

The Difference is Research

Differences in methamphetamine use among IDRS & EDRS Participants



UNSW
AUSTRALIA

Prepared by Amanda Roxburgh, Toni Karlsson, and Rachel Sutherland
On behalf of the Drug Trends Team

Medicine

National Drug and Alcohol Research Centre

Characterising the Samples

IDRS Participants N=888

People who inject drugs
(six times or more past six months)

High levels of dependence

- Opioid dependence (69%)
- Methamphetamine dependence (48%)
- Opioid AND meth dependence (15%)

Predominantly male 67%
Average age 43 years

EDRS Participants N=786

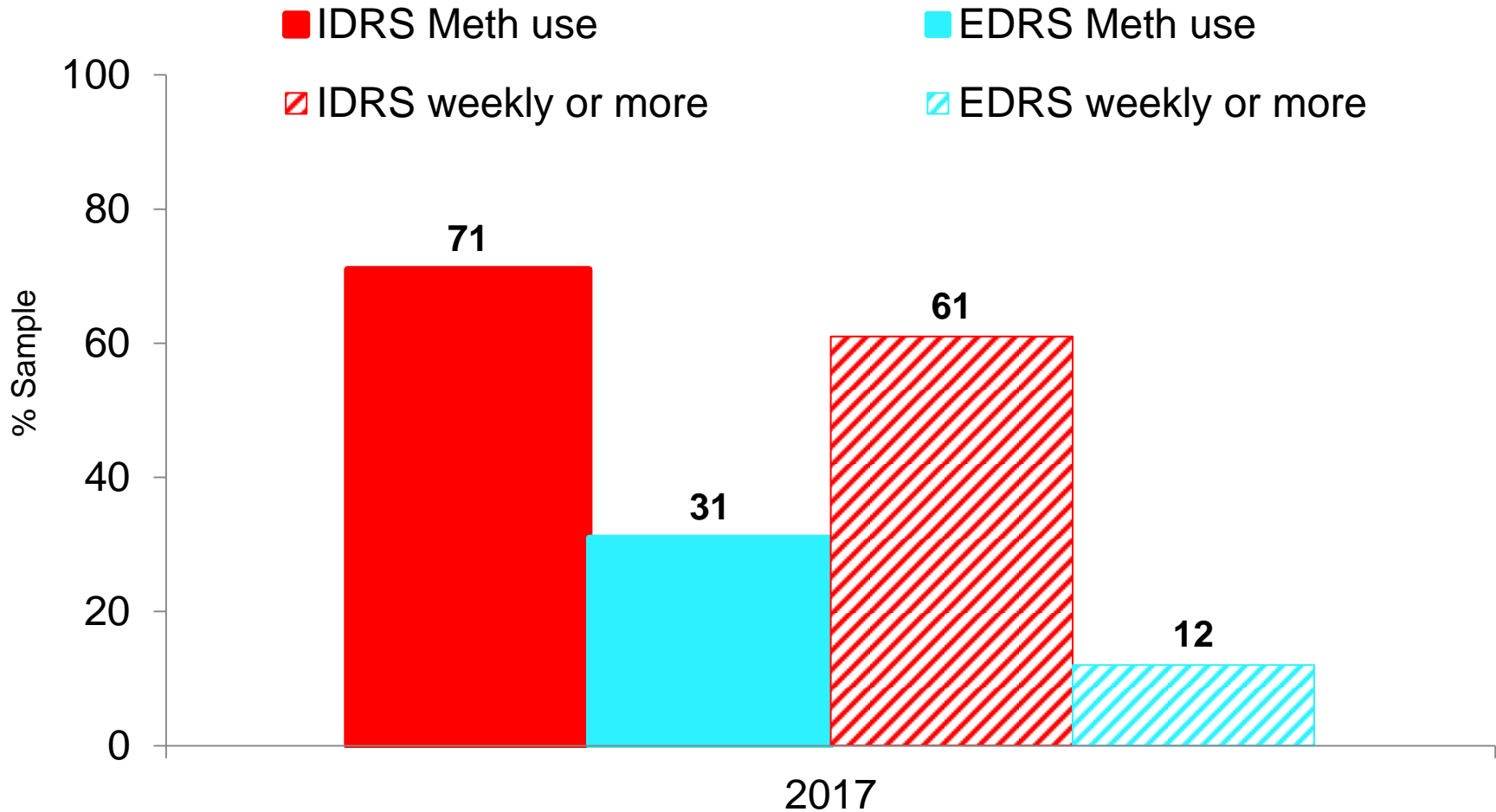
People who use stimulants
(six times or more past six months)

42% using stimulants weekly or more often – more sporadic patterns of use

Predominantly male 64%
Average age 21 years

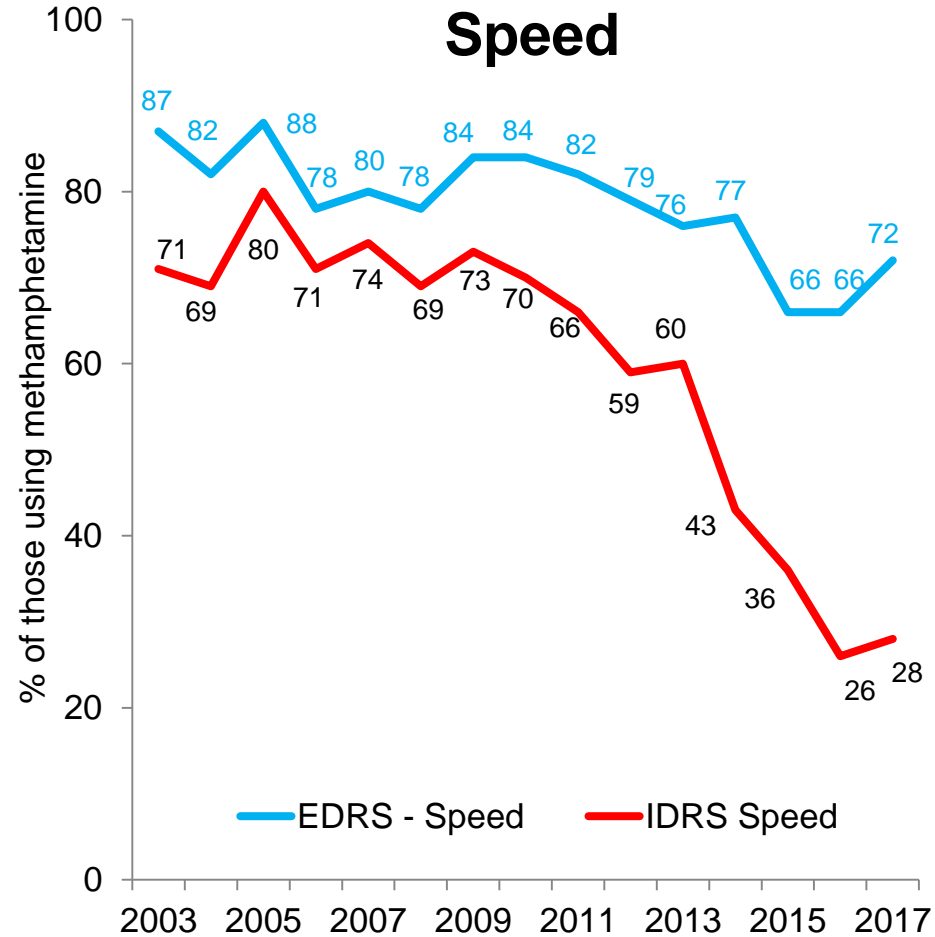
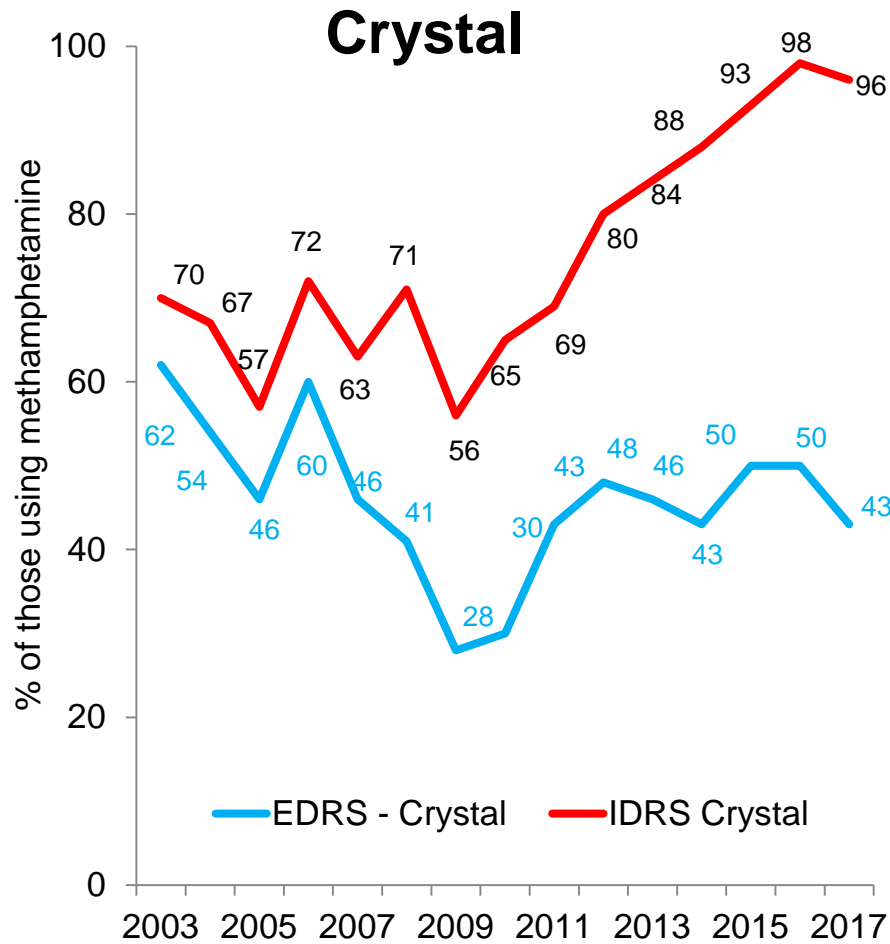
Drug Trends Findings

Methamphetamine use – Past 6 months



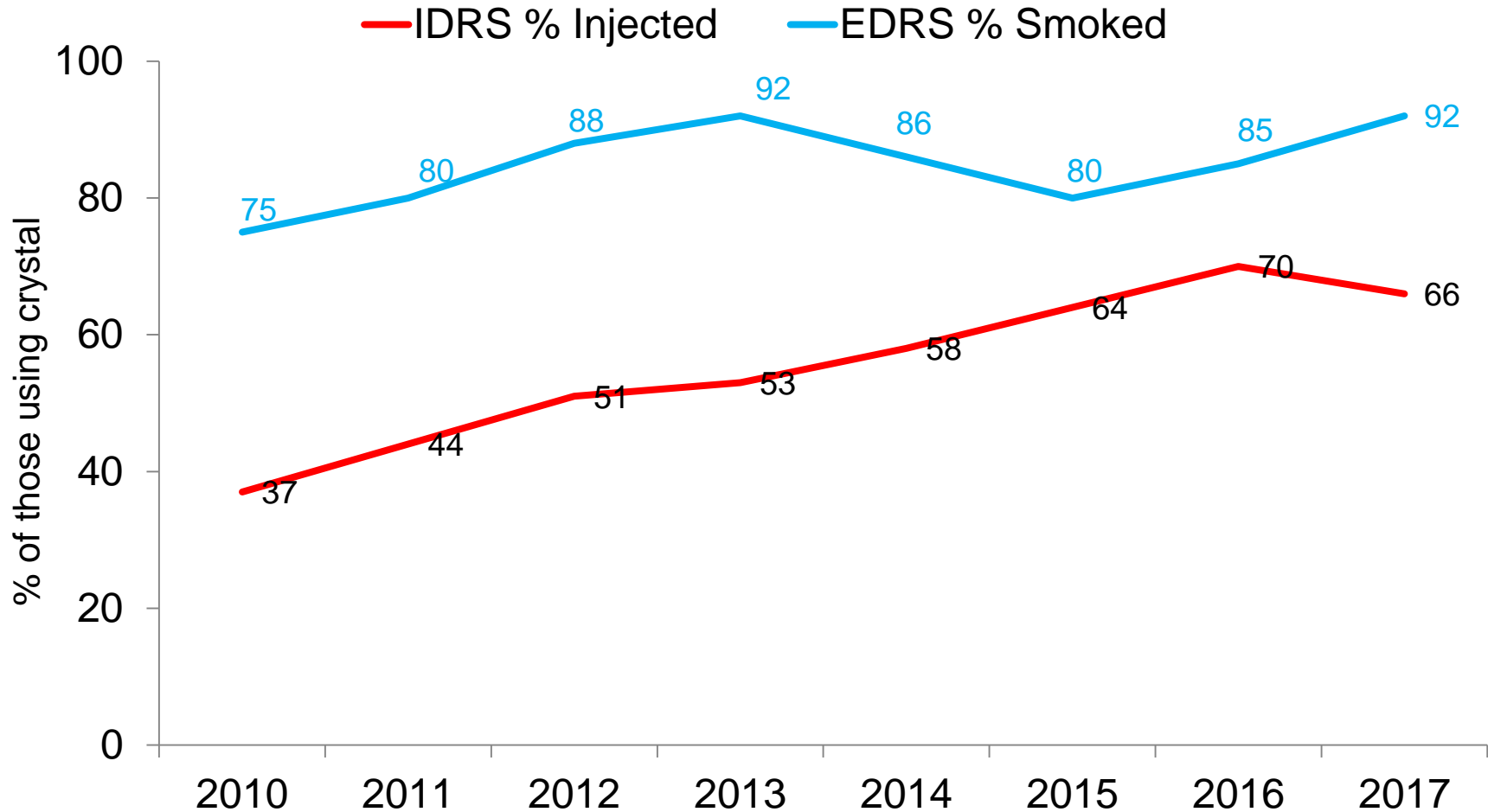
Drug Trends Findings

Forms used among methamphetamine users

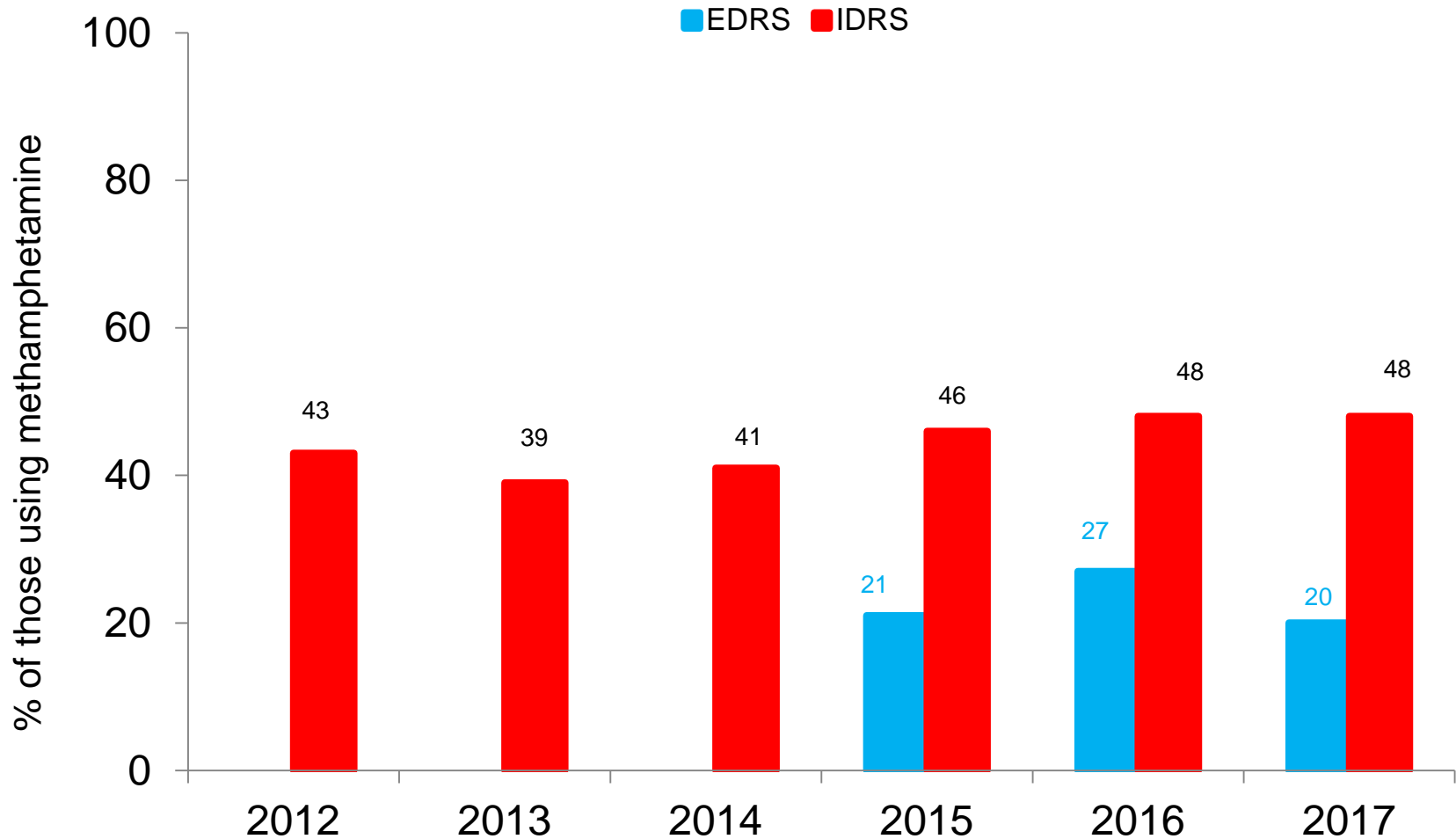


Drug Trends Findings

Crystal use – Route of Administration

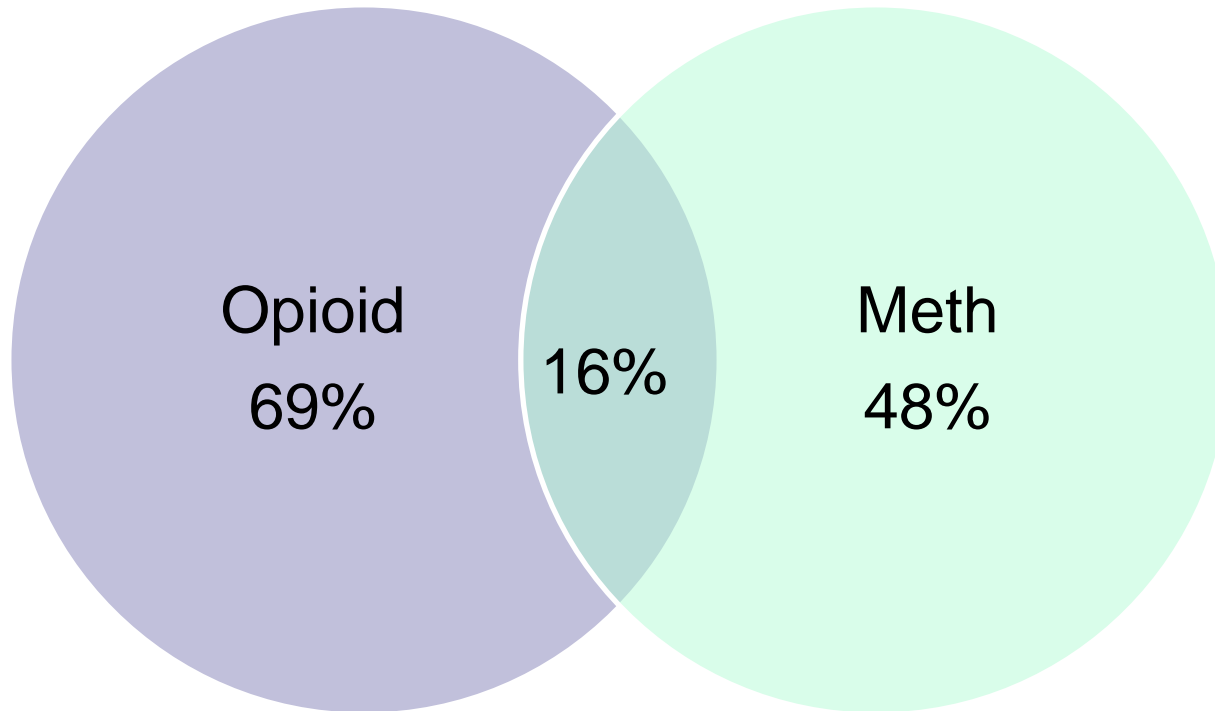


Methamphetamine dependence among methamphetamine users (SDS)



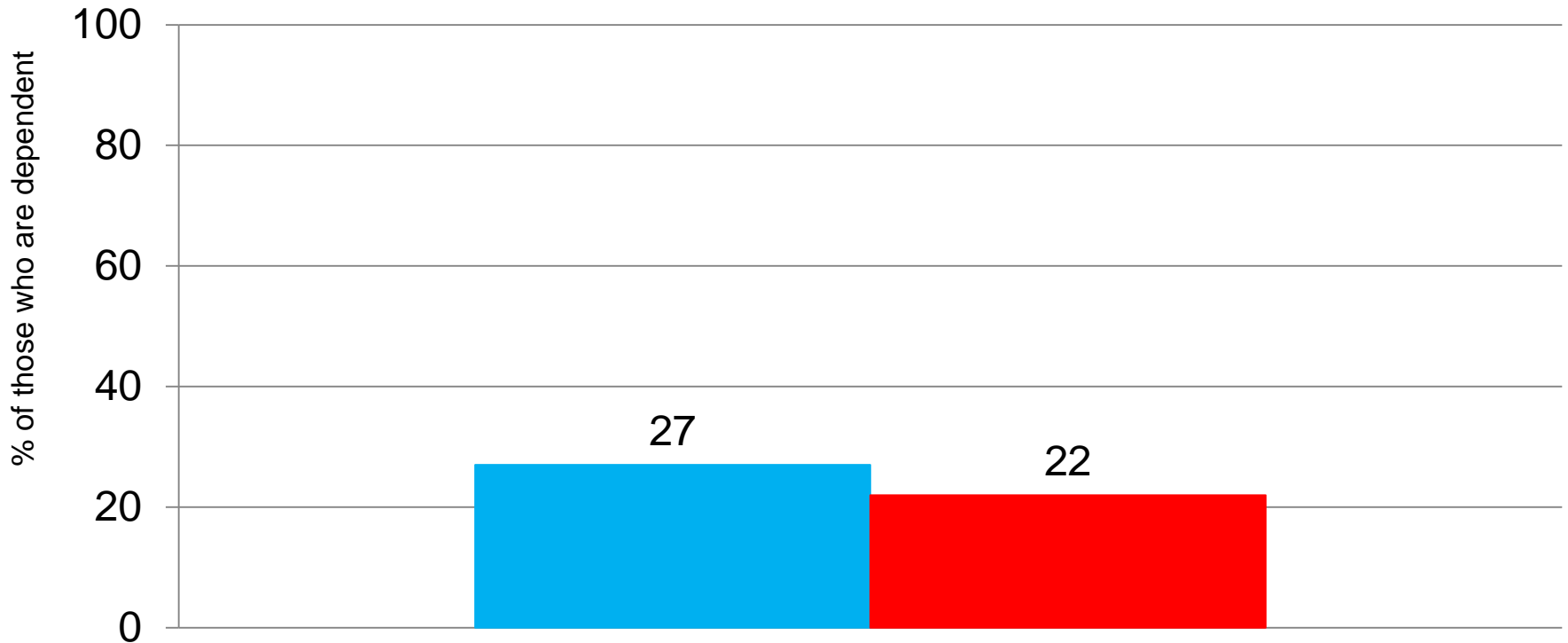
IDRS Findings:

Dependence on opioids and methamphetamine



Treatment among those who are methamphetamine dependent

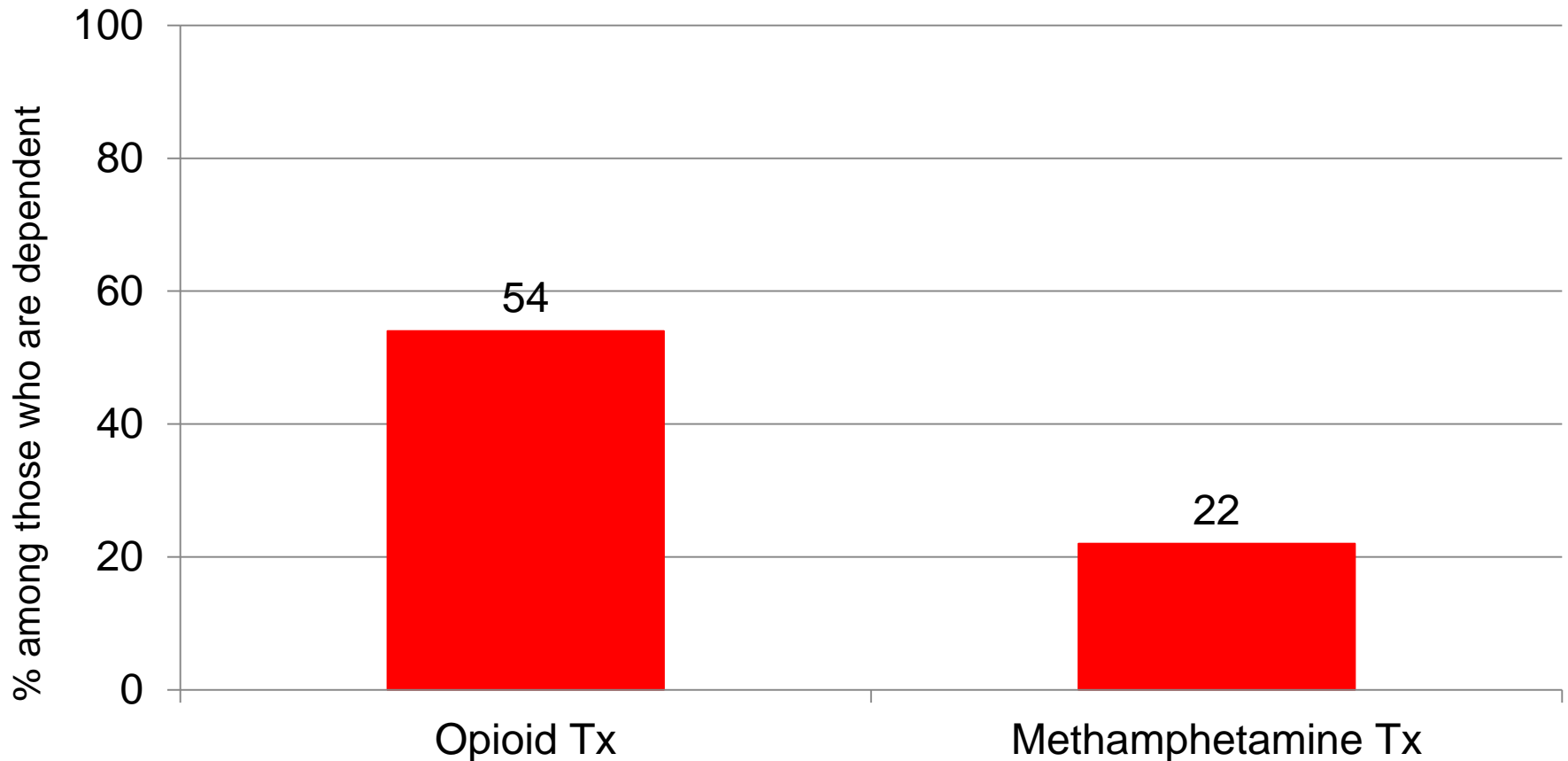
■ EDRS ■ IDRS



IDRS Findings

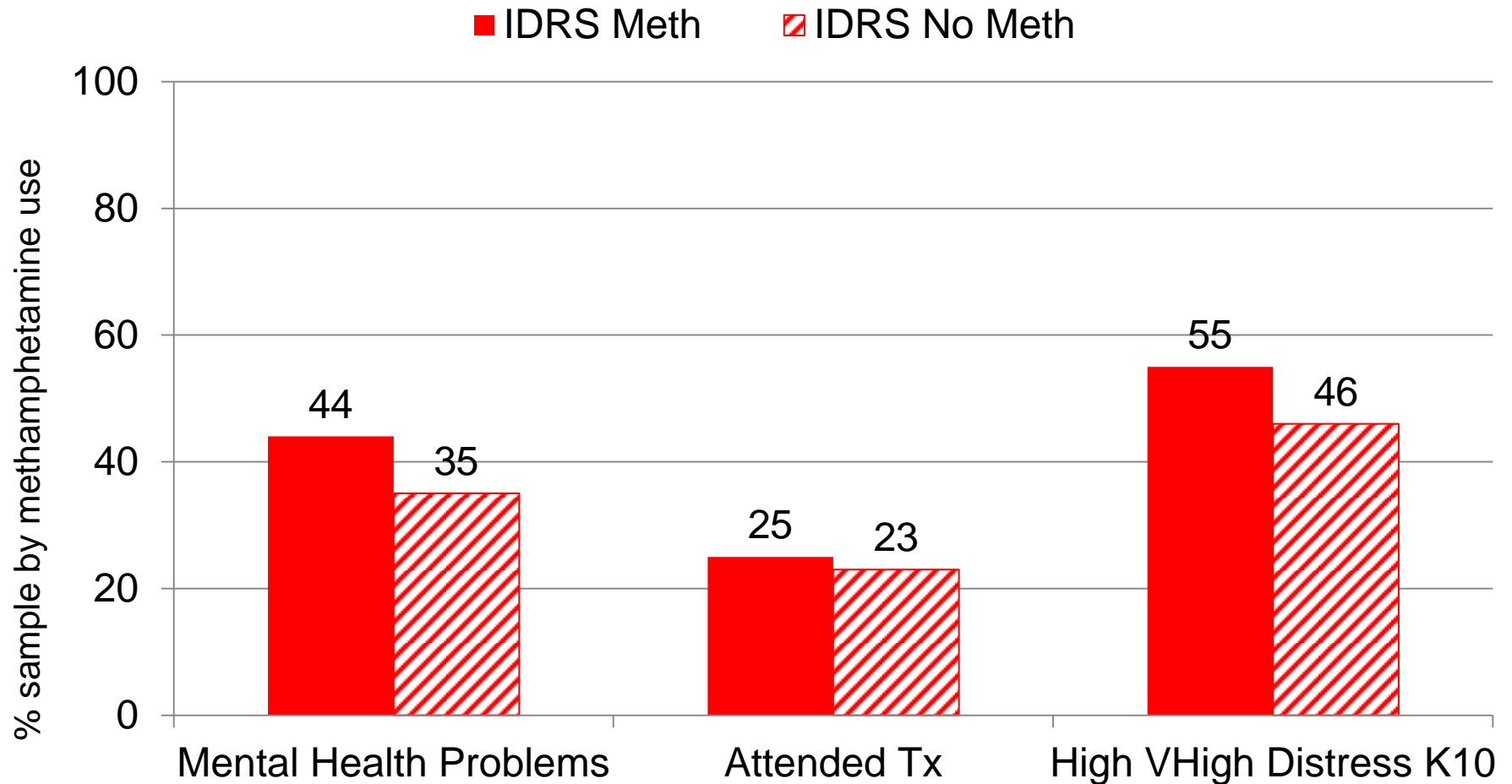
Treatment among those who are dependent

IDRS Participants



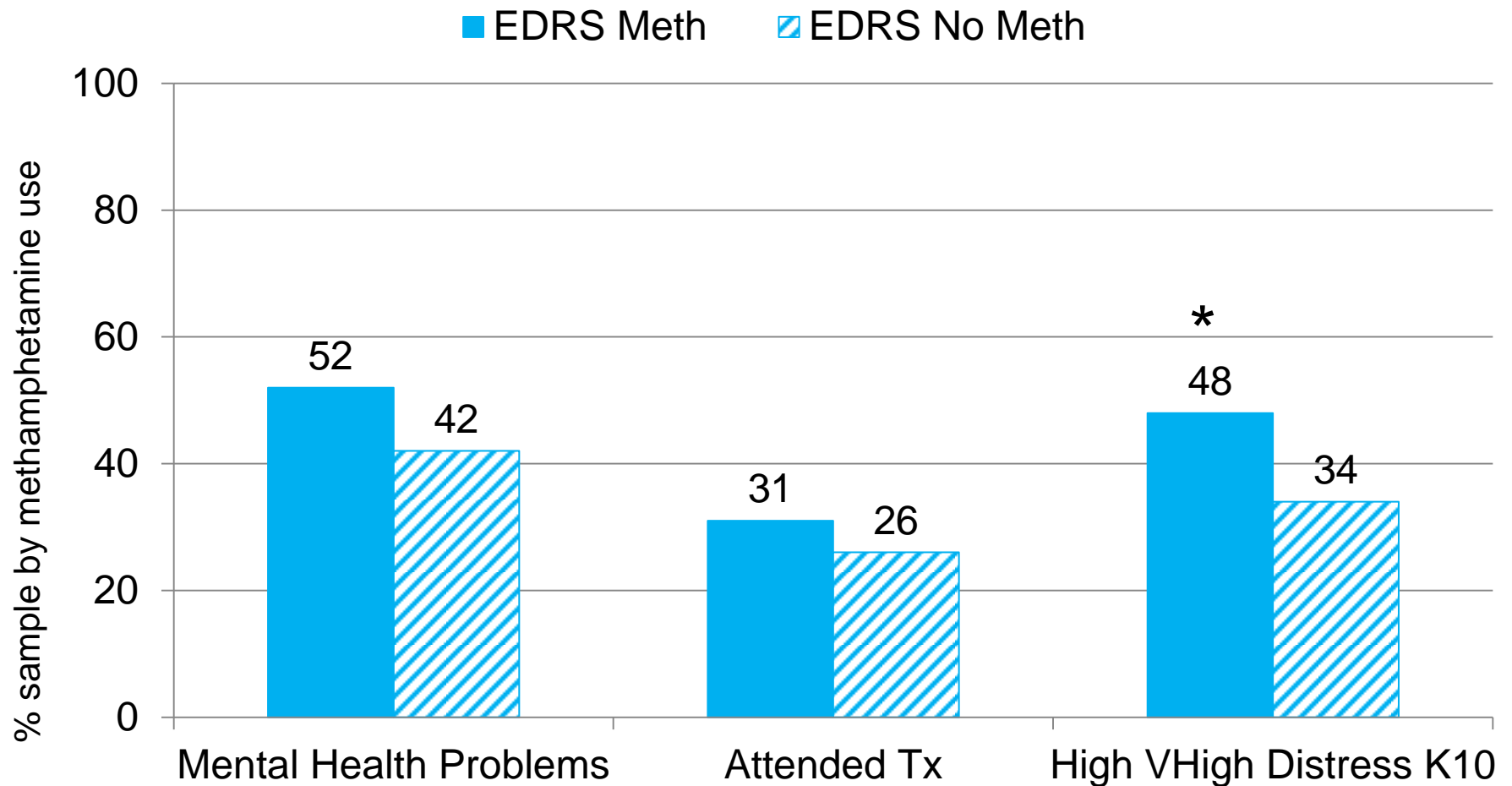
IDRS Findings

Mental health by methamphetamine use



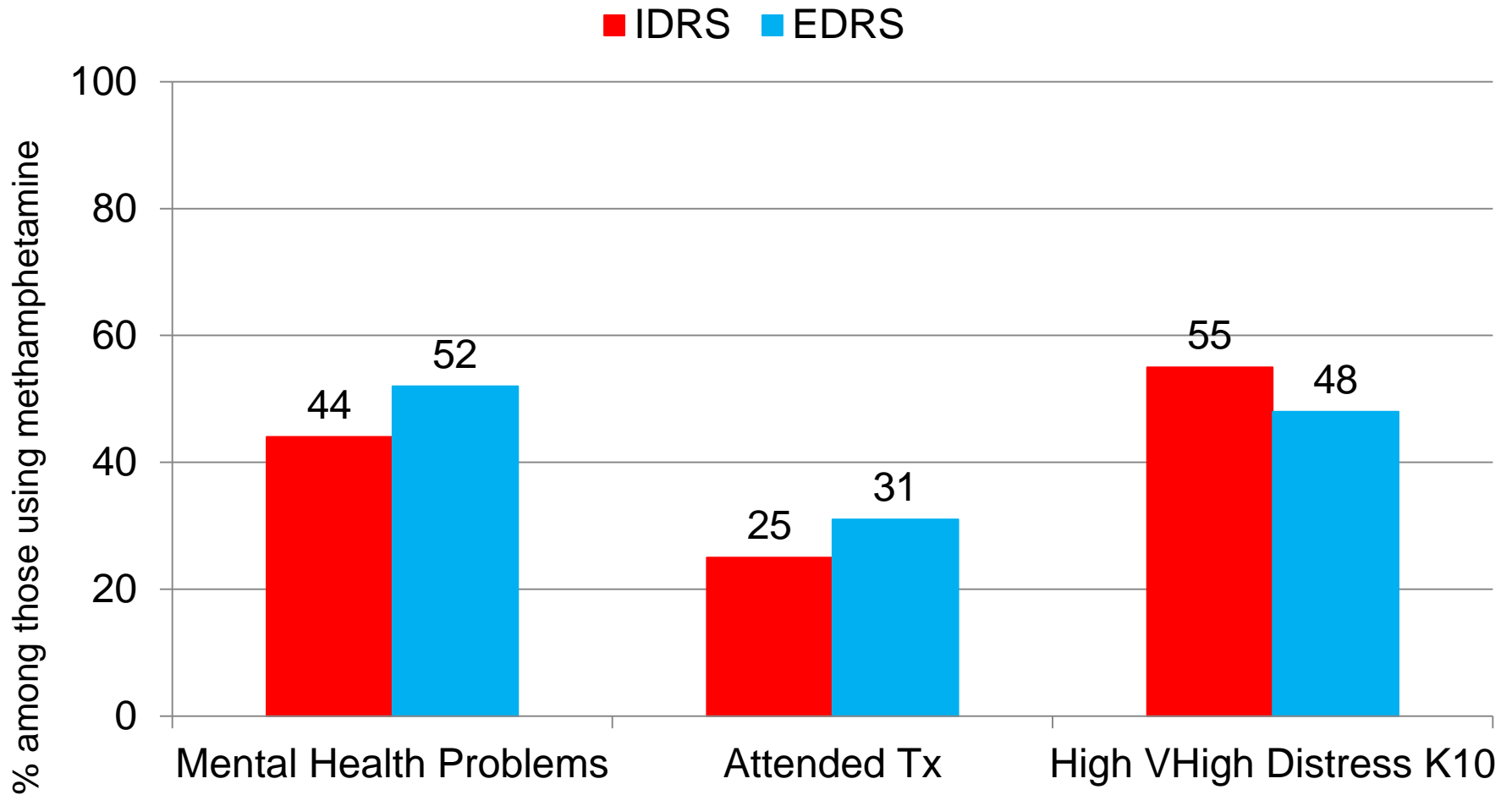
EDRS Findings

Mental health by methamphetamine use



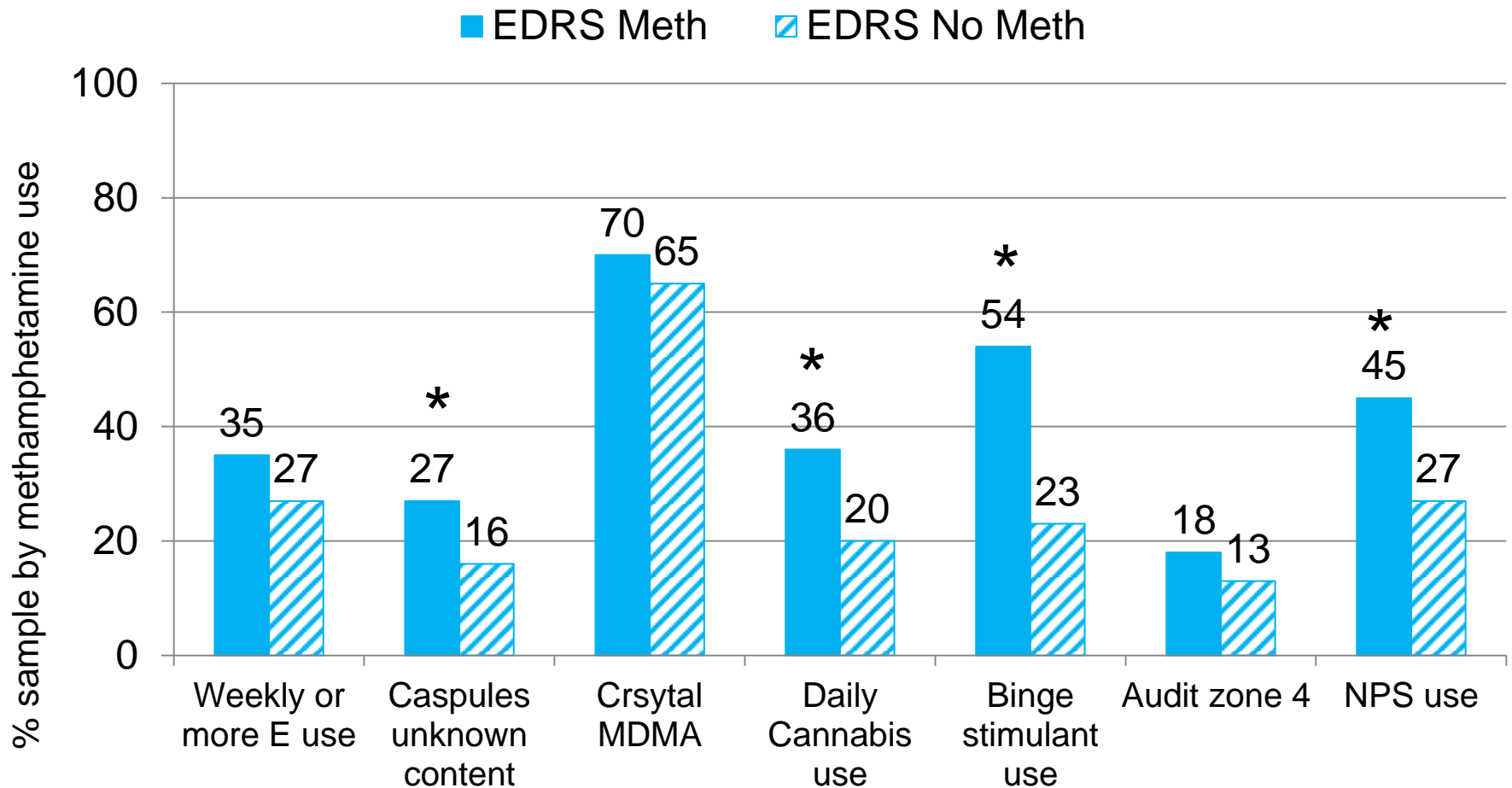
Drug Trends Findings

Mental health among those using methamphetamine



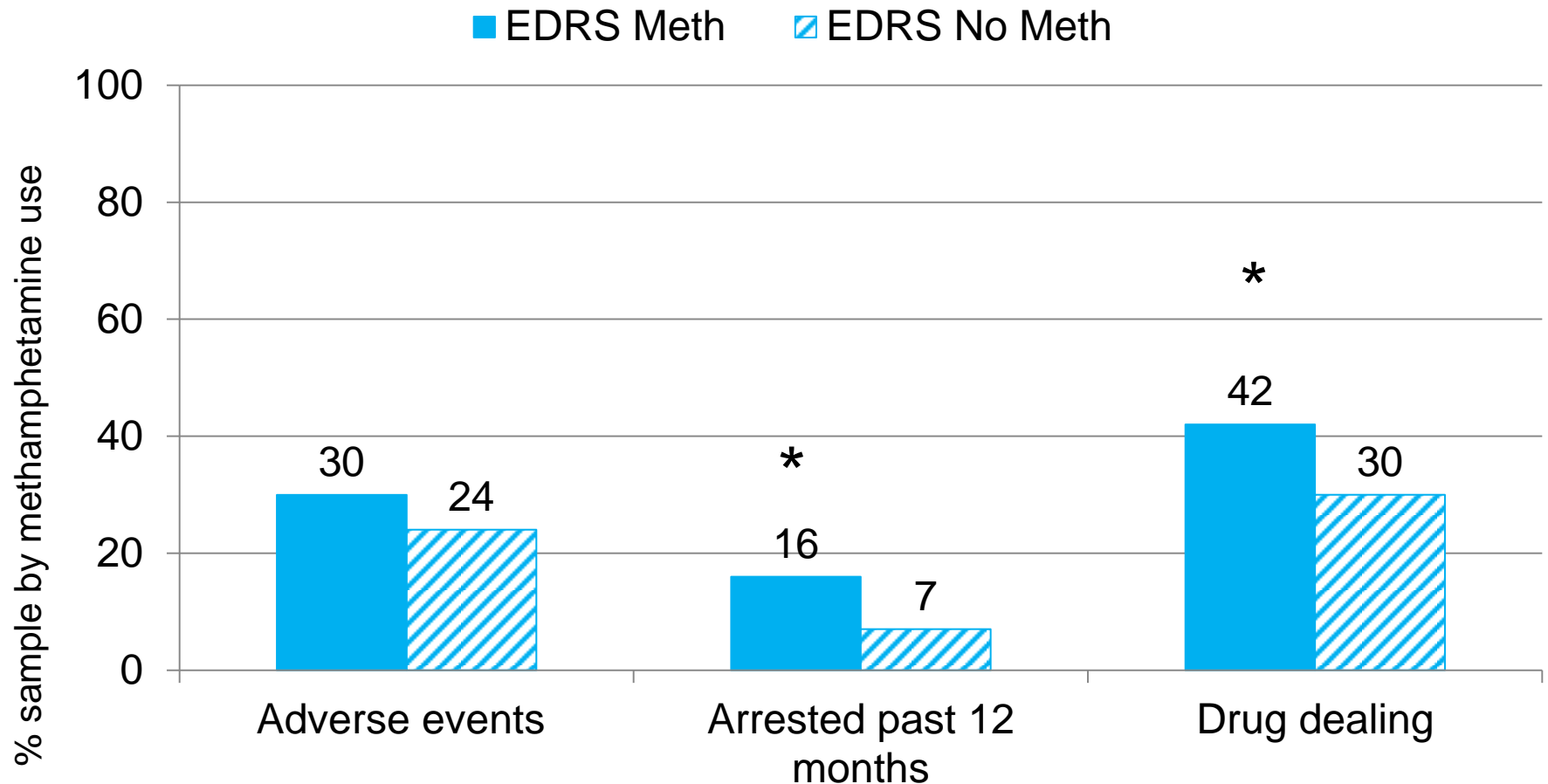
EDRS Findings

Drug use by methamphetamine use



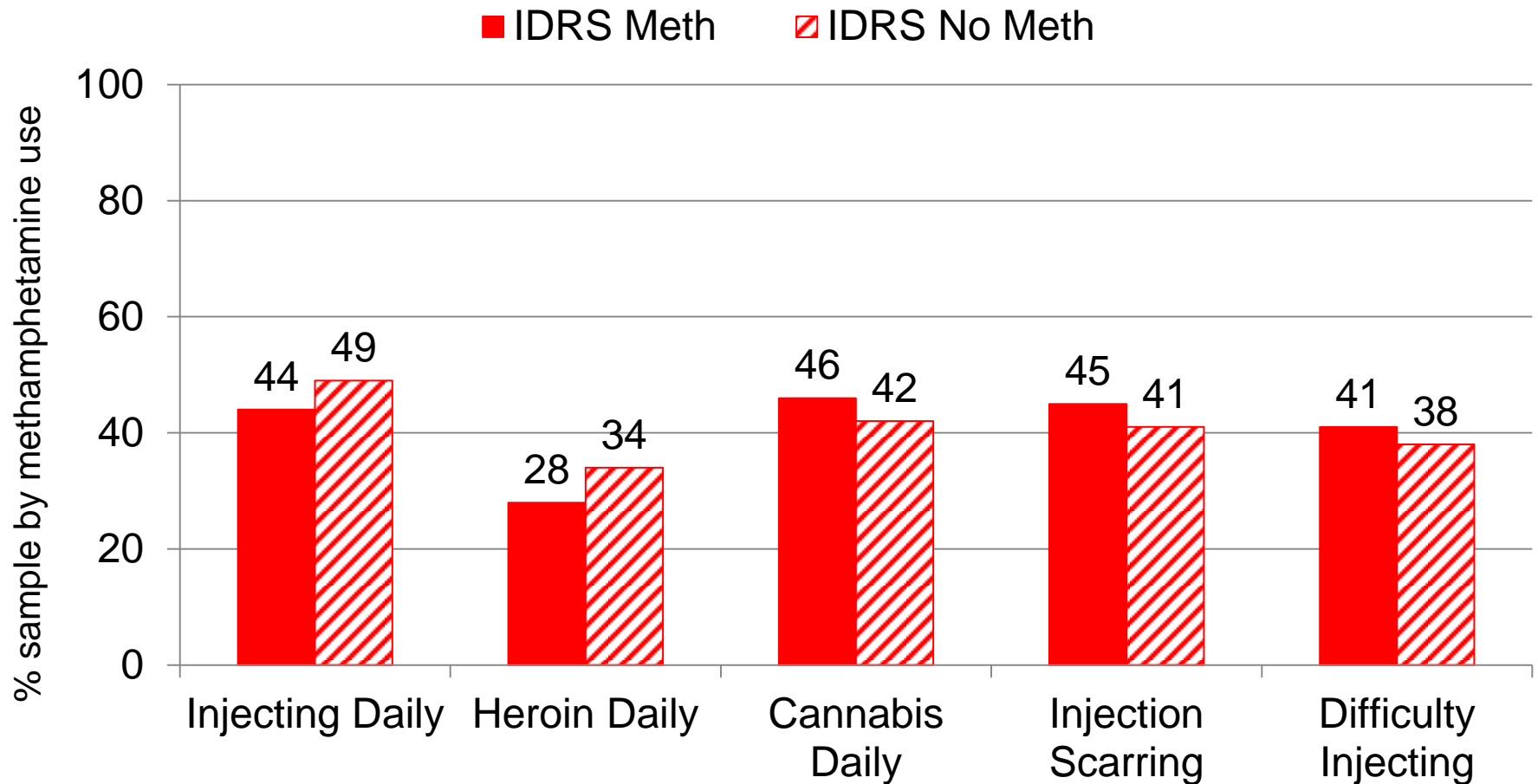
EDRS Findings

Risk and harms by methamphetamine use



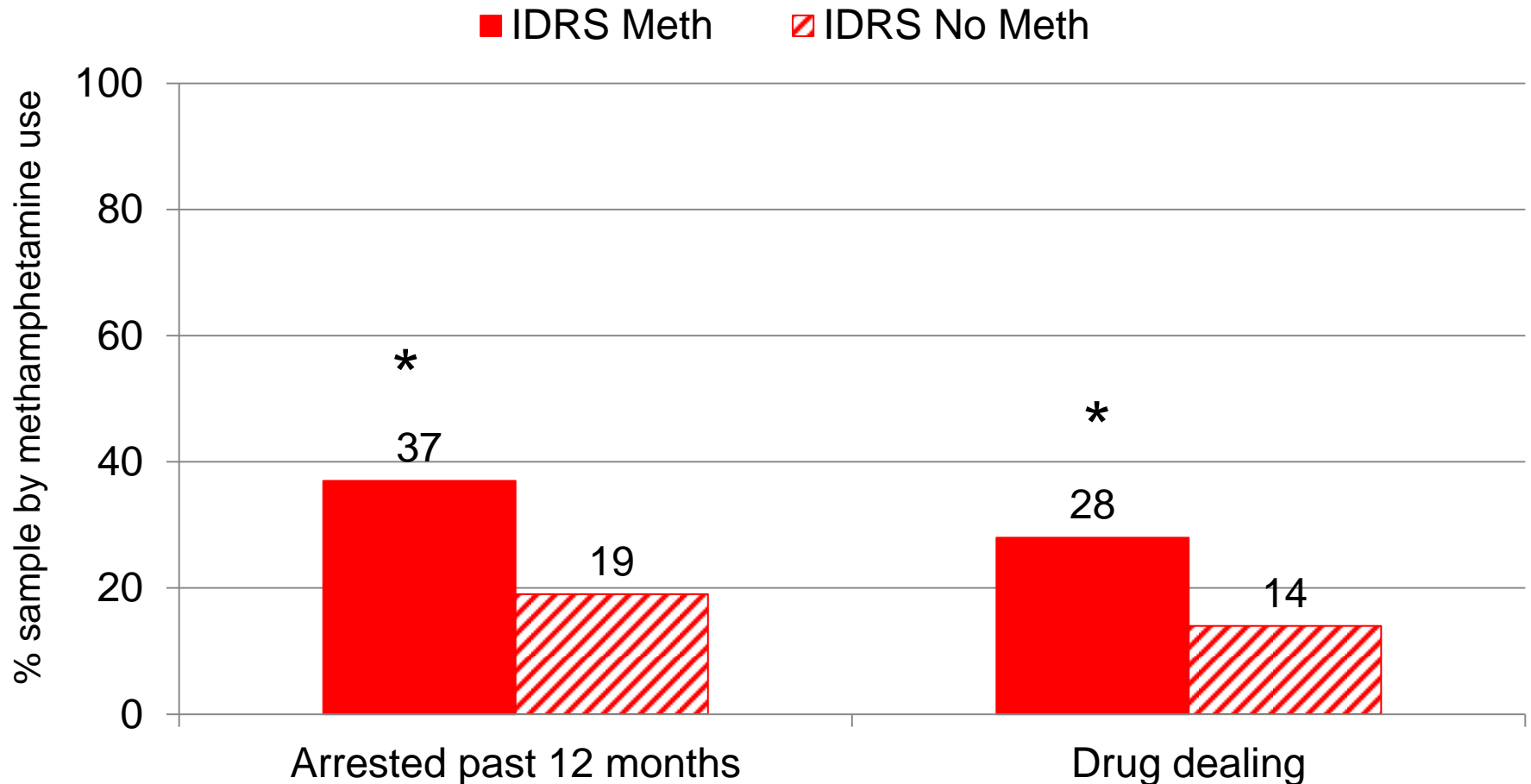
IDRS Findings

Drug use by methamphetamine use



IDRS Findings

Risk and harms by methamphetamine use



Summary - IDRS

- **Methamphetamine use among people who inject drugs (IDRS)**
 - Majority using and majority doing so weekly or more often
 - Crystal form predominant – and mostly injecting
 - 48% dependent and this has increased over past 4 years
 - Doesn't appear to be a clear marker for:
 - increased risk or harm re: use patterns, injecting harms, psychological distress
 - Does appear to be a marker for:
 - engagement in criminal activity, contact with law enforcement
 - Many other mediating factors for risk and harm:
 - High levels of opioid dependence, homelessness, unemployment, injecting drug use

Summary -EDRS

- **Methamphetamine use among people who use stimulants regularly (EDRS):**
 - Minority using and minority doing so weekly or more often
 - Powder form predominant – crystal predominantly smoked
 - 20% dependent
 - Appears to be a clearer marker for increased risk and harm:
 - **other drug use:** E.G. Frequency of ecstasy and cannabis use, problem drinking
 - **risk behaviours:** E.G. binge stimulant use, using capsules of unknown content, drug dealing
 - **harms:** E.G. experiencing adverse events, contact with law enforcement, psychological distress

Policy Responses –IDRS and EDRS

- **Psychological distress high across both groups**
 - Accessibility of mental health care is clearly still an issue across both groups and needs to be addressed
- **Treatment uptake low across both groups**
 - Encourage both groups into treatment
 - Continued development of treatments available - pharmacotherapy
 - For EDRS participants
 - Screening for methamphetamine use and problems without stigmatising
 - For IDRS participants
 - Important to address methamphetamine dependence among this group BUT
 - to treat substance use in isolation misses the point
 - Other complex needs to be addressed – housing, financial

Thank you

2017 Drug Trends Team

National Drug and Alcohol Research Centre, University of New South Wales (National, NSW, ACT, SA and the NT)

Dr Courtney Breen, A/Professor Lucinda Burns, Ms Kerryn Butler, Ms Antonia Karlsson, Ms Courtney O'Donnell, Ms Amanda Roxburgh, Ms Jennifer Stafford, Ms Rachel Sutherland, Ms Julia Uporova, Mr Joe van Buskirk, and Professor Alison Ritter

Burnet Institute for Medical Research and Public Health (VIC)

Ms Amy Kirwan, Mr Arthur Truong, Dr Campbell Aitken and Professor Paul Dietze

School of Medicine, University of Tasmania (TAS)

Ms Bethany Lusk, Dr Amy Peacock, Dr Allison Matthews and A/Professor Raimondo Bruno

National Drug Research Institute (WA)

Mr James Fetherston, Ms Marina Nelson and Professor Simon Lenton

School of Public Health, The University of Queensland (QLD)

Dr Caroline Salom and Professor Rosa Alati

Northern Territory Department of Health (NT)

Mr Chris Moon, Ms Tania Davidson and Mr Warrant Que Noy