



Research in Practice

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Methamphetamine in Adelaide: Perspectives from 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 Adelaide police detainees, and details of the Adelaide 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. The Adelaide watch house is one of the DUMA data collection sites. Detainees present at the Adelaide watch house 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 collection (Quarters 1 and 3). 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 the DUMA program 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 Adelaide watch house. In 2015, 239 police detainees were interviewed in Adelaide. They were, on average, 33 years of age. The majority of detainees interviewed were male (92%). Males are over-represented in the Australian detainee population.

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 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. 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 experienced by 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).

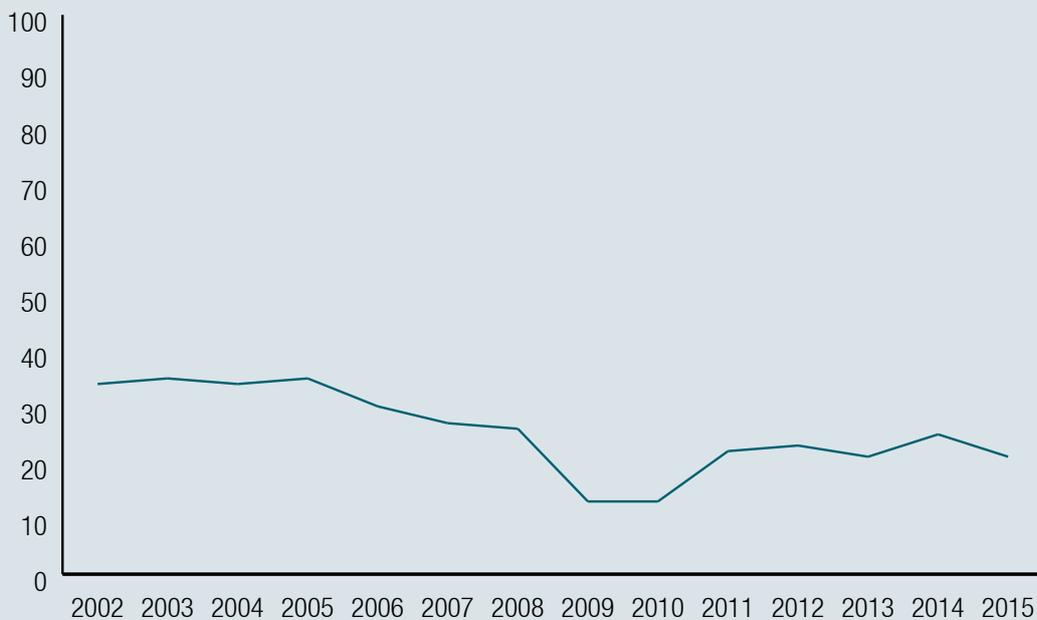
Adelaide police detainees have described the effect of methamphetamine: 'When people are coming off it, they go "psycho". Not a "safe" drug' (Quarter 1, 2015).

Methamphetamine use among Adelaide police detainees

Trends in methamphetamine use

In 2010–11, methamphetamine use increased among Adelaide police detainees. This increase has since plateaued at a level between 20 and 25 percent (see Figure 1). In 2015, 21 percent of Adelaide detainees tested positive to methamphetamine via urinalysis.

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



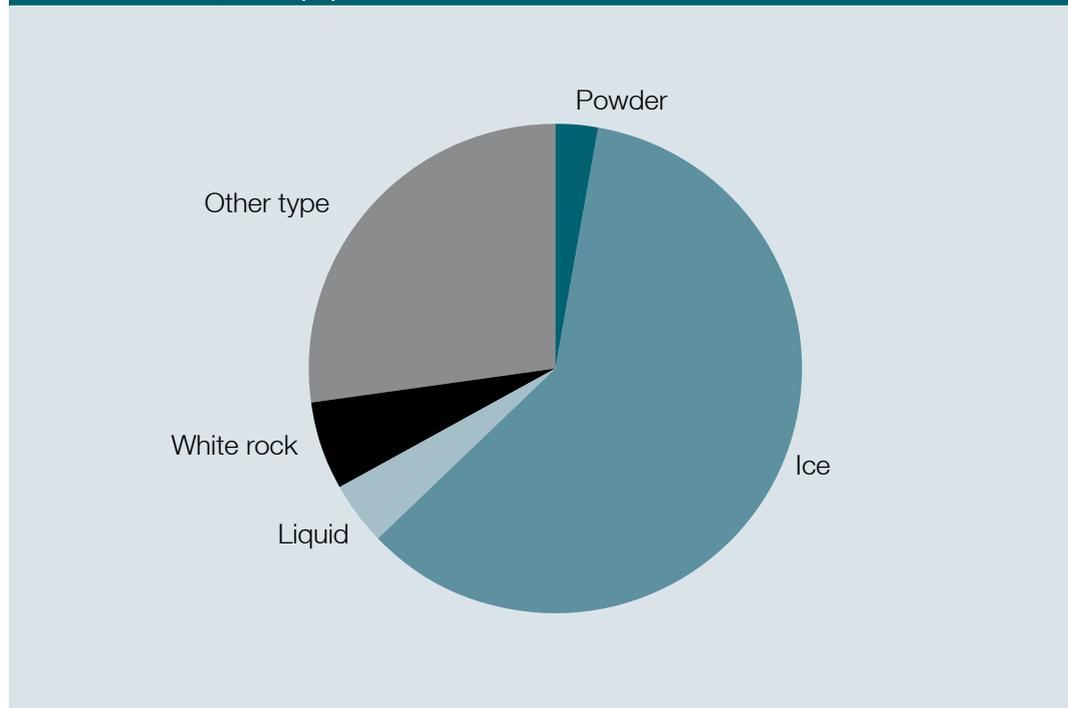
Note: Data from 2015 was from Quarter 1 only (January–March)

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

Forms of methamphetamine

Ice (60%) was the most common form of methamphetamine Adelaide police detainees reported consuming on their last occasion of use (see Figure 2). A small proportion of users reported having consumed white rock (6%) or a liquid (4%) form of methamphetamine. Twenty-seven percent of detainees reported using some other form of methamphetamine such as wet paste.

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



Note: Data from 2015 was taken from Quarters 1 and 2 only (January–June)

Percentages may not total 100 due to rounding

Only methamphetamine users included in analysis

Source: AIC DUMA collection 2015 [computer file]

Health harms and methamphetamine

Over one third of Adelaide police detainees (38%) who had used methamphetamine reported having overdosed, 'over-amped', or burnt out in the last 12 months. This suggests more than one in three users reported consuming a dangerous amount of methamphetamine or consuming methamphetamine over a prolonged period of time in the last 12 months.

The Adelaide methamphetamine market

Availability of methamphetamine

In 2015, Adelaide police 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). A detainee described this high level of availability: 'Methamphetamine is everywhere in Adelaide. It's huge' (Quarter 2, 2015). Other detainees commented that the illicit drug market was saturated with methamphetamine. Comments included: '[It is a] flooded market at the moment' and 'Ice is flooding the market' (Quarter 2, 2015).

Based on police detainee reports, it appears this high level of availability is being maintained over time. In 2015, 75 percent of methamphetamine-using detainees reported availability had stayed the same in the three months prior to being interviewed by the DUMA program. Following this, eight percent claimed it was in fact easier to get, while only five percent stated it was harder to get.

Quality of methamphetamine

On average, detainees in Adelaide rated the quality of methamphetamine at seven out of 10 (where 1 is extremely poor/impure quality and 10 is excellent purity). In 2015, 62 percent of detainees reported the quality of methamphetamine in Adelaide had stayed the same in the three months prior to interview. Following this, 11 percent of detainees stated the quality had actually increased. With regard to the quality of methamphetamine, Adelaide detainees have made comments such as the 'quality of meth/ice fluctuates from dealer to dealer' (Quarter 1, 2015) and that methamphetamine '[is] not cut anymore—so pure' (Quarter 1, 2015).

Price of methamphetamine

Detainees were also asked whether the price of methamphetamine had changed recently. Half of the detainees interviewed (51%) reported the price of methamphetamine had stayed the same. This was followed by 15 percent of detainees who stated it had decreased, 10 percent who stated the price had become more expensive, and seven percent stated the price fluctuated.

One detainee who reported the price had decreased stated: '[Dealers are] dropping prices in order to compete and by making it weaker or smaller quantities. Now \$50 for a point' (Quarter 2, 2015). Another detainee who was interviewed in June 2015 explained that the decrease in the price of methamphetamine was due to ice dealers trying to expand the market.

In 2015, 41 percent of police detainees reported the number of sellers in the market had increased in the three months prior to being interviewed by the DUMA program. As more and more sellers enter the market, prices can be forced down due to competition, or enforcement swamping—a phenomenon where the risk of arrest is reduced when the number of sellers increases, as police have more targets to pursue (Caulkins & Reuter 2006; Moore et al. 2005). Other factors that can influence price include the quantity and quality of the methamphetamine.

Minimising risks during interactions with methamphetamine users

In 2015, one in five police detainees (21%) at the Adelaide watch house who provided urine samples to the DUMA program tested positive to methamphetamine. This means frontline police and police working at the watch house are likely to be in regular contact with methamphetamine users. Identifying risks and implementing harm-minimisation strategies can reduce the potential risk of harm for the police and the user.

As an Adelaide police detainee interviewed in 2015 summed it up: '[Methamphetamine is] pretty bad, highly addictive. Ruining people's lives' (Quarter 1, 2015). 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). Approximately 47 percent of methamphetamine users interviewed at the Adelaide watch house in 2015 reported having injected methamphetamine in the last 12 months. Therefore, police in contact with methamphetamine users are at increased risk of exposure to bloodborne diseases and need to take appropriate precautions to minimise this risk.

The National Drug Strategy guidelines for police services suggest a number of strategies to reduce risks to the police, the community and the user 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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