



Ms Julia Knight
Secretary, The 'Ice' Select Committee
Legislative Assembly of the Northern Territory
GPO Box 3721
DARWIN NT 0801

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

Dear Ms Knight

Thank you for the invitation from your committee's Chair, Mr Nathan Barrett MLA, of 31 March 2015 inviting the Australian Institute of Health and Welfare (AIHW) to provide a submission to the 'Ice' Select Committee regarding its Inquiry into the prevalence, impacts and government responses to illicit use of the drug colloquially known as "Ice" in the Northern Territory. This submission highlights data available from AIHW that may be of relevance to this inquiry.

The AIHW welcomes the opportunity to provide input into this inquiry. Our attached submission describes the:

- broad AIHW functions, roles and responsibilities
- key drug-related and other relevant data collections managed by the AIHW
- other relevant data collections managed by the AIHW
- other relevant data collections not managed by the AIHW
- a selection of published data relevant to your committee's terms of reference.

Should the committee have any queries about our submission, or wish to seek additional data from the AIHW that may be available subject to necessary clearances, please contact Mr Geoff Neideck, Head of our Housing and Specialised Services Group, on 02 6244 1163.

Yours sincerely

Kerry Flanagan

Kerry Flanagan PSM

Acting Director

30th April 2015

Broad AIHW functions, roles and responsibilities

The AIHW is a major national agency set up by the Australian Government in 1987 as an independent corporate Commonwealth entity within the Health portfolio. Our mission is to provide authoritative information and statistics to promote better health and wellbeing. We provide timely, reliable and relevant information and statistics on hospitals and other health services, aged care, child care, services for people with disabilities, housing assistance, youth justice and other community services.

We collect data and manage national data collections in these areas, producing over 140 public reports each year. Our work is frequently referenced by the media. We also provide information to other government bodies and cross-jurisdictional councils, to external researchers and also directly back to data providers. We report in formats that suit their purposes and allow them to place their service provision in a wider context.

We also develop, maintain and promote data standards to ensure that data collected are nationally consistent. In all these activities we enable governments and the community to make better informed decisions to improve the health and wellbeing of Australians.

The AIHW operates under a strict privacy regime which has its basis in section 29 of *The Australian Institute of Health and Welfare Act 1987*. Our record of protecting the security of the data we hold on the health and welfare of Australians is exemplary. The AIHW Board closely monitors the Institute's performance regarding maintenance of the privacy of its data, and has commissioned and endorsed a range of policies and practices relating to data privacy. This includes an independent Ethics Committee which must approve all new data collections and all data linkage projects.

Relevant drug-related data collections managed by the AIHW

The development and improvement of relevant, accessible, timely and robust data collections is critical to compiling an evidence base for determining the effectiveness of treatment services. The AIHW manages several data collections relating to illicit drug issues.

National Drug Strategy Household Survey (NDSHS)

This large triennial population survey asks people about their knowledge of and attitudes towards drugs and their history of alcohol and other drug consumption. It provides information on the use of alcohol and other drugs in the general population. The sample is based on households, so homeless and institutionalised people were not included in the survey.

The most recent survey conducted in 2013 was the 11th conducted under the auspices of the National Drug Strategy. The 2013 survey collected information from 23,855 respondents, of whom 1,079 resided in the Northern Territory.

Over the last decade, meth/amphetamine use in Australia has declined from 3.4% in 2001 to 2.1% in 2013 (Appendix Table 1). Among people in the Northern Territory, meth/amphetamine use has more than halved, declining from 6.3% in 2001 to 2.8% in 2013. However, due to the small sample of meth/amphetamine users in the Northern Territory (n=26 in 2013), most Northern Territory estimates are unreliable. Additional data can be supplied at national level if needed.

In 2013, meth/amphetamines was the fourth most commonly used illicit drug in Australia after cannabis, misuse of analgesics, and ecstasy (Table 2 and Figure 1).

Results from the 2013 survey showed that people in the Northern Territory were slightly more likely to have used meth/amphetamines in the past 12 months than the national

average (2.8% compared with 2.1%), however this estimate has a relative standard error (RSE) between 25% and 50% and should be interpreted with caution.

Similar to the national findings, there was a shift in the form of meth/amphetamines used in 2013, and 45% of meth/amphetamine users in the Northern Territory reported using ice as their main form in the previous 12 months (compared with 51% nationally; see Appendix Table 3 and Figure 2). However, due to the small sample size in the Northern Territory, these results should be interpreted with caution as they have a relative standard error of between 25% and 50%.

Appendix Table 4 presents data published in the 2013 NDSHS online tables for people in Australia as data for Northern Territory residents only is unreliable (RSE is greater than 50%). It shows that people living in *Remote and Very remote* areas were at least twice as likely to have used meth/amphetamines in the previous 12 months as people living in *Major cities* and *Inner regional* areas.

Tables 5, 6 and 7 shows that people in the community are becoming more concerned about meth/amphetamine use. Between 2010 and 2013, there were statistically significant increases in the proportion of people nominating meth/amphetamines as:

- a drug problem
- who thought it was the drug of most serious concern for the community
- the drug that caused the most deaths.

The 2013 NDSHS report is available from the AIHW website:
<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>.

Earlier NDSHS reports are also available: <http://www.aihw.gov.au/alcohol-and-other-drugs-publications/>.

Limitations of the NDSHS data

A limitation of the NDSHS is that it does not capture data on the exact number of 'ice' users as the series of questions in the survey are about meth/amphetamine use and the survey only asks the main form of meth/amphetamine used. It is possible to estimate the minimum number of people using 'ice' but not possible to provide a definitive number of users.

The exclusion from participation in the survey of people from non-private dwellings and institutional settings, and the difficulty in reaching marginalised people are likely to have affected estimates.

The response rate for young people is low and people aged under 35 years are under represented in the survey.

Alcohol and Other Drug Treatment Services National Minimum Data Set Collection (AODTS NMDS)

This collection contains information on alcohol and other drug treatment agencies in Australia and the episodes of treatment provided by those agencies, including the drugs of concern and the types of treatment provided. Treatment episodes are included in the collection when they are closed – defined as a period of contact between a client and a treatment provider (or team of providers) that is closed when treatment is completed or has ceased, or there has been no further contact between the client and the treatment provider for 3 months.

Data specifically on treatment for the crystal ('ice') form of methamphetamine in the Northern Territory are not separately available due to the nature of the classification structure used in this collection. However, methamphetamines are a subset of

amphetamines, the data for which have been included in this submission (and are included in all AODTS NMDS reports).

Key findings from the 2013–14 AODTS NMDS were released online on 24 April 2015. They showed that treatment for the use of amphetamines is increasing – from 7% of closed treatment episodes to 17% between 2009–10 and 2013–14 (AIHW 2013–14 key findings release <http://www.aihw.gov.au/alcohol-and-other-drugs/aodts/>). More detailed data and a report for 2013–14 will be available in June 2015. The tables provided in this submission can then be updated with 2013–14 data.

In 2012–13, the most recent year for which more detailed data are publicly available, 19 treatment agencies in the Northern Territory (3% of the national total) provided around 3,600 treatment episodes that were closed in that year (2% of the national total). Treatment for amphetamine use accounted for 158 episodes in 2012–13, up 86% from 2008–09 (see Appendix Table 8). For treatment episodes relating to amphetamine use, assessment only was the main treatment provided in 46% of episodes in the Northern Territory, while counselling was the main treatment for 25% of these episodes and rehabilitation was the main treatment for 16% of these episodes (see Appendix Table 9).

Over the 5 years to 2012–13, the number of episodes for clients injecting and smoking/inhaling amphetamines increased (see Appendix Table 10). In 2012–13, clients in the Northern Territory were 4 times as likely to smoke/inhale amphetamines as they were in 2008–09 (40 clients compared with 9).

The most recent publicly released report – *Alcohol and other drug treatment services in Australia 2012–13* – is available from the AIHW website: <http://www.aihw.gov.au/alcohol-and-other-drugs-publications/>.

Other unpublished AODTS NMDS data available

In addition to the data presented in this paper, the AIHW can also report on closed treatment episodes provided to clients receiving treatment for amphetamine use by factors such as age group, Indigenous status and source of referral to alcohol and other drug treatment. Please let us know if you would like information on any of these. Release of these data requires approval from the Northern Territory Department of Health which we would be able to seek if required.

Other related collections managed by the AIHW

Other AIHW collections that may be of interest to the committee include:

- the National Prisoner Health Data Collection
- the National Hospital Morbidity Database.

The National Prisoner Health Data Collection contains data on prisoners' use of alcohol, tobacco and illicit drugs in the 12 months before entry into prison and while in prison. Specifically, in 2012 it was reported that 37% of prison entrants across Australia had used methamphetamine during the 12 month period prior to their current imprisonment (see *Prisoner health services in Australia 2012* for more information:

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548270>)

The comparable figure has not been published for the Northern Territory due to the small sample used.

Information on hospitalisations (separations from hospitals) is available from the National Hospital Morbidity Database (NHMD). The NHMD is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. Drug-related hospital separation data published by the AIHW include legal, accessible drugs such

as alcohol and tobacco, drugs that are available by prescription or over the counter, such as analgesics and antidepressants, and drugs that are generally not obtained through legal means, such as heroin and meth/amphetamines. Therefore, a proportion of the separations reported may result from harm arising from the therapeutic use of drugs, and the inclusion of therapeutic use may mean the burden of drugs and alcohol on the hospital system appears larger than expected.

About 107,800 hospital separations with a drug-related principal diagnosis were reported in 2011-12, which represents 1% of all hospital separations, a slightly higher proportion than in previous years.

Published drug-related hospital data combines separations related to use of methamphetamines into a broad 'Other stimulants' class which also includes (for example) volatile solvents. AIHW analysis of national 'Other stimulants' data are available upon request subject to data quality checks. State and territory data custodian clearance is required for state/territory specific data. Additional analyses of these data may incur a cost.

Other related collections not managed by the AIHW

Other collections not managed by the AIHW that may be of interest to the committee include:

- The Ecstasy and Related Drugs Reporting System (managed by the National Drug and Alcohol Research Centre (NDARC))
- The Illicit Drug Reporting System (managed by NDARC)
- Illicit drug arrests, seizures and purity data (Australian Federal Police)
- Number and weight of border detections and importation methods (Australian Customs and Border Protection Service)
- Number of clandestine methamphetamine laboratories detected (Australian Crime Commission)
- Police detainees testing positive for illicit drugs (Australian Institute of Criminology)

Appendix: Tables

Table 1: Recent^(a) use of meth/amphetamine, persons aged 14 years or older, Northern Territory and Australia, 2001 to 2013 (per cent)

Sex	Northern Territory					Australia				
	2001	2004	2007	2010	2013	2001	2004	2007	2010	2013
Males	7.8	5.8	3.1	3.6	*3.2	4.2	4.0	3.0	2.5	2.7
Females	4.7	1.9	1.4	0.5	*2.4	2.7	2.5	1.6	1.7	1.5
Persons	6.3	3.9	2.3	2.1	*2.8	3.4	3.2	2.3	2.1	2.1

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) Used in the previous 12 months.

(b) For non-medical purposes.

Source: AIHW 2002, 2005, 2008, 2009, 2011, 2014 (National Drug Strategy Household Surveys)

Table 2: Recent^(a) illicit drug use, people in Australia aged 14 years or older, 1993 to 2013 (per cent)

Drug/Behaviour	1993	1995	1998	2001	2004	2007	2010	2013
Illicit drugs (excluding pharmaceuticals)								
Marijuana/cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3	10.2
Ecstasy	1.2	0.9	2.4	2.9	3.4	3.5	3.0	2.5#
Meth/amphetamine (speed) ^(b)	2.0	2.1	3.7	3.4	3.2	2.3	2.1	2.1
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1	2.1
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4	1.3
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6	0.8
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2	0.1#
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.3
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1	*<0.1
Synthetic Cannabinoids	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.2
New and Emerging Psychoactive Substances	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.4
Injected drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4	0.3#
Any illicit excluding pharmaceuticals	13.7	14.2	19.0	14.2	12.6	10.9	12.0	12.0
Pharmaceuticals								
Pain-killers/analgesics ^(b)	1.7	3.4	5.2	3.1	3.1	2.5	3.0	3.3
Tranquillisers/sleeping pills ^(b)	0.9	0.7	3.0	1.1	1.0	1.4	1.5	1.6
Steroids ^(b)	0.3	0.2	0.2	0.2	—	—	0.1	*0.1
Methadone/ Buprenorphine	n.a.	n.a.	0.2	0.1	0.1	0.1	0.2	0.2
Other opiates/opioids ^(b)	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.4	0.4
Any pharmaceutical	n.a.	4.1	6.3	3.9	3.8	3.7	4.2	4.7#
Illicit use of any drug	14.0	16.7	22.0	16.7	15.3	13.4	14.7	15.0

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Statistically significant change between 2010 and 2013.

(a) Used in the previous 12 months.

(b) For non-medical purposes.

Table 3: Form of meth/amphetamines used, recent users^(a) aged 14 years or older, by Northern Territory and Australia, 2010 and 2013 (per cent)

Form of drug	Northern Territory		Australia	
	2010	2013	2010	2013
Powder	*63.5	*29.1	50.6	28.5#
Liquid	—	**10.7	**0.9	**0.5
Crystal, ice	**30.4	*44.6	21.7	50.4#
Base/Paste/Pure	**6.1	—	11.8	*7.6
Tablet	—	**3.7	8.2	*8.0
Prescription amphetamines	—	**3.7	6.8	*3.0#
Capsules	n.a.	**8.2	n.a.	*2.0

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Statistically significant change between 2010 and 2013.

(a) Used in the previous 12 months.

Notes:

1. Base is recent users of meth/amphetamines.

2. Respondents could select more than one response.

Source: AIHW 2014. 2013 National Drug Strategy Household Survey;

Table 4: Recent meth/amphetamine users by remoteness areas, people aged 14 years or older, 2010 and 2013

Geography	2010	2013
Major cities	2.0	2.1
Inner regional	2.0	1.6
Outer regional	1.5	2.0
Remote and very remote	*4.0	*4.4

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note: Data not published for Northern Territory.

Source: AIHW 2014. 2013 National Drug Strategy Household Survey

Table 5: Proportion nominating meth/amphetamine as the drug first nominated when thinking about a drug problem, people aged 14 years or older, 2001 to 2013

	2001	2004	2007	2010	2013
Northern Territory	7.3	7.2	13.4	17.7	24.9#
Australia	4.6	5.5	16.4	16.3	21.9#

Statistically significant change between 2010 and 2013.

Note: The list of response options (i.e. the number and type of drugs) changed across survey waves.

Comparisons should be interpreted with caution.

Source: AIHW 2014. 2013 National Drug Strategy Household Survey

Table 6: Proportion nominating meth/amphetamine as the drug thought to cause most deaths, people aged 14 years or older, 2001 to 2013

	2001	2004	2007	2010	2013
Northern Territory	2.8	1.3	5.6	4.4	9.0#
Australia	2.8	1.8	5.2	4.7	8.7#

Statistically significant change between 2010 and 2013.

Note: The list of response options (i.e. the number and type of drugs) changed across survey waves.

Comparisons should be interpreted with caution.

Source: AIHW 2014. 2013 National Drug Strategy Household Survey

Table 7: Proportion nominating meth/amphetamine as the form of drug use thought to be of most serious concern for the general community, people aged 14 years or older, 2001 to 2013

	2001	2004	2007	2010	2013
Northern Territory	1.7	2.9	13.1	6.9	15.0#
Australia	2.3	2.8	16.4	9.4	16.1#

Statistically significant change between 2010 and 2013.

Note: The list of response options (i.e. the number and type of drugs) changed across survey waves.

Comparisons should be interpreted with caution.

Source: AIHW 2014. 2013 National Drug Strategy Household Survey

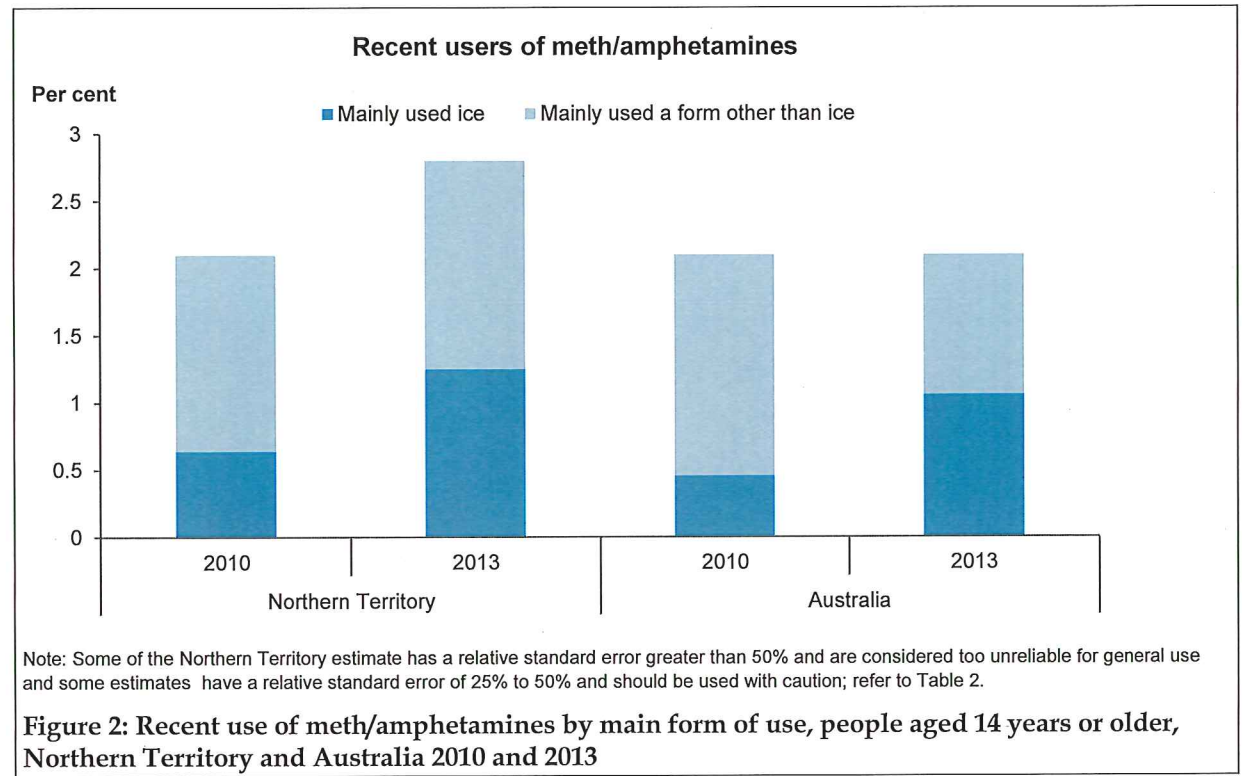
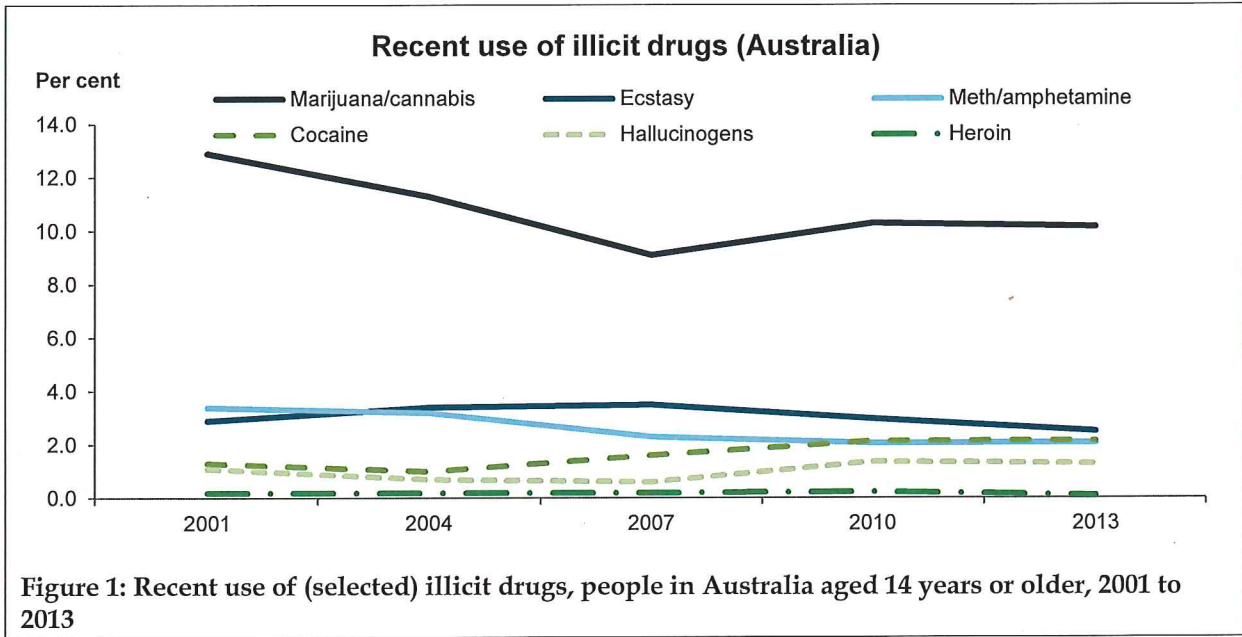


Table 8: Closed treatment episodes provided to clients receiving treatment for their own drug use for amphetamine^a use as a principal drug of concern compared to all drug use, 2003–04 to 2012–13

Year	Northern Territory		Australia	
	No.	% of all episodes	No.	% of all episodes
2003–04	106	4.5	14,208	11.0
2004–05	110	5.2	14,780	10.9
2005–06	87	3.8	15,935	11.0
2006–07	107	4.8	17,292	12.3
2007–08	84	2.4	16,588	11.2
2008–09	85	2.4	12,739	9.2
2009–10	85	2.5	10,027	7.2
2010–11	99	3.1	12,563	8.7
2011–12	150	4.7	16,875	11.5
2012–13	158	4.7	22,265	14.4

^a Data are based on codes 3100 to 3199 in the Australian Standard Classification of Drugs of Concern (ABS 2011)

Source: AIHW 2014 Alcohol and other drug treatment services in Australia 2012–13.

Table 9: Closed treatment episodes provided to clients receiving treatment for their own drug use for amphetamine^a use as a principal drug of concern by main treatment type, 2012–13

Main treatment type	Northern Territory		Australia	
	No.	%	No.	%
Counselling	39	24.7	9,934	44.6
Withdrawal management (detoxification)	17	10.8	2,681	12.0
Assessment only	72	45.6	4,591	20.6
Support and case management only	0	0	2,140	9.6
Information and education only	1	0.6	977	4.4
Rehabilitation	25	15.8	1,720	7.7
Other	4	2.5	222	1.0
Total	158	100.0	22,265	100.0

^a Data are based on codes 3100 to 3199 in the Australian Standard Classification of Drugs of Concern (ABS 2011)

Source: AIHW 2014 Alcohol and other drug treatment services in Australia 2012–13.

Table 10: Closed episodes provided for own drug use with a principal drug of concern of amphetamines^a, by method of use, all clients, 2003–04 to 2012–13

	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
Northern Territory (number)										
Smokes + inhales	0	2	8	5	9	9	10	17	29	40
Injects	94	90	50	86	51	61	52	59	95	100
Other	7	17	15	11	21	10	21	20	22	12
Not stated	5	1	14	5	3	5	2	3	4	6
Total	106	110	87	107	84	85	85	99	150	158
Northern Territory (per cent)										
Smokes + inhales	0.0	1.8	9.2	4.7	10.7	10.6	11.8	17.2	19.3	25.3
Injects	88.7	81.8	57.5	80.4	60.7	71.8	61.2	59.6	63.3	63.3
Other	6.6	15.5	17.2	10.3	25.0	11.8	24.7	20.2	14.7	7.6
Not stated	4.7	0.9	16.1	4.7	3.6	5.9	2.4	3.0	2.7	3.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Australia (number)										
Smokes + inhales	485	777	1534	2510	2952	2,238	1,923	2,797	5,281	8,398
Injects	11,241	11,309	11,670	11,926	10,900	8,203	6,074	6,127	8,638	10,018
Other	2,214	2,359	2,457	2,560	2,365	1,941	1,573	1,851	2,309	2,723
Not stated	268	335	274	296	371	357	457	1,788	647	1,126
Total	14,208	14,780	15,935	17,292	16,588	12,739	10,027	12,563	16,875	22,265
Australia (per cent)										
Smokes + inhales	3.4	5.3	9.6	14.5	17.8	17.6	19.2	22.3	31.3	37.7
Injects	79.1	76.5	73.2	69.0	65.7	64.4	60.6	48.8	51.2	45.0
Other	15.6	16.0	15.4	14.8	14.3	15.2	15.7	14.7	13.7	12.2
Not stated	1.9	2.3	1.7	1.7	2.2	2.8	4.6	14.2	3.8	5.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^a Data are based on codes 3100 to 3199 in the Australian Standard Classification of Drugs of Concern (ABS 2011)

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

Source: AIHW 2014 Alcohol and other drug treatment services in Australia 2012–13; data for the NT is unpublished.

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