

Amphetamine Use 2014/15: New Zealand Health Survey

December 2015

This report presents findings from the New Zealand Health Survey (NZHS) about self-reported amphetamine use in the last 12 months (past year) in adults aged 16–64 years.

The NZHS data reported below were collected from July 2014 to June 2015 in face-to-face interviews conducted in people's homes. The adult survey response rate was 79%.

Amphetamines are a group of synthetic stimulant drugs. In New Zealand one of the most commonly used types is methamphetamine, which is also known as 'P', 'meth', 'ice' or 'crystal meth'.

What was the survey question?

The NZHS asks adults the following question about amphetamine use:

'In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high?'

Participants who selected the category '**Amphetamines, for example, 'P' ('pure' methamphetamine), ice (crystal methamphetamine), speed**', were counted as people who used amphetamines in the past year.

Results

One percent of adults used amphetamines in the past year

In 2014/15 amphetamines were used in the past year by 0.9% of adults (95% confidence interval [CI]: 0.7–1.1). This equates to about 26,000 New Zealanders.

The average age of past-year amphetamine users was 33 years

The mean age of past-year amphetamine users was 33 years (95% CI: 30–36). This has increased from 29 years (95% CI: 26–31) in 2012/13. This increase is approaching statistical significance ($p = 0.06$).

Younger adults were more likely to have used amphetamines in the past year

Amphetamine use in the past year was higher among younger age groups than older age groups. Respondents aged 25–34 years had the highest prevalence of past-year amphetamine use (1.4%; 0.8–2.2), followed by those aged 16–24 years (1.3%; 0.8–2.3). The lowest levels of past-year amphetamine use were in those aged 55–64 years (0.2%; 0.1–0.9).

The prevalence of past-year amphetamine use in respondents aged 16–24-years has been decreasing since 2012/13 (2.0%; 1.2–3.4) but this decrease is not statistically significant at a 5% level of significance.

Men were more likely to have used amphetamines in the past year

Past-year amphetamine use was higher among males (1.2%; 0.8–1.6) than females (0.7%; 0.5–0.9).

Māori were more likely to have used amphetamines use than non-Māori

Amphetamines were used in the past year by 1.6% of Māori (95% CI: 1.1–2.3), 1.1% of European/other (95% CI: 0.8–1.4), 0.2% of Pacific adults (95% CI: 0.0–0.9), and 0.1% of Asian adults (95% CI: 0.0–0.6).

After adjustment for population age and sex differences, Māori were 1.8 times more likely (adjusted rate ratio (ARR) 1.8; 1.1–3.1) to have used amphetamines in the past year than non-Māori. The higher use for Māori has decreased since 2013/14 (ARR 3.0; 1.7–5.3). This decrease is approaching statistical significance ($p = 0.06$).

Pacific adults were less likely (ARR 0.2; 0.0–0.9) to have used amphetamines in the past year than non-Pacific adults. However, in 2013/14 there was no difference in amphetamine use between Pacific and non-Pacific adults.

Asian adults were less likely (ARR 0.1; 0.0–0.4) to have used amphetamines in the past year than non-Asian adults.

Amphetamine use has been constant since 2011/12

Compared to 2013/14 (1.1%; 0.8–1.4), there was no difference in 2014/15 past-year amphetamine use (0.9%; 0.7–1.1). No difference in prevalence has been found since 2011/12.

Amphetamine use has been measured in other national New Zealand surveys prior to the NZHS. The earlier national surveys used different methodologies (such as a different interview mode and different questions), which are not necessarily comparable to those used by the NZHS, so trends need to be interpreted cautiously. Data from these surveys has been reanalysed to enhance comparability with the NZHS data. The overall indication is that the prevalence of past-year amphetamine use has declined from 2003 to 2014/15 for adults (see Table 1). This decrease remained significant after adjusting for age.

Table 1: Past-year amphetamine use in New Zealand for adults aged 16–64 years

Year	Survey	Mode	Prevalence
2003	Health Behaviours Survey – Drug Use	Telephone interview	2.7% (2.3–3.3)
2007/08	New Zealand Alcohol and Drug Use Survey	Self-completed interview	2.2% (1.7–2.7)
2011/12	New Zealand Health Survey	Face-to-face interview	0.9% (0.7–1.1)
2012/13	New Zealand Health Survey	Face-to-face interview	0.9% (0.7–1.2)
2013/14	New Zealand Health Survey	Face-to-face interview	1.1% (0.8–1.4)
2014/15	New Zealand Health Survey	Face-to-face interview	0.9% (0.7–1.1)

Source: Ministry of Health 2007, Ministry of Health 2009; data from NZHS 2011/12, 2012/13, 2013/14 and 2014/15

Further information

The NZHS collected extra information on drug use in 2012/13

The NZHS consists of core questions included each year plus in-depth modules that change each year. One question about drug use in the last 12 months is asked as a core question in the NZHS survey face-to-face interview.

From July 2012 to June 2013 the NZHS included a module about tobacco, alcohol and drug use. Within this module, sensitive questions, such as those about drug use, were answered by participants using self-completed interviews, thereby providing a more accurate estimate of recreational drug use than face-to-face interviews. Given the similarity in mode of data collection, the data collected in the 2012/13 NZHS module can be compared to the data collected from the 2007/08 New Zealand Alcohol and Drug Use Survey, allowing drug use trends to be explored more reliably. An in-depth analysis of the 2012/13 NZHS drug module, including amphetamine use, will be produced in 2016.

Guide to interpreting this report: The findings presented above may be an underestimate

Respondents in face-to-face interviews, such as the 2014/15 NZHS, may be more likely to conceal what they perceive to be an undesirable behaviour such as drug use. Therefore, these types of surveys may underestimate the prevalence of recreational drug use in the population (Rogers et al 1998).

Also, the NZHS did not include people living in prisons and the homeless. Both these populations have a higher prevalence of drug use (Al-Nasrallah et al 2005; Department of Corrections 2004; Fazel et al 2008). However, as these populations comprise a relatively small proportion of the total population, the impact of omitting them is likely to be minimal.

There are important differences between the surveys compared in Table 1, which should be considered when interpreting the data. These include differences in the way the surveys were administered, survey context, survey response rate and question wording. Specific details about the methodological differences are discussed in *Amphetamine Use 2012/13: Key findings of the New Zealand Health Survey*, at www.health.govt.nz/publication/amphetamine-use-2012-13-key-findings-new-zealand-health-survey

Technical notes

The data are analysed according to the techniques reported in the methodology report for the 2014/15 New Zealand Health Survey (Ministry of Health, 2015b).

All differences presented are statistically significant where $p < 0.05$. Ninety-five percent confidence intervals are presented in brackets following means.

The report uses *Total response ethnicity* to define ethnic groups. The Korn and Graubard (1998) method was used to calculate confidence intervals for prevalence rates for Asian and Pacific adults as the numerator (number of respondents who had used amphetamine in the past-year) was less than 30. Adjusted rate ratios are presented for ethnicity comparisons. These show a relative difference between an ethnic population and a mutually exclusive comparator population, such as Māori and non-Māori.

Improvement to survey weighting means that 2013/14 prevalence statistics presented here may be slightly different to those provided in *Amphetamine Use 2013/14: New Zealand Health Survey*.

New Zealand Health Survey background

The NZHS is an ongoing survey that has been in the field on a continuous basis since July 2011. More information, reports and methodological details about the NZHS can be found at www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey

Did you find what you were looking for?

Please help us improve our reports – tell us whether we are giving you the information you want by going to: www.health.govt.nz/nzhs-feedback

It will only take a minute or two, and we really value your feedback!

References

- Al-Nasrallah B, Amory K, Blackett J, et al. 2005. *Slipping Through the Cracks: A study of homelessness in Wellington*. Wellington: He Kainga Oranga, Housing and Health Research Programme, Department of Public Health, Wellington School of Medicine and Health Sciences.
- Department of Corrections. 2004. *Strategy to Reduce Drug and Alcohol Use by Offenders 2005–2008*. Wellington: Department of Corrections.
- Fazel S, Khosla V, Doll H, et al. 2008. The prevalence of mental disorders among the homeless in Western countries: systematic review and meta-regression analysis. *PLOS Medicine* 5(12): e225. doi:10.1371/journal.pmed.0050225.
- Korn EL, Graubard BI. 1998. Confidence intervals for proportions with small expected number of positive counts estimated from survey data. *Survey Methodology* 24(2): 193–201.
- Ministry of Health. 2007. *Drug Use in New Zealand: Analysis of the 2003 New Zealand Health Behaviours Survey – Drug Use*. Wellington: Ministry of Health.

Ministry of Health. 2009. *Drug Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey*. Wellington: Ministry of Health.

Ministry of Health. 2013. *Amphetamine Use 2012/13: Key Findings of the New Zealand Health Survey*. Wellington: Ministry of Health.

Ministry of Health. 2014. *Amphetamine Use 2013/14: New Zealand Health Survey*. Wellington: Ministry of Health.

Ministry of Health. 2015a. *Annual Update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health.

Ministry of Health. 2015b. *Methodology Report 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health.

Rogers SM, Miller HG, Turner CF. 1998. Effects of interview mode on bias in survey measurements of drug use: do respondent characteristics make a difference? *Substance Use and Misuse* 33(10): 2179–200.

Acknowledgements

The New Zealand Health Survey would not have been possible without the support and enthusiasm of many individuals, and the surveyors who worked so diligently to collect the data.

Thank you also to the many thousands of New Zealanders who gave their time to participate in the New Zealand Health Survey. This report would not have been possible without your generosity.

Please refer to the Ministry of Health's publication of the wider survey results for further acknowledgements (Ministry of Health 2015a).

Authors

This report was written by Alana Oakly, with statistical analyses carried out by Deepa Weerasekera. The authors are employed by Health and Disability Intelligence Group, Ministry of Health.



December 2015

ISBN 978-0-947491-51-2 (online)

HP 6314

Appendix: Tables

Table A1: Percentage of adults who reported using amphetamines at least once in the last 12 months, by socio-demographic categories

	Percent	95% confidence interval
Sex		
Men	1.2	0.8–1.6
Women	0.7	0.5–0.9
Total	0.9	0.7–1.1
Age distribution		
16–24	1.3	0.8–2.3
25–34	1.4	0.8–2.2
35–44	0.8	0.6–1.3
45–54	0.7	0.4–1.3
55–64	0.2	0.1–0.9
Ethnic group		
Māori	1.6	1.1–2.3
Pacific	0.2	0.0–0.9
Asian	0.1	0.0–0.6
European/Others	1.1	0.8–1.4

Table A2: Mean age of adults who used amphetamines at least once in the last 12 months, by sex

Comparator group	Mean	95% confidence interval
Men	33.2	28.6–37.7
Women	32.7	28.5–37.0
Total	33.0	29.8–36.2

Table A3: Adjusted rate ratio: adults who used amphetamines at least once in the last 12 months

Comparator group	Adjusted rate ratio	95% confidence interval
Māori vs non-Māori	1.8*	1.1–3.1
Pacific vs non-Pacific	0.2*	0.0–0.9
Asian vs non-Asian	0.1*	0.0–0.4

* Statistically significant difference between the two groups.

Table A4: Prevalence changes over time for adults who used amphetamines at least once in the last 12 months, by socio-demographic categories (unadjusted prevalence and p-value)

	2013/14		2014/15		Significance of difference between years (p-values)
	Percent	95% confidence interval	Percent	95% confidence interval	2013/14 and 2014/15
Sex					
Men	1.5	1.1–2.1	1.2	0.8–1.6	0.33
Women	0.7	0.5–0.9	0.7	0.5–0.9	0.98
Total	1.1	0.8–1.4	0.9	0.7–1.1	0.37
Age group					
16–24	1.7	1.1–2.7	1.3	0.8–2.3	0.54
25–34	2.2	1.5–3.3	1.4	0.8–2.2	0.14
35–44	0.6	0.4–1.0	0.8	0.6–1.3	0.40
45–54	0.6	0.3–1.2	0.7	0.4–1.3	0.72
55–64	0.1	0.1–0.3	0.2	0.1–0.9	0.76
Ethnic group					
Māori	2.7	1.9–3.8	1.6	1.1–2.3	0.06
Pacific	0.5	0.1–1.8	0.2	0.0–0.9	0.51
Asian	0.1	0.0–0.7	0.1	0.0–0.6	0.80
European/Other	1.1	0.8–1.5	1.1	0.8–1.4	0.99

Table A5: Mean age changes over time for adults who used amphetamines at least once in the last 12 months, by sex (unadjusted prevalence and p-value)

	2012/13		2013/14		2014/15		Significance of difference between years (p-values)	
	Mean	95% confidence interval	Mean	95% confidence interval	Mean	95% confidence interval	2012/13 and 2014/15	2013/14 and 2014/15
Sex								
Men	30.0	25.9–34.1	30.1	27.2–34.7	33.2	28.6–37.7	0.32	0.44
Women	26.3	22.6–30.0	30.0	26.7–33.3	32.7	28.5–37.0	0.03*	0.32
Total	28.6	25.7–31.4	30.7	28.0–33.4	33.0	29.8–36.2	0.06	0.26

* Statistically significant difference between the two groups.