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

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South Australian Health and Medical Research Institute
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’

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.

Sewer tests reveal huge increase in use of methamphetamines in Adelaide

WHERE ICE COMES FROM

How methamphetamine arrives in Australia.
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

National Ice Roundtable

ICE
in our community

Join us to hear the latest information about Ice/Methamphetamine from a range of perspectives and have your say.

Lunch provided

Tuesday 13 October 2015
10am to 2pm
Norm Jordan Pavilion
Pacific Hwy Coffs Harbour

A discussion about the impact of Ice use in our Aboriginal community

South Australian Health & Medical Research Institute

Cowboys’ Legend Johnathan Thurston
Says No to Ice

Let’s Kick Ice Out of Our Communities

ICE Melts Your Life

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 a family member? For Anonymous Support Contact: KIDS HELPLINE: 1800 55 1800
Domestic Violence Hotline: 1800 811 811


For more information and resources visit apunima.org.au/ice

APUNIMA

COWBOYS

SAHMRI
Community action on MA
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%.
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
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.
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%)
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
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%
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

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Total</th>
<th>Meth use n(%)</th>
</tr>
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<tbody>
<tr>
<td>ACT</td>
<td>126</td>
<td>10 (8)</td>
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<tr>
<td>NSW</td>
<td>585</td>
<td>72 (12.3)</td>
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<tr>
<td>NT</td>
<td>314</td>
<td>66 (21)</td>
</tr>
<tr>
<td>QLD</td>
<td>463</td>
<td>64 (13.8)</td>
</tr>
<tr>
<td>SA</td>
<td>415</td>
<td>56 (13.5)</td>
</tr>
<tr>
<td>TAS</td>
<td>225</td>
<td>29 (12.9)</td>
</tr>
<tr>
<td>VIC</td>
<td>397</td>
<td>85 (21.4)</td>
</tr>
<tr>
<td>WA</td>
<td>352</td>
<td>54 (15.3)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2877</strong></td>
<td><strong>436 (15.1)</strong></td>
</tr>
</tbody>
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## Meth use with other drugs in last 12 months

<table>
<thead>
<tr>
<th>1-drug only (meth)</th>
<th>Of people who use meth</th>
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<tr>
<td></td>
<td>42 (9.6%)</td>
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<table>
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<tr>
<th>2 drugs</th>
<th>105 (25%)</th>
</tr>
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<tbody>
<tr>
<td>3+ drugs</td>
<td>285 (65.4%)</td>
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Alcohol use and meth very common

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

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- 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
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.

“People are wanting education about ice. They know nothing about it. They put it on top of bongs. 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 methamphetamine 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”
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^A,B, Angela Harney^A and Kerry Arabena^A

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

Number
15,000
10,000
5,000
0

- Smokes + Inhales
- Injects
- Other
- Not stated

Year

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
HIV RATES
PER 100,000

CANADA
5.9 (2013)

SASKATCHEWAN
11.4 (2013)

ON-RESERVE
63.6 (2012)

Source: Public Health Agency of Canada

HIV RATES BY YEAR

ON-RESERVE

SASKATCHEWAN

Rate Per 100,000


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

(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!