



# Trends in methylamphetamine availability, use and treatment 2003–04 to 2013–14

## Introduction and aim

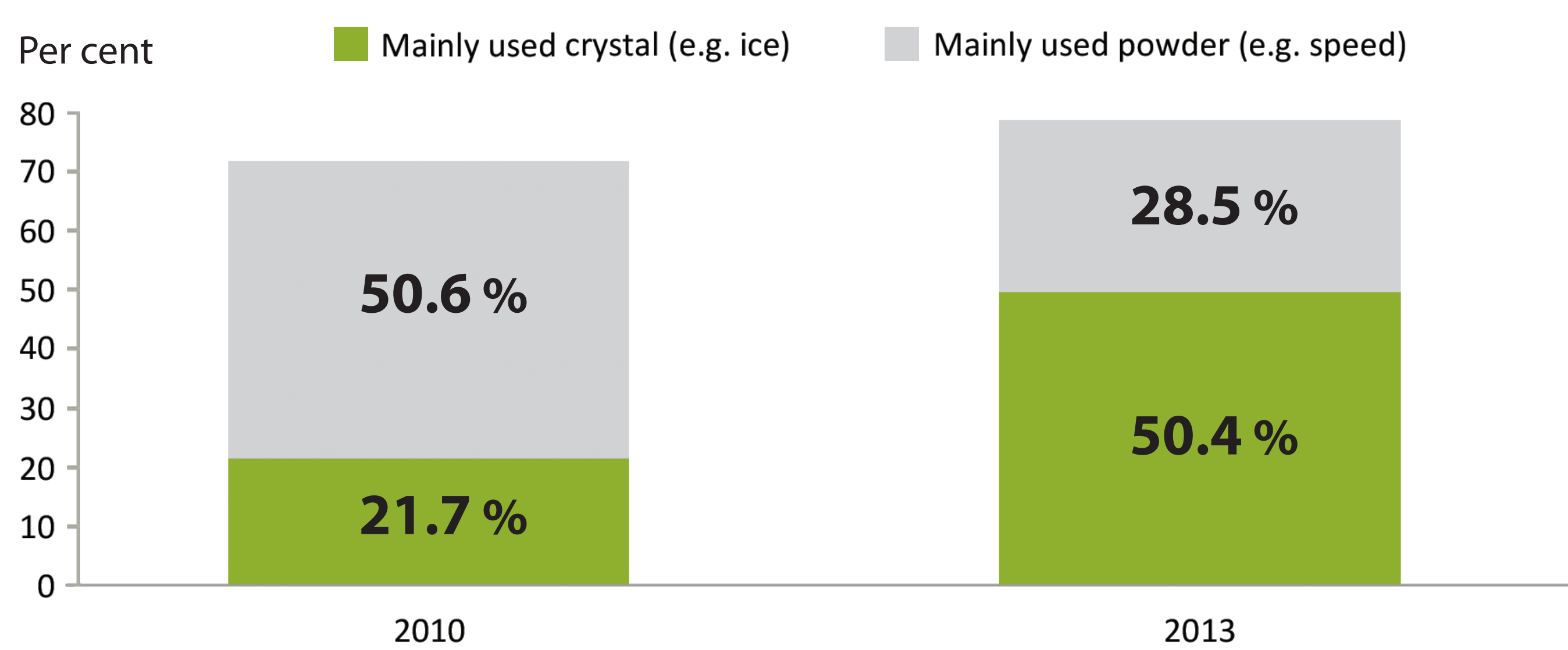
Analysis of trends in the availability, use and treatment of methylamphetamine can provide useful insights into reducing the supply, demand and harms associated with it. The crystal (ice) form of methylamphetamine poses significant risks of harm; recent trends show that methylamphetamine users are now favouring the crystal form over other forms. Using data from several sources, trends in methylamphetamine availability, use and treatment were analysed, and are presented here for the period 2003–04 to 2013–14.

## Terminology

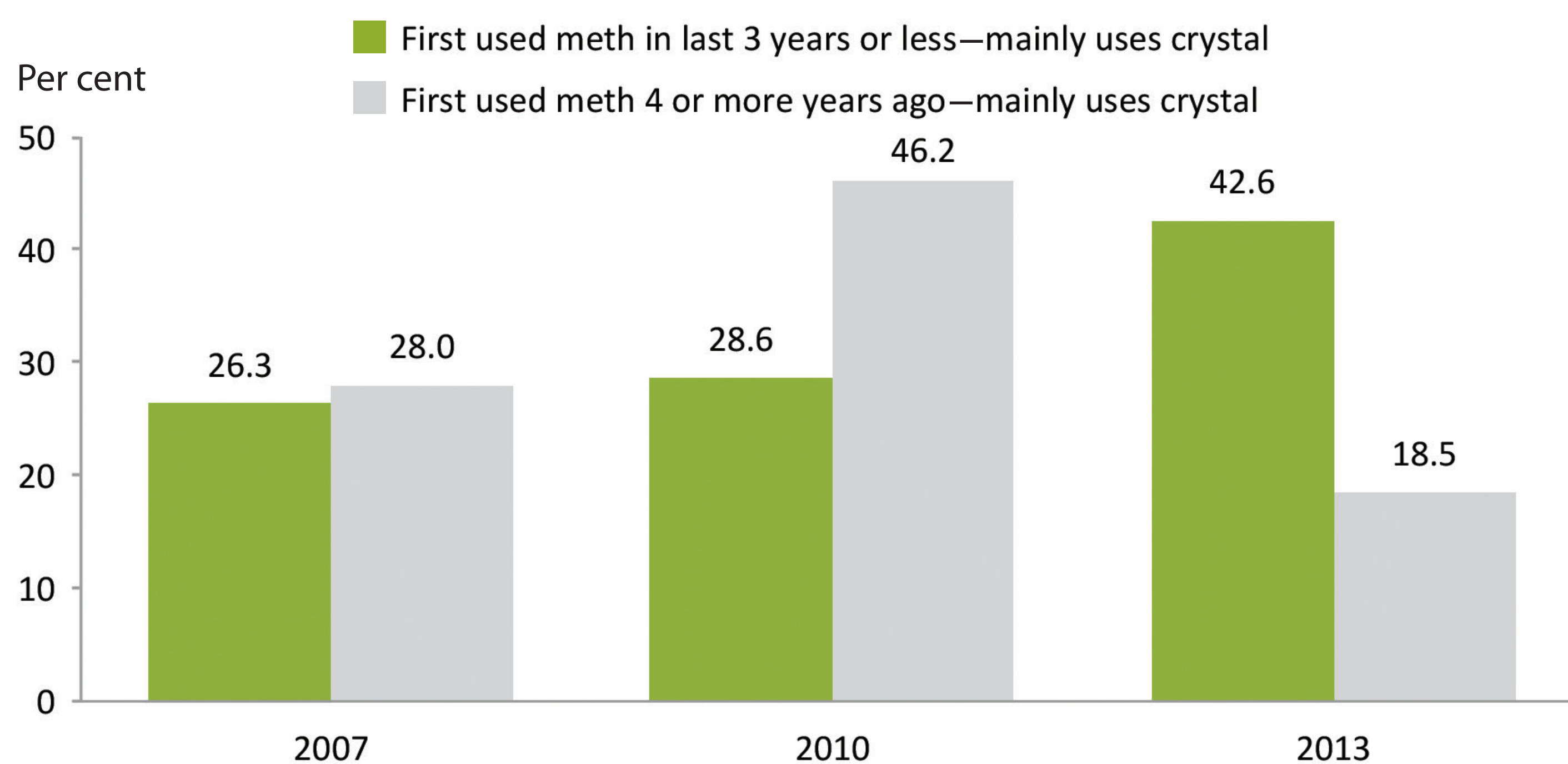
Amphetamine-type stimulants (IDDR)			Class of drugs
Amphetamines (AODTS NMDS); Meth/Amphetamines (NDSHS)		Phenethylamines	Class of drugs
Amphetamine	Methylamphetamine (Methamphetamine)	Dexamphetamine	Types of drugs
MDMA (Ecstasy), MDA etc.			Types of drugs
Powder (speed), Tablet	Powder (speed), Base, Crystal (ice), Liquid	Tablet, e.g. Ritalin	Forms of drugs

## The form has changed

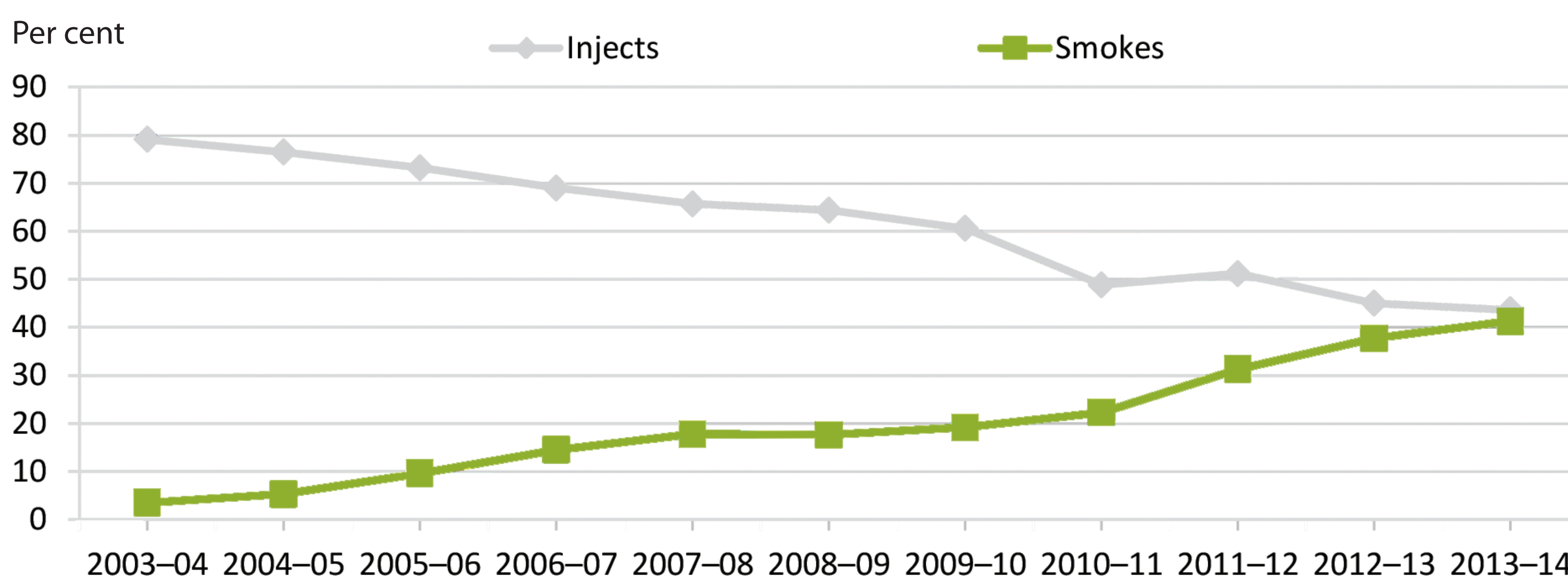
### The preferred form has changed



### More new users of crystal



### More people in treatment are smoking



## Several corresponding trends

From 2009–10 to 2013–14, criminal activity, use and treatment relating to methylamphetamine rose to their highest levels since 2003–04.

	2009–10	2013–14	% change
Arrests	12,900 (15%)	26,300 (23%)	104%
Seizures	10,500 (17%)	26,800 (29%)	155%
Detections	700	2,400	243%
Use†	190,000 (51%)	280,000 (72%)	47%
Treatment Episodes	10,000 (7%)	28,900 (17%)	189%

Percentage change of number, between 2009–10 to 2013–14.

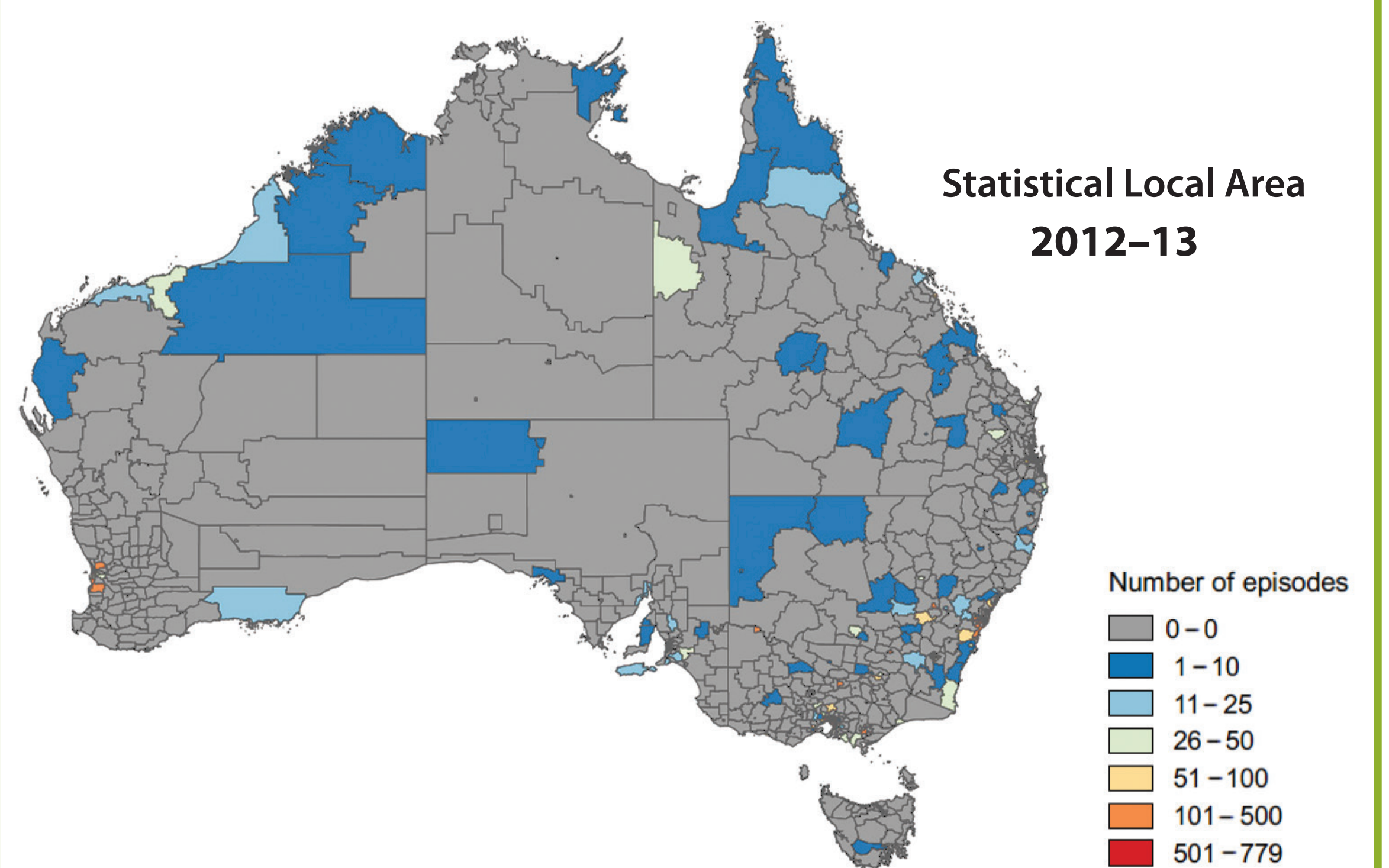
† Recent meth/amphetamine users who reported ever using crystal in 2010 and 2013.

### Notes

- Each data source has different reference periods, counting units and sample sizes, see 'Data sources'.
- The specific timing of when these increases occurred may vary due to the overlap between reference periods used across data sources (i.e. calendar versus financial year).
- Numbers are rounded to the nearest 100, except for use numbers, which are rounded to the nearest 10,000.

## Geography has changed

From 2003–04 to 2012–13 treatment episodes increased in *Regional and remote areas*—24% to 26% of treatment episodes for amphetamines



Note: Data for 2013–14 is not presented here as it cannot be compared to 2003–04, due to the change in geographic classification from Statistical Local Area (SLA) to Statistical Area 2 (SA2) in 2013–14.

## Data sources

Data Source	Description	Counting Unit
NDSHS	Population survey of drug use in Australia	People
AODTS NMDS	Administrative dataset	Treatment episodes
IDDR	Collation of several law enforcement data sources	Numbers of arrests, numbers and weight of seizures and detections
IDRS	Survey of injecting drug users	People
EDRS	Survey of ecstasy and psychostimulant users	People

## Discussion and Conclusions

From 2003 to 2014, several clear and related trends can be seen for the use, treatment, availability and 'criminal' activity relating to methylamphetamine. Analyses presented here provide useful insight and direction for the focus of further, more detailed analyses that may guide work to reduce the use, supply and availability of methylamphetamine in Australia.

For example, understanding the reasons for the increase in use of crystal over other forms of methylamphetamine, and treatment clients who are smoking amphetamines will be invaluable to stopping the uptake of the drug.

Data development to enable and improve the capture of the different forms of methylamphetamine in the AODTS NMDS and NDSHS will also enhance the capacity to report on these trends into the future.

## Acknowledgment

The AIHW gratefully acknowledges the funding provided for this project by the Australian Government Department of Health and the assistance of data collectors in each state and territory.

## Find out more

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