



# Methamphetamine its use and among Aboriginal and Torres Strait Islander people in Australia

## Acknowledgements

What do we know about methamphetamine use in  
Aboriginal and Torres Strait Islander communities

Epidemiological studies plus treatment

Some work my group is undertaking

Aboriginal and Torres Strait Islander

# Media....The ice 'epidemic'



## ICE TOWNS

The rise of crystal methamphetamine, commonly known as ice, is devastating regional Victoria. Ice is highly addictive, it's relatively cheap and a lot of it is produced right here in Australia. It is a drug that is most often associated with bigger cities but as The Feed found out, ice is infiltrating small towns such as Horsham and Shepparton, destroying families and communities...

# ICE NATION

A JOURNEY INTO DESPAIR

## Sewer tests reveal huge increase in use of methamphetamines in Adelaide

September 4, 2014 11:28pm  
Nigel Hunt Exclusive The Advertiser



How methamphetamine arrives in Australia.



sky NEWS LIVE SYDNEY

ICE TASKFORCE

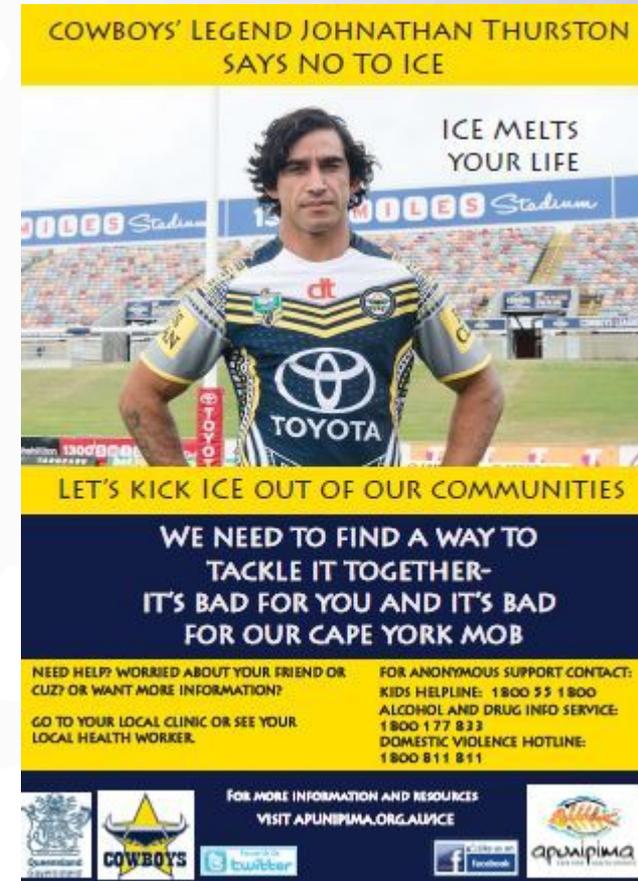
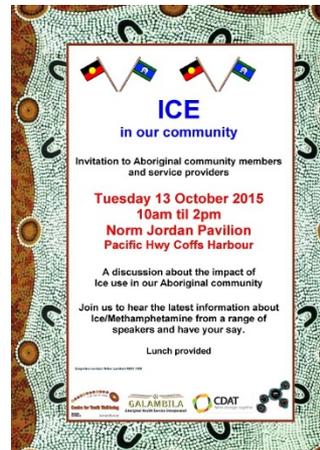
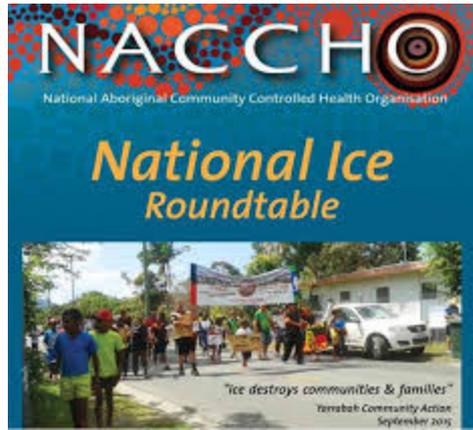
ABBOTT: THIS EPIDEMIC IS FAR BEYOND ANYTHING WE HAVE EVER SEEN BEFORE

RENMARK WED 20 RANGERS. WESTERN SYDNEY'S ASIAN CHAMPIONS LEAGUE 08:25 AEST

# General comments

- Aboriginal people have been identified as a priority population for action on Methamphetamines
- Cheap and accessible and highly addictive
- Drivers of ice use- most likely similar to other substances
- Spectrum of users in community
- Reached into most remote areas of Australia
- Alcohol and cannabis are two top drugs affecting our peoples
- Driver of both a false economy and misery for many Aboriginal and TSI communities

# Education and harm reduction



**COWBOYS' LEGEND JOHNATHAN THURSTON  
SAYS NO TO ICE**

**ICE MELTS  
YOUR LIFE**

**LET'S KICK ICE OUT OF OUR COMMUNITIES**

**WE NEED TO FIND A WAY TO  
TACKLE IT TOGETHER-  
IT'S BAD FOR YOU AND IT'S BAD  
FOR OUR CAPE YORK MOB**

NEED HELP? WORRIED ABOUT YOUR FRIEND OR  
CUIZ? OR WANT MORE INFORMATION?  
GO TO YOUR LOCAL CLINIC OR SEE YOUR  
LOCAL HEALTH WORKER.

FOR ANONYMOUS SUPPORT CONTACT:  
KIDS HELPLINE: 1800 55 1800  
ALCOHOL AND DRUG INFO SERVICE:  
1 800 1 77 833  
DOMESTIC VIOLENCE HOTLINE:  
1 800 811 811

FOR MORE INFORMATION AND RESOURCES  
VISIT [APUNIPIMA.ORG.AU/ICE](http://APUNIPIMA.ORG.AU/ICE)



# Community action on MA



# What do we know? National Drug Strategy Household Survey



Firstly findings from the 2013 National Drug Strategy Household Survey

The NDSHDS is a national household survey of self-reported illicit drug use which has been repeated every 2-3 years from 1995.

The current survey was conducted in July-December 2013.

It includes data from 23,855 respondents, with a response rate of 49.1%.

# National Drug Strategy Household Survey



- Main method of data collection in 2013 was a drop and collect methods- census style (targeted areas)
- Population span 12-80 years
- Aboriginal and Torres Strait Islander people 1.9% of population = 453 people
- 2% of population reported using MA in last year %
- 7% reported using MA ever
- The 2013 NDSHS reported Aboriginal Australians were 1.6 times more likely to use meth/amphetamine drugs than non-Aboriginal people

# National Drug Strategy Household Survey



For people reporting meth/amphetamine use NDSHDS asks about the most recent and main form used.

Between 2011 and 2103 NDSHS there was a significant change in the main form of MA used, with crystal ("ice") now being the most widely used form (50.4% of users- up from 27% in the 2010 NDSHS), and powder ("speed") declining.

# National Aboriginal and Torres Strait Islander Social Survey 2011



The NATSISS was conducted from 2014 to 2015

11,178 Aboriginal and TSI people living in private dwellings across Australia

Almost one-third (30%) of people >15 years reported having used illicit substances in the last 12 months, up from 22% in 2008.

Males were significantly more likely than females to have used illicit substances (34% compared with 27%)

People in non-remote areas compared with those in remote areas (33% compared with 21%)

# National Aboriginal and Torres Strait Islander Social Survey 2011



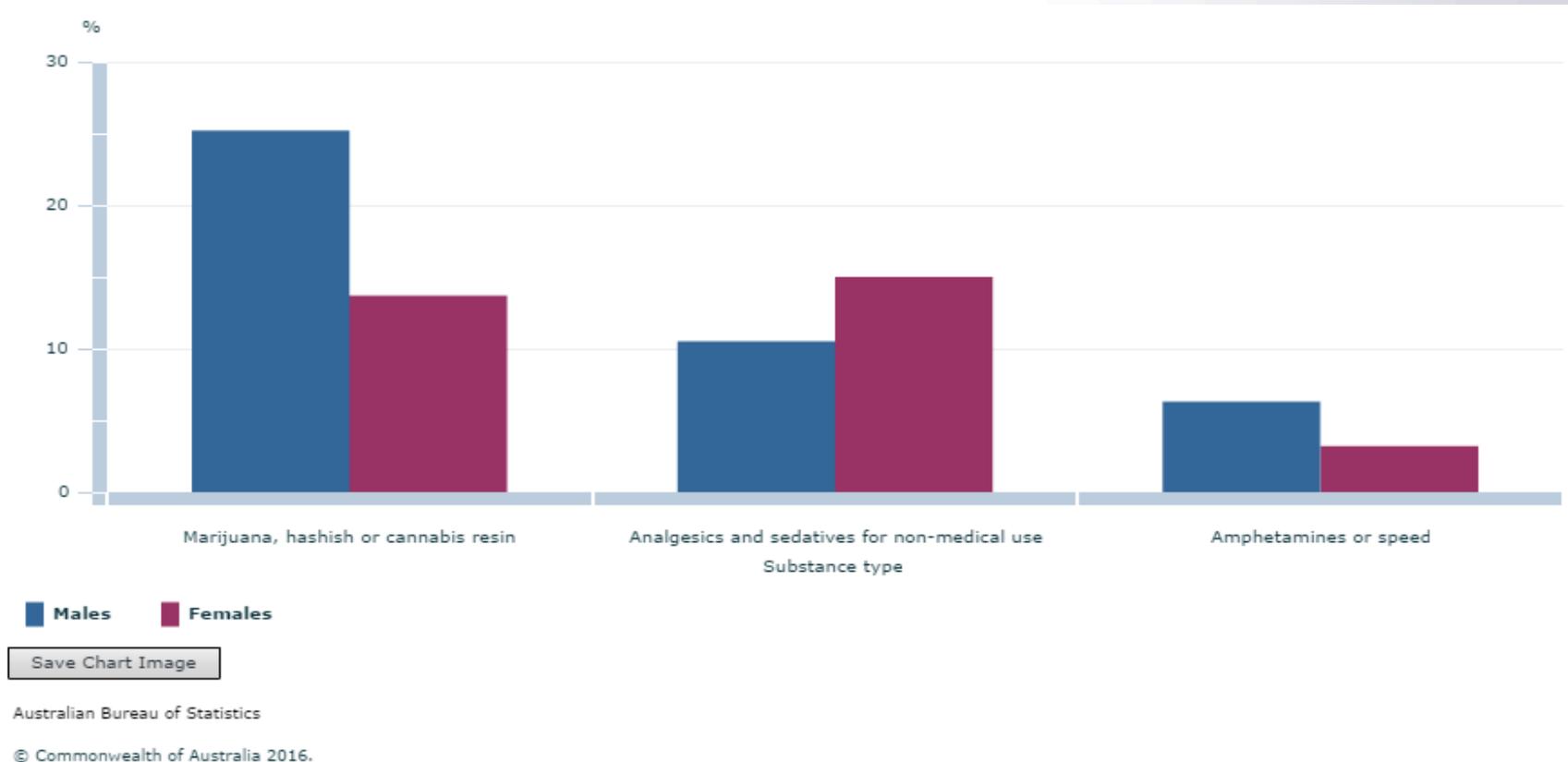
Top three illicit drugs reported were

Cannabis by 19% of Aboriginal and Torres Strait Islander people

Non-medical use of analgesics and sedatives (such as painkillers, sleeping pills and tranquilisers) by 13% of participants

Amphetamines by 5% of participants

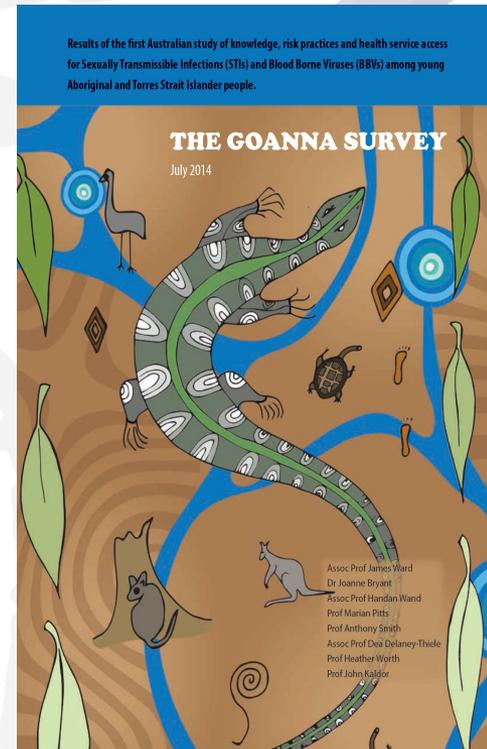
# Use of selected substances in last 12 months by sex — 2014–15



5% of Aboriginal and Torres Strait Islander people aged 15 years and over reported having used amphetamines or speed in the last 12 months (6% of males vs 3% of females)

# GOANNA survey

- National cross-sectional survey of Aboriginal and Torres Strait Islander people aged 16-29 years
- Assessed knowledge, risk factors and health service access for STIs and BBVs
- N=2887;
- Median age 21;
- Urban: 45% Regional: 41% Remote: 14%



# GOANNA Survey

In the GOANNA study, a cross sectional survey at 40 **community events** from young Aboriginal and Torres Strait Islander people aged **16-29 years**. **N=2877**

**Overall 9% of participants** reported using MA in the previous 12 months with use ranging from **10% of participants in urban areas to 6% in remote areas**, a trend opposite to non-Indigenous Australians.

**15%** of participants reported ever using methamphetamines

**Among** people who reported ever having sex or being **sexually active** (81%) or n=2320, **13% reported using MA** in the past year, (17% of men and 10% of women).

***Ward et al***

## Upon further analysis significant issues identified among MA users:

- **Males aged 25 and 29 years were 2.3 times more likely to use MA than other males aged 16-24.**
- **More likely to have spent time in prison -4.5 times that for women and 3.7 times for men)**
- **More likely to report a higher number of sexual partners in past 12 months 1.8 for females and 2.1 times and males respectively**
- **More likely to be associated with a past STI diagnosis (1.9 for females & 3 times for males.**
- **In this survey 3% of participants reported ever injecting drugs, and MA was the most commonly reported drug injected (37%)**

# GOANNA-Methamphetamine use ever by jurisdiction

Jurisdiction	Total	Meth use n(%)
ACT	126	10 ( 8)
NSW	585	72(12.3)
NT	314	66 (21)
QLD	463	64 (13.8)
SA	415	56 (13.5)
TAS	225	29 (12.9)
VIC	397	85 (21.4)
WA	352	54 (15.3)
Total	2877	436 (15.1)

# Meth use with other drugs in last 12 months

	Of people who use meth
<b>1-drug only (meth)</b>	<b>42 (9.6%)</b>
<b>2 drugs</b>	<b>105 (25%)</b>
<b>3+ drugs</b>	<b>285 (65.4%)</b>

Alcohol use and meth very common

Of people who use methamphetamines >80% of participants drink alcohol 3+ times per week

*Drug and Alcohol Review* (July 2016), 35, 447–455  
DOI: 10.1111/dar.12320

## **Illicit and injecting drug use among Indigenous young people in urban, regional and remote Australia**

JOANNE BRYANT<sup>1</sup>, JAMES WARD<sup>2</sup>, HANDAN WAND<sup>3</sup>, KAT BYRON<sup>4</sup>,  
ANDREW BAMBLETT<sup>4</sup>, PETER WAPLES-CROWE<sup>5</sup>, SARAH BETTS<sup>6</sup>, TONY COBURN<sup>7</sup>,  
DEA DELANEY-THIELE<sup>8</sup>, HEATHER WORTH<sup>9</sup>, JOHN KALDOR<sup>3</sup> & MARIAN PITTS<sup>10</sup>

- Males more likely to have used methamphetamines than females
- No significant difference in methamphetamine use across urban, regional and remote areas
- 3% reported injecting drugs in last year
- Methamphetamines was most common drug injected 37% followed closely by heroin 36%

# Among people who inject drugs

- **QUIIDS study** – survey of people who injected drugs in Queensland, 2011 collected data from Aboriginal n=295 and non-Indigenous (n=275) participants.
- **Meth/amphetamine was the most commonly reported drug injected** with 97% and 96% of Aboriginal and non Aboriginal participants respectively.
- Higher proportion of Indigenous participants reported **injecting amphetamines** (86% vs. 79%;  $p<0.05$ ) cf. to non Indigenous in the **previous 6 months to survey**.
- However Indigenous participants reported using MA through **other routes of administration** at a higher rate than non-Indigenous participants (63% vs 44%;  $p<0.001$ )

## **Patterns of drug dependence in a Queensland (Australia) sample of Indigenous and non-Indigenous people who inject drugs**

ANDREW SMIRNOV<sup>1,2</sup>, ROBERT KEMP<sup>2</sup>, JAMES WARD<sup>3</sup>, SUZANNA HENDERSON<sup>1</sup>,  
SIDNEY WILLIAMS<sup>4</sup>, ABHILASH DEV<sup>2</sup> & JAKE M. NAJMAN<sup>1,5</sup>

*<sup>1</sup>The University of Queensland, School of Public Health, Queensland Alcohol and Drug Research and Education Centre, Brisbane, Australia, <sup>2</sup>Communicable Diseases Unit, Chief Health Officer Branch, Department of Health, Queensland Government, Brisbane, Australia, <sup>3</sup>South Australian Health and Medical Research Institute, Adelaide, Australia, <sup>4</sup>Queensland Aboriginal and Islander Health Council, Brisbane, Australia, and <sup>5</sup>The University of Queensland, School of Social Science, Brisbane, Australia*

- 282 Indigenous 272 non Indigenous
- Measured dependence of most common drugs injected
- 20% reported dual dependence on meth and opiates
- 38% Indigenous vs 26% non Indigenous methamphetamine dependent ( RR=1.45)
- Indigenous more methamphetamine dependent and less opiate dependent
- Recent trauma, shame, psychological stress all associated with methamphetamine dependence

## Letters

# Recent warnings of a rise in crystal methamphetamine (“ice”) use in rural and remote Indigenous Australian communities should be heeded

Alan R Clough, Michelle Fitts and Jan Robertson

Surveys of both 304 community leaders and 963 community members in Queensland in 2013/14, raised a number of diverging views about the use of amphetamine-type stimulants (ATS), including ice.

No similar reports had appeared in during the preceding 15 years in far north Queensland.

***Ref: Clough A, Fitts M, Robertson J. Med J Aust 2015; 203 (1): 19.***

# MJA Artice Queensland

*“People are wanting education about ice. They know nothing about it. They put it on top of bong. We have ice users in (nearby town).”*

*“There is talk of ice but there is more marijuana. I have heard of snow cones marijuana laced with some powdered drug”*

*“So far we have not had any referral for methamphetamines to our clinic”*

*“There is a rumour that ice is in town”*

# Aboriginal communities- Victoria

In Victoria, Victorian Aboriginal Legal Service (VALS) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) provided submissions to the *Inquiry into the Supply and Use of Methamphetamines Particularly Ice, in Victoria 2013*.

VALS observed an increase in “the use of ‘ice’ among young people and the accompanying offending behaviour was increasing the complexity of needs of their clients”

Similarly VACCHO raised concerns about the lack of resources within ACCHS for MA treatment as well as for Aboriginal families affected by MA. Importantly VACCHO noted the “lack of evidence of effective MA prevention programs or treatment programs that work with Aboriginal people”

# Northern Territory

The report *Methamphetamine Use in the Northern Territory* indicates “the emergence of injecting drug use with MA in -remote Aboriginal communities”.

Needle syringe programs (NSPs) report high proportions of Aboriginal people accessing NSPs mostly for amphetamines and MA

- 8% of clients in the Alice Springs,
- 25% in Katherine,
- 30% in Nhulunbuy and
- between 15% and 40% in Darwin services

## Primary health-care responses to methamphetamine use in Australian Indigenous communities

*Sarah MacLean<sup>A,B</sup>, Angela Harney<sup>A</sup> and Kerry Arabena<sup>A</sup>*

No evidence that specifically related to effective treatment and treatment outcomes for Indigenous Australians

Recommended

Programs that support family members of people who use meth

Peer education models should be explored

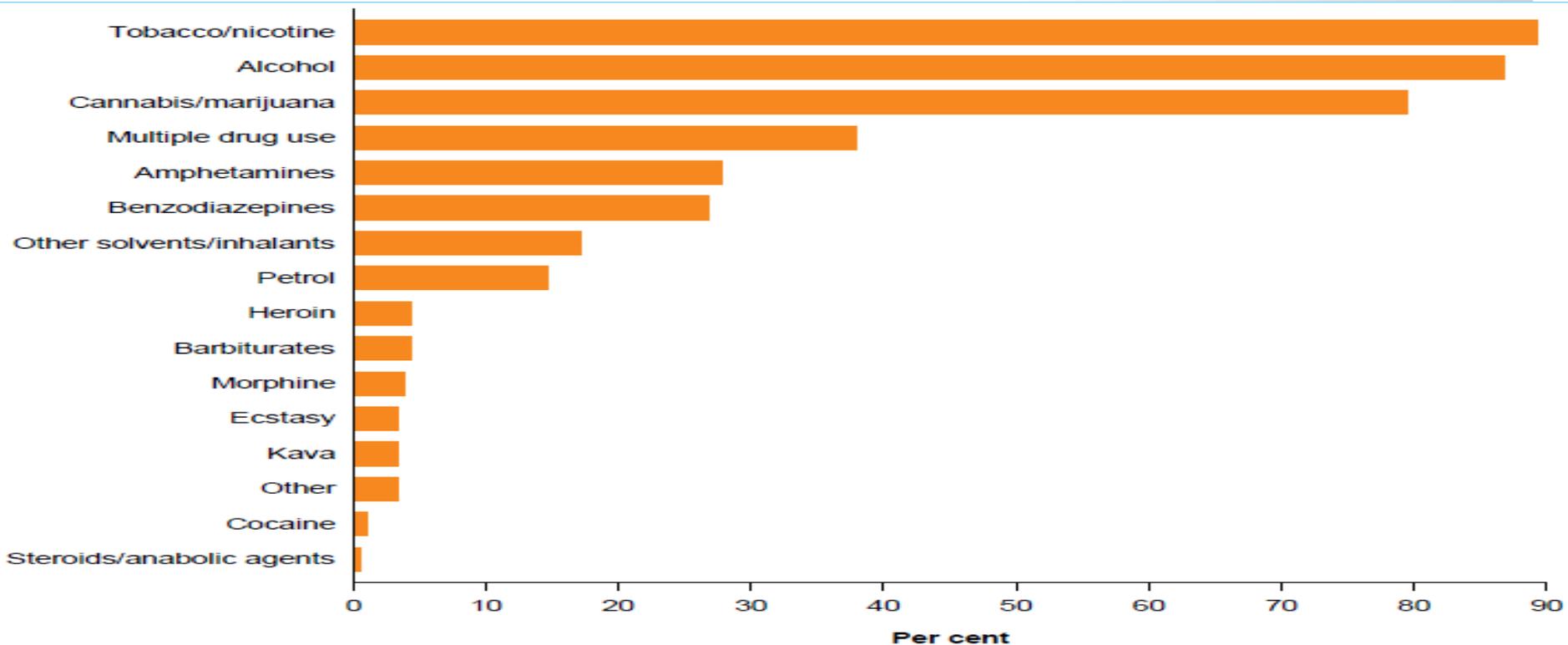
Improved data

Document Indigenous specific treatment responses

# Aboriginal and Torres Strait Islander Organisations Service Report 2013/14

ACCHS sites have reported an increase in MA presentations over the last few years

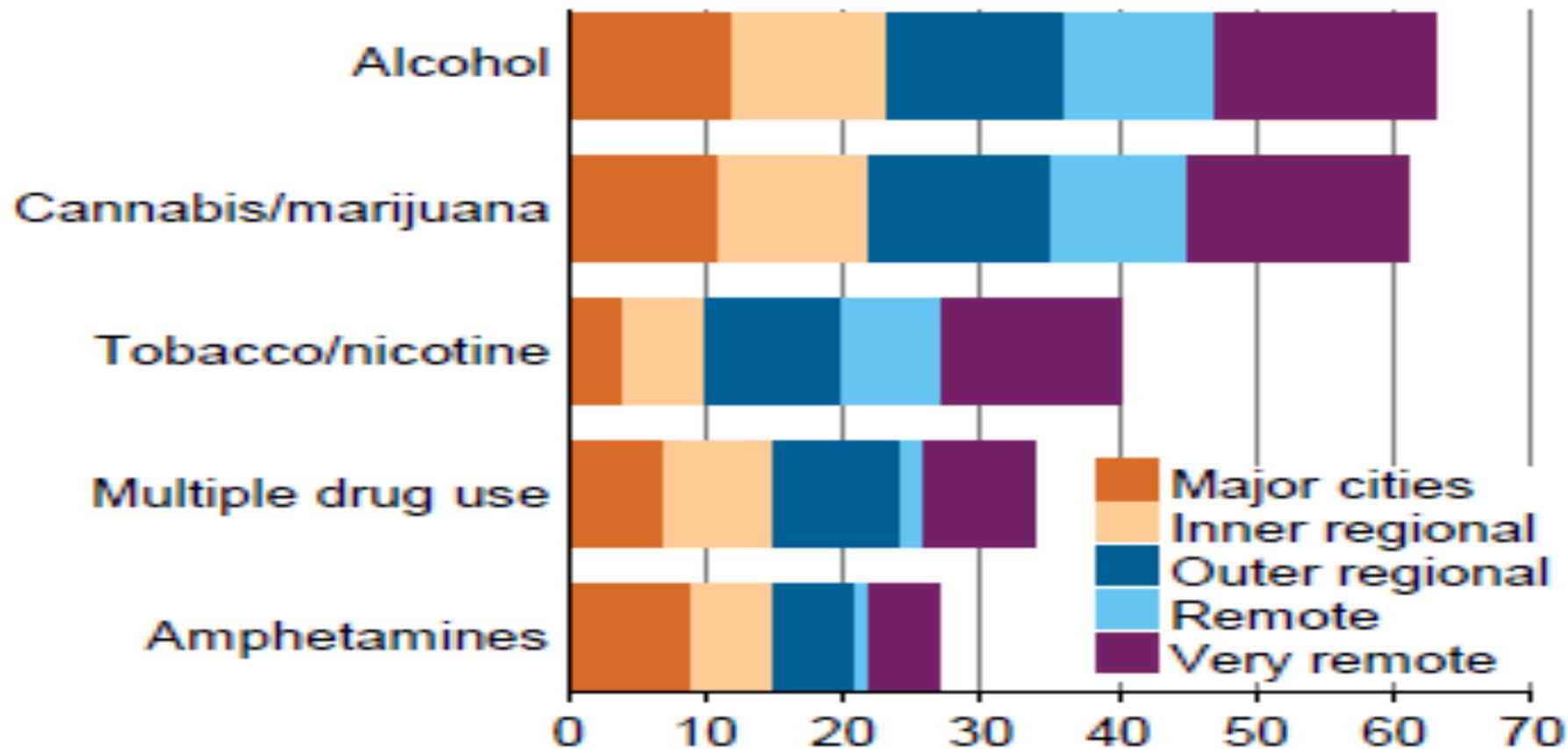
Fourth most common drug treated in ACCHS



Note: Organisations were asked to select the most important substance-use issues in terms of staff time and organisational resources. Up to 5 issues could be selected.

Figure 3.20: Substance-use issues reported by primary health-care organisations, by type of issue, 2012-13

# Aboriginal and Torres Strait Islander Organisations Service Report 2013/14



**Figure 6.3: Number of substance-use organisations, by common substance-use issues reported and remoteness area, 2012–13**

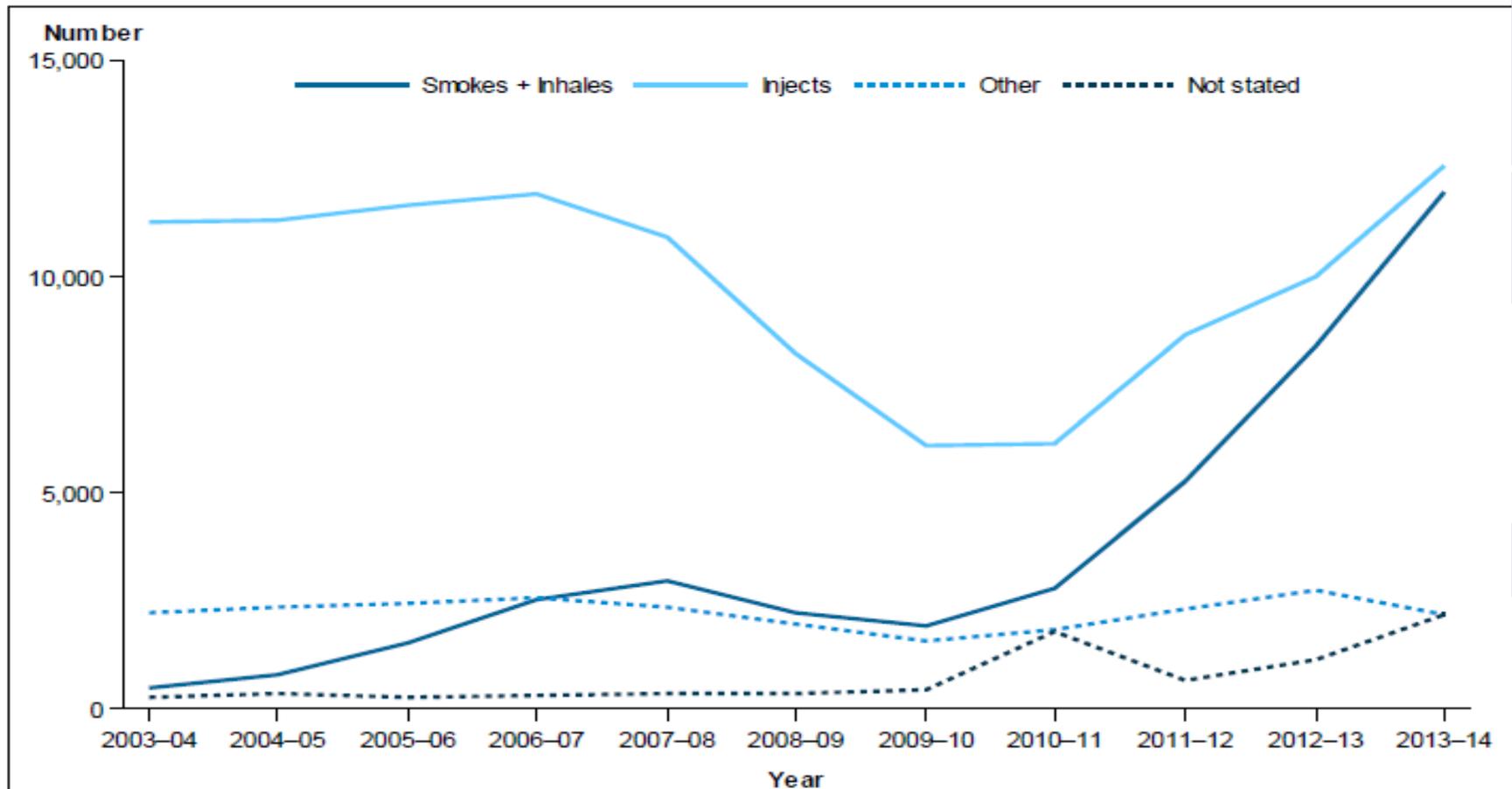
# Alcohol and other drug treatment services in Australia: 2013-14



The main drugs that led clients to seek treatment were alcohol, cannabis, amphetamines and heroin (which was consistent for Indigenous and non-Indigenous clients)

Treatment episodes for amphetamines have more than doubled (9% to 20%) in the last 10 years

# Alcohol and other drug treatment services in Australia: 2013-14



Note: 'Other' includes 'Ingests', 'Sniffs' and 'Other'.

Source: Table SD.55.

**Figure 4.11: Closed episodes provided for own drug use with a principal drug of concern of amphetamines, by method of use, 2003-04 to 2013-14**

# Lessons from Canada

Aboriginal and First Nations, Metis and Inuits make up 4% of the population

Where reported Aboriginal peoples make up ~20% of HIV diagnosis



# Saskatchewan- Canada

Figure 8  
Number of HIV cases per selected risk factors  
Saskatchewan, 2002-2011

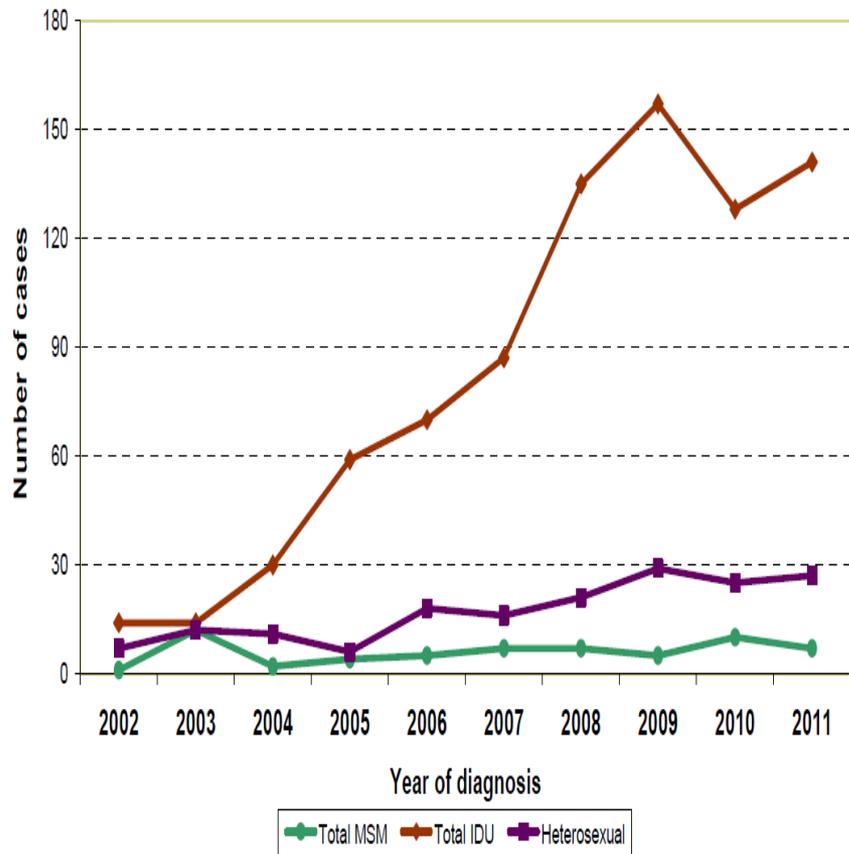
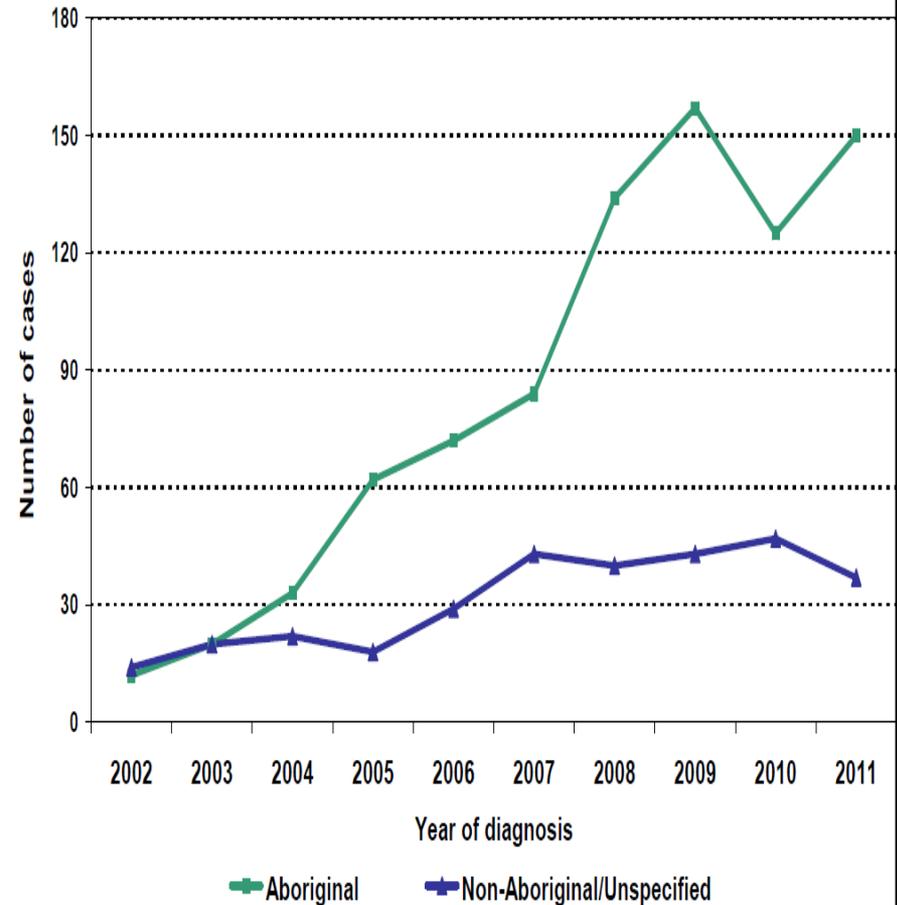


Figure 7  
HIV Cases by self-reported ethnicity  
Saskatchewan, 2002 to 2011



# HIV RATES PER 100,000



CANADA

**5.9**

[2013]



SASKATCHEWAN

**11.4**

[2013]



ON-RESERVE

**63.6**

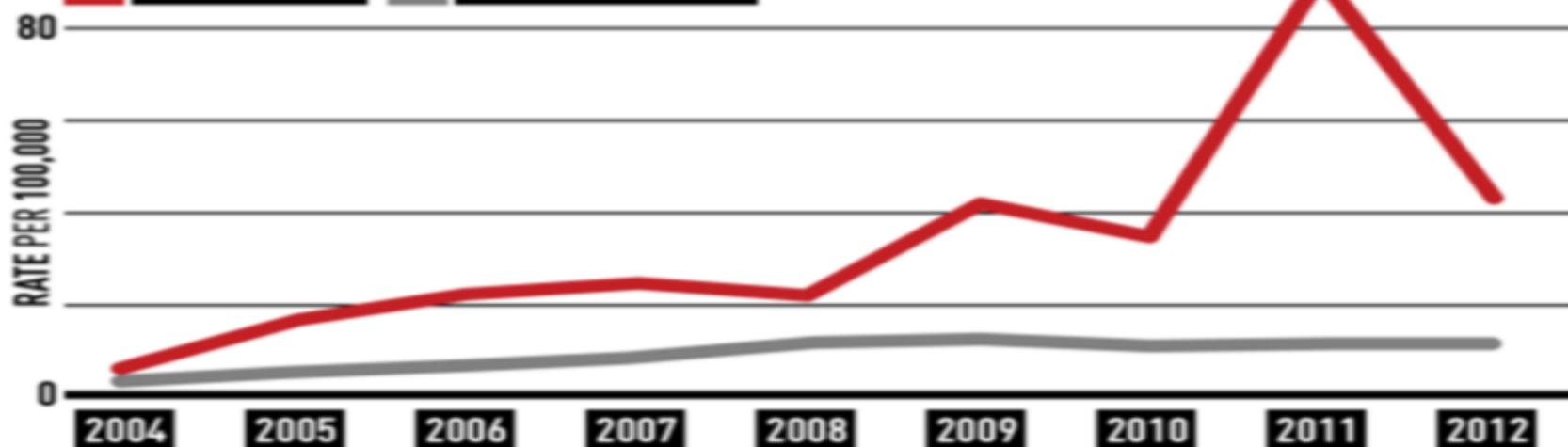
[2012]

 **CBCnews**

Source: Public Health Agency of Canada

# HIV RATES BY YEAR

 ON-RESERVE  SASKATCHEWAN



 **CBCnews**

Source: Public Health Agency of Canada

## Recommendation 22

The Commonwealth, state and territory governments, in close consultation with Aboriginal Community Controlled Organisations and communities, should take steps to improve access to integrated, evidence-based, culturally appropriate services for Indigenous Australians.

This should be aimed at:

- ensuring services are targeted toward areas of need
- maximising efficiency
- supporting organisational and community development and capacity building
- ensuring good governance and Indigenous participation
- maximising linkages with broader health and support services.

# Methods – gathering data

## PHASE 1/2

Cross-sectional survey:

- 80 recent meth users (past 12mo.) in each community
- Age 16+
- Used meth at least twice last year
- n=720 collected on electronic tablets

## PHASE 1/2

Focus groups with 3 different groups

- (i) Aboriginal community members affected by and/or concerned about MA use in their community;
- (ii) Service providers and other stakeholders
- (iii) MA users.

# Methods – community and clinical interventions

## PHASE 3

‘Communities that Care’

- Form a community coalition.
- Collate data on risk and protective factors.
- Community and research team partner to implement evidence-based programs and strategies to address top 5 action areas.
- Evaluation

## PHASE 4

Trial of a web-based tool for use in PHC

- Development of a web-based therapeutic intervention (WBTI)
- CBT and MI techniques.
  - A wait-list control, randomised trial design

# Summary

- Trying to close some of the gaps for the next generation
- Enable them to have healthy fulfilling lives
- Keep them songlines strong!