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Methamphetamine in Brisbane: Perspectives from DUMA police detainees

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Methamphetamine is of national concern (ACC 2014), but what does this statement mean to frontline police officers? In real terms it means that frontline police are required, on an increasingly frequent basis, to engage with methamphetamine users. This presents a number of challenges to police. First, methamphetamine intoxication and withdrawal can impede an individual's ability to follow police directions. Second, use is associated with behavioural and psychological disturbances, including aggression, which can increase the risk of harm for the police and members of the community. Third, the user is at increased risk of serious physical harms when in custody due to the effects of intoxication or withdrawal. Risks to the user may be exacerbated by physical exertion during interactions with police or due to use of restraint by police. Being armed with information about what methamphetamine is, the nature and extent of use of methamphetamine among Brisbane police detainees, and details of the Brisbane methamphetamine market can assist police to identify risks to themselves and others.

What is DUMA?

The Australian Institute of Criminology's (AIC) Drug Use Monitoring in Australia (DUMA) program interviews police detainees at selected police stations and watch houses across Australia on a quarterly basis. The Brisbane watch house is one of the DUMA data collection sites. Detainees present at the Brisbane watch house during data collection are asked to complete an interviewer-assisted self-report survey on their use of alcohol and other drugs and offending habits. Urine samples are also requested twice a year during data collections. Urine samples are subjected to urinalysis at an independent toxicology laboratory to detect the presence of a number of licit and illicit drugs, including methamphetamine. Participation in DUMA is voluntary and confidential. Since the program commenced in 1999, 52,859 detainees have been interviewed and 37,774 urine samples have been collected nationally. The data presented in this report was collected during Quarter 1 (January–February) and Quarter 2 (April–May) of 2015 at the Brisbane Police Watch House.

In 2015, 381 adult detainees were interviewed in Brisbane. They were, on average, 33 years of age. The majority of detainees interviewed by the DUMA program are male (approximately 84 %), which is representative of the gender composition of the overall Australian detainee population. Due to the small number of juveniles interviewed during this period (17 year olds; N=11), they were excluded from analysis.

For more information about DUMA, or to access DUMA publications, please visit: http://aic.gov.au/about_aic/research_programs/nmp/duma.html

What is methamphetamine?

Methamphetamine is a derivative of amphetamine, differing from amphetamine only in the presence of an extra methyl group on the compound. Currently, methamphetamine is the most readily available form of amphetamine in Australia. Methamphetamine comes in various forms, with crystalline methamphetamine (also known as ice or crystal meth) being the most potent form. In recent years, Australia has experienced a rise in the availability of ice. While debate still surrounds whether the number of methamphetamine users in the general population is increasing, it appears those who are using methamphetamine are using purer forms of the drug and are using methamphetamine more frequently (AIHW 2015). This is likely to increase the potential for the user, and those in contact with the user, to experience harms.

Methamphetamine is a stimulant, as is cocaine. It hastens the messages from the user's brain to their body, resulting in feelings of alertness, confidence, energy and wakefulness (ADF 2014). However, unlike cocaine, which has a half-life (the amount of time it takes for half of the dose consumed to be eliminated from the user's body) of one to three hours, the half-life of methamphetamine is eight to 13 hours (Barr et al. 2006). For police, this means they will be required to manage the effects of intoxication and withdrawal of users in custody over a much longer period of time.

Methamphetamine use has been associated with anxiety, mood disturbances, paranoia, visual or auditory hallucinations, delusions and psychosis (McKetin et al. 2013). Psychosis is a state where the mind loses contact with reality. These symptoms, and intoxication itself, can result in the user having difficulties with communication and interpersonal interactions (Sommers & Baskin-Sommers 2006). It is through the intensification of emotions, heightened arousal or difficulties communicating that the increased risk of violence or aggression may occur (Sommers & Baskin-Sommers 2006). Methamphetamine use is also associated with physical harms to the user such as elevated blood pressure, increased pulse, raised temperature, cardiac arrhythmias and myocardial ischemia (Henry-Edwards et al. 2003).

Brisbane police detainees have described methamphetamine as causing 'lots of problems and addictions' (Quarter 2, 2014) and 'psychotic episode[s]', and 'making people sick' (Quarter 4, 2014).

Methamphetamine use among Brisbane police detainees

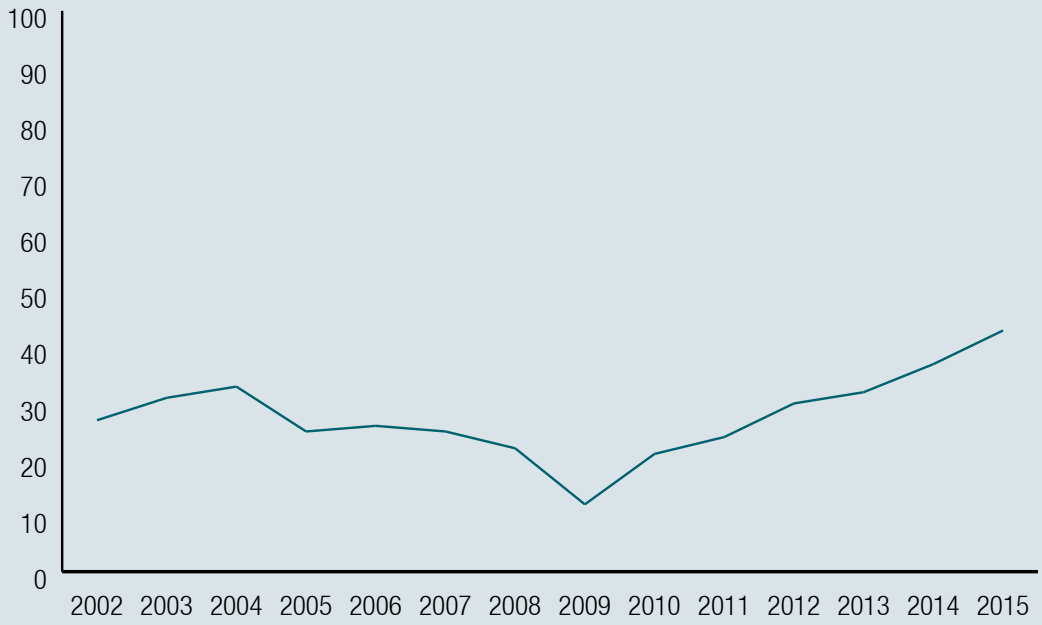
Trends in methamphetamine use

Figure 1 presents the percentage of Brisbane police detainees who tested positive to methamphetamine over the 14 years DUMA has been operating in Brisbane. Since 2009, there has been a notable rise in the proportion of detainees returning a positive urine test to methamphetamine. In 2015, 43 percent of Brisbane detainees who provided a urine sample tested positive to methamphetamine. This is up six percentage points from 2014 (37%) and up 31 percentage points from 2009 (12%), which was the lowest rate of use in the 2002 to 2014 period.

Forms of methamphetamine

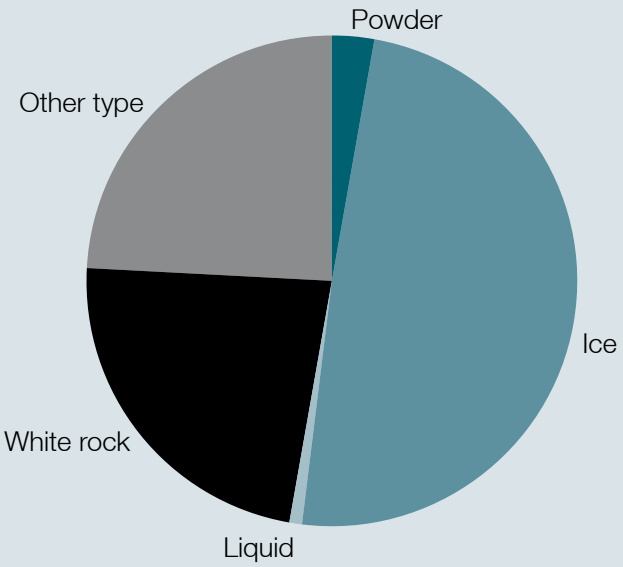
Figure 2 shows the types of methamphetamine Brisbane detainees interviewed in 2015 reported using on their last occasion of use. Almost half (49%) of methamphetamine-using detainees reported that on their last occasion of use they had consumed ice, while around one in four detainees (23%) reported consuming white rock. Rates of consumption of powder (3%) or liquid (1%) based methamphetamine were substantially lower. One in four detainees (24%) reported consuming other forms of methamphetamine; descriptions provided by detainees of other forms consumed included paste-based forms (eg 'purple paste' or 'goo') or mixed forms (eg ice and powder mixed together).

Figure 1. Brisbane detainees who tested positive to methamphetamine, 2002–2015 (%)



Source: AIC DUMA collection 2002–2015 [computer file]

Figure 2. Brisbane detainees, by form of methamphetamine consumed on last occasion of use, 2015 (%)



Source: AIC DUMA collection 2015 [computer file]

Health harms and methamphetamine

In 2015, over two thirds (68%) of detainees reported having injected methamphetamine in the last 12 months. More than one third (38%) reported having felt they needed or were dependent on methamphetamine in the last 12 months. Almost one fifth (18%) reported having burnt out, 'over-amped' or overdosed on methamphetamine in the last 12 months. This suggests users are consuming methamphetamine in large quantities or over prolonged periods of time.

The Brisbane methamphetamine market

Availability of methamphetamine

In 2015, Brisbane detainees reported the availability of methamphetamine to be, on average, a nine out of 10 (where 1 is extremely hard or impossible to get and 10 is readily available or overabundant). Detainees were then asked how easy it was to get methamphetamine at the time of interview compared with three months ago. The majority (66%) of users reported the availability of methamphetamine had not changed in the past three months, with one in five (18%) reporting it had become easier to get. Only six percent reported availability had decreased. In addition, almost half of the users (46%) reported the number of people selling methamphetamine had increased in the last three months.

Quality of methamphetamine

In 2015, Brisbane detainees reported the quality of methamphetamine to be, on average, a seven out of 10 (where 1 means extremely poor quality or impure and 10 means excellent quality or high purity). Detainees were then asked how the quality of methamphetamine at the time of interview compared with quality three months ago. Methamphetamine users indicated quality may be decreasing, with one in five (21%) detainees reporting that methamphetamine was of a poorer quality at the time of interview than it had been three months prior. Only 15 percent of users reported that the quality had improved.

Descriptions provided by Brisbane detainees further highlight this perception of decreased quality of methamphetamine on the market:

> 'The quality of methamphetamine at the moment has greatly decreased.'

> 'Quality is overall decreasing while still paying the same price. So in a sense, it is becoming more expensive to use meth as you need more of it to get a good effect.'

> 'The quality of methamphetamine has greatly declined. Producers of it are using degreaser in their products.'

Price of methamphetamine

Brisbane detainees were also asked whether they believed the price of methamphetamine had changed recently. Fifteen percent of users reported methamphetamine had become less expensive; this is almost double the proportion of users who reported the same thing in 2013 (8%). By comparison, fourteen percent of users reported methamphetamine had become more expensive; however, this is half of the proportion of users who reported the same in 2013 (28%). This suggests there is an overall downward shift in the price of methamphetamine on the Brisbane market.

Descriptions provided by Brisbane detainees interviewed in 2015 further illustrate a decrease in price:

> 'Meth is getting cheaper and there is a lot more of it around. Currently you can get 1.5 points for $50. It was $100 for this amount originally.'

> 'Ice is extremely cheap at the moment at about $30 a point.'

What does this mean for frontline police?

In 2015, almost half of all police detainees (43%) at the Brisbane Police Watch House who provided urine samples to the DUMA program tested positive to methamphetamine. This is the highest recorded rate of methamphetamine use among Brisbane detainees in DUMA's history. The description of the Brisbane methamphetamine market provided by police detainees (ie that methamphetamine is readily available, availability is relatively stable at this high level and more and more sellers are entering the market) suggests levels of use among detainees are likely to remain high, at least in the short term.

A proportion of detainees (21%) reported the quality of methamphetamine is decreasing. Price was also reported as decreasing by 15 percent of detainees. These two findings may be linked, as lower prices can be an indication to the buyer of the purity they would expect to find upon transaction (Caulkins & Reater 1998). Alternatively, lower prices may be due to more sellers entering the market, with prices falling due to increased competition (Caulkins & Reater 1998).

The findings suggest Brisbane police officers spend a substantial proportion of their time engaging with, controlling and managing methamphetamine users. Identifying risks and implementing harm-minimisation strategies can reduce the potential risk of harm for the police and the user. Harms may include potential exposure to bloodborne diseases. Over two thirds of users reported having injected methamphetamine in the last 12 months, making exposure to bloodborne diseases likely. Police may also be at heightened risk of harm during interactions with methamphetamine users, with intoxication and withdrawal resulting in difficulties in communication, intensified emotions and psychological disturbances. Finally, police will be required to manage risks to the user. The interaction between intoxication effects and physical exertion can present a number of physical health risks to the user including seizures, cardiac arrest and organ failure (Baker, Whyte & Car 2004).

The National Drug Strategy guidelines for police services suggest a number of strategies to reduce risks associated with psychological and physical side-effects of use. These include:

- seeking a medical assessment for persons identified as intoxicated with a psycho-stimulant substance, such as methamphetamine;
- using minimal physical restraint to avoid increasing the user's body temperature, which can lead to severe medical complications;
- continuous calm and clear communication with the user, which may assist in de-escalating situations, and avoiding hostile language which may prompt or exacerbate aggression;
- formalised, accurate assessments of the user when they are in custody to ensure any signs of psycho-stimulant toxicity are not overlooked; and
- continued observation for six to eight hours while the user is in custody to ensure that if deterioration takes place, this is responded to immediately.

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All URLs correct at September 2015

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