

THE METHAMPHETAMINE SITUATION IN AUSTRALIA: A REVIEW OF ROUTINE DATA SOURCES.

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McKetin & McLaren (2004).

Plain English summary and implications for police prepared by Roger Nicholas.

Methodology

The researchers reviewed a number of sources of routinely collected indicator data and survey data that were publicly available at the time. This data included: hospital separations; alcohol and other drug treatment admissions; mortality data; drug arrest data; surveys of drug use among the general population and among school children; sentinel surveys of illicit drug users; surveys of drug users who come in contact with the criminal justice system; and, surveys of injecting drug users via the Australian Needle and Syringe Program Survey. The time period covered by the data varied from throughout the 1990s up until 2001-02.

Key findings:

- The authors reported that there had been an increase in both the supply and use of methamphetamine in the preceding five years (i.e. from 1997 to 2002) which had been accompanied by an increase in methamphetamine-related harm.
- At that time most methamphetamine seized in Australia was produced domestically, although border seizures of crystalline methamphetamine suggested that there could be substantial competition to domestic producers from methamphetamine produced in South East Asia.
- There was a ten fold increase in the seizures of amphetamine type stimulants (ATS) from 156 kg in 1996-97 to just over 1.8 tons in 2001-02. This was characterised by both an increase in domestic production of methamphetamine and importation of the drug, notably the importation of high purity 'ice'¹ methamphetamine. The increase in the supply and use of methamphetamine began in the mid to late 1990s, while the emergence of the more potent forms 'base'² and 'ice' were first detected in 1999.
- The number of clandestine laboratories detected in Australia increased from 95 in 1997-98 to 240 in 2001-02.
- Amphetamines (predominantly methamphetamine) were the second most commonly used illicit drug after cannabis, with 9% of Australians having tried these drugs and about half a million having done so in the past year. The use of this drug was highest among young adults aged 20-29 years, and by the age of 16-17 years about 8-10% of students had used the drug.
- Since 2001 all forms of methamphetamine had been readily available, although the powder

¹ Ice or crystalline methamphetamine has the appearance of large translucent to white crystals or a coarse crystalline powder and is usually produced in South East Asia.

² Base methamphetamine, also known as 'paste', 'wax', 'point' or 'pure' is a sticky, gluggy, waxy or oily form of damp powder or crystal that is manufactured in Australia and often has a yellow or brownish colour.

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form of the drug remained the most available and commonly used, followed by base, and then ice.

- The price of methamphetamine varied depending on the form of the drug and the quantity being sold. Powder methamphetamine was typically sold in gram quantities which ranged in price from \$50-\$300. Base methamphetamine was sold in 'points' (approximately 0.1 gram) for between \$25 and \$50. Ice was also sold in points for between \$25 and \$80. Generally, the price had been stable for some years.
- A high proportion of those who sought help for their methamphetamine use were injecting the drug, and methamphetamine injection accounted for a substantial proportion of injecting drug use in Australia at that time.
- This increase in supply and use of methamphetamine was associated with an increase in related problems. There was an increase in the number of drug treatment clients presenting with amphetamine as their primary drug problem in 1998-2001 compared with the early to mid 1990s. Equally, there was an increase in the number of admissions to Australian hospitals for stimulant-induced psychosis and other stimulant-related disorders.
- Methamphetamine users tended to have a lower level of contact with health services than did their opioid using counterparts.
- A high level of methamphetamine use was seen among those having contact with the criminal justice system.
- The authors concluded that monitoring methamphetamine use needs to include improved information on: (a) the uptake of use and trends in problematic use; (b) morbidity and mortality associated with methamphetamine use; and, (c) the impact of methamphetamine use on frontline police and emergency health services.

Implications for police

The change towards methamphetamine use is likely to increase the burden on policing as well and other facets of the criminal justice system (in addition to the health and welfare systems).

It is extremely important that all operational police are trained and equipped to deal with the risks of violence and blood borne diseases that can be associated with the apprehension of amphetamine users who have become psychotic and/or violent. Specific groups in police organisations such as negotiators, tactical response groups and custody officers may also have specific needs to enable them to deal with high-risk situations involving methamphetamine affected individuals.

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