

What can the IDRS and EDRS tell us about the so-called ‘ice epidemic’ in Victoria? Cross-sectional trends in methamphetamine (MA) use among people who regularly use drugs in Melbourne, 2008–2014

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Background

- Over 100 articles this year in Victoria’s print media suggest an *epidemic* of ‘ice’ (crystal MA) use in the state, related to increases in some harms such as ambulance attendances (Lim et al. 2014).
- However, NDSHS data suggest that MA use has been largely stable among the general population since 2007 (AIHW, 2011, 2014).
- Further, Scott et al. (2014) have also shown that the *purity adjusted price* for MA has been declining.
- To explore these issues we examined trends in IDRS/EDRS participant surveys. Here we describe cross-sectional trends in MA use and perceptions of purity and availability among Victorian IDRS/EDRS participants, 2008–2014.

EXAMPLES OF ICE IN THE MEDIA

OUT-OF-CONTROL USERS

‘vicious’ ‘killer’ ‘raging ice addict’ ‘ice attack’

ORGANISED (ETHNIC) CRIMINAL GROUPS

‘ice crime gangs’

THE ‘EVIL DRUG’

‘horror’ ‘drug fights’

DRUG WAR RHETORIC

‘victims’ ‘united fronts’ ‘wars’

Methods

- IDRS:** Structured interviews with 150 people who inject drugs (PWID) regularly in Jun 2008–2014, across Melbourne.
- EDRS:** Structured interviews with 100 people who reported regular psychostimulant use (RPU) in May 2008–2014, across Melbourne.
- Data from 2008–2014 were analysed for trends in MA use prevalence and purity perceptions. χ^2 test for trend assessed significant linear changes, and the Cochrane-Armitage test assessed departure from linearity (Stata 13).

Results

Table 1 shows the characteristics of crystal MA use reported by each sample. **EDRS** participants reported primarily smoking the drug and using relatively large amounts in a session compared with **IDRS** participants.

Table 1. 2014 VIC IDRS and EDRS participants’ crystal MA use characteristics

	2014 IDRS N=150	2014 EDRS N=100
Lifetime IDU (%)	100	10
CMA drug of choice (%)	17	9
CMA injected/used# most in past month (%)	26	11
History of CMA use (%)	93	42
Recent CMA use (%)	75	34
Quantities used, past six months (median grams, IQR) ⁺		
Typical session of use	0.1 (0.06–0.1)	0.2 (0.125–0.3)
Heavy session of use	0.1 (0.1–0.25)	0.35 (0.2–1.0)

In terms of **trends in use**, patterns differed between the two samples.

- IDRS:** 77% of 2014 participants reported recent MA use, 75% reporting crystal MA. The trend for overall MA use was stable, but there was a significant increase ($p<0.001$) in prevalence of crystal MA use (**Figure 1**).
- EDRS:** 68% of participants reported recent MA use, 34% reporting crystal MA. The trend for overall MA was stable, but **Figure 2** shows a significant increase ($p<0.001$) in crystal MA trends over time.

Figure 1. Trends in IDRS participant reports of recent MA use, Melbourne, 2008–2014

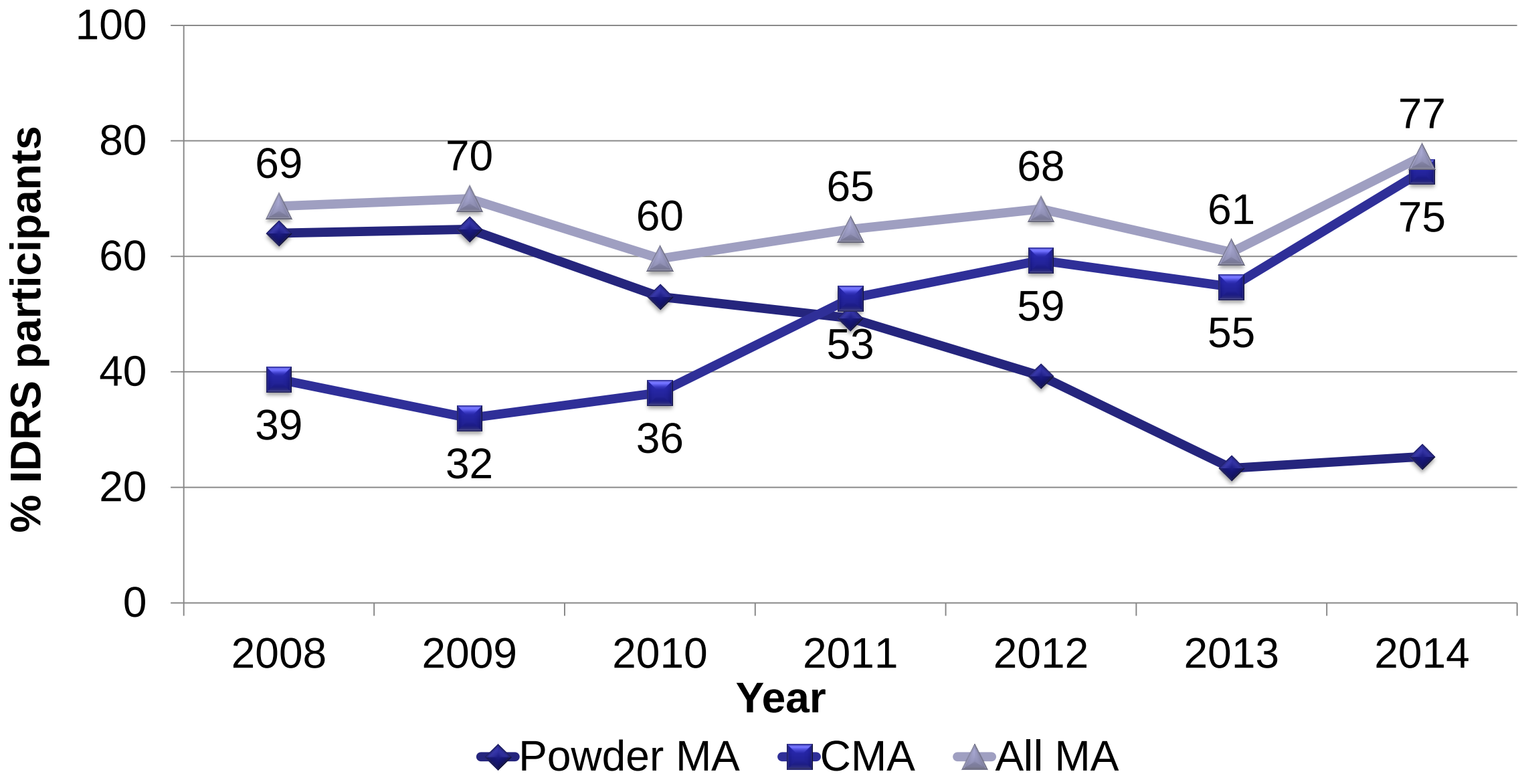
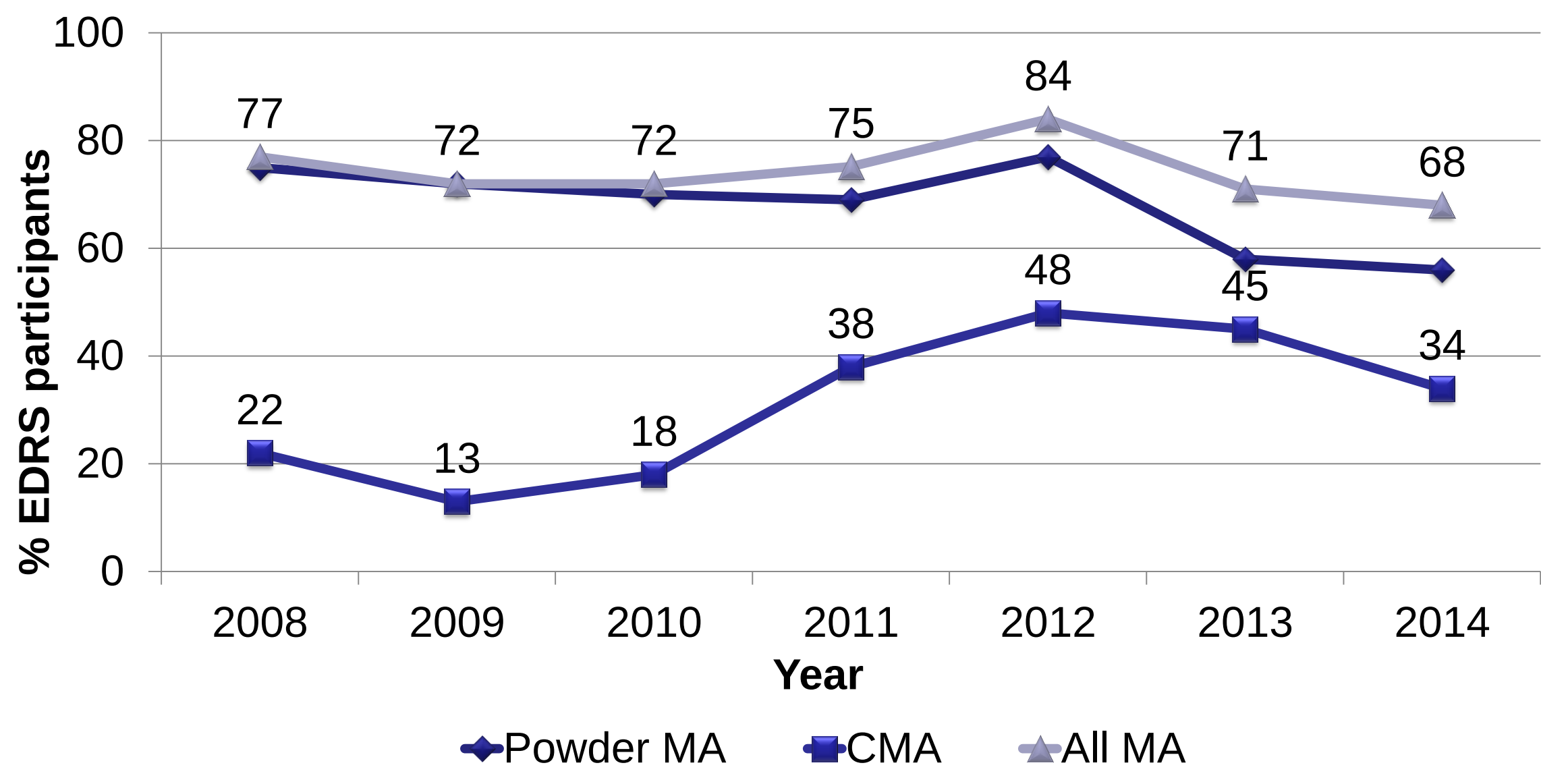
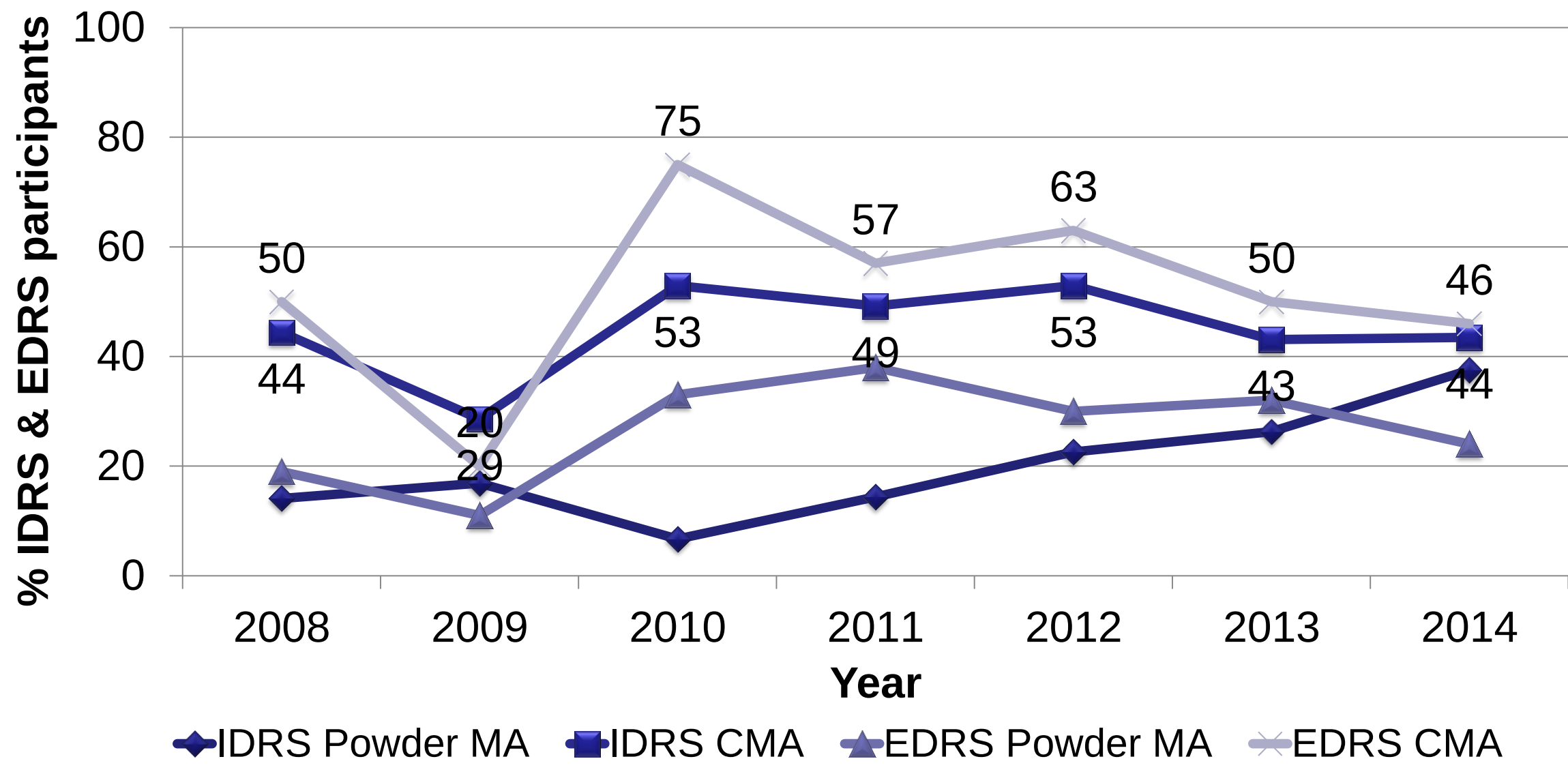


Figure 2. Trends in EDRS participant reports of recent MA use, Melbourne, 2008–2014



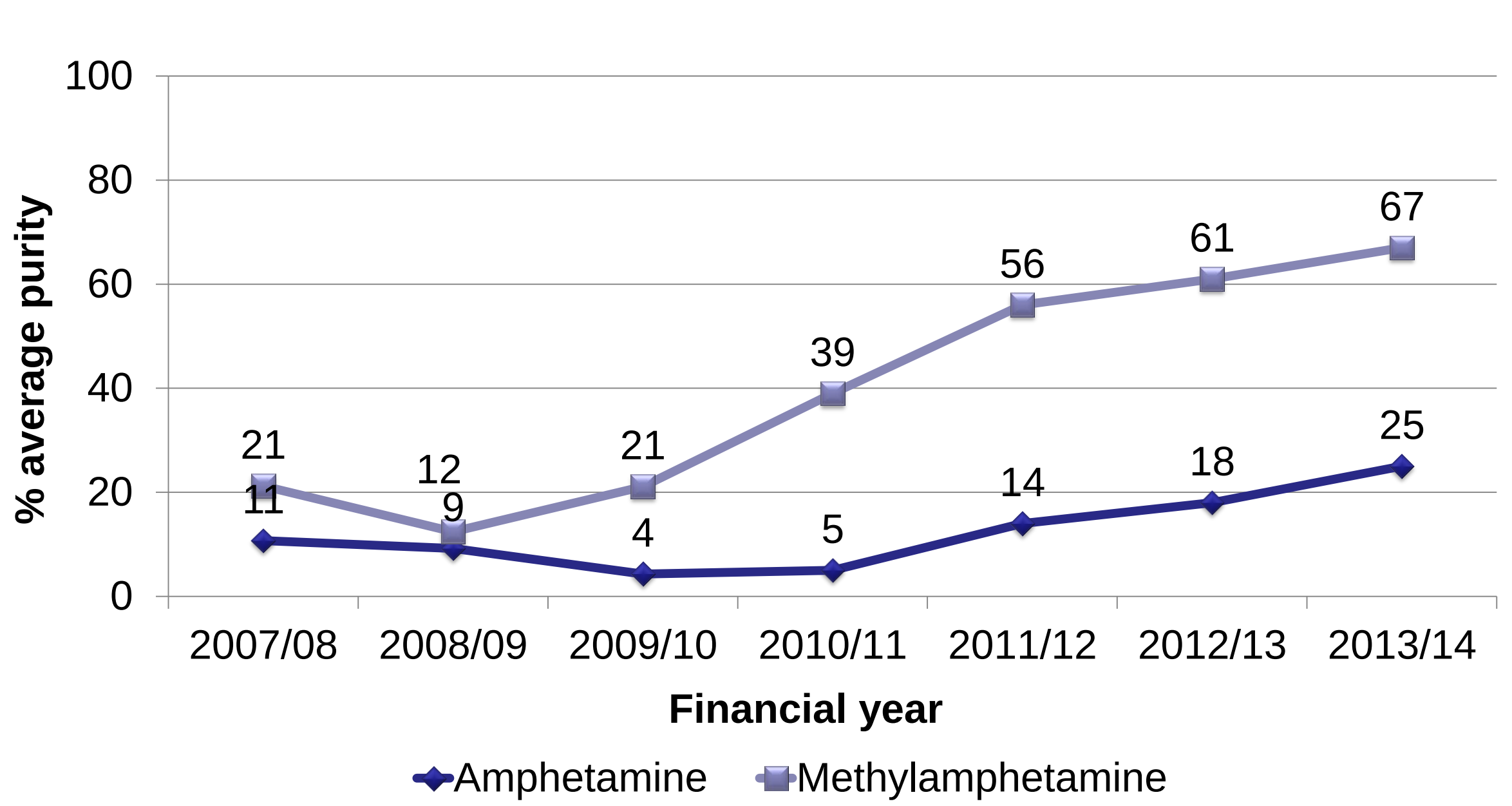
- Regarding **perceptions of purity**, large percentages of both samples reported crystal MA purity as ‘high’. The percentage of **IDRS** participants reporting ‘high’ crystal MA purity was stable, whereas the percentage reporting powder MA purity as ‘high’ increased ($p<0.05$).
- In contrast, while the percentages reporting ‘high’ powder MA purity in the **EDRS** were reasonably stable, there was evidence of some fluctuation in perceptions of ‘high’ MA purity in 2010 (**Figure 3**).

Figure 3: Trends in IDRS/EDRS participant reports of ‘high’ purity MA, 2008–2014



- Prevalence of reports of ‘**very easy**’ access to crystal MA has fluctuated from 2008–2014 for **IDRS** participants (53% in 2014), while prevalence of ‘very easy’ crystal MA access for **EDRS** participants has significantly increased ($p<0.001$) (**figure not shown**).

Figure 4: Average purity of amphetamine and MA seizures, VIC, 2007/08–2013/14



Source: Victoria Police Forensic Services Department, 2008–2014

Conclusions

In response to the ‘ice epidemic’, millions of dollars have been invested in a community-wide education campaign ‘*What are you doing on ice?*’ to “combat young people using the drug” (Wooldridge & Donahue, 2014).

But what is the evidence?

- Few changes** observed in the **IDRS** and **EDRS**, consistent with the few changes evident in the NDSHS (AIHW, 2011, 2014).

What other explanations are there?

- Figure 4** shows how MA **purity** has changed since 2007/08, with crystal MA in particular increasing ($p<0.001$). However, the *purity adjusted price* has decreased (Scott et al., 2014). It is these factors that are most likely driving increases in indicators of harm rather than increased prevalence of use.
- In sum, there is no evidence for an ‘ice epidemic’, but there are enough data to explain the increases in harms, which highlights the importance of monitoring systems such as the **IDRS** and the **EDRS**.

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