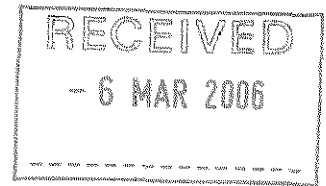


From: Susan Carruthers [S.Carruthers@exchange.curtin.edu.au]
Sent: Friday, 3 March 2006 5:00 PM
To: ACC, Committee (SEN)
Subject: AOSD Submission



Dear Jonathon

Please find attached a submission from the National Drug Research Institute (Curtin University, Perth Western Australia) addressing the "Inquiry into amphetamines and other synthetic drugs"

If you have any queries regarding the submission please do not hesitate to contact me by phone or email.

Yours sincerely

Susan Carruthers <<AOSD submission.doc>>

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PARLIAMENTARY JOINT COMMITTEE ON
THE AUSTRALIAN CRIME COMMISSION

REC'D: 6 March 2006
FROM: NDRI Curtin Uni
AUTHORISED FOR PUBLICATION:
SECRETARY: [Signature]

SUBMISSION TO THE PARLIAMENTARY JOINT COMMITTEE ON THE AUSTRALIAN CRIME COMMISSION INQUIRY INTO AMPHETAMINES AND OTHER SYNTHETIC DRUGS (AOSD)

National Drug Research Institute

This submission is limited to those terms of reference where this institute is best able to comment, namely

- i) Trends in the consumption of AOSD in Australia, and
- ii) Strategies to reduce the AOSD market in Australia via treatment

Furthermore, we have limited ourselves to comment regarding amphetamine type stimulants (ATS), the phenylthylamines (MDMA and associated drugs), Ketamine and GHB. Similarly, as the ACC is well versed in the international situation and in particular international production and supply issues, we do not address these in this submission.

Trends in Consumption of AOSD in Australia

The non-medical use of AOSD is a well recognised issue in Australia and one that has increased over the past 4 years. The decline in availability of heroin in 2002 was accompanied by a rise in production and use of amphetamines, in particular methamphetamine. Although there are signs 2005 that the availability of heroin is increasing, AOSD use remains high.

Meth/amphetamines

Data from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2005a) indicates that 3.2% of those aged 14 years and over reported using meth/amphetamines in the year prior to survey (2004). This equates to an estimated 532,100 individuals. Considerably fewer (1.3%, n = 214,400) reported recent use, that is, use in the month prior to interview. Furthermore, the majority of reported use (43.9%) was infrequent i.e. once or twice a year. Among recent users (use in the last 12 months) females more likely than males to use daily or weekly (13.8% cf 8.8%) and males are more likely than females to report use about once a month (17.9% cf 13.4%).

The substantial majority of use was reported to be in the home, at private parties or at raves/public establishments

Table 1: Meth/amphetamines use, persons aged 14 years and older, by age, by sex, Australia, 2004

Period	Age group				Sex		Persons
	14-19	20-29	30-39	40+	Males	Females	
	(per cent)						
in lifetime	6.6	21.1	16.0	3.6	11.0	7.3	9.1
in the last 12 months	4.4	10.7	4.1	0.4	4.0	2.6	3.2
in the last month	1.8	4.2	1.7	0.2	1.8	1.0	1.3
in the last week	0.8	1.8	0.8	0.1	0.7	0.5	0.8
	(number)						
in lifetime	109,300	582,400	477,800	322,700	890,500	607,600	1,497,000
in the last 12 months	73,800	295,300	120,700	39,400	321,800	210,900	532,100
in the last month	29,900	115,400	50,100	17,700	129,800	84,800	214,400
in the last week	13,500	49,700	25,000	9,300	54,900	42,200	97,000

(Australian Institute of Health and Welfare, 2005a)

The source of amphetamines remains unclear with the vast majority of users reporting access of methamphetamine from friends or friends of friends.

The Illicit Drug Reporting System (IDRS) provides an alternative source of data from those using methamphetamine. This data indicates there are some state and territory differences in the type of methamphetamine consumed with crystal methamphetamine ('ice') accounting for a growing proportion of the amphetamine market. This is illustrated in Table 2.

Table 2: Proportion of IDRS respondents reporting recent use of different forms of methamphetamine by jurisdiction (2000-2004)

	POWDER (Speed)					CRYSTAL (Ice)					BASE			
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004	2001	2002	2003	2004
National	58	62	56	55	53	15	53	35	54	52	49	39	35	38
NSW	52	42	39	31	35	14	29	25	38	45	23	23	32	31
ACT	63	65	51	48	41	17	72	34	65	73	36	30	13	25
VIC	49	74	70	70	65	9	53	26	50	41	32	19	18	11
TAS	77	45	35	51	60	6	56	20	69	52	52	74	46	72
SA	51	47	56	53	44	11	58	56	48	48	59	65	51	46
WA	81	87	77	71	61	51	85	74	80	83	56	56	40	45
NT	70	63	67	59	60	6	24	20	33	38	18	21	30	30
QLD	58	39	55	58	61	13	75	39	60	51	75	42	50	69

Source: IDRS IDU interviews. *did not ask about base in 2000

(Source of Table: J. Stafford et al., 2005, p. 58)

IDRS data also suggests that methamphetamine prices remained relatively stable in 2004 with all forms (base, powder and ice) reported as 'easy' or 'very easy' to obtain.

Ecstasy

With regards to ecstasy, the 2004 NDSHS suggested that some 7.5% (1.2 million) of Australians aged 14 years and older had ever used ecstasy, and 3.4% (0.6 million) had used in the past 12 months. Again, use was highest among males and those aged 20 to 29 years. This data is presented in Table 3.

The average age of initiation was 22 years and 6.3% of those who used the drug in the previous 12 months did so on a weekly or more frequent basis.

Trend data from the NDSHS suggest that the use of ecstasy has increased over the period 1995 to 2004 such that in 1995 1.1% of Australian males aged 14 and over had used the drug in the previous 12 months and by 2004 this figure was 4.4%. Similarly, although there was some fluctuation for females, use increased from 0.6% to 2.4% over this period (Australian Institute of Health and Welfare, 2005c, p.33).

Table 3: Ecstasy use, persons aged 14 years and older, by age, by sex, Australia, 2004

Period	Age group				Sex		Persons
	14-19	20-29	30-39	40+	Males	Females	
	(per cent)						
in lifetime	6.2	22.0	12.5	1.5	9.1	6.0	7.6
in the last 12 months	4.3	12.0	4.0	0.3	4.4	2.4	3.4
in the last month	1.8	5.0	1.3	0.1	1.7	0.9	1.3
in the last week	0.5	1.0	0.4	— ^x	0.7	0.3	0.6
	(number)						
in lifetime	103,500	608,100	373,100	138,500	735,500	495,500	1,230,000
in the last 12 months	71,500	330,900	120,000	30,000	355,600	201,700	556,800
in the last month	30,700	137,800	38,000	9,500	139,900	73,100	217,700
in the last week	8,900	53,900	11,500	1,800	53,100	23,900	76,800

(Australian Institute of Health and Welfare, 2005a)

Ketamine, GHB and MDA

Other AOSD of interest include ketamine, GHB and MDA. Lifetime use of these drugs and use in the last 6 months is summarised in Table 3 from information drawn from the Party Drugs Initiative (J Stafford et al., 2005)

Table 3: Lifetime and recent use ketamine, GBH and MDA and frequency of use.

Drug	Lifetime use %	Use in last 6 months %
Ketamine	40	23
GBH	23	10
MDA	32	15

According to the 2004 NDSHS, some 1.0% of Australians (164,000 persons) aged 14 years and over had ever used ketamine and only 0.3% had used in the last 12 months. Rates of lifetime use were highest (3.4%) among those in the 20 to 29 year old age group. Use was twice as common amongst males than females and the average age of initiation was 23 years. With regards to GHB roughly 0.5% of Australians (85,100 persons) aged 14 years and over had ever used the drug and 0.1% (20,200) had used in the previous 12 months. Again, those aged 20 to 29 were most likely to have ever used it and males were far more likely than females to have done so. The average age of initiation was 23 years (Australian Institute of Health and Welfare, 2005b)

The median age of first use of ketamine and GHB was 21 years and for MDA was 20 years. The vast majority of users of these drugs reported oral use (swallowing or snorting) of GHB.

AOSD related health problems

Accidental deaths in which AOSD were reported involved numbered 50 with state differences. The rate per million did not change between 2002 and 2003 (4.4 and 4.9 per million respectively).

States where AOSD consumption is high also report higher number of hospital admissions attributed to AOSD. For example, in WA which has one of the highest rates of AOSD use the number of admission was 550 per million (aged 15 to 54 years) in 2001-02 and 448 per million (aged 15 to 54 years) in 2002-03.

AOSD and Treatment

Various studies have indicated that those affected by AOSD are less likely to access drug treatment services and that when they do, the link is tenuous. While there have been increases in the number of AOSD people accessing treatment, they still represent a small proportion of those affected, although accurate assessments of the penetration of treatment services are not available. This suggests that strategies need to be developed to more effectively engage and retain consumers in treatment. As well as continuing to improve specialist drug treatment service responses to people affected by AOSD, effective responses are likely to involve primary health care services, as national and international studies consistently indicate that, for example, GPs are one of the major sources of health service used by this group.

In addition, the particular high risk of mental health problems indicates the need to enhance collaboration and integration of drug specialist and mental health service provision.

The limited evidence of effective interventions is a significant barrier to engaging and retaining people affected by AOSD. While acknowledging some of the work that is being conducted, it will be important to support research into withdrawal management, psychosocial interventions and pharmacotherapies.

Finally, AOSD have significance for police and emergency services. It will be important that such groups are equipped and supported to respond to the particular risks for themselves and their clients that are associated with AOSD use.

It is important to note that users of AOSD rarely use these substances exclusively. In a Sydney study of ecstasy users participants reported experimenting with an average of 10.4 drugs over their lifetime and an average of eight in the preceding six months. The IDRS also reported high levels of polydrug use, as shown in Table 3.

Table 4: Polydrug use history of IDU in Australian jurisdictions, 2004

Mean no. drugs used	NSW	ACT	Vic	Tas	SA	WA	NT	Qld
ever	11.0	11.7	11.9	12.5	11.5	13.0	11.0	11.4
past 6 mths	7.0	7.0	7.3	7.9	6.2	8.3	6.9	7.2
ever inj.	4.6	5.6	5.3	6.6	5.2	6.8	6.0	5.5
inj. past 6 mths	2.8	3.1	2.9	3.5	2.5	3.5	3.1	3.0

Source: Illicit Drug Reporting System 2003

In addressing the treatment needs of AOSD users it is important to note the complex issues relating to drug use per se.

References:

- Australian Institute of Health and Welfare. (2005a). *2004 National Drug Strategy Household Survey: detailed findings*. Canberra: AIHW.
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