

# Amphetamine Use 2015/16: New Zealand Health Survey

December 2016

This report presents findings from the New Zealand Health Survey (NZHS) about self-reported amphetamine use in the 12 months from July 2015 to June 2016 in adults aged 16–64 years.<sup>1</sup>

The NZHS data reported below was collected in face-to-face interviews conducted in respondents' homes. The response rate was 80 percent.

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', 'speed', 'ice' or 'crystal meth'.

## Why is amphetamine use a health issue?

Amphetamine use poses great risks to health, including a risk to mental wellbeing. Heavy use can result in the neglect of normal self-care routines, such as sleeping, eating, personal hygiene and exercise, which can in turn lead to sleep deprivation, malnutrition and dental damage. In extreme cases, lack of sleep and food can induce a drug psychosis.

Long-term amphetamine use can cause anxiety and depression, damage to the nervous system and susceptibility to infection and disease.

Intravenous drug use increases the risk of contracting infectious diseases such as HIV/AIDS, hepatitis and skin infections. Sharing needles or syringes is extremely risky because this can cause infection to be transmitted (see: [www.methhelp.org.nz](http://www.methhelp.org.nz)).

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

<sup>1</sup> This age range was selected to enable comparability with the 2007/08 New Zealand Alcohol and Drug Use Survey, which surveyed 16-64 year olds. Note that caution needs to be used when comparing findings from different surveys (see notes under 'Guide to interpreting this report').

# Results

## **In the past year, 1 percent of adults used amphetamines**

In 2015/16, 1.1 percent of adults (95% confidence interval, CI: 0.9–1.5) used amphetamines in the past year. This equates to about 34,000 New Zealanders.

## **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 (2.4%; 1.6–3.5), followed by those aged 16–24 years (1.6%; 1.0–2.6). The lowest level of past-year amphetamine use was in those aged 55–64 years (0.3%; 0.1–0.7).

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

Past-year amphetamine use was significantly higher among males (1.7%; 1.3–2.4) than females (0.6%; 0.4–0.9).

## **Māori were more likely to have used amphetamines than non-Māori in the past year**

In the past year, amphetamines were used by 2.9 percent of Māori adults (95% CI: 2.1–4.0), 1.3 percent of European/Other adults (95% CI: 1.0–1.6), 1.2 percent of Pacific adults (95% CI: 0.6–2.6) and 0.2 percent of Asian adults (95% CI: 0.1–0.9).

After adjusting for age and sex differences between population groups, it was found that:

- Māori were 3.4 times as likely (adjusted rate ratio (ARR) 3.4; 2.2–5.2) to have used amphetamines in the past year than non-Māori
- Asian adults were less likely (ARR 0.1; 0.0–0.6) to have used amphetamines in the past year than non-Asian adults
- Pacific adults' past-year use of amphetamines was similar to that of non-Pacific adults (ARR 1.0; 0.4–2.1).

## **Amphetamine use has been stable since 2011/12**

There was no difference between the 2015/16 past-year prevalence of amphetamine use (1.1%; 0.9–1.5) and that of the previous year (2014/15 = 0.9%; 0.7–1.1). In fact, no significant difference in prevalence of amphetamine use has been found since 2011/12.

Amphetamine use has been measured in other national New Zealand surveys before the NZHS. The earlier national surveys used different methodologies (such as a different interview mode and different questions), 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 2015/16 for adults (see Table 1). This decrease remains 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)
2015/16	New Zealand Health Survey	Face-to-face interview	1.1% (0.9–1.5)

Sources: Ministry of Health 2007, 2009; data from NZHS 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16

## The average age of past-year amphetamine users was 31 years

In 2015/16, the mean age of past-year amphetamine users was 31 years (95% CI: 29–33). The mean age of past year amphetamine users has not changed significantly since 2011/12.

## Further information

### The New Zealand Health Survey

The NZHS is a continuous survey that provides information about the health and wellbeing of New Zealanders. It consists of a set of ‘core’ questions, which are always in the survey, plus in-depth modules that change each year. This report is based on one core question about drug use in the last 12 months which was administered by face-to-face interview (see page 1).

The NZHS collected **monthly** amphetamine use in 2012/13 as part of a tobacco, alcohol and drug use module. The findings are included in *Amphetamine Use 2012/13: Key findings of the New Zealand Health Survey*, available from Ministry of Health publications (search under: [www.health.govt.nz/publications/](http://www.health.govt.nz/publications/)).

### Guide to interpreting this report

The findings presented above may be underestimated. Respondents in face-to-face interviews, such as the 2015/16 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 does not cover people living in prisons or the homeless. Both these populations are known to have a higher prevalence of drug use than the general population (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 from the survey is likely to be minimal.

There are important differences between the surveys compared in Table 1 that need to be considered when interpreting the data. These include differences in the way the surveys were administered, survey context (e.g. a drug specific survey versus a more general survey), survey response rate and the wording of questions. Specific details about the methodological differences are discussed in *Amphetamine Use 2012/13: Key findings of the New Zealand Health Survey* (Ministry of Health 2013).

## Technical notes

The data are analysed according to the techniques reported in the methodology report for the 2015/16 NZHS (Ministry of Health, 2016a).

A difference between groups is statistically significant if the p-value is less than 0.05. Ninety-five percent confidence intervals are presented in brackets following means and percentages.

The report uses ‘total response ethnicity’ to define ethnic groups. 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.

## 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](http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey)

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## References

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## Authors

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

# Appendix: Tables

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

	Percent	95% confidence interval
<b>Sex</b>		
Men	1.7	1.3–2.4
Women	0.6	0.4–0.9
Total	1.1	0.9–1.5
<b>Age distribution (in year groups)</b>		
16–24	1.6	1.0–2.6
25–34	2.4	1.6–3.5
35–44	0.9	0.6–1.4
45–54	0.5	0.3–0.8
55–64	0.3	0.1–0.7
<b>Ethnic group</b>		
Māori	2.9	2.1–4.0
Pacific	1.2	0.6–2.6
Asian	0.2	0.1–0.9
European/Others	1.3	1.0–1.7

**Table A2: 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	3.4*	2.2–5.2
Pacific vs non-Pacific	1.0	0.4–2.1
Asian vs non-Asian	0.1*	0.0–0.6

\* Statistically significant difference between the two groups.

**Table A3: Mean age of adults who used amphetamines at least once in the last 12 months, by sex**

Comparator group	Mean	95% confidence interval
Men	31.3	29.2–33.4
Women	31.3	26.8–35.8
Total	31.3	29.5–33.1