



Research in Practice

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Methamphetamine in Sydney: 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 Sydney police detainees, and details of the Sydney methamphetamine market can assist police to identify risks to themselves and others.

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. DUMA data collection sites in Sydney include the Bankstown and Surry Hills police stations. Detainees present at the police station during data collection are asked to complete an interviewer-assisted self-report survey on their use of alcohol and other drugs and their 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, 53,858 detainees have been interviewed and 38,574 urine samples have been collected nationally. The data presented in this report were collected at the Bankstown police station during Quarter 4 (October) of 2014 and Quarter 2 (April) of 2015, and at Surry Hills police station in Quarter 3 (July) of 2015.

From 2014 to 2015, 116 police detainees were interviewed at Bankstown police station and 55 detainees at Surry Hills police station. They were, on average, 34 years of age. The majority of detainees interviewed were male (approximately 80%), which is representative of the gender composition of the overall Australian detainee population. It should be noted that the data cannot be directly compared between sites due to differences in sample sizes.

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 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 rate, raised temperature, cardiac arrhythmias and myocardial ischemia (Henry-Edwards et al. 2003).

Police detainees have described the effects of methamphetamine as, 'People [are] getting [cockier] on ice. [They] think they're invincible [and] start fights' (Quarter 4, 2014), and '[Ice] sends people crazy...you get anxiety and heart palpitations from ice' (Quarter 2, 2015).

Methamphetamine use among Bankstown police detainees

Trends in methamphetamine use

From 2010 to 2015, there was a steady rise in the number of Bankstown police detainees testing positive to methamphetamine. In 2015, 29 percent of detainees tested positive to methamphetamine via urinalysis, the highest rate so far recorded in Bankstown.

Figure 1. Bankstown detainees who tested positive to methamphetamine, by year (%)



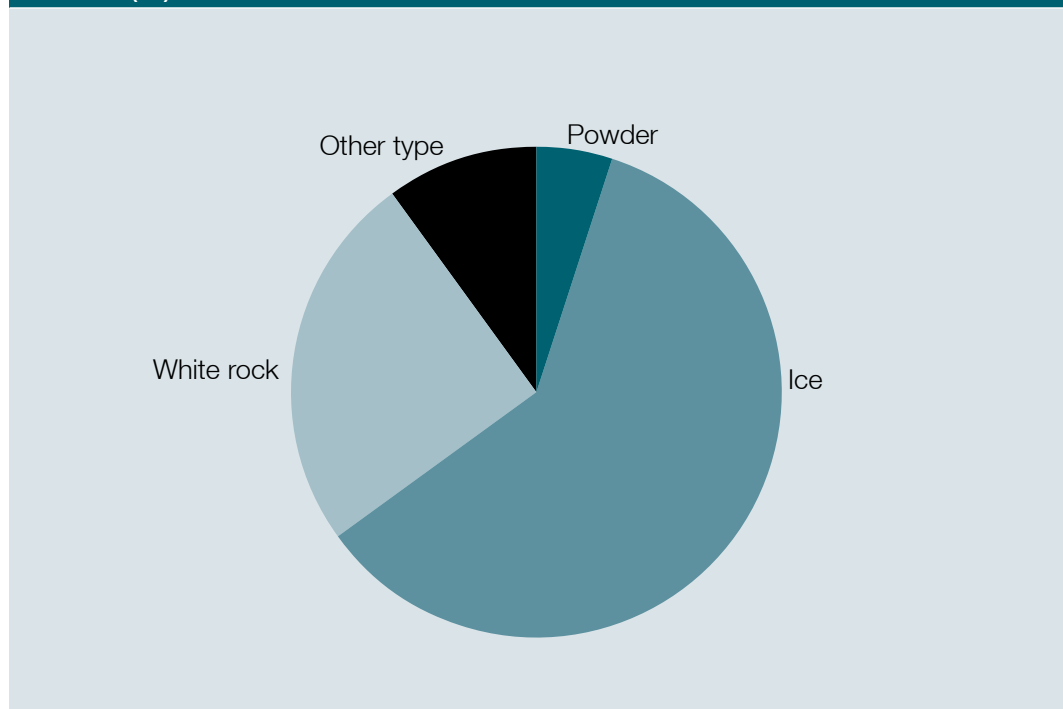
Note: Juveniles excluded from analysis; urine samples were not collected in Bankstown in 2014

Source: AIC DUMA collection 1999–2015 [computer file]

Forms of methamphetamine

In 2014–15, over half of Bankstown detainees reported ice (60%) consuming methamphetamine in the form of ice on their last occasion of use (see Figure 2), followed by white rock (25%). Only five percent of detainees reported consuming powder forms, and 10 percent reported consuming other forms of methamphetamine. Bankstown detainees did not report using liquid forms of methamphetamine. One detainee stated that '[I]ce rules... it used to be speed [and] heroin. Now it's all just ice' (Quarter 2, 2015).

Figure 2. Form of methamphetamine consumed on last occasion of use, Bankstown, 2014–15 (%)



Note: Juveniles excluded from analysis; only methamphetamine users included in analysis; percentages may not total 100 due to rounding

Source: AIC DUMA collection 2014–2015 [computer file]

Health harms and methamphetamine

In 2014–15, 40 percent of methamphetamine-using detainees interviewed at Bankstown stated they had injected methamphetamine in the last 12 months. One detainee said that 'people smoke [methamphetamine], but injecting is more common' (Quarter 4, 2014). Just over one third of users (36%) reported being dependent on methamphetamine in the previous 12 months. Fifteen percent stated that they had burnt out, 'over-amped' or overdosed on methamphetamine in the previous 12 months.

The Bankstown methamphetamine market

Availability of methamphetamine

Bankstown detainees rated the availability of methamphetamine, on average, at eight on a 10-point scale (where 1 is extremely hard to get and 10 is readily available or overabundant), indicating that methamphetamine is readily available in the Bankstown area. One detainee described the availability of methamphetamine as follows: '[H]eaps of people [are] trying to sell it when you're just walking down the street' (Quarter 4, 2014).

Detainees were then asked how easy it was to get methamphetamine at the time of interview compared with three months ago. Over 40 percent of detainees reported that the availability of methamphetamine had not changed in the past three months and almost one in three (32%) reported that it had become easier to get. Only 16 percent reported that availability had decreased.

Quality of methamphetamine

Bankstown detainees rated the quality of methamphetamine, on average, at seven out of 10 (where 1 is poor/impure quality and 10 is of excellent purity), indicating a rating of above average quality. 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 four (26%) detainees reporting methamphetamine was of a poorer quality. Only five percent of users reported the quality had increased and 58 percent reported the quality had stayed the same.

Descriptions provided by Bankstown detainees further highlight this perception of decreased quality:

‘[B]efore [it] was good quality...[now it’s] not good quality.’ (Quarter 4, 2014)

‘[Q]uality [is bad]...there is a lot of [things] mixed with it.’ (Quarter 2, 2015)

Price of methamphetamine

Detainees were asked whether the price of methamphetamine had changed recently. Thirty percent of users reported that methamphetamine had become more expensive. Only 15 percent reported that the price had decreased. A further 30 percent reported the price had not changed, and 15 percent that the price fluctuated. One detainee stated that they attributed the decrease in price to an increase in the number of dealers selling methamphetamine: ‘Everybody is selling [methamphetamine]’ (Quarter 2, 2015).

Methamphetamine use among Surry Hills police detainees

Trends in methamphetamine use

In 2015, more than half of detainees interviewed at Surry Hills who provided a urine sample (53%) tested positive to methamphetamine. Although this is not the highest rate recorded at the Surry Hills site, this is up 26 percentage points from the rate recorded in 2014 (27%).

Figure 3. Surry Hills detainees who tested positive to methamphetamine, by year (%)



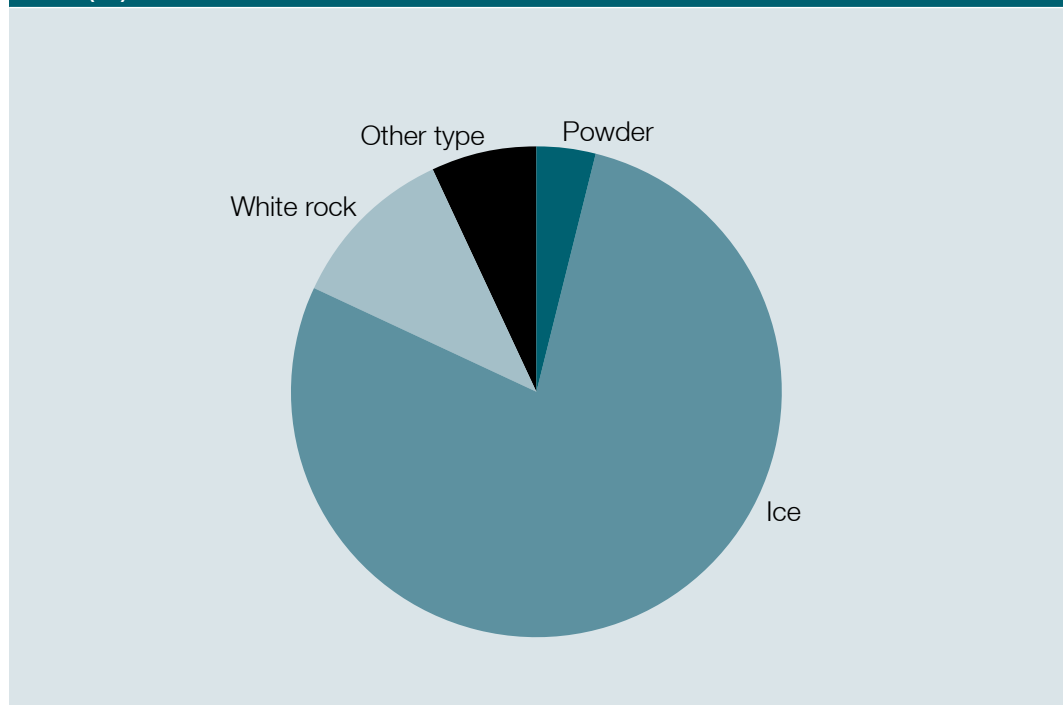
Note: Juveniles excluded from analysis

Source: AIC DUMA collection 2013–2015 [computer file]

Forms of methamphetamine

In 2015, the most common form of methamphetamine consumed by Surry Hills detainees on their last occasion of use was ice (79%; see Figure 4). This was followed by white rock (11%) and powder forms of methamphetamine (4%). Seven percent of detainees reported consuming 'other' forms.

Figure 4. Form of methamphetamine consumed on last occasion of use, Surry Hills, 2015 (%)



Note: Juveniles excluded from analysis; only methamphetamine users included in analysis; percentages may not total 100 due to rounding

Source: AIC DUMA collection 2015 [computer file]

Health harms and methamphetamine

In 2015, over one third (35%) of methamphetamine using detainees reported being dependent on methamphetamine. Almost three-quarters of users (74%) reported having injected methamphetamine in the past 12 months, and 27 percent of detainees reported having overdosed, burnt out, or 'over-amped' on methamphetamine.

The Surry Hills methamphetamine market

Availability of methamphetamine

Surry Hills detainees rated the availability of methamphetamine, on average, at eight out of 10 (where one is extremely hard to get and 10 is readily available or overabundant). This suggests methamphetamine is readily available in Surry Hills. When asked how easy it is to get methamphetamine when compared to three months ago, 62 percent stated that it had stayed the same, 27 percent that it had become easier to get, and eight percent that it had become harder to get. Four percent stated that they did not know.

Quality of methamphetamine

On average, Surry Hills detainees rated the quality of methamphetamine at six out of 10 (where one is impure/poor quality and 10 is of excellent purity). This indicates that methamphetamine in Surry Hills is of above average quality. Methamphetamine users indicated quality was decreasing, with 40 percent of detainees reporting methamphetamine was of poorer quality at the time of interview than it had been three months prior. Only eight percent reported an increase in the quality of methamphetamine. Forty percent of users indicated quality had remained stable.

Detainee comments reveal more about changes in the quality of methamphetamine:

'[The] quality of ice [is] getting [bad]...people [need to buy] more to get [the] same effect.'
(Quarter 3, 2015)

'[S]train[s] of ice can vary in effect. [You] don't get [the same] mad rush from [ice] that's been washed.'
(Quarter 3, 2015)

'Poor quality [methamphetamine] is easy to get, [but] good quality [methamphetamine] is harder to get.'
(Quarter 3, 2015)

Price of methamphetamine

When detainees were asked whether the price of methamphetamine had changed recently, 41 percent of detainees reported that it had stayed the same. This was followed by 19 percent of detainees who reported that it had increased. Detainees were equally likely to report that the price had decreased as they were to state the price fluctuated (11%).

Summary of methamphetamine in Sydney

In 2015, a substantial proportion of detainees who provided urine samples to the DUMA program at both the Bankstown (29%) and Surry Hills police stations (53%) tested positive to methamphetamine. The description of the methamphetamine market in Sydney provided by police detainees across both sites was that methamphetamine was readily available, availability was relatively stable at this high level and quality was decreasing.

What does this mean for frontline police?

The findings suggest Sydney 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. Users of methamphetamine are at increased risk of contracting bloodborne diseases such as HIV and hepatitis C from sharing needles and risky sexual behaviours (Kaye & Darke 2000). 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 are 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 (Jenner, 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 psychostimulant 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 psychostimulant 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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