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Research paper

The stigmatisation of 'ice' and under-reporting of meth/amphetamine use in general population surveys: A case study from Australia

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ABSTRACT

Background and aims: Stigmatisation of illicit drug use is known to discourage people from reporting their use of illicit drugs. In the context of Australia's two recent "ice-epidemics" this study examines whether rapid increases in community concern about meth/amphetamine concurrent with increased stigmatising media reporting about meth/amphetamine "epidemics" are associated with increased under-reporting of its use in population surveys.

Methods: We examined the relationship between general population trends in self-reported lifetime use of and attitudes towards meth/amphetamine between 2001 and 2013, contextualised against related stimulants and heroin, using five waves of Australia's National Drug Strategy Household Survey (NDSHS), alongside trends in print media reporting on meth/amphetamine from 2001 to 2014.

Results: Analysis of NDSHS data showed significant increases in community concern about meth/amphetamine between 2004 and 2007, and 2010 and 2013 in all birth cohorts and age groups. In both periods self-reported lifetime use of meth/amphetamine fell in many birth cohorts. The falls were only statistically significant in the first period, for birth cohorts from 1961–1963 to 1973–1975. Falls in lifetime use within a cohort from one period to the next are incongruous and we did not observe them in the other drugs considered. Equally, increases in concern were specific to meth/amphetamine. We counted substantial and rapid increase in the number of newspaper reports about meth/amphetamine in both periods, particularly reports including the term 'epidemic'.

Conclusions: Rapid increases in the quantum of media reporting stigmatising a drug (through its construction as an 'epidemic') accompanying increased general public concerns about the drug may increase the tendency to under-report lifetime use. This may make it difficult to rely upon household surveys to observe trends in patterns of use and suggests that policy makers, media and others in the AOD sector should avoid stigmatisation of drugs, particularly during periods of heightened concern.

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Introduction

For decades epidemiological surveys have been used to estimate and monitor the alcohol and other drug (AOD) use patterns of the general population in the United States, Australia, and many European countries (Australian Institute of Health and Welfare, 2014; EMCDDA, 2014; Home Office, 2014; Substance Abuse & Mental Health Services Administration, 2014). For as long as these monitoring systems have existed there have been concerns about survey validity or sources of error (for discussion see Harrison & Hughes, 1997; Johnson, 2014; Magura & Kang, 1996). Errors of representation can arise from non-response bias or unrepresentativeness of the sample (such as through the deliberate exclusion of people experiencing homelessness or incarceration: groups who often have high rates of substance use). Errors of measurement can arise from the respondent's inability to know exactly what drugs they are taking (see for example recent concerns regarding the rise of new psychoactive substances: Griffiths & Mounteney, 2010), or through a decision to provide an inaccurate answer to questions about their use of drugs (Johnson, 2014). Survey respondents may under-report sensitive, illicit or 'undesirable' behaviours such as drug use (see Johnson, 2014 for a review). Drug use is highly stigmatised across the general population, and the level of stigma attached to drug use can be extreme (Lloyd, 2013). As well as adverse impacts on engagement

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with prevention, testing, treatment and other health services (Pascoe & Smart Richman, 2009), stigmatisation may jeopardise accurate measurement of the population prevalence of illicit drug use (Johnson, 2014). The implication of changing levels of stigmatisation on survey reporting has yet to be considered (Johnson, 2014).

In this article, in the context of Australia's two most recent 'ice epidemics,' we consider the implication of changing stigmatisation on survey reporting. Specifically we consider whether rapid increases in community perceptions of meth/amphetamine as 'problematic' or a 'drug of concern', alongside increased stigmatisation of the drug through its construction as an 'epidemic' in the media is associated with under-reporting of its use in population surveys. (In Australia crystal meth/amphetamine is commonly known as "ice").[1] Since 2013 Australian media, politicians, policy makers, police, researchers and service providers have paid increasing attention to meth/amphetamine (Hughes, 2015, May 5), with reports of an Australian 'ice' "pandemic" "ravaging regional Australia" (Prime Minister of Australia, 2015, April 8). A national taskforce was established by the Office of Prime Minister and Cabinet to "tackle the growing scourge of ice" (Australian Government, 2015) following an Australian Crime Commission report denoting meth/amphetamine the illicit drug of "highest risk to the Australian community" (Australian Crime Commission, 2015, p. 5). This most recent 'epidemic' is the second major wave of concern about meth/amphetamine use in Australia in the last decade. In 2006–2007 the media reported that Australia risked 'losing a generation to the drug' (Fife-Yeomans, Watson, & Masters, 2006; Milne, 2006). Politicians vied for leadership, keen to be seen to be finding solutions to this issue of heightened community concern (for discussion see Lancaster, Ritter, & Colebatch, 2014). In both periods, there has been a tendency to histrionically frame problematic meth/amphetamine use as a population-wide problem (an 'epidemic') (for discussion see Lancaster et al., 2014).

Despite this growing cacophony of media, political and community concern, the findings of the National Drug Strategy Household Survey (NDSHS) (Australia's largest representative survey of AOD use in the general population, see: Australian Institute of Health and Welfare, 2014, pp. 120–126) reported no increase in past year prevalence of meth/amphetamine use between 2010 and 2013 (2.1%) (Australian Institute of Health and Welfare, 2014). Yet, other data sources suggest that meth/amphetamine-related harms (including ambulance attendances, hospitalisations, fatal overdoses and treatment seeking) increased over the same period (Department of the Prime Minister & Cabinet, 2015; Heilbronn et al., 2013; Westmore, Van Vught, Thomson, Griffiths, & Ryan, 2014). It is possible for harms to increase alongside steady prevalence. Over the same period there was an apparent substitution of less potent forms of meth/amphetamine (for example, speed powder) with crystal meth/amphetamine, and an increase in the frequency of use amongst those who reported mainly using the crystal meth/amphetamine form (Australian Institute of Health and Welfare, 2014). Increased harms in Victoria have been linked with a substantial increase (between January 2009 and June 2013) in the purity of crystal meth/amphetamine (from 23% to 64%) and a smaller increase in the purity of powder meth/amphetamine (from 12% to 37%), together with 60–70% reductions in the price per pure gram of both these products; and marked increase in the variability in the purity of crystal meth/amphetamine sold at the retail level (Scott, Caulkins, Ritter, Quinn, & Dietze, 2015). As the authors explain, with no change to expenditure people could buy more meth/amphetamine, but their control over the amount of crystal meth/amphetamine consumed would be compromised by the variability in purity. Recent estimates point to increases in the number of dependent meth/amphetamine users over the same period (Degenhardt et al., 2016). However, adding to this complex picture, we suggest that the unchanged past year prevalence of meth/amphetamine use over this period may partially be understood as a consequence of increased under-reporting of meth/amphetamine use following rising public concern and stigmatisation of this drug through its construction as an 'epidemic' in media reporting.

In previous analysis of NDSHS data from 1998 to 2010 we found that while reported lifetime use of cocaine and ecstasy generally increased with age within a birth cohort until the point when it levelled off, lifetime use of meth/amphetamine fell anomalously in a number of birth cohorts between 2004 and 2007 (corresponding with the earlier meth/amphetamine crisis) (Chalmers, Matthew-Simmons, & Hughes, 2013). Building on this research, we undertake a novel comparison of trends in news media reporting about meth/amphetamine in general and meth/amphetamine 'epidemics' more specifically, along with the joint evolution of reported lifetime use of meth/amphetamine and community perceptions about meth/amphetamine in NDSHS data from 2001 until 2013. The main aim is to examine whether periods of increased Australian news media-reporting of meth/amphetamine, of the type that could increase stigmatisation, are associated with falls in reported life-time meth/amphetamine use. We consider two periods: between 2004 and 2007, and between 2010 and 2013.

Methods

Analysis of Australia's National Drug Strategy Household Survey (NDSHS)

Data

Individual level data on illicit drug use and attitudes towards drugs were pooled from 5 waves (2001, 2004, 2007, 2010 and 2013) of the NDSHS (Australian Institute of Health and Welfare, 2002, 2005a, 2008a, 2011, 2014). These data have been pooled in previous studies (Cameron & Williams, 2001; Chalmers et al., 2013; Chalmers & Ritter, 2011; Williams, 2004; Zhao & Harris, 2004). All of the waves contained between 20,000 and 30,000 respondents. The NDSHS is a representative survey about knowledge of, attitudes towards, and behaviour in relation to drug use in the Australian non-institutionalized civilian population. As such, many of the heaviest drug users, including people who inject drugs, are traditionally excluded from the survey. The NDSHS fieldwork has used a mixture of telephone (CATI), written "drop & collect" questionnaires (D&C), and face to face interviews, with the majority of the surveys in each year undertaken via the D&C method. The 2010 and 2013 NDSHS were undertaken solely via D&C (Australian Institute of Health and Welfare, 2002, 2005a, 2008a, 2011, 2014). Total response rates varied between 46% (2004) and 54% (2007) (Australian Institute of Health and Welfare, 2005b, 2008b, 2014).

The NDSHS utilises a multi-stage stratified sampling methodology, where the sample is stratified by geographic region, with oversampling of the smaller states/territories. The population estimates of lifetime drug use prevalence and attitudes presented in this paper were weighted by age, sex and geographical region using weights supplied by AIHW (Australian Institute of Health and Welfare, 2002, 2005a, 2008a, 2011, 2014).

The sample for analyses was restricted to persons aged 14–49. Those aged 50 and above were excluded since prevalence of recent (past year) meth/amphetamine use among older Australians is very

[1] In Australia there are thought to be three main forms of meth/amphetamine: powder methamphetamine (or 'speed'), base methamphetamine and crystalline meth/amphetamine. Crystal meth/amphetamine is considered to be of higher purity than the other two forms (Degenhardt et al., 2008).

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