

Chapter 2: Setting the Context

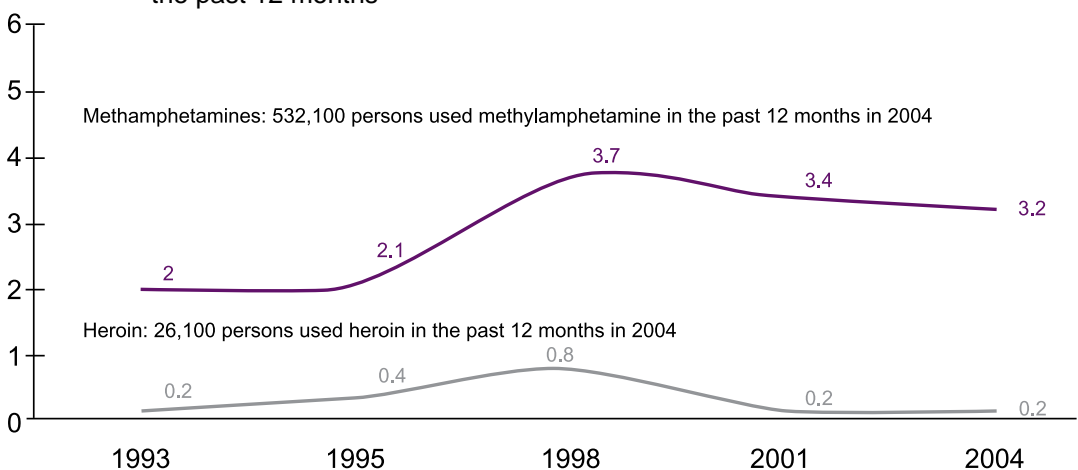
The United Nations Office on Drugs and Crime (UNODC) World Drug Report 2007 noted an overall stabilisation of the amphetamine-type stimulants (ATS) market worldwide. The increases found in production and demand throughout the 1990s appears to have leveled off, and this was attributed to improved efforts to monitor and control precursor chemicals. The Report stated that the largest production areas for methamphetamine remained in South East Asia and in North America, while both amphetamine and ecstasy production are primarily located in Europe. ATS continued to be the second most widely consumed drug group, after cannabis, with an estimated 25 million people worldwide using ATS (including ecstasy) in the previous 12 months over the 2005-06 period. Of these persons, an estimated 63% used methamphetamine, 16% used amphetamine, and 21% used other amphetamine and diverted licit amphetamine. In 2005, the highest prevalent rates for methamphetamine were in the Philippines, followed by Australia. Annual prevalence of amphetamine was highest in the Oceania region and Australia reported the highest rate within this region.

2.1 Prevalence of amphetamine-type stimulant use in the general population of Australia

Meth/amphetamine

According to the 2004 National Drug Strategy Household Survey (NDSHS), meth/amphetamine is the second most frequently used illicit drug in Australia after cannabis. Nine percent of Australians aged 14 years and older, about 1.5 million persons, have used meth/amphetamine for non-medical purposes at least once in their lifetime (Australian Institute of Health and Welfare, 2005a). The 2004 NDSHS estimated there were 532,100 persons (3.2%) who had used meth/amphetamine in the last 12 months and 97,000 persons (0.6%) had used the drug in the past week. The NDSHS consistently shows that self-reported rates of methamphetamine use in the past year are higher than rates of heroin use (see Figure 2.1).

Figure 2.1: Percent of general population who have used methamphetamine and heroin in the past 12 months



Of those who had used methamphetamine in the past 12 months, 11% used at least once a week (n=58,500), 45% monthly or every few months (n=239,400) and 43% used once or twice (n=228,800). Just over half reported using the drug in powder form (51%), while 23% reported using powder and crystal, 11% crystal only and 11% other forms. Adjusting for potential underreporting, the total number of users is estimated to be closer to 102,600 of whom around 72,700 are dependent users (McKetin et al., 2005).

The NDSHS show that patterns of use have generally increased since the early 1990s, with levels of recent use increasing by 60% over the 1993–2004 period (Australian Institute of Health and Welfare, 2005a). However, the two most recent surveys suggest rates are stabilising - 4.2% of males in 2001 compared to 4.0% in 2004 reported use of methamphetamine in the past 12 months and 2.7% of females in 2001 compared to 2.5% in 2004.

Significant differences exist between age cohorts, with the highest use of methamphetamine in the 20 to 29 year age cohort (Australian Institute of Health and Welfare, 2005a). About one in every five young adults in the 20 to 29 age cohort has tried this drug at least once and the average age of first use is 20.8 years. Many participants in the consultations noted the decreasing age of first time ATS use while some, like the consumer groups, also noted the increased use among older people particularly in the gay community.

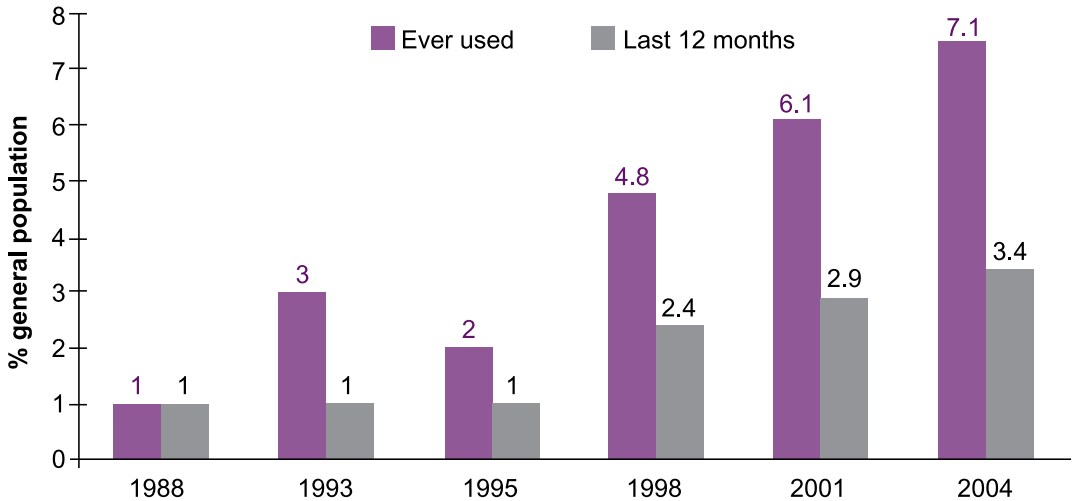
The consultations and submissions also acknowledged the increasing trends in amphetamine use up to 2004, but did not perceive a current 'epidemic' of methamphetamine use, as portrayed in the media. Demographic and geographic variations in the patterns of use across the country were noted and these may not be reflected in NDSHS statistics. For example, police in one regional area did not view ATS as a major issue suggesting it was used primarily by a relatively small group of 'thrill seekers' and alcohol was contributing to higher levels of problems in the community.

MDMA (Ecstasy)

According to the 2004 NDSHS, there was no statistically significant increase in amphetamine use amongst the general population, while use of MDMA has steadily increased. Lifetime use increased from 1% in 1988 to 7.5% in 2004 and use in the past 12 months increased from 1% to 3.4% over the same time period (Australian Institute of Health and Welfare, 2005a). Smaller proportions had used ecstasy in the last month (1.3%) and in the last week (0.5%). As with methamphetamine, the 20–29 year age group had the highest proportion of persons ever using MDMA (22%). Males were more likely to use ecstasy than females, both in their lifetime (9.1% versus 6.05) and in the last 12 months (4.4% versus 2.4%).

Increased prevalence of ecstasy use was noted at consultations and there was general concern that its use had become perceived as a 'harmless recreational/party drug' to be taken occasionally. Participants commented that its effects are seen as less acute than those of other ATS and indeed, there is a lack of awareness that it is related to other ATS. One participant stated that it was a preferred drug due to its image as 'softer' and 'less potent'. At some consultations it was suggested that ecstasy use is more prevalent than crystal methamphetamine in affluent sectors and among university students, partly due to a perception of acceptability of use, 'elitism', its image as a social drug, and a lack of awareness of adverse consequences.

Figure 2.2: Prevalence of ecstasy use in Australia, 1988-2004



Source: National Drug Strategy Household Survey 1988-2004

2.2 Australian surveys with key consumer groups

Use of ATS is more prevalent among certain population groups than in the general population, as evidenced by surveys with key consumer groups. Three such groups are injecting drug users, regular users of ecstasy and related drugs, and incarcerated persons. Amongst all three groups, use of methamphetamine is considerably higher than the general population. Use of methamphetamine around the time of the interview is highest for police detainees. However over a longer time frame, a greater percent of injecting drug users (IDU) report use of methamphetamine followed by regular 'ecstasy users' (REU) (see Table 2.1).

Injecting drug users

According to the 2004 NDSHS, 1.9% (n=313,500) of those aged 14 years and older were estimated to have ever injected illicit drugs and 0.4% (n=73,800) were estimated to have injected in the past 12 months (Australian Institute of Health and Welfare, 2005a). Of those who had reported using meth/amphetamine in the past 12 months 82% had never injected, 14% had injected powder and 12% had injected crystal. In comparison, 87% of recent heroin users injected the drug. However, just over half of users reported they were more likely to initiate their first use of meth/amphetamine via injection (59%) compared to a quarter of heroin users (25%).

Table 2.1: Use of ATS among key sentinel groups in 2006 (%)

	IDUs (IDRS)	Police detainees (DUMA)	REU (EDRS) (a)
Methamphetamine			
Tested positive/used day before interview	18	25	n/a
Used in the past 30 days	n/a	31	n/a
Used in the past 6 months	79	n/a	64
Used in the past 12 months	n/a	43	n/a
Ever used	96	64	84
MDMA			
Tested positive	n/a	2.5	n/a
Used in the past 30 days	n/a	9	100
Used in the past 6 months	26	n/a	100
Used in the past 12 months	n/a	20	100
Ever used	68	46	100
(n)	(914)	(4,457)	(752)

(a) Data are for meth power (speed) only

The 2006 Illicit Drug Reporting System (IDRS) reported on a sample of 914 IDU from every jurisdiction of Australia. Of the total sample, 96% reported lifetime use of a form of methamphetamine and 94% reported injecting a form of methamphetamine in their lifetime (O'Brien et al., 2007). Lifetime use of speed was reported by 90% (86% reported lifetime injection), lifetime use of crystal methamphetamine was reported by 78% (75% reported lifetime injection), and lifetime use of base was reported 62% (60% reported lifetime injection). In the last six months, 79% of the total sample reported use of any form of methamphetamine and 78% reported injecting a form of methamphetamine in the last six months. In the last six months, 57% used (55% injected) crystal methamphetamine, 56% used (55% injected) speed powder, and 38% used (37% injected) base. While prevalence of speed and base were comparable to the previous year, recent use of crystal methamphetamine had increased from 43% in 2005 to 57% in 2006.

Amongst the total national sample, 49% reported that meth/amphetamine were the first drug they had injected (compared to 41% for heroin) and 30% that methamphetamine was the last drug injected (compared to 26% for heroin) (O'Brien et al., 2007). Furthermore, methamphetamine was the drug nominated by the greatest proportion of IDU (33%) as the drug most often injected in the last month (compared to 27% for heroin). However, heroin remained the drug of choice for the largest proportion of the sample (48%), with 23% nominating methamphetamine as their drug of choice.

Regular ecstasy users

The 2006 Ecstasy and Related Drugs Reporting System (EDRS) reported on a sample of 752 REU from every jurisdiction in Australia. Participants were recruited on the basis of using ecstasy at least monthly during the previous six months. The median age of first use of ecstasy was 18 years, and the median age at which regular use commenced was

19 years (Dunn et al., 2007). The median duration of ecstasy use was three years. Approximately half (48%) of the total sample reported using ecstasy fortnightly to monthly and 23% reported using ecstasy more than once a week. A median of 2 tablets was used in a typical session. Participants were asked about 'binge' use, defined as use of a drug continuously for more than 48 hours without sleep. Of the total sample, 49% had binged in the last six months and of these, 90% had binged on ecstasy, 54% on speed and 49% on crystal methamphetamine.

With regards to use of methamphetamine, of the total REU sample, 84% reported lifetime use of speed, 65% crystal methamphetamine, and 52% base (Dunn et al., 2007). In the last six months (recent use), 64% had used speed, 49% crystal methamphetamine, and 34% base. While rates of base use were comparable to 2005, recent use of speed decreased from 74% in 2005 to 64% in 2006, and recent use of crystal methamphetamine increased from 38% in 2005 to 49% in 2006.

Prisoners

The overall imprisonment rate at 30 June 2006 was 163 prisoners per 100,000 adult population ($n=25,353$) (Australian Institute of Criminology, 2007a). This represents an increase of more than 20 percent since 1996, although the rate of imprisonment appears to be slowing with only a 1% increase since 30 June 2005 (Mouzos et al., 2007). This increase is comprised of a 6% increase in remand prisoners and a 2% decline in sentenced prisoners (Mouzos et al., 2007). The average length of sentence for offenders in custody is less than 12 months in every jurisdiction and this brief period inhibits the capacity of the prison service to effect behaviour change, rehabilitate or re-educate drug offenders and highlights the need for throughcare models to address the needs of prisoners (Borzycki, 2005).

A majority of the prison population and those in community corrections are male. Between 1984 and 2005, the overall imprisonment rate for males increased from 170 to 309 per 100,000 adult male population, while the female rate of imprisonment across the same period increased from 7 per 100,000 to 22 per 100,000 (Australian Institute of Criminology, 2007a). Indigenous people are over represented in the prison population and in community corrections. In 2004-05, the national community corrections rate was 337.9 per 100 000 adults compared to the national rate for Indigenous offenders of 2946.3 per 100 000 (Steering Committee for the Review of Government Service Provision, 2006). The majority of all those receiving a sentence is most likely to be for a violent offence followed by a property offence (Australian Institute of Health and Welfare, 2007).

According to the Drug Use Careers of Offenders (DUCO) male prisoner survey, the majority of offenders reported having used illegal drugs and commonly engaged in polydrug use. In the survey, 58% of male offenders reported lifetime use of amphetamine, 42% reported use in the six months prior to arrest, and 31% reported being a regular user (see Table 2.2) (Makkai & Payne, 2003). The conversion rate from having ever used to regular use was 53%. Amongst those who were current users, 44% reporting using several times a day; 13% once a day, 24% one or several times a week and 19% reporting using one to several times a month or less. The prevalence of methamphetamine use varied across different offender types, with regular violent offenders, homicide offenders and non-regular offenders less likely to have been regular methamphetamine users prior to incarceration (see Table 2.2).

Following the DUCO male offender survey, a subsequent survey was conducted with a sample of 470 females incarcerated in six jurisdictions in Australia. This study found that 61% had tried amphetamine, 42% had used in the six months prior to their imprisonment and 37% had been regular users (Johnson, 2004). Thirty-nine percent reporting using several times a day and 17% reported using on a daily basis. Thirty-nine percent of the sample reported being regular users of more than one type of illegal drug in the six months prior to arrest. Of those who were amphetamine users, 63% also used cannabis, 40% used heroin, and 30% used benzodiazepines, with only 19% reporting use of amphetamine only.

An interesting trend noted in the 2002 Drug Use in Australia (DUMA) report was that, among those who provided a urine sample across all sites of the study, female detainees were more likely than male detainees to test positive for amphetamine (39% compared to 28%) (Makkai & McGregor, 2003). Differences between males and females fluctuate each year in the DUMA survey and this may be due to the smaller sample size for female respondents. However, these percentages are considerably higher than those reported by women in the general population.

Table 2.2: Prevalence of methamphetamine use among incarcerated male offenders

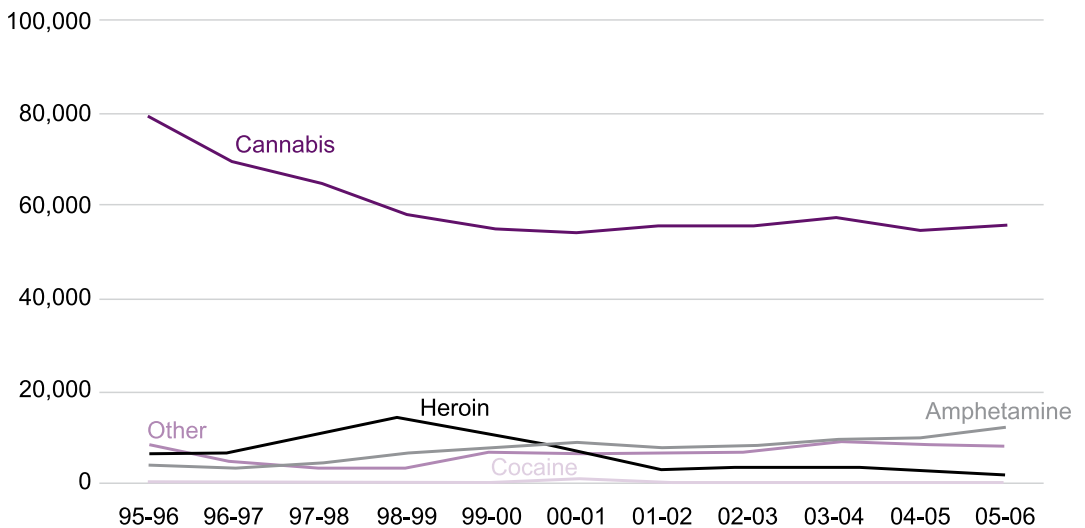
	Regular property offenders	Regular violent offenders	Regular multiple offenders	Fraud offenders	Regular drug sellers	Regular drug buyers	Homicide offenders	Non regular offenders	All prisoners
Sample size (n)	566	167	311	180	148	144	113	506	2135
Prevalence (%)									
Ever used	77	40	80	82	82	74	35	14	58
Used in the six months prior to arrest	59	26	60	62	54	53	17	7	42
Current regular user	46	16	49	49	41	35	6	3	31
Escalation - from ever to current regular (%)	60	40	61	60	50	47	17	21	53
Frequency of use for current regular users (%)									
Less than monthly	11	4	8						9
one to several times a month	11	4	10						10
one to several times a week	22	30	24						24
Once a day	15	19	13						13
Several times a day	42	44	45						44
(Total)	100	100	100						100

Source: Australian Institute of Criminology, DUCO Male Survey, 2001

The use of MDMA among police detainees is uncommon. Urinalysis testing of police detainees found that the proportion testing positive to MDMA increased from 0.5% in 2000 to 2.5% in 2006 (Mouzos et al., 2007). Caution must be exercised with self-reported use of MDMA as the drug is often sold under this label, but may not always contain MDMA when chemically tested (Dunn et al., 2007). This is confirmed by comparing police detainees' self-reported use of MDMA with their urinalysis results. A substantial proportion of those who report use in the past 48 hours do not test positive to MDMA (Mouzos et al., 2006).

The high domestic demand for ATS is reflected in arrest figures for ATS offences Australia-wide, which are greater than any other drug category except cannabis (AIC, 2007). Arrests for ATS offences (including MDMA) have risen from around 4% of all drug arrests in 1995-96 to around 14% in 2005-06 —around 75% of all drug arrests relate to cannabis (see Figure 2.3).

Figure 2.3: Arrests for drug-related offences



Source: Australian Institute of Criminology, 2007

By comparison with the general population of drug users, police detainees report much higher rates of injecting. Injecting drug use was more common among heroin and methamphetamine adult users, with 88% of heroin users and 70% of methamphetamine users reporting they had injected that drug in the past 12 months (Mouzos et al., 2007). Of those who had injected in the past 30 days, detainees reported injecting an average of 27 times and this was consistent with findings from the previous year in 2005 (Mouzos et al., 2007).

2.3 Jurisdictional variations

Methamphetamine

In the 2006 IDRS, while there was a general pattern of increased crystal methamphetamine compared to 2005, variations were observed in use of forms of methamphetamine between jurisdictions. Crystal methamphetamine was the form most used in the last six months

(recent use) in Canberra, Perth and Sydney (O'Brien et al., 2007). Recent use of crystal methamphetamine in Canberra increased from 62% in 2005 to 88% in 2006, in Perth from 68% in 2005 to 76% in 2006, and in Sydney from 35% in 2005 to 50% in 2006. Speed powder was the most common form recently used in Melbourne, Darwin and Brisbane, with the highest proportion of IDU reporting use of speed powder in Melbourne at 71%. Base was the form most used in Hobart and Adelaide.

As with the IDRS, there were jurisdictional variations in the REU samples of the 2006 EDRS. Crystal methamphetamine was the form most used in Perth, both lifetime use (89%) and recent use (77%) (Dunn et al., 2007). Lifetime use of crystal methamphetamine was also common in Melbourne (73%), Adelaide (73%) and Sydney (68%). Recent use of crystal methamphetamine was common in Adelaide (61%), Sydney (56%) and Brisbane (50%). Speed was the form most used in Melbourne, both lifetime use (100%) and recent use (91%). Lifetime use of speed was above 75% in all jurisdictions and over half the samples from all jurisdictions had recently used speed. Base was the most common form used in Adelaide, both lifetime use (72%) and recent use (63%). Lifetime use of base was reported by just over half or less of all other jurisdictions, while recent use was reported by less than half of the samples in all other jurisdictions.

As with these samples, there are variations across sites among police detainees. The highest use is found in East Perth followed by the two sites in Adelaide, then Brisbane and Southport (Mouzos et al., 2007). Darwin has the lowest percent testing positive to methamphetamine or reporting use in the past 30 days.

Table 2.3: Patterns of methamphetamine use by police detainees across jurisdictions

	Tested positive (%)	Used in the past 30 days (%)
East Perth	33	43
Adelaide	30	39
Elizabeth	30	36
Brisbane	26	35
Southport	23	33
Parramatta	22	26
Sunshine/Footscray	25	25
Bankstown	16	15
Darwin	5	8

Source: DUMA collection 2006 (AIC)

2.4 At-risk populations

Young people

The 2004 NDSHS reported on the use of illicit drugs by the population aged 12 years and older. Use of meth/amphetamine was reported by 0.7% aged 12-15, 3% aged 16-17, and 8.8% aged 18-19 (Australian Institute of Health and Welfare, 2005a). Rates for ecstasy used were similar, reported by 0.6% aged 12-15, 2.8% aged 16-17 and 8.8% aged 18 to 19. While

this survey is conducted with the general population, the Australian Secondary Students' Alcohol and Drug (ASSAD) Survey reports the use of over-the-counter and illicit drugs among students aged 12 to 17 years attending grades 7 to 12 across Australia. The 2005 ASSAD found that the vast majority (95%) of secondary school students had never used amphetamine (White & Hayman, 2006). By the age of 17, 7% of students reported some experience with amphetamine and approximately 3% of students 14 years and over reported using amphetamine in the month before the survey. Of the 4% of students who used amphetamine in the year before the survey, 39% of males and 48% of females indicated that they had used them once or twice. While there was no change in the proportion of 12 to 15 year-olds or 16 to 17 year-olds using amphetamine in their lifetime between 2002 and 2005, there was a significant decrease between 1999 and 2005 for both age groups. However, there was no change in the proportion of students in both age groups using amphetamine in the month prior to the survey between 1996 and 2005. Only 4% of students had ever used ecstasy and recent use was not common among any age group. 2% of students aged 16 to 17 had used ecstasy in the month prior to the survey.

Results from the 2005 ASSAD Survey also indicate that poly-drug use is frequent among secondary students aged 12 to 17 years. Students who had used cannabis, amphetamine, hallucinogens or ecstasy reported on other drugs used concurrently. Between 53% and 68% used alcohol concurrently with these four drugs and between 41% and 48% used tobacco. Over one-third of students using amphetamine, hallucinogens or ecstasy also used cannabis concurrently. One-quarter of students using hallucinogens, one-fifth of students using cannabis, 18% of students using amphetamine and 17% using ecstasy did not use any other substance.

In their submission, the Youth Substance Abuse Service (YSAS) in Victoria reported on an analysis of the primary drug of choice being used by young people presenting over the past five years. Results demonstrate that presentations for heroin use dropped markedly, while there were corresponding increases in cannabis, alcohol, and ATS use during this period. This submission reported that presentations for heroin treatment decreased from 48% in 2001-02 to 19% in 2005-06, while presentations for ATS increased from 7% in 2001-02 to 8.5% in 2005-06. These findings are contrary to those reported by the Ted Noffs Foundation (TNF) (see www.noffs.org.au/programs/palm.shtm). TNF provides youth-specific programs including Adolescent Drug Withdrawal Unit (ADWU), which is a 2-week residential program for withdrawal and longer residential treatment in the rehabilitation program called Program for Adolescent Life Management (PALM). PALM is designed for 14 to 18 year olds with serious alcohol, or other drug-related difficulties. Research found that 21.8% of admissions in 2001 nominated ATS as their primary drug of concern, compared with 41.7% in 2004. This was higher than for heroin, and second only to cannabis. Further, it also found that, between 2001 and 2006, a sample of 566 clients with ATS as the primary or secondary drug of concern were more likely to be female, have injected any drug, had suicidal thoughts in the last 3 months, had made a suicide attempt, reported self harm and scored higher on depression, anxiety, hostility, paranoia and psychoticism on the Brief Symptom Inventory (BSI). These users were also more likely to have lived in more places in the six months prior to treatment entry, were more likely to have been sexually and physically assaulted by a stranger or by a known person, been violent and aggressive as a consequence of their drug use, and been involved in a greater variety of crime.

It is recognised that some young people who engage in drug use are at risk of developing chronic patterns of use, including frequent, harmful binge use (Mattick & Darke, 1995). For some vulnerable young people, drug use may contribute to social exclusion and difficulties related to school, poverty, and involvement in criminal activities (NSW Health, 2005).

For those young people who do seek help for illicit drug problems, research cited above suggests that ATS are increasingly becoming the major drug of concern. Within this drug class, different types of ATS may present distinct challenges for interventions. For example, a recent study conducted in the United States with a sample of 23,645 young people aged 18 to 25 years investigated risk and protective factors for both methamphetamine use and nonmedical use of prescription stimulants. This study reported differences in associations among these various drugs. Methamphetamine use was more common among females, individuals not enrolled in college, and those who had been arrested, whereas nonmedical prescription stimulant use was associated with psychological distress, sensation seeking, binge drinking and college enrolment (Herman-Stahl et al., 2007). Such findings highlight the importance of tailoring intervention strategies to particular groups of young people and particular drug types/problems.

Recent research in Australia investigated the predictors and effects of early-onset amphetamine use in a representative cohort of young people followed up over an 11-year period in Victoria (Degenhardt et al., 2007a&b). A sample of 1943 adolescents was recruited at age 14 to 15 years and interviewed on eight occasions, with 78% follow-up at final interview. Use of amphetamine in young adulthood was strongly predicted by adolescent drug use and associated with current other drug use, while psychological distress was not found to be an independent predictor (Degenhardt et al., 2007a). Adolescent amphetamine use by young adulthood increased the likelihood of meeting criteria for dependence on a range of drugs, poorer mental health and limitations in educational attainment (Degenhardt et al., 2007b). However, these associations were not sustained after adjustment for early-onset cannabis use, leading the authors to conclude that the problems associated with adolescent amphetamine use were largely accounted for by their even earlier onset of cannabis use (Degenhardt et al., 2007b). Such findings highlight the need for studies to take into consideration the use of other drugs in ATS-related research.

The submissions and consultations noted that changes in patterns of drug use by young people highlight the importance of remaining abreast of drug use changes and reconfiguring services to meet new demands, for example, behavioural impacts resulting from specific drug types. In particular, there was some concern that ATS use among young people presented some particular challenges. For example, the submission from YSAS noted that:

Our research and practice experience suggests the key issues for YSAS in managing and treating heroin and cannabis use are very different to the treatment needs of those using ATS.

Almost all consultants pointed to a lack of knowledge by young people (including consumers) about meth/amphetamine, blood borne viruses, the law and health risks. The role of peer pressure was identified as a significant influence in first time use. However, peer groups were also identified as potentially important in strategies to assist current users. For example, some participants insisted that young people preferred to receive drug education from people who they considered have drug use experience, suggesting that peer education

models might be useful. On the other hand, others have argued that such personal experience could interfere with the capacity to deliver objective and effective interventions (see Chapter 4).

Concern was also expressed about the use of MDMA by young people. The submission from Headscape noted that:

ecstasy doesn't generate the same emotional response...thought of as a 'party drug' – not presenting with problems, don't impact on services, not in contact with criminal system...use is normalised, swallowing seen as attractive and easy method of administration. Concerns are what's in the pills and this makes use unsafe, e.g., PMA – issue of pill testing. Ecstasy not viewed as having any related harms or problems, but more as a social drug with use becoming more normalised. Also of concern is lack of research about long-term effects of ecstasy.

During the consultations, the role of the media and the marketing of products to appeal to young people were emphasised during the consultations. One participant pointed to 'misleading and mischievous' advertising for some soft drinks and chewing gum, which had drug-related sub-texts.

The submission from Headscape noted that:

Young people, aged 12- 25 year (sic), should be identified as a priority target group in the ATS strategy. It is clear from available research that this is the time when recreational drug use is initiated. Early and appropriate intervention into drug misuse and abuse impacts on young people's choices around ongoing or prolonged use of drugs and therefore the longer term impact on the health system.

Aboriginal and Torres Strait Islander community

There is relatively little prevalence data on ATS use by Aboriginal and Torres Strait Islander people. One source of such data is the Statistics on Drug Use in Australia 2002, which found that 13% of Indigenous Australians reported using an illicit drug other than cannabis in the last 12 months compared to 8% of other Australians (Australian Institute of Health and Welfare, 2003). Evidence suggests that methamphetamine use is increasing in Aboriginal communities and a preference among Indigenous injecting drug users for methamphetamine over heroin (Nicholas & Shoobridge, 2005).

There is variation in substance use across geographical locations, and ATS are more commonly used among Aboriginals living in urban areas (Australian Institute of Health and Welfare, 2006b). When police were asked about the prevalence of amphetamine in Indigenous communities, 57% reported that it was commonly used in urban areas and 25% reported it was commonly used in non-urban areas (Putt, Payne & Milner, 2005). The 2004-05 National Aboriginal and Torres Strait Islander Health Survey found that, in non-remote areas, amphetamine use in the previous 12 months among Indigenous males had increased from 5% in 2002 to 10% in 2004-05, but remained at 5% for Indigenous females (Trewin, 2006a). While the consultation process also referred predominantly to use among Indigenous people in metropolitan centres and larger country towns, concern was expressed regarding remote communities located near major industries (e.g., mining).

The limited evidence base makes it very difficult to determine the need, and if need is identified, the nature of any intervention. However, some people have emphasised the importance of peer pressure. For example, at the 2005 Nimmityjah Consultation Forum, it was reported that peer pressure was a strong influence on Indigenous young people.

Indigenous populations of Australia have been reported as starting using drugs from early to mid-teens, at an age that is generally younger than other Australians (Australian Institute of Health and Welfare, 2005a). In considering this, it is important to note that the median age of Indigenous people is 21 years, compared to the general population of 36 years.

Concern about the spread of methamphetamine in remote Indigenous communities was expressed in consultations and with key law enforcement personnel. These concerns have been raised in a major study of policing implications of illicit drug use in Indigenous communities. Delahunty and Putt (2006) reported that 56% of all police (48% in non-urban areas) stated that local amphetamine use among Aboriginal and Torres Strait Islander people had 'increased' or 'greatly increased' in the past three years. However, non-urban police perceived alcohol (80%), cannabis (44%), inhalants (33%) and petrol (18%) to represent more serious problems for local Indigenous groups than amphetamine (11%).

Consultations in the regional and remote areas suggested that meth/amphetamine represented much less of a problem, with remote communities continuing to struggle with the influx of cannabis and its role in compounding alcohol related problems. It was reported that communities in one region were being affected by amphetamine and there was growing acceptance of amphetamine and of injecting. One consultation noted that meth/amphetamine were in regional towns and around mines, and young Aboriginal people working in the mining industry were being exposed to such use and, as noted earlier, were particularly susceptible to peer pressure. Dealing in drugs was also seen as a way of making money in the absence of employment opportunities. Finally, in some communities concern was raised that some Indigenous women may be drawn to use ATS as a form of self-medication for living in intolerable circumstances.

Gay, lesbian, bisexual, transgender community

The Sydney Gay Community Periodic Survey 1996-2005 reported that 20% of gay men in Sydney had used crystal methamphetamine in the past six months (Hull, Rawstone et al., 2006a), while the rates among gay men in Queensland, Melbourne and Perth were lower, at between 12-16% (Hull, Brown et al., 2005; Hull, Prestage et al., 2006; Hull, Rawstone et al., 2006b). It has been observed that methamphetamine use is associated with increased sexual activity, particularly among gay and bisexual men and men who have sex with men (MSM). In particular, it has been associated with increased numbers of sexual partners (including high numbers of anonymous partners), increased sexual activity, decreased condom use, and high rates of unprotected vaginal and oral sex (Lee et al., 2007). The associated risks of ATS use among this population are outlined in Chapter 3 ('Effects of ATS').

The Sydney Gay Community Periodic Survey 1996-2006 found that about 47% of the respondents reported use of MDMA in the six months prior to the survey (Zablotska et al., 2006). Other commonly reported drugs included cannabis (38%), powder (26%), cocaine (22%) and crystal methamphetamine (22%). Approximately 4.5% of the men who completed

the questionnaire in February 2006 had injected at least one drug in the six months prior to the survey and the most commonly injected drugs were crystal methamphetamine, speed and steroids (Zablotska et al., 2006).

The AIDS Council of NSW (ACON) has undertaken significant work in addressing drug use for these communities. Research identifies that gay and lesbian people have higher rates of drug use than the general population (Degenhardt, 2005). There are varying reasons as to why this is the case. The written submission from ACON commented that, historically, the gay, lesbian, bisexual, transgender (GLBT) community has met within bars and clubs that can be conducive to the use of alcohol and illicit drugs. In addition, these substances may play a pivotal role in self and community management of the impacts of discrimination and oppression. Predisposing factors in substance use may therefore include increased risk-taking behaviours, higher levels of depression, and a social subculture that incorporates substance use.

Illicit drug use is consistently reported as higher among homosexual than heterosexual females. In relation to drug and alcohol use, homosexual females were significantly more likely to report higher levels of risky drug use compared to heterosexual females (Hillier et al., 2003). This included risky alcohol use (7% compared to 3.9%), marijuana use (58.2% compared to 21.5%), use of other illicit drugs (40.7% compared to 10.2) and injecting drug use (10.8% compared to 1.2%). However, the second national report on the sexuality, health and well-being of same sex attracted young Australians, noted a decline in the use of all drugs between 1998 and 2004 (Hillier et al., 2005). The proportion of those injecting drugs decreased from 11% in 1998 to 4% in 2004, and in 1998 and 2004 young females were more likely to have used marijuana and tobacco and to have injected drugs than young males.

Recommendations for support for this group came from ACON who requested that GLBT be explicitly identified as target groups in the Strategy. ACON cited evidence from the NSW Health (2005) publication, 'Amphetamines, Ecstasy and Cocaine: A Prevention and Treatment Plan 2005-09', and suggested this be reflected in the National Framework. Additionally, ACON recommended that any funding arising for initiatives should include allocation for approaches that specifically target GLBT people and any programs should be developed with community based organisations.

Use in the workplace

The use of alcohol and illicit drugs in relation to work can compromise safety and productivity as much through mental and physical impairment as through absenteeism. Bywood and colleagues (2006) drew on the 2004 NDSHS survey of 29,445 Australians of whom approximately 50% over 14 years of age were employed to explore the issue of drug use in the workforce. The study found that, in the previous 12 months, those in the paid workforce were more likely to have used illicit drugs (17.3%) than those not in the paid workforce (11.8%). This was true for amphetamine and ecstasy, with use of both these drugs in the previous 12 months reported by around 4% of those in the paid workforce compared to around 2% of those not in the paid workforce. Significantly more male (20.3%) than female (13.4%) workers reported using any illicit drug, and 12% of male and 9.1% of female workers, aged 18-29 years, reported use of amphetamine.

Differences were found according to industry type, with the hospitality industry highest in use of all drug types. The most common industries for amphetamine use were hospitality (9.3%), transport (5.4%), construction (5.2%), agriculture (4.9%) and retail (4.6%). The most common industries for ecstasy were hospitality (10%), finance (5.6%), retail (5.5%), construction (4.7%), manufacturing (4.6%) and wholesale (4.6%). Occupational differences were also found with ATS use reported mostly by tradespeople (6.1% amphetamine, 5.2% ecstasy) and unskilled workers (4.9% amphetamine, 5.6% ecstasy).

Using the Australian and New Zealand Standard Industrial Classification codes to examine more narrowly defined industries, workers in commercial fishing (40.5%) had the highest level of use of at least one illicit drug (Roche, 2007). Other groups reporting relatively high levels of use (30-37%) included employees in motion picture, radio and television services; accommodation, cafés and restaurants; libraries, museums and the arts; and construction trade services (Roche, 2007).

Roche (2007) found a strong association between use of illicit drugs and absenteeism:

Almost 1% of the workforce (1.2% males; 0.7% females) reported taking days off due to their drug use. This was most prevalent among 14-17-old workers, and more common among males than females. Among amphetamines users, absenteeism levels were particularly high with 13.4% of amphetamine users reporting a drug-related day off in the past three months, compared to 4.5% among users of any drug. Workers who use illicit drugs were also significantly more likely to report days off due to any illness or injury in the past three months (48.1% of drug users overall and 56.8% of amphetamine users) compared to workers who report no drug use (p.19).

At one consultation forum, concerns were raised over the potential of the fly in/out work arrangements of some in the mining sector. It was suggested that lengthy periods of recreation leave increased the vulnerability of well-paid employees to amphetamine use and this may represent an emerging trend. Some industries undertake drug screening, provide drug education programs and use employment contracts that make provision for drug treatment or dismissal. However, concern was expressed that some ATS users know how to 'beat' the screening process. One consultation noted that for many people, drug use is 'recreational' (i.e., outside work) rather than occupational, although the workplace can be affected as people move through the cycle of drug-taking and experience the adverse consequences of intoxication and/or 'come down'/'hangover' effects.

It was suggested that there is a need to undertake more research into the nature and impact on health and productivity of employees' drug taking. Measures for dealing with drug taking in the workplace were discussed during the consultations and included innovative approaches of the kind outlined by Harris (2007) and those instigated through some union and non-union workplace agreements. These relate to provision of leave to attend rehabilitation; the implementation of employee assistance programmes; disciplinary, counselling and testing protocols; and zero tolerance policies in industries where employee or public safety is at risk. According to Harris (2007), workplace agreements, particularly in the building and construction, mining, manufacturing and transport industries, increasingly address drug and alcohol issues.

2.5 Summary

According to the latest UNODC World Drug Report, Australia has one of the highest rates of methamphetamine and amphetamine use in the world, while ATS production remains greater in other regions. As an indication of use in the general population, the 2004 NDSHS found that 3.2% of the population aged 14 years and over had used methamphetamine and 3.4% had used MDMA in the last 12 months. For both drug types, use was more prevalent among males than females, and most common in the 20 to 29 years age group. While methamphetamine use appears to have stabilised (reported by 3.2% in 2001), use of MDMA significantly increased (2.9% in 2001). Concern was raised during consultations about a perceived 'normalisation' of MDMA use, and the view of it as a relatively harmless and enjoyable drug.

Use of illicit drugs is more prevalent among some population groups, as indicated by Australia's drug monitoring systems. Surveys with offenders (e.g., DUMA) and illicit drug users (e.g., IDRS and EDRS) indicate that use of ATS is common in these samples. Recent survey data suggest that lifetime use of methamphetamine is high among injecting drug users (96%), regular ecstasy users (84%) and detainees (64%). While clearly prevalent among regular ecstasy users, lifetime use of ecstasy is also common among injecting drug users (68%) and detainees (46%). The form of methamphetamine used by injecting drug users varied according to jurisdiction with 'crystal' most common in Canberra, Perth and Sydney, powder most common in Brisbane, Darwin and Melbourne, and base most common in Adelaide and Hobart.

Particular population groups are more vulnerable to the use of illicit drugs, including ATS, with identified at-risk groups including young people, some Indigenous communities, the gay and lesbian community and particular workplaces. The 2004 NDSHS reported around 9% of 18 to 19 year olds had used methamphetamine and ecstasy, while the ASSAD school survey reported for 17 year olds, 7% had used amphetamine and 4% had used ecstasy. Research suggests that ATS-related presentations at youth treatment services are increasing. According to the 2004 NDSHS, Indigenous people were almost twice as likely to be recent users of illicit drugs as other Australians (26.9% versus 15.0%). The National Aboriginal and Torres Strait Islander Health Survey 2004-05 noted that 7% of the sample had used meth/amphetamine. While cannabis and alcohol remain the primary drugs of concern among Indigenous populations, there is some indication of an increase in ATS use both in urban and remote areas. Surveys with the gay community have reported that among homosexual males, up to 20% report use of crystal methamphetamine and 45% use of ecstasy. Data using the 2004 NDSHS found use of both amphetamine and ecstasy in the workforce, with particular prevalence in some industries. Use of both drugs was highest in the hospitality industry, while use of amphetamine was also more common in transport and construction, and ecstasy use in finance and retail. Given the effects of ATS use and related harms, these groups were noted as specific targets for prevention and harm reduction strategies.