



**Burnet Institute**  
Medical Research. Practical Action.

DIRECTOR and CEO – Professor Brendan Crabb, PhD  
CHIEF PATRON – The Honourable Alex Chernov, AC, QC, Governor of Victoria

Executive Officer, Sandy Cook  
Law Reform, Drugs and Crime Prevention Committee  
Parliament House  
East Melbourne VIC 3002

21/10/2013

Dear Sandy

Please find attached a submission from the Burnet Institute to the current “Inquiry into the supply and use of methamphetamines, particularly ‘ice’, in Victoria” of the Law Reform, Drugs and Crime Prevention Committee of the Parliament of Victoria. The Burnet Institute is one of Australia’s leading Medical Research Institutes with a long history of important work and research with people who use drugs. The Burnet Institute is in a unique position to provide information relevant to the Inquiry. To our knowledge no other Victorian organisation routinely collects information from methamphetamine users who are not in treatment. To this end we have four studies that are relevant to the purposes of the Inquiry:

1. the Melbourne Injecting Drug User Cohort Study (MIX) – a longitudinal study of around 700 people who inject a range of drugs including methamphetamine and heroin.
2. the UnMet study – a longitudinal study of 255 people who use methamphetamine, recruited during 2010 and followed up one year later during 2011.
3. The Illicit Drug Reporting System (IDRS) – an annual surveillance study of the drug market relevant to people who inject drugs (PWID) that includes surveys of PWID, interviews with key experts and collation of available indicator data.
4. The Ecstasy and Related Drugs Reporting System (EDRS) – an annual surveillance study of Regular Ecstasy Users that employs similar methods to the IDRS.

Studies 3 and 4 are conducted in collaboration with Turning Point Alcohol and Drug Centre.

We have noted the Terms of Reference of the Committee and have focused on the Terms to which the work of our Institute directly relate. In our response we have used the term methamphetamine to include all forms of methamphetamine as well as amphetamines, unless otherwise indicated.

We have summarised our work that relates to the Terms of Reference of the Committee, but would be happy to provide additional detail if required.

We look forward to reading the recommendations of the Committee in a timely fashion.

Yours sincerely

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*Term of Reference 3: examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas;*

Evidence on methamphetamine use in Victoria is available from a variety of sources including population surveys and targeted surveys of drug users. Population surveys such as the National Drug Strategy Household Survey (NDSHS)<sup>1</sup>, the Victorian Youth Alcohol and Drug Survey (VYADS)<sup>2</sup> and the Australian School Students and Drug use survey (ASSAD)<sup>3</sup>, the latter two surveys targeting young people (16-24 years of age) and school students (16-17 year olds shown below) **all show that methamphetamine has only been used by a relatively small percentage of the population with reports of recent use declining across all of survey measures.**

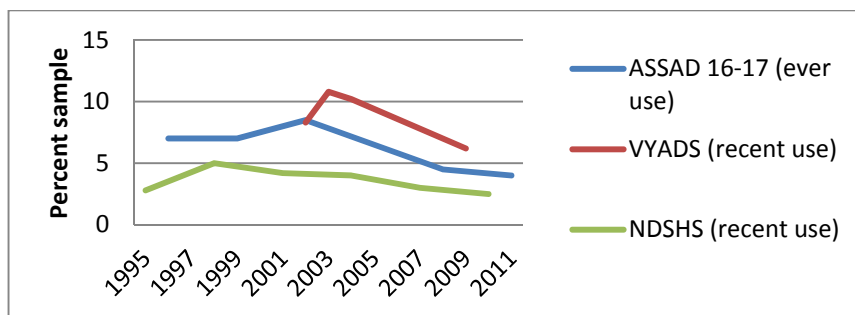


Figure 1. Methamphetamine use figures taken from most recent population surveys

These declining rates of methamphetamine use are mirrored in annual targeted surveys of people who inject drugs (PWID) and Regular Ecstasy Users (REU), surveyed as part of the Illicit Drug Reporting System (IDRS)<sup>4</sup> and Ecstasy and Related Drugs Reporting System (EDRS)<sup>5</sup> respectively. The overall decline in use masks a general increase in reports of the use of crystal methamphetamine that now accounts for the bulk of the reports of recent use of the drug.

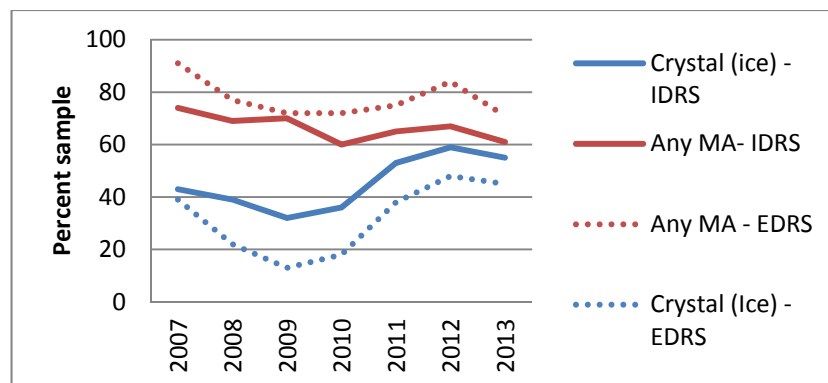


Figure 2. Methamphetamine use figures taken from EDRS and IDRS drug user surveys

However, it should be noted that the **median days of crystal methamphetamine use reported by IDRS participants increased from 6 days in the past six months in 2012 to 13 days in the past six months in 2013<sup>4</sup>.**

There are no equivalent data available by region or indigenous status. Only large sample size studies such as ASSAD or VYADS are capable of providing reasonably robust population-level estimates of use. The NDSHS is currently in the field and so updated population-level estimates will be available in 2014. ASSAD will also be repeated in 2014. However, we understand that there are no plans for a

repeat of VYADS at this stage. **We recommend that the VYADS be repeated as a matter of urgency in order to better understand patterns of methamphetamine use among young people in Victoria.**

*Term of Reference 4: examine the links between methamphetamine use and crime, in particular crimes against the person*

The use of methamphetamine is attributed to many criminal acts in the media, particularly violent crime, but the link between methamphetamine use and crime has not been extensively studied in Victoria. Our samples of people who use drugs commonly report extensive involvement with the criminal justice system. For example, over half of the UnMet sample<sup>6</sup> had previously been in contact with the criminal justice system at recruitment, 41% reported arrest in the previous year and 38% reported ever having been in prison. Over half (55%) of the UnMet sample reported engaging in drug dealing and/or property crime (35%) in the month prior to recruitment, however only a very small minority (three per cent) reported committing a violent offence in that time.

We have recently examined the relationship between a series of different variables and self-reported crime perpetrated by PWID, recruited as part of the IDRS over the period 2002-2010. This work showed that recent (past six-month) crystal methamphetamine injection was not associated with past-month violent crime or property crime, and had only a small (but statistically significant) association with recent drug dealing<sup>7</sup>.

In the most recent EDRS survey of REU, a group who have less involvement with the criminal justice system than other groups of drug users, no participant reported committing a crime of violence in the past month. Only 12% reported committing property crime in the past month, with only 4% reporting committing these property crimes under the influence of any drug. Such small numbers preclude analysis of the involvement of methamphetamine in these crimes.

*Term of Reference 5: examine the short and long term consequences of methamphetamine use*

Reports of increased rates of methamphetamine related harms have recently been published by a group based at Turning Point Alcohol and Drug Centre.<sup>8</sup> While these data do not cover the period through to 2013, they clearly show an increase across a number of indicators of short (e.g., ambulance attendances) and long-term (e.g., treatment presentations) harms.

In attempting to understand these patterns of increased harms in the context of decreased prevalence of use, we would like to draw the Committee's attention to data on drug prices and drug purity collected as part of the IDRS, from the survey of PWID and Victoria Police data on drug seizures respectively<sup>9</sup>. These data presented in Figure 3 show a picture of increasing methamphetamine purity (collapsed across all forms of the drug) from 2009 onwards. Methamphetamine prices have only increased slightly during this time, meaning that, as shown in Figure 3, **the price per pure gram (PPG) of methamphetamine has decreased dramatically from a peak in 2008-09**. This change means that people purchasing the drug obtain far more than in previous years for a given purchase amount. **This dramatic change in purity-adjusted price is likely to have a dramatic impact on the experiences of harm among users of the drug, and probably underpins the increases in harms noted above.**

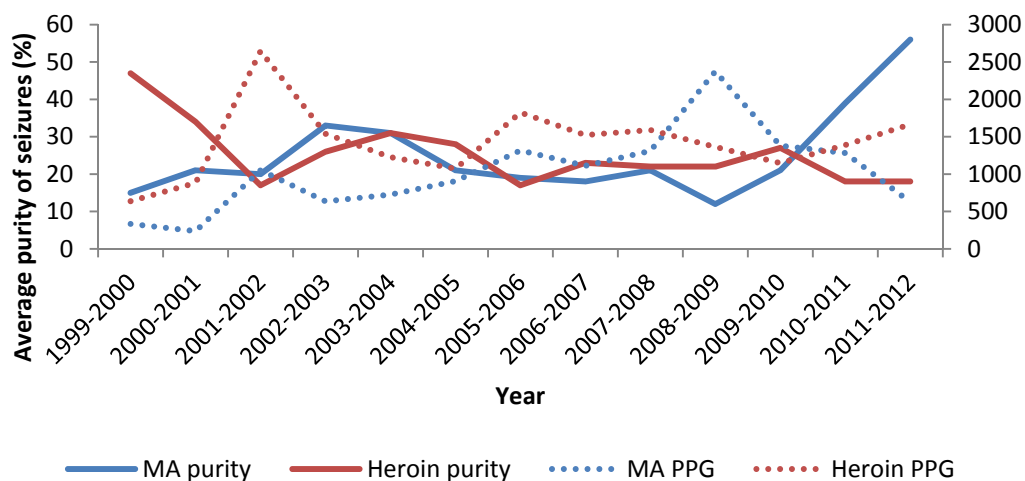


Figure 3. Methamphetamine purity and price per pure gram taken from IDRS reports

### Consequences observed in our field work

As noted above, the Burnet Institute is in a unique position to comment on the use of methamphetamine because of the work we do with people who use drugs that involves field-based data collection. **Since 2008 we have observed an increase in the self-reported frequency of recent methamphetamine use ('ice' in particular) in our studies of PWID – people who have already established drug use.** Anecdotally, factors that may underpin this change include: wider access to the drug via peer networks (and associated 'gifting' of the drug between peers), the low purity of heroin currently available which, coupled with increased quality of 'ice' which is providing a longer duration effect for methamphetamine giving PWID more drug effects for their money in comparison to heroin. Some report methamphetamine use to assist with long shift work hours, or to increase low libido and facilitate intimate relationships with partners.

In our day-to-day contact with PWID, we have not been exposed to direct hostility resulting from methamphetamine use by our study participants. However, we have observed participants who, when 'coming down' from methamphetamine use, exhibit minor symptoms of acute psychosis such as mild paranoia and other unusual thoughts and, among a few with previous diagnoses of serious mental illness, auditory and visual hallucinations. Some of these effects appear as a direct result of a lack of sleep and poor nutrition, and can result in missing appointments with health, welfare and corrections due to temporal confusion and tiredness.

### Experiences of harm

The long-term consequences of methamphetamine use are well-established and include harms in the social (e.g., financial and legal problems) and health (e.g., dependence) domains. For example, at the time of recruitment 58% of the UnMet sample were classified as dependent according to the Severity of Dependence Scale<sup>6</sup>. They frequently reported financial (65%), social (49%), work/study (31%) and legal/criminogenic (18%) consequences of methamphetamine use in the past six months. Further, although not directly attributable to methamphetamine use, the cohort showed relatively poor mental health as:

- 30% were classified as 'highly' psychologically distressed according to the Kessler 10 Scale of Psychological Distress;
- 42% were currently prescribed medication for mental health issues; and

- Reported illicit use of mental health medication was common (e.g., 65% had used illicit benzodiazepines an average of one day/week in the last month).

The average age of first use reported by UnMet participants was 16 years. This highlights the importance of early intervention and harm reduction initiatives for young people, especially those at-risk groups such as those leaving school early.

#### *Understanding the natural history of methamphetamine use*

The natural history of methamphetamine use has received little attention in Australia, with only a small number of cohort studies specifically examining this issue, and only the UnMet study examining this issue in a sample recruited in Victoria. Such studies are crucial for understanding the way in which methamphetamine use evolves over time. The UnMet cohort showed considerable improvements in a variety of ways over a 12 month follow-up<sup>10</sup>. These include a reduction in:

- dependence, from 58% of the sample at baseline to 44% at follow up; and
- the frequency of past-month methamphetamine use at follow-up compared to baseline with 70% reporting decreased use (including 32% reporting past-month abstinence at follow-up).

Importantly, there was no evidence that these decreases in methamphetamine use were accompanied by substitution with other drugs. At follow-up:

- among those who reduced their frequency of methamphetamine use (n=140), there were significant reductions in self-reported frequency of ecstasy, hallucinogen and benzodiazepine use;
- the proportion of participants reporting recent injection of any drug decreased significantly;
- reports of past-month use of all other drugs decreased, including statistically significant decreases in the proportion of participants reporting ecstasy, hallucinogen, illicit pharmaceuticals, tobacco and heroin use;
- there was a significant reduction in the proportion of participants spending money on illicit drugs in the last month and the average amount spent.

Nevertheless, 21% of the cohort reported escalating use at follow-up and a small number (around 5% of the cohort) progressed from being classified as non-dependent at baseline to being classified as dependent at follow-up. It should be noted that, among those who continued to use methamphetamine, there was a shift towards the use of crystal methamphetamine (48% reporting crystal methamphetamine use at follow-up compared to 32% at baseline), consistent with the changes in the methamphetamine market noted above.

These natural history data from the UnMet cohort are unique in Victoria. Studies of this sort are needed to better understand how methamphetamine use evolves over time. **We recommend that prospective studies of people who use methamphetamine be funded and conducted in Victoria.**

*Term of Reference 6: examine the relationship of methamphetamine use to other forms of illicit and licit substances;*

**In almost all studies of samples of methamphetamine users, polysubstance use (the use of other licit and illicit drugs in combination with, or in addition to, methamphetamine) is the norm. This applies to PWID and less socially marginalised groups such as REU.**

For example, all of the UnMet sample reported use of other drugs in the previous six months. Further analysis of baseline drug use patterns showed that:

- 75% reported use of other drugs with methamphetamine in the previous six months, most commonly cannabis (61%), alcohol (57%) and ecstasy (17%);
- 87% reported using other drugs to counter the 'comedown' effects subsequent to methamphetamine use, most commonly cannabis (62%), licit or illicit benzodiazepines (54%) and heroin (34%);

These patterns of polysubstance use highlight the need to address the use and harms of using other substances in addition to methamphetamine use when dealing with clients presenting with methamphetamine related issues. Indeed, problematic use of other substances (e.g., heroin, cannabis) was cited as a barrier to treatment utilisation among some members of the UnMet cohort.

*Term of Reference 8: consider best practice strategies to address methamphetamine use and associated crime, including regulatory, law enforcement, education and treatment responses (particularly for groups outlined above).*

**We strongly endorse the diversion initiatives currently in place that are designed to divert those people apprehended for methamphetamine use or possession from the criminal justice system.**

**We strongly endorse harm reduction programs aimed at minimising the spread of blood borne viruses amongst methamphetamine users, and note the need for improved funding and access to services such as needle and syringe programs as detailed by the Australian National Council on Drugs<sup>11</sup>.**

Data from the UnMet study show that many of those who use methamphetamine cease use with little in the way of professional support. Indeed, the main reported barrier to treatment utilisation among participants was a lack of perceived need, despite experience of methamphetamine-related harms and involvement in risk behaviours. Many of these participants had extensive contacts with services outside of specialist drug treatment. **This suggests the importance of up-skilling services outside of the specialist drug treatment sector, such as those in the employment, housing and wider health sectors (particularly mental health), in responding to methamphetamine use including how to screen for methamphetamine related problems and refer people to services appropriate to their needs.** In this regard those who might not perceive a need for treatment utilisation might benefit from harm reduction and education initiatives which emphasise the less tangible adverse consequences of MA use (e.g., work/study outcomes and relationship breakdown).

For those who do require treatment, the treatment responses for methamphetamine use currently available are inadequate. There are no substitution drugs of demonstrable effectiveness, and limited options for counselling and support. Promising treatments available in Victoria need further research and evaluation, and the current funding mechanisms for withdrawal services need review. Specialist on-line resources (e.g., Access Point) are out-of-date and reflect previous funding cycles around methamphetamine treatment. **We recommend that a review of available treatments and resources for methamphetamine dependence be undertaken urgently.**

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