

THE SYDNEY METHAMPHETAMINE MARKET: PATTERNS OF SUPPLY, PERSONAL HARMS AND SOCIAL CONSEQUENCES. **NDLERF MONOGRAPH No. 13**

McKetin, McLaren & Kelly (2005).

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

Methodology

The research involved: semi-structured interviews with 54 health and law enforcement professionals; face to face interviews with 310 regular methamphetamine users from Sydney (including 55 dealers); in-depth interviews with 13 methamphetamine dealers and 31 frontline workers (police, ambulance and emergency personnel); a review of 2905 emergency department records at an inner Sydney hospital; analysis of forensic data on the purity and physical appearance of methamphetamine seizures from 1997-2002; and, analyses of other relevant data sources.

Key findings:

- The scale of dependent methamphetamine use in Sydney (and in Australia generally) is in excess of that associated with regular heroin use, and is in the same league as dependent heroin use during the peak of the heroin problem in the late 1990s.
- Powder methamphetamine in Sydney was found to be approximately 10% pure, while base methamphetamine was approximately 20% pure. Pure crystalline methamphetamine ('ice') was approximately 80% pure, although there was evidence of methamphetamine that had a crystalline appearance but was only around 19% pure.
- While there was some evidence of domestic production of ice, the majority of this was imported. Powder and base methamphetamine were found to be predominantly manufactured domestically.
- Established heroin trafficking networks were found to be involved in ice importation and to play a dominant role in the supply of that drug within the inner region of Sydney. Outlaw motorcycle gangs were found to be involved in domestic production and distribution of base methamphetamine, particularly in western Sydney.
- The regulation of the methamphetamine market occurred primarily through trust within social networks, and threats or fear of retribution.
- Dealing methamphetamine was common among users of the drug, with almost one in five having sold the drug, at least monthly, in the past year. Methamphetamine dealers typically sold a range of methamphetamine forms and other drugs and they were usually sold through social networks and from the dealer's home. Points (0.1 gram) of base and ice were the standard purchase units for these forms of methamphetamine, representing a single hit. Powder was usually sold in quantities of a half or a full gram.
- The study identified three general types of methamphetamine users. Specifically, these were:

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primary methamphetamine injectors who took methamphetamine between one and several times per week, had high levels of cannabis and alcohol use and sporadically used other drugs; long-standing injecting heroin users for whom methamphetamine injection was part of a pattern of poly drug use; and younger non-injecting drug users who took ecstasy and would also snort or swallow powder methamphetamine.

- Disturbingly, almost half of the methamphetamine users surveyed were dependent on the drug. The dependent users were more likely to inject the drug, use twice or more per week, and use the more pure forms of the drug.
- The smoking of ice by younger non-injecting users is a trend that warrants urgent attention. This pattern of use has the potential to introduce a younger, less drug involved population into a more risky pattern of drug use and to increase their risk of becoming dependent. The study found that people who smoked ice used methamphetamine more often and had higher levels of dependence than people who snorted or swallowed the drug.
- As with other illicit drug users, methamphetamine users had high levels of criminal involvement and subsequent contact with the criminal justice system. Those methamphetamine users who were involved in crime were likely to be using the drug frequently, taking more pure forms of the drug, and using a range of other drugs.
- Methamphetamine users generally had poor physical and mental health status. This was particularly the case among those who were dependent, and those from older age groups. In particular, rates of psychosis among regular methamphetamine users were 11 times higher than that seen among the general population. More than one in five regular methamphetamine users had experienced a symptom of psychosis in the past year and this was not restricted to those who had a history of mental health disorders.
- The researchers found that the propensity of methamphetamine users to become psychotic and aggressive resulted in crisis situations for both health workers and police. It was particularly problematic for police, who often had to apprehend these people for their own safety and for the safety of bystanders. These methamphetamine psychotic presentations were extremely resource intensive and posed a severe risk to the safety of the police, ambulance and emergency staff. The main occupational health and safety risks associated with the management of psychotic methamphetamine users that were identified, were the risk of injury while trying to restrain them and the risk of disease transmission.

Implications for police

The uptake of ice smoking among young people is likely to increase the breadth of methamphetamine users, and to be associated with increased levels of methamphetamine dependence. This 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). The extent of methamphetamine dependence is important in its own right, but there is also a risk that these dependent users could make the transition to injecting heroin use, should that drug once again become relatively cheap and readily available. For this reason, supply reduction and other initiatives aimed at methamphetamine need to be balanced with a focus on heroin and other potentially problematic patterns of drug use.

Most of the problems related to methamphetamine occurred among people who were dependent on the drug. For this reason effective treatment is likely to reduce many of the individual and societal problems related to methamphetamine use. Only a small proportion of dependent users in the study had received treatment for methamphetamine use. This suggests that drug treatment needs to be made more available/accessible for dependent methamphetamine users.

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 methamphetamine users who have become psychotic and/or violent. Particular 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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