

THE PITFALLS OF PREVALENCE ESTIMATION: THE CASE OF REGULAR AND DEPENDENT METHAMPHETAMINE USE IN AUSTRALIA.

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Introduction: The prevalence of methamphetamine use in Australia has recently been estimated using multipliers derived from surveys of drug use at 268,000 regular and 160,000 dependent methamphetamine consumers respectively in 2013/14. These figures have been referenced widely by media and policymakers. In this study we replicated the approach using more contemporary multipliers and alternate data sources.

Design and Methods: Multipliers were derived from surveys of people who reported methamphetamine consumption in Sydney in 2003/04 and Melbourne in 2010, and applied to the time series of treatment utilisation figures for NSW obtained from the AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set and the VIC equivalent, the Alcohol and Drug Information System (ADIS), along with ABS estimated resident population figures.

Results: Prevalence estimates using NSW data and a multiplier from 2003/04 were largely stable from 2003/04 to 2012/13 (126,000-133,000 regular, and 74,000-79,000 dependent, consumers), with an increase in 2013/14 (176,000 regular and 104,000 dependent) that remains only around two thirds of the published estimates. Estimates using VIC data and a multiplier from 2010 suggest recent increases since 2009 (most marked from 2013 onwards), but these estimates are only around one half of those derived from NSW data and around one third of the published headline figures.

Discussions and Conclusions: Previous published estimates of the prevalence of dependent and regular methamphetamine use are overstated. While our estimates are more robust than previous, we urge caution in applying multipliers from a single time point to an entire data series during a period of dramatic changes in treatment system capacity, user behaviour, drug purity and policing practices.

Implications for Practice or Policy: The estimates of regular and dependent methamphetamine consumers recently quoted in the Australian media and by policymakers should be revised downwards, and caution is needed when interpreting prevalence estimates from any source.

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