

Amphetamine Use

2012/13

**Key findings of the
New Zealand Health Survey**

Authors

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Introduction

This report presents findings from the New Zealand Health Survey (NZHS) about 'at least monthly' and 'past year' amphetamine use in adults aged 16–64 years of age. It also reports the mean age of 'past year' amphetamine users aged 16–64 years of age. Data on 'past year' amphetamine use and the mean age of 'past year' amphetamine users were collected via face-to-face interviews, while data on 'at least monthly' use were collected using self-completed computerised interviews. Data was self-reported and collected from 1 July 2012 to 30 June 2013.

What were the survey questions?

The NZHS asks adults the following questions 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?

It then presents a list of response options. Participants who selected the response option '**Amphetamines, for example, 'P' ('pure' methamphetamine), ice (crystal methamphetamine), speed**' were counted as people who had used amphetamines in the past year.

Participants who reported ever having tried amphetamines, 'for recreational or non-medical purposes, or to get high', answered the following three questions on a computer:

- How often in the last 12 months have you used methamphetamine? How often in the last 12 months have you used amphetamine sulphate?
- How often in the last 12 months have you used other types of amphetamines, such as dexamphetamine or diet pills containing amphetamine?

Each question had the following response options:

- 1 Daily or almost daily
- 2 Weekly
- 3 Monthly
- 4 Every few months
- 5 Once or twice in the last 12 months.

Participants who responded 1, 2 or 3 to one or more of these three questions were counted as 'at least monthly' amphetamine users.

Background: the New Zealand Health Survey

In the past, the Ministry of Health carried out national population health surveys at regular intervals. The NZHS and the other surveys in the Ministry of Health's wider survey programme have now been integrated into a single survey, which is in the field on a continuous basis and has been in place since July 2011.

Core questionnaire

The NZHS includes a core questionnaire that remains in the survey permanently, as well as a flexible programme of topic modules that change every 12 months. Drug use was one of the module topics in 2012/13 for adults.

This report uses data from the core questionnaire as well as the drug module. Questions in the core questionnaire are interviewer-administered, while those in the module are self-completed.

Some technical details

The survey results refer to the usually resident civilian population of all ages, living in permanent dwellings, aged-care facilities and student accommodation. People living in institutions (such as hospitals or prisons), the homeless, short-term visitors and tourists are not included in the survey.

The 2012/13 survey included 13,009 adults and 4485 children selected randomly from throughout New Zealand. Face-to-face survey interviews were conducted in people's homes. The adult survey response rate was 80 percent.

More information about the NZHS methodology is available on the Ministry of Health website.

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Results

One in 500 New Zealand adults reported using amphetamines at least monthly

In 2012/13, 0.2 percent of New Zealand adults aged 16–64 years reported having used amphetamines at least monthly (95% confidence interval: 0.1–0.4). This equates to about 6000 New Zealanders.

There was no significant difference in self-reported ‘at least monthly’ amphetamine use between men (0.3%; 0.1–0.7) and women (0.1%; 0.1–0.3).

‘At least monthly’ amphetamine use declined with increasing age.

‘At least monthly’ amphetamine use prevalence data have not been reported for Māori, Pacific and Asian people, as the numbers were too small to draw meaningful conclusions.

About 1 percent of New Zealand adults reported using amphetamines in the past year

In 2012/13, 0.9 percent of New Zealand adults aged 16–64 years reported having used amphetamines in the past year (95% confidence interval: 0.7–1.2). This equates to about 25,000 New Zealanders.

There was no significant difference in self-reported amphetamine use in the past year between men (1.1%; 0.8–1.5) and women (0.7%; 0.4–1.0). However, in 2011/12, men were significantly more likely to report having used amphetamines in the past year (1.3%; 0.9–1.7) than women (0.5%; 0.3–0.7).

As it did for ‘at least monthly’ amphetamine use, ‘past year’ amphetamine use declined with increasing age. Respondents aged 16–24 years were the most likely to report having used amphetamines in the past year (2.0%; 1.2–3.4); the lowest levels of ‘past year’ use were reported for 55–64 year olds (0.1%; 0.0–0.4).

Māori were four times as likely to have used amphetamines in the past year as non-Māori, after adjusting for age and sex differences.

After adjustment, Pacific peoples were less likely to have used amphetamines in the past year than non-Pacific peoples, and Asians were less likely to have used amphetamines in the past year than non-Asians.

The mean age of ‘past year’ amphetamine users was 29 years

The mean age of ‘past year’ amphetamine users among New Zealand adults aged 16–64 years was 29 years (95% confidence interval: 26–31).

‘Past year’ amphetamine use – time trends

Amphetamine use has been measured in previous national New Zealand surveys. Data from these surveys were re-analysed to ensure comparability with the latest NZHS data. Overall, the findings from these surveys indicate that the prevalence of ‘past year’ amphetamine use declined from 2003 to 2012/13 for 16–64 year olds (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 (percent) |
|---------|---|--------------------------|----------------------|
| 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) |

Sources: Ministry of Health 2007, Ministry of Health 2009, NZHS (2011/12), NZHS (2012/13).

As Table 1 indicates, there was no significant difference between 2011/12 and 2012/13 ‘past year’ amphetamine use prevalence.

Guide to interpreting findings in this report

The findings presented above may be an underestimate

It is acknowledged that in face-to-face interviews, such as the core component of the NZHS, respondents may be more likely to conceal what they perceive to be an undesirable behaviour. Therefore these types of surveys are likely to underestimate the prevalence of recreational drug use in the population (Rogers et al 1998).

In addition, the NZHS did not include people living in prisons and the homeless, and 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 very small proportion of the total population, the impact of excluding them is likely to be inconsequential.

There are important differences between the surveys

There are a number of important differences between the 2003 Health Behaviours Survey – Drug Use (HBS-DU), the 2007/08 New Zealand Alcohol and Drug Use Survey (NZADUS) and the NZHS. Therefore comparisons across time need to be interpreted cautiously.

The method of administering the questionnaires differs between the surveys

The NZHS used face-to-face interviews to collect information on ‘past year’ amphetamine use, whereas the HBS-DU used telephone interviews and the NZADUS used self-completed computerised interviews. The level of under-reporting is likely to have varied for the different methods of administering the survey. It is not possible to determine the extent to which the observed decline in prevalence could be due to higher levels of under-reporting in the NZHS.

The questions used to collect the information are different in the three surveys

The HBS-DU asked participants which drugs they had ever tried (from a list of drugs). If the participant reported having ever used any of the drugs on the list, they were asked how many times in the last 12 months they had used each one.

The NZADUS asked participants whether they had ever tried certain drugs for recreational purposes (from a list of drugs). If the participant reported having used any of the drugs on the list, they were asked whether, in the last 12 months, they had used that drug. Participants who had used that specific drug in the last year were asked how many times in that period they had used it.

The 2011/12 NZHS asked 'In the last 12 months have you used any drugs for recreational purposes or to get high?' Participants who said yes to this question were then asked which drugs they had used in the last 12 months. The NZHS used a more concise list of recreational drugs compared to the other surveys.

The 2012/13 NZHS directly asked respondents 'In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high?' and then provided a list of drugs for participants to select from; multiple responses were possible.

Other factors may affect the comparability of the results

Other factors may affect the comparability of the results between surveys. For example, the 2011/12 and 2012/13 NZHSs had much higher response rates (79% and 80% respectively) than either the NZADUS (60%) or the HBS-DU (68%). Additional factors may include question order and the context of the survey.

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