Methamphetamine use in the community

There’s a lot of talk about ‘ice’ at the moment. Ice is a form of the drug methamphetamine. Methamphetamine is an Amphetamine Type Stimulant (ATS) and when it has a crystal like appearance it is known as ‘ice’. We’ve been hearing about ice through all forms of media. The government established the National Ice Taskforce whose report at the end of 2015 informed the National Ice Action Strategy. The aim of the strategy is to assist in reducing demand for methamphetamine and the harms that may arise from its use. It is essential that we address drug use and related problems through efficient and targeted strategies which include a strong focus on education. It is essential too that we understand the facts about methamphetamine, and any other drug, in appropriate context.

What the data tells us

In the school context, recent research shows that most school students in Western Australia do not use ATS (including methamphetamine). The Australian School Students Alcohol and Drug Survey (ASSAD), which surveys alcohol and drug use among 12 to 17 year old students, shows that use of ATS has in fact, been decreasing over time. The latest WA results continue to demonstrate a downward trend in the percentage of students who reported ever using ATS, with a decline from 14.3% in 1999 to 3.5% in 2014.

The latest figures from the National Drug Strategy Household Survey (NDSHS) which surveys around 24,000 Australians aged 12 and over every 2-3 years on their drug use, patterns, attitudes and behaviour, shows that the number of people using meth/amphetamine nationwide has been declining since 1998 - when recent use peaked at 3.7% - and has continued to decline to 1.4% in 2016. In WA, levels of use of meth/amphetamine have declined since 2007 when recent use was 4.2%, compared to 2.7% in 2016. This is higher than the national average of 1.4%.

So why have a National Ice Action Strategy?

If the statistics illustrate that levels of use of this drug are currently lower than they have been, why has there been such a high level of interest in this drug? The concerns have been generated by the fact that an increase has been shown to have occurred in the number of meth/amphetamine users who are choosing to use the purer, more potent form of this drug - crystal methamphetamine (Ice) – which has the potential to cause more severe problems. (Use of ice by those using meth/amphetamine was shown in the NDSHS to have increased from 22% in 2010 to 57% in 2016.)

Users of meth/amphetamine switching to this more potent form of the drug (ice) then creates the potential for more severe problems including high risk behaviours, physical and mental health issues and psychosis which can lead to out of character hostility and aggression. This in turn may lead to an increase in hospital presentations, ambulance call-outs and psychiatric consequences by this population of users. Just as with use of any drug, when used in high doses and with greater frequency, the risks of negative consequences increase. This highlights the need for a clear strategy to assist users of this drug, their families and those in front-line support services.

The National Ice Action Strategy and the WA Meth Strategy outline comprehensive approaches to dealing with the broad range of issues associated with this drug. This includes the need to engage schools and the wider community in prevention education to emphasise more clearly the risks of methamphetamine and other drugs in order to prevent and/or reduce harm. This aligns with National Drug Strategy which has always focused on acting broadly to reduce harm across all drugs. It also highlights the need for schools to deliver drug education in the classroom and to have adequate processes in place to work with student drug use issues and to respond appropriately to any drug use incidents that arise.

Keeping things in perspective

It is important that we remain aware that while methamphetamine in any form has the potential to put some users at risk of the kinds of consequences noted above, most of the population do not use this drug and any drug – illegal or legal, including alcohol - has the potential to cause harm.

For information on how to implement drug education in your school, visit the SDERA website and click on Fact Sheet 5: Teaching drug education in schools.

For information on how to develop a whole school drug education plan (School Drug Education Guidelines) and Procedures for Incident Management and Intervention Support, refer to SDERA’s Getting it Together resource or click on the section called Whole School Drug Education Plan on the SDERA website.

Putting methamphetamine into perspective

www.sdera.wa.edu.au/methamphetamine
For more information

For information on resources and support services in your area that can help if you think your child may have a drug use issue, call the Alcohol and Drug Support Line or your local Community Alcohol and Drug Service or talk with your doctor. Click on the Who can help? tab on the SDERA website for contact details and options.

Parent and Family Drug Support Line
24/7 free and confidential counselling, information and referral
T: (08) 9442 5050
T: 1800 653 203 (country callers)
E: alcoholdrugsupport@mhc.wa.gov.au

Alcohol and Drug Support Line
24/7 free and confidential counselling, information and referral
T: (08) 9442 5000
T: 1800 198 024 (country callers)
E: alcoholdrugsupport@mhc.wa.gov.au

Meth Helpline
24/7 free and confidential counselling, information and referral
T: 1800 874 878
E: alcoholdrugsupport@mhc.wa.gov.au
W: alcoholdrugsupport.mhc.wa.gov.au

Where to go for help

If you need help for your own or someone else’s drug use, information about support services is provided on the SDERA website under the Who can help? Tab and in the Connect directory which can be found in the Resources section. Support services are bound by confidentiality.

Contact SDERA
T: (08) 9402 6415
F: (08) 9402 6399
W: www.sdera.wa.edu.au
E: sdera.co@education.wa.edu.au