2.5]	4.2	[3.0,5.6]
No response	9.7	[6.2,14.8]	5.8	[4.5,7.5]

Notes: "No response" includes invalid responses and multiple responses.

10. References

Australian Institute of Health and Welfare. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. AIHW: Canberra; 2014.

Brensilver,M., Heinzerling,K., & Shoptaw,S.2013. 'Pharmacotherapy of amphetamine-type stimulant dependence: An update', Drug and Alcohol Review, vol. 32, 449–460.

Lee,N., Jenner,L.,(2013). Medication treatment options for amphetamine-type stimulant users. Australian National Council on Drugs. Available at http://www.atoda.org.au/wp-content/uploads/rp29-medication-treatment-options.pdf.

Baker, A., Lee, N.K., Claire, M., Lewin, T.J., Grant, T. et al. (2005). Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction. Addiction, 100(3): 367–378.

Clough, A., Robertson, J., Fitts, M., Lawson, K., Brid, K., Hunter, E., Gynther, B. & Obrecht, K. (2015). Impacts of meth/amphetamine, other drugs and alcohol in rural and remote areas in northern and north-east Queensland: An environmental scan. Available at http://www.healthinfonet.ecu.edu.au/uploads/resources/30834_30834.pdf.

Darke S, Kaye S, McKetin R, Duflou J (2008): Major physical and psychological harms of methamphetamine use. Drug Alcohol Rev, 27:253-262.

Degenhardt, L., Mathers,B., Guarinieri,M., Panda,S., Phillips,B,. Strathdee,S., Tyndall,M., Wiessing, L., Wodak,A. (2007). The global epidemiology of methamphetamine injection: A review of the evidence on use and associations with HIV and other harm. National Drug and Alcohol Research Centre, University of New South Wales.

Hull, P., Mao., Kolstee, P., Duck, T., Prestage, G., Zablostka, I., de Wit, J. & Holt, M. (2015). Gay Community Periodic Survey. Sydney: Centre for Social Research in Health, UNSW. Available at https://csrh.arts.unsw.edu.au/media/CSRHFile/CSRH_Report__GCPS_Sydney_2015.pdf

Kelly, E., McKetin, R. and McLaren, J. (2005) Health service utilisation among regular methamphetamine users. Sydney: National Drug and Alcohol Research Centre

McKetin, R., Najman,J., Baker.A.,Lubman.D., Dawe.S., Ali. R., Lee,N., Mattick.R.,& Mamun,A., (2012). Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study. Society for the Study of Addiction, 107:1998-2008.

McKetin, R., Kelly, E., McLaren, J., & Proudfoot H.(2008). Impaired physical health among methamphetamine users in comparison with the general population: the role of methamphetamine dependence and opioid use. National Drug and Alcohol Research Centre. (5):482-9.

Pennay,A., Lee, A. (2008). Prevention and early intervention of methamphetamine-related harm: Vol.6. Available at http://www.druginfo.adf.org.au.

Perez-Mana, C., et al., Efficacy of psychostimulant drugs for amphetamine abuse or dependence. Cochrane Database Systematic Rev, 2013. 9: p. CD009695

Shoptaw, S.J., et al., Treatment for amphetamine withdrawal. Cochrane Database of Systematic Reviews 2009(2). [19] Srisurapanont, M., N. Jarusuraisin, and P. Kittirattanapaiboon, Treatment for amphetamine withdrawal. Cochrane Database Systematic Rev, 2001(4): p. CD003021.

11. Statewide services

For individuals and families:

Aboriginal and Torres Strait Islander Health Services

There are a variety of services available for the Indigenous community. To locate a relevant service in your local area visit the Queensland Aboriginal and Islander Health Council.

http://www.qaihc.com.au/members/

Alcohol and Drug Information Service

The Alcohol and Drug Information Service (ADIS) provides confidential and anonymous information, brief intervention and referral for individuals, parents and others concerned about their own or someone else's alcohol and other drug use.

ADIS also manages the Clean Needle Helpline which provides information about safely disposing injecting equipment and the location of needle and syringe programs.

The service is available free 24 hours, 7 days a week on 1800 177 833.

Family Drug Support

Family Drug Support provides information and support for families affected by alcohol and other drug use. This includes, through its telephone helpline, support groups and courses.

The service is available 24 hours, 7 days a week on 1300 368 186.

For health and other professionals:

Dovetail

Dovetail provides clinical advice and professional support to Queensland workers, services and communities who engage with young people affected by alcohol and other drug use.

More information is Dovetail website.
www.dovetail.org.au

Insight

Insight provides alcohol and other drug training, education, information and advice and other workforce development services for specialist AOD services staff and related health, community and other human service workers. Options include free online induction modules, weekly seminar series and a program of progressive learning from credentialed core skills workshops to specialised AOD training.

Insight is part of Metro North Hospital and Health Service Mental Health, Alcohol and Drug Service
http://insightqld.org/

For more information about methamphetamine visit:
http://www.qld.gov.au/health/staying-healthy/atods/drug-abuse/ice/

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