



1 May 2015

Nathan Barrett  
Chair  
'Ice' Select Committee  
Legislative Assembly of the Northern Territory  
GPO Box 3721  
Darwin NT 0801

Dear Mr Barrett,

**Re: Inquiry into the prevalence, impacts and government responses to illicit use of the drug colloquially known as "Ice" in the Northern Territory**

Thank you very much for your invitation to make a submission to the aforementioned Inquiry. As a Centre we recognise the importance of this matter, and very much appreciate the opportunity to contribute.

I can confirm that I have authorised this submission, and am available for further comment on (02) 9385 0292 or on [michael.farrell@unsw.edu.au](mailto:michael.farrell@unsw.edu.au).

Kind regards,

A handwritten signature in black ink that reads 'Michael Farrell'.

Professor Michael Farrell  
Director  
National Drug and Alcohol Research Centre

## Key issues

- Overall the data in this submission suggest that reported use of methamphetamine in the NT remains relatively stable.
- Indicator data suggests however, an overall upward trend in the past few years in: the number of arrests, number of seizures and the number of treatment episodes for amphetamine-related problems in the NT.
- Amongst people who inject drugs in the NT there was noted a shift towards use of the crystalline form of methamphetamine.
- Data on methamphetamine use in the NT included in this report is indicative only, given the small numbers of people who report usage

The Drug Trends Program at the National Drug and Alcohol Research Centre is involved in monitoring the patterns of use and harms related to illicit drug use in Australia. Data from three of the key Drug Trends monitoring systems, the National Illicit Drug Indicators Project (NIDIP – monitoring routine data collections such as the National Drug Strategy Household Survey, hospital admissions, deaths and treatment data), the Illicit Drug Reporting System (IDRS – monitoring patterns of use and harms among people who regularly inject drugs) and the Ecstasy and related Drug Reporting System (EDRS – monitoring patterns of use and harms among people who regularly use psychostimulants) form the basis of this submission.

The IDRS has been operating nationally since 2000 and the EDRS since 2003. Data are collected annually in each capital city across all states and territories. As such, data from these systems relate to people surveyed in Darwin. We do not currently interview in regional or remote areas of the Northern Territory.

The EDRS and the IDRS ask about the use of three forms of methamphetamine used in the 6 months – powder methamphetamine ('speed'), base methamphetamine and crystal methamphetamine ('ice'). We present data relating to crystal methamphetamine use in this submission. It should be noted that due to small sample sizes in the NT, not all years of data are presented.

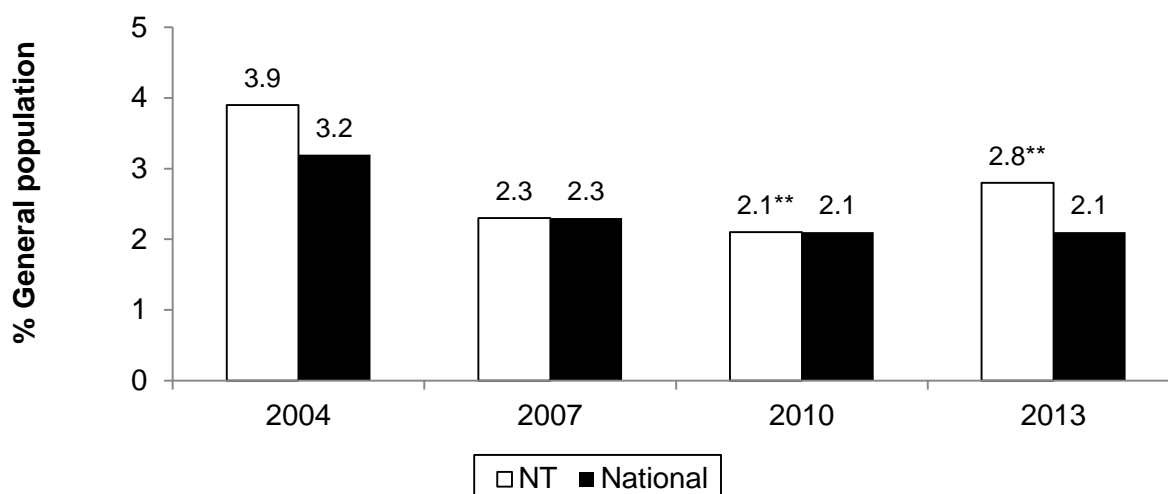
The data presented from NIDIP include rates per population of methamphetamine-related hospital separations and the prevalence of methamphetamine use among the general population from the NDSHS. Please note that these data refer to all forms of methamphetamine rather than crystal methamphetamine specifically. It is not possible to report on crystal methamphetamine from these data sources. Methamphetamine-related deaths are not presented as these are only reported nationally given that numbers are so small.

### **Methamphetamine use among the general population – national and NT – 2004-2013**

Figure 1 shows the proportion of the general population in the NT and nationally (aged 14 years and over) who reported having recently used any form of methamphetamine. National prevalence estimates have remained stable between 2010 and 2013, after a significant decline between 2004 and 2007. NT prevalence estimates for recent methamphetamine use also declined in 2007 and have remained stable between 2010 and 2013 (NB: due to small numbers, these estimates need to be interpreted with caution).

In 2013 at a national level, there was a significant shift away from the use of speed (from 50.6% in 2010 to 28.5%) to crystal (from 21.7% in 2010 to 50.4%) as the main form of methamphetamine used. In the NT, approximately half (44.6%) of those reporting recent methamphetamine as the main form used reported crystal methamphetamine as the main form used (however due to small numbers this needs to be interpreted with caution) (AIHW, 2014).

**Figure 1: Percentage reporting recent\* methamphetamine use in the general population, NT and national**



Source: Australian Institute of Health and Welfare (2005, 2008, 2011, 2014)

\* Used in the last 12 months

\*\* Estimates have a relative standard error of 25 to 50% and should be interpreted with caution.

#### **Crystal methamphetamine use among EDRS participants, NT, 2007 – 2014**

Table 1 shows the patterns of lifetime and recent (past 6 month) use of crystal methamphetamine among people who use ecstasy and related drugs in the NT. Over the past 2 years there has been no significant change in the prevalence of crystal methamphetamine use among this group with just over one-quarter reporting recent use in 2014. Of the small proportion who had used recently (27 people), the frequency of use was approximately once per month.

**Table 1: Patterns of crystal methamphetamine use among EDRS participants, NT**

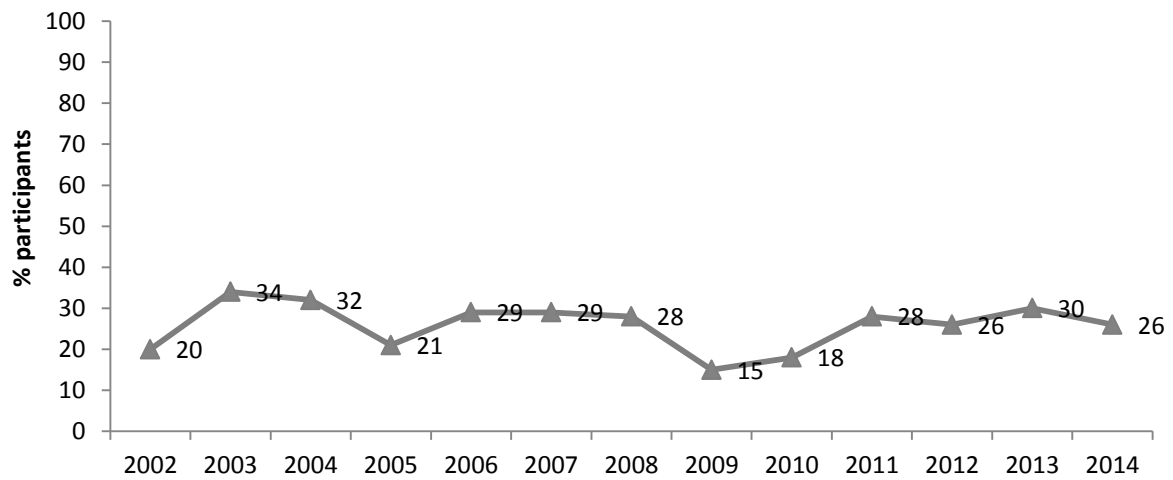
	2007 (N=66)	2008 (N=55)	2009 (N=67)	2013 (N=45)	2014 (N=100)
Ever used (%)	35	18	28	36	39
Used last 6 mths (%)	24	0	15	20	27
<i>Of those used recently:</i>	(n=16)	(n=0)	(n=10)	(n=9)	(n=27)
Median days used last 6 mths (range)	3 (1-80)	-	5 (1-180)	3 (1-30)	5 (1-150)

Source: Whittaker and Burns, 2014.

#### **Crystal methamphetamine use among IDRS participants, NT, 2002 – 2014**

Figure 2 shows the patterns of recent crystal methamphetamine use among people who inject drugs (IDRS participants). Prevalence has fluctuated over the past 12 year period, with proportions remaining relatively stable in the past four years at approximately one-quarter of the sample.

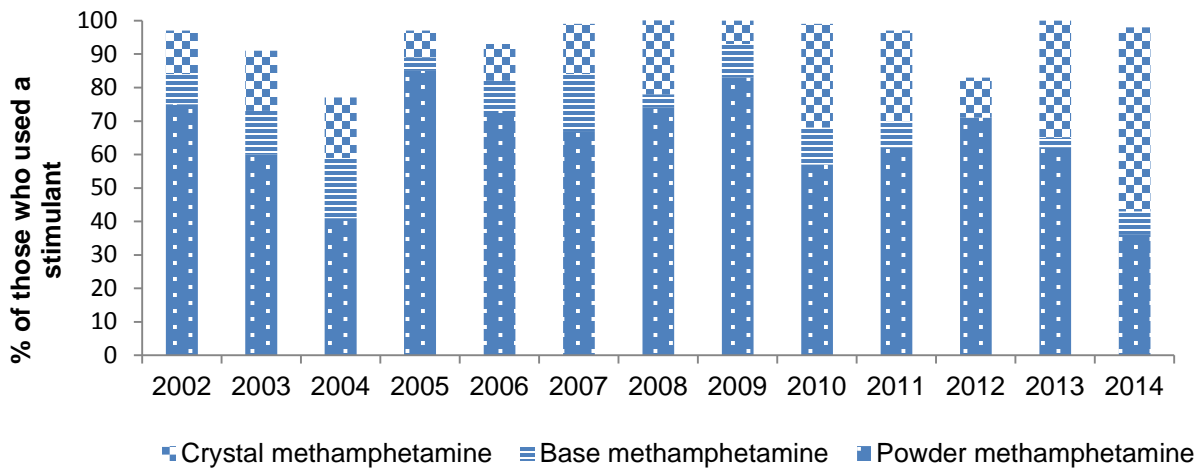
**Figure 2: Patterns of past 6 month crystal methamphetamine use among IDRS participants, NT**



Source: Moon, 2014

Figure 3 shows an increase in the proportion of recent methamphetamine users reporting crystal methamphetamine as the form of methamphetamine most often used (between 2012 and 2014).

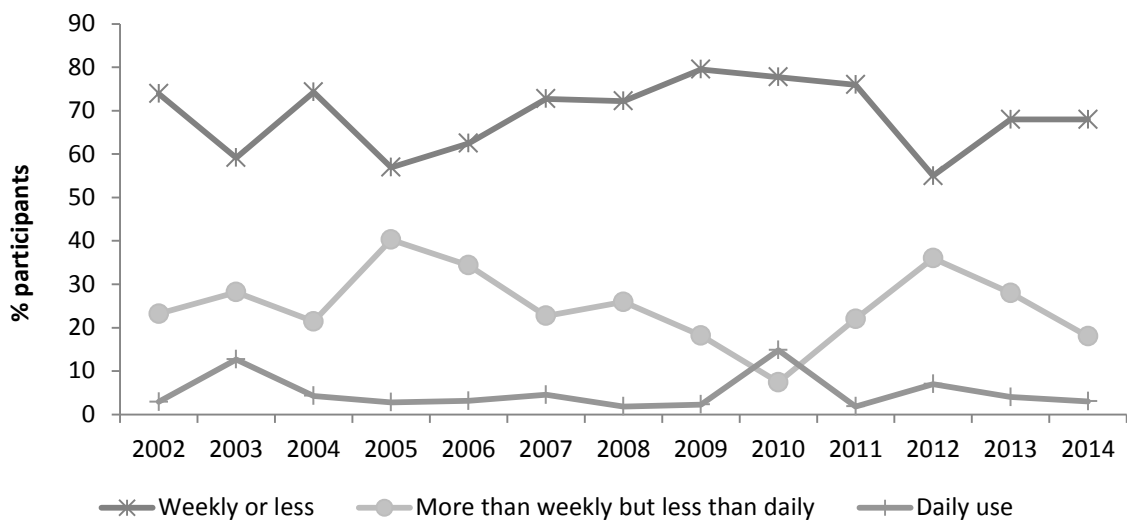
**Figure 3: Proportions reporting the form most used in the preceding six months, among recent methamphetamine users, 2002-2014**



Source: Moon, 2014

Frequency of methamphetamine use (for any form, which includes powder, base and crystal methamphetamine) remains predominantly weekly or less over the past 6 months (Figure 4).

**Figure 4: Methamphetamine use among recent users (any form), 2002-2014**



Source: Moon, 2014

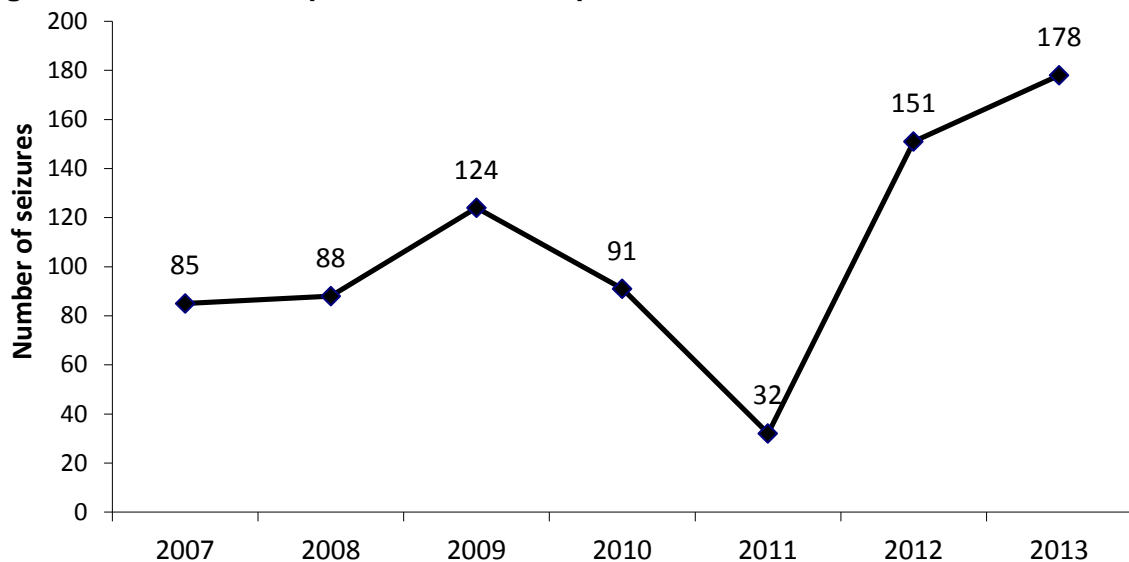
Note: Data prior to 2005 also include prescription stimulants

### Methamphetamine Indicators NT

#### Law Enforcement

Figure 5 presents data on the number of amphetamine/methamphetamine seizures made by the NT police. It should be noted that the data does not relate to purity, and the drug name under which the seizure is coded is the drug that it is traded as, and has not been forensically tested. The number of amphetamine/methamphetamine seizures remained relatively stable from 2007 to 2010, however there was a noticeable decline in 2011. Since this time, there has been a sharp increase in the number of seizures in the NT.

**Figure 5: Number of amphetamine/methamphetamine seizures, NT, 2007-2013**

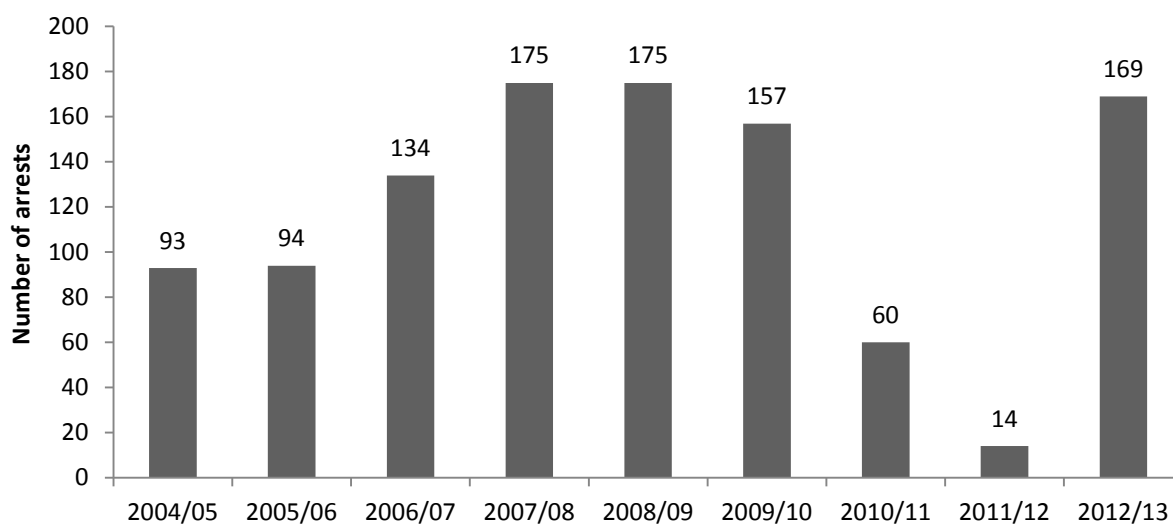


Source: NT Police Real-time Online Information Management System (PROMIS)

Note: Drugs are classified according to information available to police at the time of seizure; however, no toxicological analyses are undertaken to establish the content of drugs found

Figure 6 shows the total number of amphetamine type stimulant (which includes crystal methamphetamine) arrests over a 9 year period.

**Figure 6: Number of amphetamine type stimulant arrests in the NT, 2004/05-2012/13**



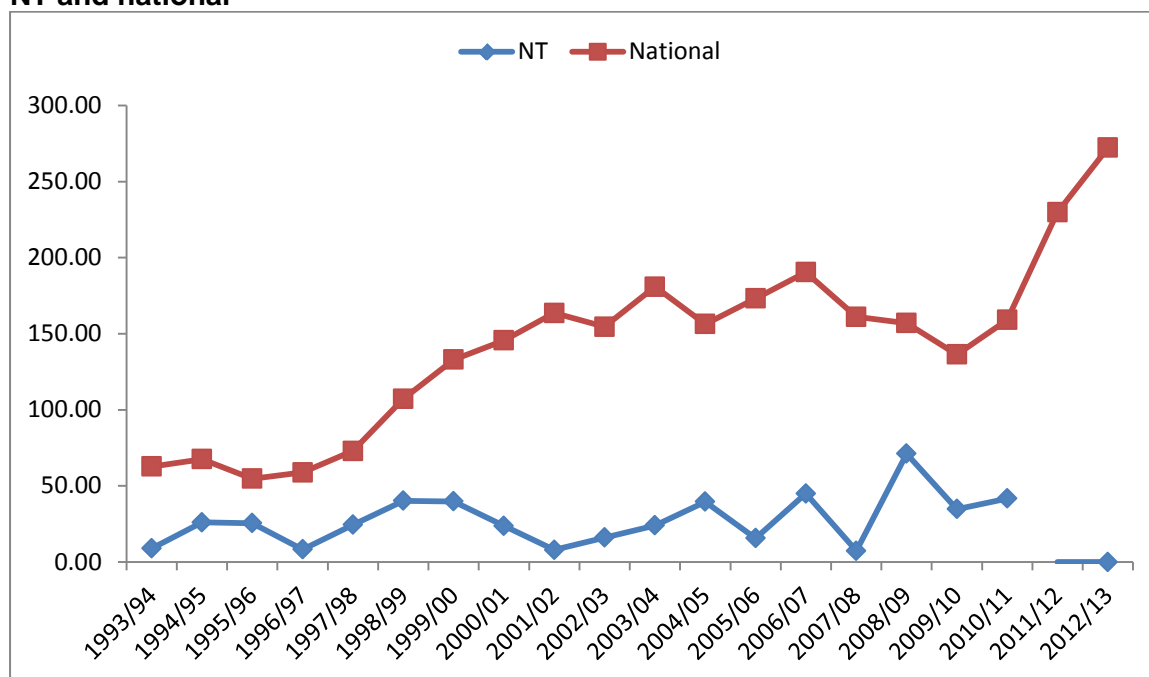
Source: Australian Crime Commission Illicit Drug Data Report, 2014

## Health Indicators

### Hospital admissions

Figure 7 shows the rates of amphetamine-related hospital presentations per million persons for the NT and nationally. National rates are much higher and are steadily increasing, while rates in the NT have fluctuated at a relatively low level. 2011/12 NT data are not reported as numbers were too small and in 2012/13, there were no amphetamine-related hospital presentations reported in the NT.

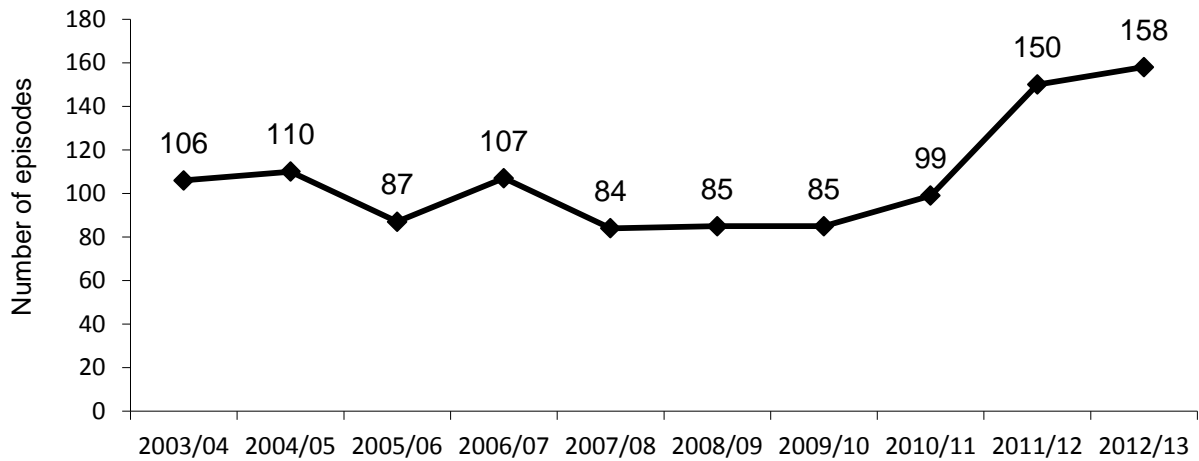
**Figure 7: Rates per million persons of amphetamine-related hospital presentations, NT and national**



### Treatment presentations

The number of closed treatment episodes in the NT where amphetamine was the principal drug of concern has increased since 2007/08 (Figure 8) with 2012/13 recording the highest number of episodes since data collection commenced.

**Figure 8: Number of methamphetamine treatment episodes, NT 2004 to 2013**



Source: AODTS NMDS (AIHW, 2014)

**Note:** The AODTS NMDS is based on closed treatment episodes, and so some episodes may be excluded if they were not closed in the financial year.