



**Australian Government**  
**Australian Institute of**  
**Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

Committee Secretary  
Parliamentary Joint Committee on Law Enforcement  
PO Box 6100  
Parliament House  
Canberra ACT 2600

### **Inquiry into crystal methamphetamine (ice)**

Dear Sir/Madam

The Australian Institute of Health and Welfare (AIHW) recently provided a submission to the Parliamentary Joint Committee on Law Enforcement's inquiry into crystal methamphetamine (ice). The submission highlighted the data available from AIHW that may be of relevance to this inquiry. We have since identified that the calculation of proportions where amphetamines were a principal or additional drug of concern from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) were not done using the correct base population. This has been rectified and has resulted to revisions to the following:

- proportions reported for principal and additional drugs of concern (first paragraph on p.4).
- data and proportions in Appendix Table 9
- addition of footnotes to Appendix Table 11.

Should the committee have any queries about the information I have provided or wish to seek additional data from the AIHW, please contact Mr Geoff Neideck, Head of the Housing and Specialised Services Group, on

Yours sincerely

Kerry Flanagan PSM  
Acting Director (CEO)

29 May 2015



## **Broad AIHW functions, roles and responsibilities**

The AIHW is a major national agency set up by the Australian Government in 1987 as an independent corporate Commonwealth entity within the Health portfolio. Our mission is to provide authoritative information and statistics to promote better health and wellbeing. We provide timely, reliable and relevant information and statistics on hospitals and other health services, aged care, child care, services for people with disabilities, housing assistance, youth justice and other community services.

We collect data and manage national data collections in these areas, producing over 140 public reports each year. Our work is frequently referenced by the media. We also provide information to other government bodies and cross-jurisdictional councils, to external researchers and also directly back to data providers. We report in formats that suit a variety of information, research and analysis purposes.

We also develop, maintain and promote data standards to ensure that data collected are nationally consistent. In all these activities we enable governments and the community to make better informed decisions to improve the health and wellbeing of Australians.

The AIHW operates under a strict privacy regime which has its basis in section 29 of *The Australian Institute of Health and Welfare Act 1987*. Our record of protecting the security of the data we hold on the health and welfare of Australians is exemplary. The AIHW Board closely monitors the Institute's performance regarding maintenance of the privacy of its data, and has commissioned and endorsed a range of policies and practices relating to data privacy. This includes an independent AIHW Ethics Committee which must approve all new data collections and all data linkage projects.

## **Relevant drug-related data collections managed by the AIHW**

The development and improvement of relevant, accessible, timely and robust data collections is critical to compiling an evidence base for determining the effectiveness of treatment services. The AIHW manages several data collections relating to illicit drug issues.

### **National Drug Strategy Household Survey (NDSHS)**

This large triennial population survey asks people about their knowledge of and attitudes towards drugs and their history of alcohol and other drug consumption. It provides information on the use of alcohol and other drugs in the general population. The sample is based on households, so institutionalised people and others not living in private dwellings were not included in the survey.

The most recent survey was conducted in 2013 and was the 11<sup>th</sup> conducted under the auspices of the National Drug Strategy. It collected information from almost 24,000 individuals across Australia.

In 2013, meth/amphetamines (refers to all amphetamines, including methamphetamines) were the fourth most commonly used illicit drug in Australia after cannabis, misuse of analgesics, and ecstasy (Appendix Table 1). Over the last decade, meth/amphetamine use in Australia declined from 3.4% in 2001 to 2.1% in 2013 (Appendix Table 2).

In 2013, there was a reported shift in the form of meth/amphetamines used. Among recent meth/amphetamine users, use of powder fell from 51% in 2010 to 29% in 2013 while the use of ice (crystal methamphetamine) more than doubled, from 22% to 50% over the same period. Both these changes were statistically significant (Appendix Table 3). More frequent use of the drug was also reported among meth/amphetamine users in 2013 than in 2010 with a statistically significant increase in daily or weekly use (from 9.3% to 15.5%). Among ice



users, use at least weekly doubled from 12.4% in 2010 to 25% in 2013 (see Appendix Table 4). This was also a statistically significant change.

Appendix Table 5 shows that people living in *Remote and Very remote* areas were at least twice as likely to have used meth/amphetamines in the previous 12 months as people living in *Major cities* and *Inner regional* areas. It also shows that people who spoke mainly English at home were almost 3 times as likely to have recently used meth/amphetamines as people who spoke a language other than English (2.2% compared with 0.8%). Recent meth/amphetamine use among people who spoke a main language other than English was very low and the estimate should be interpreted with caution due to the high relative standard error.

Aboriginal and Torres Strait Islander people were 1.5 times more likely to have recently used meth/amphetamines than non-Indigenous people; however the estimate has a relative standard error between 25% and 50% and should be interpreted with caution (Appendix Table 5).

Tables 6, 7 and 8 shows that people in the community are becoming more concerned about meth/amphetamine use. Between 2010 and 2013, there were statistically significant increases in the proportion of people nominating meth/amphetamines as:

- a drug problem
- who thought it was the drug of most serious concern for the community
- the drug that caused the most deaths.

While data from this survey is presented primarily in relation to amphetamines as a group of illicit drugs, additional information may be available relating to methamphetamines depending on reliability of the data due to the smaller sample of respondents providing this information.

The 2013 NDSHS report is available from the AIHW website:  
<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs-2013/>.

### **Alcohol and Other Drug Treatment Services National Minimum Data Set Collection (AODTS NMDS)**

This collection contains information on alcohol and other drug treatment agencies in Australia and the episodes of treatment provided by those agencies, including the drugs of concern and the types of treatment provided. Treatment episodes are included in the collection when they are closed – defined as a period of contact between a client and a treatment provider (or team of providers) that is closed when treatment is completed or has ceased, or there has been no further contact between the client and the treatment provider for 3 months.

Data specifically on treatment for the crystal ('ice') form of methamphetamine are not separately available due to the nature of the classification structure used in this collection. Data available in the AODTS NMDS are for the general 'amphetamines' classification, in which 'methamphetamines' is a sub-classification.

Key findings from the 2013–14 AODTS NMDS were released online on 24 April 2015. They showed that treatment for the use of amphetamines is increasing – from 7% of closed treatment episodes to 17% between 2009–10 and 2013–14 (AIHW 2013–14 key findings release <http://www.aihw.gov.au/alcohol-and-other-drugs/aodts/>). More detailed data and a report for 2013–14 will be available in June 2015. The tables provided in this submission can then be updated with 2013–14 data.



In 2012–13, the most recent year for which detailed data are publicly available, 714 treatment agencies in Australia provided 162,362 treatment episodes that were closed in that year (AIHW 2014b). When both principal and additional drugs are considered, amphetamines accounted for 28% (44,028 episodes) of the total number of closed treatment episodes, and were the principal drug of concern (the primary drug leading someone to seek treatment) in 14% (22,265 episodes) of the total number of closed treatment episodes. Since 2008–09, the proportion of episodes where amphetamines was the most common principal drug has increased by 75% (from 12,739 to 22,265 in 2012–13) (Appendix Table 9).

For treatment episodes relating to amphetamine use, counselling was the main treatment provided in 45% of episodes in Australia, while assessment only was the main treatment for 21% of these episodes and withdrawal management was the main treatment for 12% of these episodes (see Appendix Table 10).

The largest percentage of episodes provided to clients receiving treatment for amphetamines as their principal drug of concern was for clients aged 20–29 years (41%; Appendix Table 11). Where amphetamines were the principal drug of concern, 70% of episodes were for male clients and 10% were for Indigenous clients (Appendix Table 12). The number of Indigenous clients receiving treatment for amphetamines increased by 86% between 2008–09 and 2012–13 (Appendix Table 13).

Injecting was the most common usual method of use in most episodes (45%) where amphetamines were the principal drug, followed by smoking or inhaling (38%) (Appendix Table 14). Over the 5 years to 2012–13, the number of episodes for clients injecting and smoking or inhaling amphetamines increased. In 2012–13, clients in Australia were nearly 4 times as likely to smoke/inhale amphetamines as they were in 2008–09 (2,238 clients compared with 8,398).

The most recent publicly released report—*Alcohol and other drug treatment services in Australia 2012–13*—is available from the AIHW website: <http://www.aihw.gov.au/alcohol-and-other-drugs-publications/>.

#### **Other unpublished AODTS NMDS data available**

In addition to the data presented in this paper, the AIHW can also report on closed treatment episodes provided to clients receiving treatment for amphetamine use by remoteness area..

It may be possible to report the number of clients receiving treatment for amphetamines who spoke a language other than English but the numbers are likely to be low. The majority (86%) of clients receiving treatment were born in Australia and English was the most frequently reported preferred language (96% of all clients) (AIHW 2014b).

#### **Other related collections managed by the AIHW**

Other AIHW collections that may be of interest to the committee include:

- the National Prisoner Health Data Collection
- the National Hospital Morbidity Database.

The National Prisoner Health Data Collection contains data on prisoners' use of alcohol, tobacco and illicit drugs in the 12 months before entry into prison and while in prison. Specifically, in 2012 it was reported that 37% entrants to Australian prisons had used methamphetamine during the 12 month period prior to their current imprisonment (see *Prisoner health services in Australia 2012* for more information:

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129543945>)

The comparable figure has not been published for the Northern Territory due to the small sample used.

Information on hospitalisations (separations from hospitals) is available from the National Hospital Morbidity Database (NHMD). The NHMD is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. Drug-related hospital separation data published by the AIHW include legal, accessible drugs such as alcohol and tobacco, drugs that are available by prescription or over the counter, such as analgesics and antidepressants, and drugs that are generally not obtained through legal means, such as heroin and meth/amphetamines. Therefore, a proportion of the separations reported may result from harm arising from the therapeutic use of drugs, and the inclusion of therapeutic use may mean the burden of drugs and alcohol on the hospital system appears larger than expected.

About 107,800 hospital separations with a drug-related principal diagnosis were reported in 2011–12, which represents 1% of all hospital separations, a slightly higher proportion than in previous years.

Published drug-related hospital data combines separations related to use of methamphetamines into a broad 'Other stimulants' class which also includes, for example, volatile solvents. AIHW analysis of national 'Other stimulants' data can be undertaken upon request with provision subject to data quality checks.

# Appendix Tables

**Table 1: Recent<sup>(a)</sup> illicit drug use, people aged 14 years or older, 1993 to 2013 (per cent)**

Drug/Behaviour	1993	1995	1998	2001	2004	2007	2010	2013
<b>Illicit drugs (excluding pharmaceuticals)</b>								
Marijuana/cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3	10.2
Ecstasy	1.2	0.9	2.4	2.9	3.4	3.5	3.0	2.5#
Meth/amphetamine (speed) <sup>(b)</sup>	2.0	2.1	3.7	3.4	3.2	2.3	2.1	2.1
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1	2.1
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4	1.3
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6	0.8
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2	0.1#
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.3
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1	*<0.1
Synthetic Cannabinoids	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.2
New and Emerging Psychoactive Substances	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.4
Injected drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4	0.3#
Any illicit excluding pharmaceuticals	13.7	14.2	19.0	14.2	12.6	10.9	12.0	12.0
<b>Pharmaceuticals</b>								
Pain-killers/analgesics <sup>(b)</sup>	1.7	3.4	5.2	3.1	3.1	2.5	3.0	3.3
Tranquillisers/sleeping pills <sup>(b)</sup>	0.9	0.7	3.0	1.1	1.0	1.4	1.5	1.6
Steroids <sup>(b)</sup>	0.3	0.2	0.2	0.2	—	—	0.1	*0.1
Methadone/ Buprenorphine	n.a.	n.a.	0.2	0.1	0.1	0.1	0.2	0.2
Other opiates/opioids <sup>(b)</sup>	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.4	0.4
Any pharmaceutical	n.a.	4.1	6.3	3.9	3.8	3.7	4.2	4.7#
<b>Illicit use of any drug</b>	<b>14.0</b>	<b>16.7</b>	<b>22.0</b>	<b>16.7</b>	<b>15.3</b>	<b>13.4</b>	<b>14.7</b>	<b>15.0</b>

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

# Statistically significant change between 2010 and 2013.

(a) Used in the previous 12 months.

(b) For non-medical purposes.

Source: AIHW 2014a.

**Table 2: Recent use of meth/amphetamines<sup>(a)</sup>, people aged 14 years or older, 2001 to 2013 (per cent)**

	2001	2004	2007	2010	2013
Males	4.2	4.0	3.0	2.5	2.7
Females	2.7	2.5	1.6	1.7	1.5
Persons	3.4	3.2	2.3	2.1	2.1

(a) Used in the previous 12 months for non-medical purposes.

Source: AIHW 2002, 2005, 2008, 2009, 2011, 2014a (National Drug Strategy Household Surveys)



**Table 3: Form of meth/amphetamines used, recent users<sup>(a)</sup> people aged 14 years or older, 2007 to 2013 (per cent)**

Form of drug	2007	2010	2013
Powder	51.2	50.6	28.5#
Liquid	1.3	**0.9	**0.5
Crystal, ice	26.7	21.7	50.4#
Base/Paste/Pure	12.4	11.8	*7.6
Tablet	5.1	8.2	*8.0
Prescription amphetamines	3.2	6.8	*3.0#
Capsules	n.a.	n.a.	*2.0

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

\*\* Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

# Statistically significant change between 2010 and 2013.

(a) Used in the previous 12 months for non-medical purposes

Source: AIHW 2014a.

**Table 4: Frequency of meth/amphetamine use, recent<sup>(a)</sup> users aged 14 years or older, 2007 to 2013 (per cent)**

Frequency of use	2007	2010	2013
<b>All recent meth/amphetamine users</b>			
At least once a week or more	13.0	9.3	15.5#
About once a month	23.3	15.6	16.6
Every few months	27.9	26.3	19.8
Once or twice a year	35.6	48.8	48.0
<b>Main form of meth/amphetamine used - Ice</b>			
At least once a week or more	23.1	*12.4	25.3#
About once a month	24.3	*17.5	20.2
Every few months	20.7	*23.1	14.3
Once or twice a year	31.8	47.0	40.2

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

# Statistically significant change between 2010 and 2013.

(a) Used in the previous 12 months for non-medical purposes

Note: Base is recent users of meth/amphetamines.

Source: AIHW 2014a.

**Table 5: Meth/amphetamine use<sup>(a)</sup>, people aged 14 years or older, by main language, remoteness area and Indigenous status, 2007 to 2013 (per cent)**

Characteristic	Never used			Ex-users <sup>(b)</sup>			Recent users <sup>(c)</sup>		
	2007	2010	2013	2007	2010	2013	2007	2010	2013
Persons	93.8	93.0	93.6	3.9	4.9	4.3#	2.3	2.1	2.1
<b>Main language spoken at home</b>									
English	93.5	92.5	93.1	4.1	5.4	4.7#	2.4	2.2	2.2
Language other than English	99.2	98.8	97.4#	0.6	*0.7	1.8#	0.2	*0.5	*0.8
<b>Remoteness</b>									
Major cities	93.6	92.8	93.6#	3.9	5.1	4.3#	2.5	2.0	2.1
Inner regional	95.1	93.8	94.3	3.2	4.1	4.1	1.7	2.0	1.6
Outer regional	94.3	94.1	94.0	4.1	4.4	4.0	1.6	1.5	2.0
Remote/very remote	91.3	88.8	87.0	5.7	7.2	8.6	3.0	*4.0	*4.4
<b>Indigenous status</b>									
Aboriginal and/or Torres Strait Islander <sup>^</sup>	92.2	92.4	89.8	5.5	*4.0	7.0	2.3	*3.6	*3.1
Not indigenous	94.0	93.1	93.7	3.8	5.0	4.3#	2.2	2.0	2.0

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

\*\* Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

# Statistically significant change between 2010 and 2013.

<sup>^</sup> Due to the small sample sizes for Aboriginal and/or Torres Strait Islander people, estimates should be interpreted with caution.

(a) For non-medical purposes.

(b) Used meth/amphetamines previously, but not in previous 12 months.

(c) Used in the previous 12 months.

Note: For 2013, Remoteness Areas were defined using the 2011 Australian Statistical Geography Standard (ASGS). Prior to this, the 2006 Australian Standard Geographical Classification (ASGC) was used. These data are considered comparable but trends should be interpreted with caution.

Source: AIHW 2014a.

**Table 6: Proportion nominating meth/amphetamine as the drug first nominated when thinking about a drug problem, people aged 14 years or older, 2001 to 2013**

	2001	2004	2007	2010	2013
<b>Australia</b>	4.6	5.5	16.4	16.3	21.9#

Notes:

1. Amphetamine/Speed in 2001
2. Methamphetamine/Amphetamine (speed) in 2004
3. Meth/amphetamine in 2007
4. Non-medical use of meth/amphetamine in 2010 and 2013

Source: AIHW 2002, 2005, 2008, 2009, 2011, 2014a (National Drug Strategy Household Surveys)

**Table 7: Proportion nominating meth/amphetamine as the drug thought to cause most deaths, people aged 14 years or older, 2001 to 2013**

	2001	2004	2007	2010	2013
<b>Australia</b>	2.8	1.8	5.2	4.7	8.7#

Notes:

1. Amphetamine/Speed in 2001
2. Methamphetamine/Amphetamine (speed) in 2004
3. Meth/amphetamine in 2007
4. Non-medical use of meth/amphetamine in 2010 and 2013

Source: AIHW 2002, 2005, 2008, 2009, 2011, 2014a (National Drug Strategy Household Surveys)

**Table 8: Proportion nominating meth/amphetamine as the form of drug use thought to be of most serious concern for the general community, people aged 14 years or older, 2001 to 2013**

	2001	2004	2007	2010	2013
<b>Australia</b>	2.3	2.8	16.4	9.4	16.1#

Notes:

1. Amphetamine/Speed in 2001
2. Methamphetamine/Amphetamine (speed) in 2004
3. Meth/amphetamine in 2007
4. Non-medical use of meth/amphetamine in 2010 and 2013

Source: AIHW 2002, 2005, 2008, 2009, 2011, 2014a (National Drug Strategy Household Surveys)

**Table 9: Closed episodes provided for own drug use where amphetamines was a drug of concern, states and territories 2008–09 to 2012–13**

		Amphetamines	% of all episodes	Total closed episodes
<b>2008–09</b>	Principal	12,739	9.2%	
	Additional	17,576	12.7%	
	<b>Total</b>	<b>30,315</b>	<b>22.0%</b>	<b>138,027</b>
<b>2009–10</b>	Principal	10,027	7.2%	
	Additional	16,677	12.0%	
	<b>Total</b>	<b>26,704</b>	<b>19.1%</b>	<b>139,613</b>
<b>2010–11</b>	Principal	12,563	8.7%	
	Additional	16,400	11.4%	
	<b>Total</b>	<b>28,963</b>	<b>20.1%</b>	<b>144,002</b>
<b>2011–12</b>	Principal	16,875	11.5%	
	Additional	19,108	13.0%	
	<b>Total</b>	<b>35,983</b>	<b>24.5%</b>	<b>146,948</b>
<b>2012–13</b>	Principal	22,265	14.4%	
	Additional	21,763	14.0%	
	<b>Total</b>	<b>44,028</b>	<b>28.3%</b>	<b>155,151</b>

Notes:

1. Principal and additional will not sum to the total number of closed treatment episodes as each episode can have up to 5 additional drugs of concern
2. Principal refers to the drug that clients received treatment for, and additional was where it was listed as an additional drug of concern. No treatment is provided for additional drugs of concern.
3. Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).

Source: AIHW 2014b



**Table 10: Closed episodes provided for own drug use where amphetamines was a principal drug of concern, by main treatment type, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Number</b>					
Counselling	5,329	5,068	6,032	7,522	9,934
Withdrawal management	1,398	890	1,397	2,259	2,681
Assessment only	2,254	1,626	2,133	2,728	4,591
Support and case management only	1,186	833	1,065	1,536	2,140
Rehabilitation	1,676	858	1,034	1,567	1,720
Pharmacotherapy	33	27	31	18	42
Information and education only	521	495	444	683	977
Other	342	230	427	562	180
<b>Total</b>	<b>12,739</b>	<b>10,027</b>	<b>12,563</b>	<b>16,875</b>	<b>22,265</b>
<b>Per cent</b>					
Counselling	41.8%	50.5%	48.0%	44.6%	44.6%
Withdrawal management	11.0%	8.9%	11.1%	13.4%	12.0%
Assessment only	17.7%	16.2%	17.0%	16.2%	20.6%
Support and case management only	9.3%	8.3%	8.5%	9.1%	9.6%
Rehabilitation	13.2%	8.6%	8.2%	9.3%	7.7%
Pharmacotherapy	0.3%	0.3%	0.2%	0.1%	0.2%
Information and education only	4.1%	4.9%	3.5%	4.0%	4.4%
Other	2.7%	2.3%	3.4%	3.3%	0.8%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Notes:**

1. Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).
2. Pharmacotherapy refers to episodes where the main treatment type was pharmacotherapy and another type of treatment was also provided. Treatment episodes where pharmacotherapy is the only treatment type are not in scope for AODTS NMDS.

Source: AIHW 2014b

**Table 11: Closed episodes provided for own drug use where amphetamines was a drug of concern, by age group, 2012–13**

	10–19	20–29	30–39	40–49	50–59	60+	Unknown	Total
<b>Number</b>								
Principal	2,050	9,151	7,490	3,056	450	45	23	22,265
Additional	2,719	7,866	7,284	3,241	580	56	17	21,763
<b>Total</b>	<b>4,769</b>	<b>17,017</b>	<b>14,774</b>	<b>6,297</b>	<b>1,030</b>	<b>101</b>	<b>40</b>	<b>44,028</b>
<b>Per cent</b>								
Principal	9.2%	41.1%	33.6%	13.7%	2.0%	0.2%	0.1%	100.0%
Additional	12.5%	36.1%	33.5%	14.9%	2.7%	0.3%	0.1%	100.0%
<b>Total</b>	<b>10.8%</b>	<b>38.7%</b>	<b>33.6%</b>	<b>14.3%</b>	<b>2.3%</b>	<b>0.2%</b>	<b>0.1%</b>	<b>100.0%</b>

**Notes:**

1. Principal refers to the drug that clients received treatment for, and additional was where it was listed as an additional drug of concern. No treatment is provided for additional drugs of concern.
2. Principal and additional will not sum to the total number of closed treatment episodes as each episode can have up to 5 additional drugs of concern.
3. Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).

Source: AIHW 2014b

**Table 12: Closed episodes provided for own drug use where amphetamines was a principal drug of concern, by Indigenous status and sex, 2012–13**

	Indigenous	Non-Indigenous	Not stated	Total
<b>Number</b>				
Male	1,516	12,439	1,560	15,515
Female	818	5,382	534	6,734
Not stated	2	6	8	16
<b>Total</b>	<b>2,336</b>	<b>17,827</b>	<b>2,102</b>	<b>22,265</b>
<b>Per cent</b>				
Male	9.8%	80.2%	10.1%	100.0%
Female	12.1%	79.9%	7.9%	100.0%
Not stated	12.5%	37.5%	50.0%	100.0%
<b>Total</b>	<b>10.5%</b>	<b>80.1%</b>	<b>9.4%</b>	<b>100.0%</b>

*Note:* Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).

Source: AIHW 2014b

**Table 13: Closed episodes provided for own drug use with a principal drug of concern of amphetamines, by method of use, Indigenous clients, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Number</b>					
Smokes + inhales	115	102	148	287	552
Injects	977	756	807	1,113	1,507
Other	142	110	104	161	184
Not stated	19	12	241	54	93
<b>Total</b>	<b>1,253</b>	<b>980</b>	<b>1,300</b>	<b>1,615</b>	<b>2,336</b>
<b>Per cent</b>					
Smokes + inhales	9.2%	10.4%	11.4%	17.8%	23.6%
Injects	78.0%	77.1%	62.1%	68.9%	64.5%
Other	11.3%	11.2%	8.0%	10.0%	7.9%
Not stated	1.5%	1.2%	18.5%	3.3%	4.0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*Notes:*

1. Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).
2. 'Other' includes 'Ingests', 'Sniffs' and 'Other'.

Source: AIHW 2014b

**Table 14: Closed episodes provided for own drug use with a principal drug of concern of amphetamines, by method of use, all clients, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Number</b>					
Smokes + inhales	2,238	1,923	2,797	5,281	8,398
Injects	8,203	6,074	6,127	8,638	10,018
Other	1,941	1,573	1,851	2,309	2,723
Not stated	357	457	1,788	647	1,126
<b>Total</b>	<b>12,739</b>	<b>10,027</b>	<b>12,563</b>	<b>16,875</b>	<b>22,265</b>
<b>Per cent</b>					
Smokes + inhales	17.6%	19.2%	22.3%	31.3%	37.7%
Injects	64.4%	60.6%	48.8%	51.2%	45.0%
Other	15.2%	15.7%	14.7%	13.7%	12.2%
Not stated	2.8%	4.6%	14.2%	3.8%	5.1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Notes:**

1. Amphetamines are based on codes 3100 to 3199 for amphetamines in the ABS Australian Standard Classification of Drugs of Concern (Cat. no. 1248.0).
2. 'Other' includes 'Ingests', 'Sniffs' and 'Other'.

Source: AIHW 2014b

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