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**Crystal Methamphetamine Use
in New South Wales**

by

Talina Drabsch

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Crystal Methamphetamine Use in New South Wales

by

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EXECUTIVE SUMMARY

Crystal methamphetamine, also known as ‘ice’ and ‘crystal meth’, is a highly purified form of methamphetamine, a synthetic central nervous system stimulant. It affects the neurotransmitters that regulate feelings of excitement, euphoria and alertness and can cause users to feel confident and energetic. However, there are many negative side effects associated with its use; these may be stronger than those associated with other forms of methamphetamine due to its greater purity. An overview of crystal methamphetamine, what it is and its effects, is provided in **section two** of this paper (pp 3-5).

The majority of crystal methamphetamine in Australia is currently imported, although there have been some recent discoveries of domestic illicit laboratories manufacturing crystal methamphetamine. Information on the supply and distribution of crystal methamphetamine in Australia is included in **section three** (pp 6-8).

The popularity of crystal methamphetamine has dramatically increased since the start of the twenty-first century so that there are now more users of crystal methamphetamine than heroin. There are approximately 37,000 regular users of methamphetamine in NSW, with 28,000 people dependent on it. Regular crystal methamphetamine users differ slightly to those who use ‘speed’ (the less pure, powder form of methamphetamine). They are more likely to be older injecting drug users, unemployed and have a prison history. The characteristics of crystal methamphetamine users are outlined in **section four** (pp 9-13).

Crystal methamphetamine is a prohibited drug in NSW with its manufacture, supply, possession and use proscribed by the *Drug Misuse and Trafficking Act 1985* (NSW). **Section five** (pp 14-21) discusses the way in which crystal methamphetamine is regulated in NSW. It is also an offence in NSW to drive under the influence of a drug. The *Road Transport Legislation Amendment (Drug Testing) Act 2006* (NSW) was recently passed to provide NSW police with additional powers to detect people driving under the influence of drugs by way of random roadside testing as well as following fatal accidents.

A common precursor used in the manufacture of methamphetamine is pseudoephedrine, often found in cold and flu tablets. Precursor control features in both domestic and international law enforcement strategies, highlighting its importance. Some of the approaches to precursor control are discussed in **section five**.

Members of the community have started to express their concern in relation to some of health and social implications of crystal methamphetamine use. The potential repercussions are noted in **section six** (pp 22-36). In addition to the mental and physical health issues, including methamphetamine psychosis, the links between the use of crystal methamphetamine and violence and crime are explored. The impact of crystal methamphetamine on health and law enforcement services is noted and some of the ways these services have responded to the challenge are outlined.

A summary of the global market for methamphetamines is provided in **section seven** (pp 37-41). Crystal methamphetamine seems to be a particular issue in the United States of America and New Zealand and the response of the governments in these countries is described.

1 INTRODUCTION

Much attention and debate has centred in recent months on the increasing popularity of crystal methamphetamine, popularly known as 'ice' or 'crystal meth', with the growth in its use frequently described as an 'ice epidemic' or 'ice storm'. The violent behaviour of some 'ice' users has caused alarm, with extreme examples often cited in the media, creating a perception that most 'ice' users are dangerous or psychotic. Comparisons have been made with the drug problems of the 1990s, a period dominated by an increase in the use of heroin. Some have claimed that there are now more people addicted to 'ice' than heroin, and commentators have referred to the problems associated with heroin as the 'good old days' compared to those arising from the use of crystal methamphetamine.¹

On 19 October 2006, the NSW Premier, the Hon Morris Iemma invited Prime Minister Howard and the leaders of the States and Territories to attend a leadership forum prior to the Ministerial Council on Drug Strategy which is to be held in December 2006. The purpose of the leadership forum is to specifically focus on the issues associated with crystal methamphetamine, with the draft terms of reference noting that the forum should:²

- investigate how 'ice' is getting into Australia, how it is being transported around Australia, and how the ingredients and equipment to manufacture 'ice' are being obtained;
- investigate how law enforcement responses should be enhanced to fight dealing, manufacture and use of 'ice';
- find solutions to keep our borders secure and stop illegal manufacturing operations;
- consider whether our laws and the penalties they contain are strong enough to deal with 'ice';
- investigate how the spread and use of this drug can be prevented, and how community action could contribute to combating this drug;
- identify measures to increase the ability of the health system, and other social services, to cope with 'ice', including examination of available treatment and support options for those affected and their families;
- examine whether special measures are required to keep our young people safe from this scourge;
- identify national coordination mechanisms to ensure that solutions are found and disseminated, and emerging trends can be monitored and solutions identified and

¹ 'The Ice Age', *Four Corners*, ABC Television, 20/3/06.

² Hon Morris Iemma MP, 'Iemma calls for national forum on 'ice' crisis', *Media Release*, 19/10/06.

implemented early.

This paper attempts to provide an overview of crystal methamphetamine: what it is, how many people use it and why. The laws that regulate crystal methamphetamine are examined, with particular attention given to the current focus on precursor control. Pseudoephedrine is a common precursor chemical used in the manufacture of methamphetamine. It is often found in cold and flu medications, which has led to attempts to stockpile such products for illegitimate purposes. Precursor control seeks to thwart these efforts to obtain large amounts of precursor chemicals. This paper highlights some of the potential implications of crystal methamphetamine use for health and law enforcement services, and notes some of the possible responses. A brief picture is also provided of the methamphetamine situation in the United States of America and New Zealand.

2 WHAT IS CRYSTAL METHAMPHETAMINE?

Amphetamine is ‘a potent central nervous system stimulant... synthetically derived from betaphenethylamine to form a substance similar in structure and effect to the naturally occurring stimulant ephedrine and the hormone adrenalin’.³ Methamphetamine is similar in its chemical structure and pharmacological effect to amphetamine – it is the addition of the methyl group to the amphetamine molecule that creates methamphetamine – but it has a greater impact on the brain than amphetamine.⁴ Crystal methamphetamine is a synthetic stimulant that activates the neurotransmitters dopamine, serotonin and noradrenaline in the brain. These are the chemicals that cause people to experience feelings of excitement, euphoria and alertness. In this paper, unless otherwise stated, reference to amphetamines as a category includes methamphetamines.

Crystal methamphetamine is a highly purified form of methamphetamine that is crystalline in appearance (it looks like shards of glass or ice). Its purity is approximately 80%, compared to the usual 10% to 20% for speed, and, in its purest form, crystal methamphetamine is generally white or translucent. Less pure crystal methamphetamine (purity below 60%) is more likely to be tinged with colour.⁵ Other varieties of methamphetamine include speed (powder) and base (an oily substance), with speed generally lowest in terms of purity followed by base. Many users prefer crystal methamphetamine and base methamphetamine because the ‘high’ that is obtained from these more pure forms of methamphetamine has a greater intensity and is longer lasting.⁶ Methamphetamine is often seen as good value for money with its promise of a long-lasting high for a relatively low price. For example, the effects of crystal methamphetamine may be experienced for up to 12 hours whereas the ‘high’ from cocaine generally lasts for 30 minutes.⁷

Crystal methamphetamine is known by various names including ‘crystal meth’, ‘crystal’, ‘ice’, ‘shabu’ and ‘glass’. The terminology for methamphetamines is often used loosely and a number of names may be used to indicate various forms of methamphetamine. For example, the term ‘speed’ can refer to methamphetamine in general or it may be used to specifically refer to methamphetamine in powder form. In some contexts, the term ‘ice’ refers to the especially pure (ie approaching 100%) form of crystal methamphetamine

³ Australian Crime Commission, *Illicit Drug Data Report 2004-05*, Australian Crime Commission, Canberra, 2006, p 10.

⁴ McKetin R and McLaren J, *The Methamphetamine Situation in Australia: A Review of Routine Data Sources*, NDARC Technical Report No 172, 2004, p 5.

⁵ McKetin R, McLaren J and Kelly E, *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences*, National Drug Law Enforcement Research Fund, Monograph Series No 13, 2005, p 22.

⁶ McKetin, McLaren and Kelly, n 5, p 70.

⁷ Nicholas R, *Implications for policing in Australia of the increased availability of more potent forms of amphetamine type stimulants*, Australasian Centre for Policing Research, September 2001, p 3.

whereas at other times it is used interchangeably with the more generic term 'crystal methamphetamine'. In this paper, the broader definition of 'ice' is used, and unless otherwise stated, the term 'crystal methamphetamine' will be used to refer to the more pure form of methamphetamine as distinct from 'base' or 'speed'.

The usual dose of crystal methamphetamine is a point (0.1 gram) and can be purchased for about \$50.⁸ It can be snorted, swallowed, inserted anally ('shafting'), smoked or injected. Those who smoke or inject crystal methamphetamine have the greatest risk of developing a dependency on the drug as this route of administration allows its effects to be felt most rapidly and intensely.

The effects of crystal methamphetamine are manifold and include greater confidence and energy levels, an increased libido, and feelings of more strength.⁹ Those affected by crystal methamphetamine are likely to be talkative, restless and many engage in repetitive acts. Crystal methamphetamine can also cause the hands to tremor, and the speed of body functions (breathing, temperature, blood pressure, sweating, heartbeat) to increase. Users may have difficulty sleeping, find their appetite is reduced and their pupils dilated, and experience a dry mouth, stomach cramps and nausea, dizziness, blurred vision, and severe headaches. They may be subjected to sudden shifts in their thoughts and speech as well as panic attacks, anxiety, paranoia and psychosis (discussed in greater detail in section 6.4). They may also be irritable, aggressive and/or hostile. However, the effect of crystal methamphetamine on each person will vary as it also depends on a number of personal factors such as the user's size and weight. It may take a number of days for a person to fully 'come down' from taking crystal methamphetamine. Throughout the 'come down', a person may feel depressed, irritable, lethargic, anxious, paranoid and find that sleep is disrupted.¹⁰

There are a number of potential long-term effects of using crystal methamphetamine. The DrugInfo Clearinghouse identified the following:¹¹

- high blood pressure and increased risk of heart related complications such as heart attack and heart failure;
- malnutrition and rapid weight loss as a result of a reduced appetite;
- chronic sleeping problems;

⁸ Dunn M et al, *NSW Trends in Ecstasy and Related Drug Markets 2005*, NDARC Technical Report No 249, p 39.

⁹ The source for information on the effects of crystal methamphetamine is DrugInfo Clearinghouse, 'Fact Sheet: Ice', Number 1.28, July 2003 (revised April 2006) www.druginfo.adf.org.au

¹⁰ McKetin, McLaren and Kelly, n 5, p 104.

¹¹ DrugInfo Clearinghouse, 'Fact Sheet: Ice', Number 1.28, July 2003 (revised April 2006) www.druginfo.adf.org.au

- reduced immunity and increased susceptibility to infections due to not sleeping or eating properly;
- depression, anxiety, tension and paranoia;
- brain damage;
- dental problems caused by grinding of teeth;
- lung damage from smoking crystal methamphetamine;
- the lining of the nose can be damaged by snorting crystal methamphetamine; and
- injecting crystal methamphetamine can cause scarring, abscesses and vein damage. If equipment is shared, the risk of catching blood-borne diseases such as HIV and Hepatitis B and C is increased.

The use of amphetamines or methamphetamines has not always been as heavily regulated as at present. Their use may also be legitimate in specific circumstances, usually as part of certain medications. Amphetamines have been used since the early twentieth century in various medications including bronchial dilators, and for the treatment of narcolepsy (an excessive sleeping disorder) and attention deficit disorder. Amphetamines and methamphetamines have been used by, and in some cases provided to, soldiers and pilots in a number of wars, including World War Two and the Korean, Vietnam and Gulf Wars, to enable them to stay awake and overcome fatigue.¹² However, the regulation of meth/amphetamines increased throughout the twentieth century as the potential for their misuse became apparent.

¹² Hunt D, Kuck S and Truitt L, *Methamphetamine Use: Lessons Learned*, February 2006, p 3. This report was funded but not published by the US Department of Justice. Copies are available from the National Criminal Justice Reference Service www.ncjrs.gov

3 CRYSTAL METHAMPHETAMINE IN AUSTRALIA

The use and supply of methamphetamine in Australia increased from the mid 1990s onwards, with 'speed', 'base' and 'crystal' having been readily available since 2001.¹³ Large shipments of crystal methamphetamine were detected at the border in 2000, and its popularity has escalated since then.¹⁴ However, the threat of crystal methamphetamine has been around for much longer; an article in *The Australian Magazine* in May 1990 warned of the problems caused by crystal methamphetamine in Hawaii and in the United States generally and alerted readers to the potential implications for Australia.¹⁵

A number of shifts in the Australian methamphetamine market have occurred over the last ten years:¹⁶

1. Methamphetamine has taken over from amphetamine.
2. More potent forms of methamphetamine have emerged, notably crystal methamphetamine and base methamphetamine.
3. The heroin shortage in 2001 led to an increase in the number of heroin users who inject methamphetamine. Some crystal methamphetamine users are former heroin users, others use crystal methamphetamine in conjunction with heroin.¹⁷ However, heroin users who also use methamphetamine represent only a small group of methamphetamine users. According to Louisa Degenhardt of the National Drug and Alcohol Research Centre, many injecting drug users still express a preference for heroin even though their use of heroin is less frequent than in the past, which suggests that 'the increase in use of methamphetamine amongst this group has more to do with the continued lack of high quality heroin rather than their preference for methamphetamine'.¹⁸

There have been a number of large seizures of crystal methamphetamine at the Australian border. Some of the more significant include: 79 kg in November 2000; 152 kg in July 2001; 233 kg in May 2003 (hidden in cartons of rice sticks from China); and 125 kg in

¹³ McKetin and McLaren, n 4, p 36.

¹⁴ McKetin and McLaren, n 4, p 36; McKetin R et al, 'The relationship between methamphetamine use and violent behaviour', *Crime and Justice Bulletin*, No 97, August 2006, p 4.

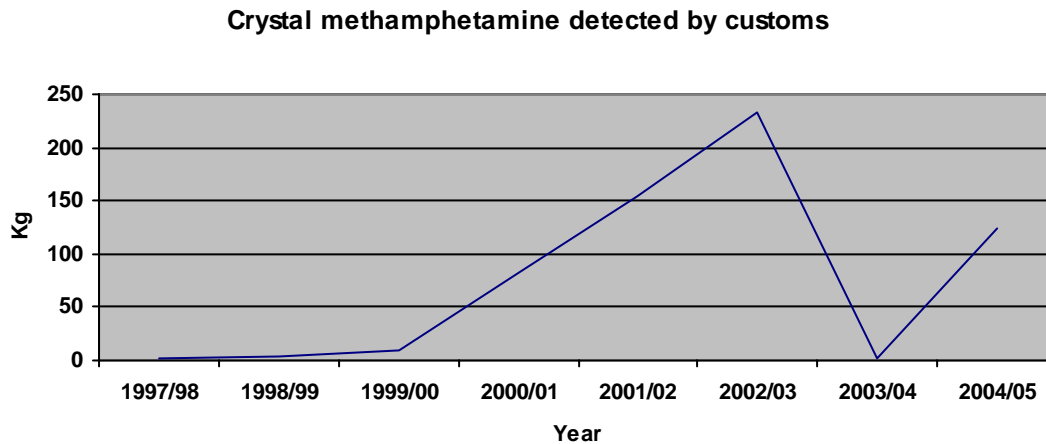
¹⁵ 'Ice: The New Vice', *The Australian – Magazine*, 26-27/5/90, pp 8-14.

¹⁶ McKetin R et al, 'The relationship between methamphetamine use and violent behaviour', *Crime and Justice Bulletin*, No 97, August 2006, p 3.

¹⁷ McKetin R et al, *Estimating the number of regular and dependent methamphetamine users in Australia*, NDARC Technical Report No 230, NDARC, Sydney, 2005, p 21.

¹⁸ National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new national research', *Media Release*, 3/11/06.

October 2004 (hidden in candles).¹⁹ The following chart illustrates the weight in kilograms of crystal methamphetamine detected by Australian Customs for each year between 1997/98 and 2004/05. It shows the rapid increase in the amount detected since the late 1990s.



Source: Stafford J et al, *Australian Drug Trends 2005*, National Drug and Alcohol Research Centre, Monograph No 59, 2006, p 57.

About half of the world's amphetamine type stimulants are produced in East and South East Asia, a little over one third are manufactured in North America and 15% are sourced from West and Central Europe.²⁰ The majority of crystal methamphetamine in Australia is imported, mostly from China, Hong Kong, Japan, the Philippines, South Korea and Taiwan.

However, many of the ingredients required to produce crystal methamphetamine are readily and legally available for purchase in Australia. Whether or not the proportion of crystal methamphetamine domestically produced will increase in the future is uncertain. Whilst illicit amphetamine factories have been found in Australia since 1976, the first crystal methamphetamine laboratory was not detected until February 2002 when one was located in Queensland.²¹ The Australian Crime Commission projects that growing demand for crystal methamphetamine will lead to more attempts to import it as well as to produce it domestically.²² Methamphetamine manufacture is attractive compared to the production of other drugs as: it does not depend on growing seasons and crop cycles; comparatively fewer people need to be involved; the requisite chemicals can be easily obtained;

¹⁹ McKetin, McLaren and Kelly, n 5, p 25; Customs, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 17/2/06, p 5.

²⁰ Australian Crime Commission, n 3, p 10.

²¹ Dunn et al, n 8, p 33.

²² Australian Crime Commission, n 3, p 14.

laboratories can be located close to consumers; and the potential profits are high.²³ Nonetheless, the majority of crystal methamphetamine in Australia still appears to be imported, as the domestic laboratories that have been found are generally small in scale.²⁴ The time, difficulty, and loss of drug product involved in the manufacture of crystal methamphetamine, as opposed to amphetamine and methamphetamine generally, may continue to discourage its domestic production.²⁵

Methamphetamine is currently distributed in Australia through a number of channels. The major networks involved appear to be: outlaw motorcycle gangs; those involved with heroin importation from South East Asia and East Asia; and ethnically based criminal networks in South West Sydney.²⁶ The Australian Crime Commission believes that outlaw motorcycle gangs will become more involved in the production of crystal methamphetamine should its domestic production continue to increase in popularity.²⁷

²³ Australian Crime Commission, n 3, p 14.

²⁴ McKetin, McLaren and Kelly, n 5, p 6.

²⁵ McKetin, McLaren and Kelly, n 5, p 28.

²⁶ National Drug and Alcohol Research Centre, 'Methamphetamine supply in Australia', <http://ndarc.med.unsw.edu.au>; McKetin, McLaren and Kelly, n 5, p 41; NSW Police, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 2006, p 5.

²⁷ Australian Crime Commission, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 13/3/06, p 9.

4 CHARACTERISTICS OF USERS

In 2004, about 9% of the population aged 14 years and over in Australia had used methamphetamine or amphetamine at some point in their life, 3% having done so in the last 12 months.²⁸ About 500,000 Australians currently use methamphetamine (speed, base or crystal) and approximately 63,000 people use methamphetamine at least once a week.²⁹ However, these figures are likely to underestimate the true number, as dependent injecting drug users tend to be underrepresented in surveys and those who do participate may underreport their drug use because of the associated stigma.³⁰

The proportion of those who have tried meth/amphetamine is higher amongst younger age groups: 11% of 12 to 24 year olds and 20% of 20 to 24 year olds. However, its use by secondary school students is irregular. A survey of Australian secondary school students in 2002 found that 93% had never used amphetamine, and, of those who had, the majority had used it only a few times.³¹ The average age for initiation of its use is 20 years, and in 79% of cases the person who initially supplies it is a friend or acquaintance.³²

Crystal methamphetamine is often seen as a 'party drug', with its use commonly linked to clubs, raves and festivals. However, around half of crystal methamphetamine users take the drug at home rather than at a public venue, leading some to question the utility of its characterisation as a 'party drug'.³³ Crystal methamphetamine is often used in addition to, or in place of, other drugs. In 2003, 38% of injecting drug users and 48% of ecstasy users had recently used crystal methamphetamine.³⁴ Despite its increasing popularity, the use of crystal methamphetamine should not be overstated compared to other drugs. Data from the Illicit Drug Reporting System reveals that injecting drug users use other forms of methamphetamine as frequently as crystal, and that less pure forms of methamphetamine were being used at least as often as crystal despite it being just as available.³⁵ Therefore, awareness of the issues with crystal methamphetamine use should not displace concern regarding other drugs.

²⁸ Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2004*, AIHW, Canberra, July 2005, p 18.

²⁹ McKetin et al, n 17, p 1.

³⁰ McKetin et al, n 17, p 1.

³¹ White V and Hayman J, *Australian secondary students' use of over-the-counter and illicit substances in 2002*, National Drug Strategy Monograph Series No 56, Department of Health and Ageing, Canberra, 2004, p 26.

³² Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed Findings*, AIHW, Canberra, 2005, p 110.

³³ National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new national research', *Media Release*, 3/11/06.

³⁴ McKetin et al, n 16, p 6.

³⁵ National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new national research', *Media Release*, 3/11/06.

The potential consequences of methamphetamine use are serious and, in some cases, may result in death. There were 75 methamphetamine related deaths in 2004 among 15 to 54 year olds throughout Australia (up from 50 in 2003).³⁶ 44% of these deaths occurred in NSW. Methamphetamine was the underlying cause of death in 17 cases. However, the number of deaths due to heroin is still much greater; opioids were the underlying cause of 357 deaths among 15 to 54 year olds in 2004 (down from 1,116 in 1999).³⁷

4.1 Regular and dependent users

There are thought to be 103,000 regular users of methamphetamine in Australia and 73,000 dependent users (there are currently about 45,000 regular heroin users).³⁸ These figures are similar to the number of dependent heroin users in the late 1990s. The popularity of crystal methamphetamine and the proportion of users dependent on it are thought to be driving factors in the number of dependent methamphetamine users overall.³⁹

The following table compares the number of regular and dependent methamphetamine users for Sydney, NSW and Australia. It shows that the rate of regular and dependent methamphetamine users is higher in NSW than the Australian average. Around half of the users in NSW reside in Sydney.

Median prevalence estimates for the number of regular and dependent methamphetamine users aged 15-49 years in Sydney, NSW and Australia

	Number	Rate per 1000 persons
Regular Users		
Sydney	17,700	8.5
NSW	36,900	11.0
Australia	102,600	10.3
Dependent Users		
Sydney	14,700	7.0
NSW	28,000	8.4
Australia	72,700	7.3

Source: McKetin R et al, *Estimating the number of regular and dependent methamphetamine users in Australia*, NDARC Technical Report No 230, NDARC, Sydney, 2005, p 19.

A study by McKetin, McLaren and Kelly found that of regular methamphetamine users:⁴⁰

- 59% were male;

³⁶ Stafford J et al, *Australian Drug Trends 2005*, NDARC Monograph No 59, 2006, p 70.

³⁷ Stafford et al, n 36, p 35.

³⁸ McKetin et al, n 17, p 20.

³⁹ McKetin et al, n 17, p 21.

⁴⁰ McKetin, McLaren and Kelly, n 5, pp 76-82.

- their median age was 28;
- 96% spoke English as their main language;
- 80% were born in Australia;
- 61% were unemployed;
- 33% had a history of imprisonment;
- 10% lived with children;
- 58% had received specialised treatment for drug use and 25% for use of methamphetamines;
- about \$120 was spent on illicit drugs each week of which \$60 was for methamphetamine;
- 90% received a legal income that could be used to fund drug use;
- 21% received money from illegal activities, particularly drug dealing;
- use of methamphetamine generally commenced when they were 17 years old with regular use occurring two years later; and
- regular users took methamphetamine two to four times a week – 64% injected the drug and 19% snorted it.

The characteristics of crystal methamphetamine users differ slightly to those who only use 'speed'.⁴¹ Regular crystal methamphetamine users are more likely to be older injecting drug users who also use heroin and other opioids. They are also more likely to be unemployed and to have a criminal record. The characteristics of those who inject crystal methamphetamine are similar to those who inject heroin and other drugs. In contrast, the socio-demographic and drug use characteristics of those who smoke crystal methamphetamine are similar to recreational drug users: levels of education and employment are higher; opioid use is less common; they are younger; and methamphetamine use tends to be more recent. Almost two-thirds of regular crystal methamphetamine users inject it and a little less than one-third smoke it. 13% of regular users consume crystal methamphetamine on a daily basis. The following table compares the characteristics of those who smoke crystal methamphetamine as opposed to inject it and highlights some of the differences between the groups.

⁴¹ The source for information on the characteristics of crystal methamphetamine users is: McKetin, McLaren and Kelly, n 5, pp 82-84.

Characteristics of ice smokers versus ice injectors (%)

	Smokers	Injectors
Age (years)	22	33
Employment	61	24
Prison history	13	46
Drug treatment	11	41
Dependent on methamphetamine	46	69
Drugs used in past month		
Heroin	11	44
Other opioids	17	49
Benzodiazepines	17	46
Ecstasy	81	14
Hallucinogens	24	3

Source: McKetin R, McLaren J and Kelly E, *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences*, National Drug Law Enforcement Research Fund, Monograph Series No 13, 2005, p 84.

4.2.1 Regular ecstasy users

Many users of crystal methamphetamine also use other drugs. The following table sets out the proportion of regular ecstasy users who reported use of crystal methamphetamine in the preceding six months. It reveals that in 2006 about 56% of regular ecstasy users in NSW had used crystal methamphetamine in the last half year. This was higher than the national average for 2006, with its use amongst ecstasy users only higher in South Australia or Western Australia.

Regular ecstasy users who reported use of crystal methamphetamine in the last six months

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	52	48	56	64	52	48	77	40	38
2004	45	46	39	52	16	47	80	35	42
2005	38	40	26	42	10	41	69	32	50
2006	49	56	37	49	27	61	77	26	50

Source: National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new national research', *Media Release*, 3/11/06.

4.2.2 Injecting drug users

The following table compares the proportion of injecting drug users in each state and territory who reported use of crystal methamphetamine in the preceding six months. The table shows that the proportion of injecting drug users in NSW who use crystal methamphetamine rose from 14% of injecting drug users in 2000 to 57% in 2006. The figure for NSW in 2006 is identical to the national average. However, the proportion of users was much higher in the ACT and Western Australia. Crystal methamphetamine appears to be readily available in NSW, with 88% of injecting drug users in NSW claiming that it is easy or very easy to obtain.

Injecting drug users who reported use of crystal methamphetamine in the last six months

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55

Source: National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new national research', *Media Release*, 3/11/06.

5 THE REGULATION OF CRYSTAL METHAMPHETAMINE

Crystal methamphetamine is an illicit drug in Australia. In New South Wales, amphetamine and methylamphetamine are listed as prohibited drugs in Schedule 1 of the *Drug Misuse and Trafficking Act 1985* (NSW). It is accordingly an offence to possess, use and/or supply crystal methamphetamine in NSW. A person who has in his or her possession at least three grams of crystal methamphetamine is deemed to possess it for the purposes of supply.⁴² The manufacture or production of crystal methamphetamine is prohibited, as is the exposure of a child to the manufacturing or production process or substances used in that process.⁴³

It is an offence to possess any equipment that is used to administer a prohibited drug.⁴⁴ Section 11A of the *Drug Misuse and Trafficking Act 1985* (NSW) prohibits the sale, supply and display of a waterpipe or an ice pipe. The specific reference to ‘ice pipe’ was only recently inserted by the *Drug Misuse and Trafficking Amendment Act 2006* (NSW). An ‘ice pipe’ is defined to mean ‘a device capable of being used for the administration of a prohibited drug by means of the smoking or inhaling of the smoke or fumes resulting from the heating or burning of the drug in a crystal or powder form’. This includes a device that is intended to be an ice pipe but first requires an adjustment, modification or addition.

Whilst 27% of Australians over the age of 14 support the legalisation of marijuana, only 5% support the legalisation of amphetamine or methamphetamine.⁴⁵ The overwhelming majority of Australians are in favour of tougher penalties – 84% of the population support the increase of penalties for the sale or supply of meth/amphetamine. However, support of the utilisation of more serious penalties such as imprisonment does not extend to the personal use of methamphetamine. 43% of Australians believe those found in possession of meth/amphetamine for personal use should be referred to a treatment or education program, 21% thought a prison sentence was appropriate and 20% expressed a preference for the imposition of a fine.⁴⁶

5.1 Precursor control

In order to prevent the manufacture of meth/amphetamine in Australia, regulations have been introduced to control the use of precursor chemicals. 120 kilograms of precursors were seized in Sydney in June 2006 believed to have been capable of producing \$22 million worth of methamphetamine.⁴⁷ Common sources for the precursors for

⁴² Section 29 *Drug Misuse and Trafficking Act 1985* (NSW). 1g of methamphetamine is deemed a small quantity, 3 g a traffickable amount, 5 g an indictable amount, 0.25 kg a commercial quantity and 1 kg a large commercial quantity.

⁴³ Section 24 *Drug Misuse and Trafficking Act 1985* (NSW)

⁴⁴ Section 11 *Drug Misuse and Trafficking Act 1985* (NSW)

⁴⁵ Australian Institute of Health and Welfare, n 32, p 93.

⁴⁶ Australian Institute of Health and Welfare, n 32, p 95.

⁴⁷ Senator Chris Ellison, Opening speech for the 10th National Chemical Diversion Congress

methamphetamine are cold and flu tablets and other medications sold in local pharmacies that contain pseudoephedrine. 'Pseudo-runners' have subsequently emerged; persons with the task of gathering medications containing pseudoephedrine by moving from one pharmacy to the next purchasing such products as cold and flu tablets. It has been claimed that 90% of the pseudoephedrine used in the domestic manufacture of methamphetamine is sourced by 'pseudo-runners' from pharmacies in the community.⁴⁸

It is an offence in NSW to possess a precursor for use in the manufacture or production of methamphetamine.⁴⁹ Clause 10 of the Drug Misuse and Trafficking Regulation 2006 (NSW) regulates the sale and storage of precursors, which includes ephedrine and pseudoephedrine. The regulation of precursors can be a difficult task, as many of the chemicals used in the manufacture of methamphetamine are legally available for other purposes. Nonetheless, the control of precursors is seen as an effective way of impacting on the drug market. An additional avenue for increasing the obstacles to the illicit manufacture of methamphetamine is to also control the supply of the other specialist chemicals and equipment used in the manufacture of methamphetamine. Customs has stressed the need for these products to be effectively regulated.⁵⁰

The chemical operations team of NSW Police 'focuses on the acquisition and diversion of precursor, licit pharmaceutical drugs, other reagent and solvent chemicals and equipment and the use of those materials in the subsequent manufacture of AOSDs [Amphetamines and Other Synthetic Drugs].' The chemical operations diversion program collects and presents 'evidence of ongoing diversion of pseudoephedrine based medications to the pharmaceutical industry'.⁵¹ Efforts in this area have met with success; four pharmacists were prosecuted in 2005 for the supply of pharmaceutical products outside the terms of the relevant schedule or in suspicious circumstances.⁵²

Legislative amendments have sought to counter the ease with which precursors can be obtained for illicit purposes. Pseudoephedrine was rescheduled under the *Poisons and Therapeutic Goods Act 1966* (NSW) in August 2005 so that all products containing pseudoephedrine must be kept behind the counter and packets with more than 30 single ingredient tablets containing pure pseudoephedrine are only available by prescription.⁵³

Dinner, 18/10/06.

⁴⁸ Senator Chris Ellison, 'National roll-out of Project STOP', *Media Release*, 6/4/06.

⁴⁹ Section 24A *Drug Misuse and Trafficking Act 1985* (NSW). This section was inserted by the *Crimes Legislation Further Amendment Act 2000* (NSW).

⁵⁰ Customs, n 19, p 3.

⁵¹ NSW Police, n 26, p 5.

⁵² NSW Police, n 26, p 5.

⁵³ NSW Crime Commission, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 14/2/06, p 2.

According to the NSW Crime Commission, this has led to:⁵⁴

- an increase in the offshore sourcing of pseudoephedrine;
- a reduction in the threat posed by ‘pseudo-runners’;
- an increase in the use of violence to access pseudoephedrine;
- investment by major pharmaceutical companies in the development of pseudoephedrine-free cold and flu products – cold and flu products based on phenylephrine rather than pseudoephedrine were launched in April 2005⁵⁵; and
- a proliferation of creative methods of precursor importation.

The repercussions have thus been both positive and negative. These findings suggest that any domestic tightening of the availability of pseudoephedrine and similar substances needs to be supported by greater efforts to control their importation into Australia.

Precursor control does feature in international law enforcement. The International Narcotics Control Board established Project PRISM (Precursors Required In Synthetic Manufacture) for the purpose of targeting precursors for amphetamine type stimulants.⁵⁶ This task is carried out by 126 national authorities with the support of the International Narcotics Control Board, Interpol, the World Customs Organisation, the UN Office on Drugs and Crime and the European Community. In 2004, 176 tons of pseudoephedrine and 15 tons of ephedrine were seized, mostly in North America, East and South East Asia.⁵⁷ Large amounts of pseudoephedrine have also been seized in Australia. 750 kilograms of pseudoephedrine were seized at the Australian border in September 2003 and the Australian Federal Police were involved in the seizure of more than three tonnes of precursor chemicals in 2004/05.⁵⁸

In Australia, national efforts to regulate precursor chemicals have emerged; the National Working Group on the Prevention of the Diversion of Precursor Chemicals into Illicit Drug Manufacture was established in 2002. The Australian Government has committed \$5.4 million to the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit

⁵⁴ NSW Crime Commission, n 53, p 3.

⁵⁵ Senator Chris Ellison, Opening speech for the 10th National Chemical Diversion Congress Dinner, 18/10/06. Phenylephrine products cannot be used to manufacture methamphetamine.

⁵⁶ United Nations, Office on Drugs and Crime, *2006 World Drug Report*, p 127. A copy of the report is available from www.unodc.org

⁵⁷ UN Office on Drugs and Crime, n 56, pp 127-128.

⁵⁸ Customs, n 19, p 5; Australian Federal Police, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 23/2/06, p 6.

Drug Manufacture which seeks to stop legally available chemicals being used to manufacture illicit drugs.⁵⁹ Project STOP is funded under the National Strategy and was launched in April 2006. It is an online database that seeks to prevent people obtaining large amounts of pseudoephedrine. Customers purchasing products containing pseudoephedrine are now required to provide identification, which is recorded in the database. It is designed to enable pharmacists to distinguish between legitimate customers and ‘pseudo-runners’, and provides police and health authorities with access to a database of suspicious purchases. The Australian Government is to provide \$380,000 over two years to the Pharmacy Guild of Australia for the national implementation of Project STOP.⁶⁰

A complicating factor in the control of precursor chemicals is the need to remain up-to-date with the manufacturing process, particularly as the recipes for various drugs change. For example, in the mid 1990s, law enforcement focused on the diversion of P2P, the main precursor for amphetamine. Consequently, a shift occurred in drug manufacturing to the use of pseudoephedrine so that methamphetamine was produced instead of amphetamine.⁶¹ The greater restrictions on pseudoephedrine that have been introduced may thus lead to the substitution of other chemicals in the manufacturing process. There are reports of laboratories being found recently in NSW that use methcathinone, a chemical that is not controlled and can be converted to ephedrine and subsequently amphetamine.⁶² The NSW Crime Commission has suggested that generic offences ought to be created so the law may easily adapt to changing recipes.⁶³

A concern associated with the substitution of precursor chemicals is that manufacturing processes that use other substances are generally more dangerous and explosive.⁶⁴ There is accordingly a risk that people living close to laboratories would be in the proximity of any explosions as well as being exposed to toxic substances and waste.

Governments have already legislated in response to the danger presented by clandestine laboratories to children. In NSW, the *Drug Misuse and Trafficking Amendment Act 2006* inserted section 24 into the *Drug Misuse and Trafficking Act 1985* (NSW) which made it an offence for a person to expose a child to the manufacturing or production of a prohibited drug or to substances being stored for use in that process. The issue of children being exposed to clandestine laboratories has also been addressed at the federal level in Australia; new and aggravated penalties were introduced following passage of the *Law and Justice Legislation Amendment (Serious Drug Offences and Other Measures) Act 2005* (Cth). This Act inserted Division 310 into the *Criminal Code* so that it is an offence for a person to

⁵⁹ Senator Chris Ellison, Opening speech for the 10th National Chemical Diversion Congress Dinner, 18/10/06.

⁶⁰ Senator Chris Ellison, ‘National roll-out of Project STOP’, *Media Release*, 6/4/06.

⁶¹ McKetin, McLaren and Kelly, n 5, p 33.

⁶² NSW Crime Commission, n 53, p 5.

⁶³ NSW Crime Commission, n 53, p 5.

⁶⁴ NSW Crime Commission, n 53, p 4.

expose another under the age of 14 to the manufacture of a controlled drug or precursor if it causes or threatens serious harm. Regulation of this area has also occurred overseas. In 2002, the US Government introduced the Drug Affected Children Program to enable the government to remove and place into care children found at the sites of laboratories.⁶⁵ At least 10,651 children have since been removed.

5.2 Drug testing of drivers

The random breath testing of drivers in NSW for the presence of alcohol has occurred for some time and is relatively uncontroversial. However, there has been an increased awareness in recent years of the dangers that are presented by persons driving under the influence of drugs other than alcohol. This concern is reflected in the relevant legislation. Section 12 of the *Road Transport (Safety and Traffic Management) Act 1999* (NSW) prohibits a person driving a vehicle whilst under the influence of a drug, including those prohibited under the *Drug Misuse and Trafficking Act 1985*. A person may be required to submit to a sobriety assessment if a police officer has a reasonable belief that the person may be under the influence of a drug.⁶⁶

The NSW Parliament recently passed the *Road Transport Legislation Amendment (Drug Testing) Act 2006* (received assent on 27 October 2006) to provide NSW police with additional powers to detect drug drivers as part of random roadside drug testing and after fatal crashes. Following commencement, the *Road Transport Legislation Amendment (Drug Testing) Act 2006* will insert Division 1A into the *Road Transport (Safety and Traffic Management) Act 1999* to set out various offences involving the presence of certain drugs in oral fluid, blood or urine. It will be an offence according to section 11B to drive or attempt to drive a motor vehicle whilst an illicit drug is present in oral fluid, blood or urine. Division 3A will provide for the random oral fluid testing for prescribed illicit drugs. Police may require a person to undergo an oral fluid test for illicit drugs if they have reasonable cause to believe that a person was driving or attempting to drive a motor vehicle.⁶⁷ Random breath and oral fluid testing may be conducted at the same time.⁶⁸ Drivers may be required to lick the test pad on the preliminary testing device which enables the police to screen for drugs in a person's saliva or oral fluid.⁶⁹ Crystal methamphetamine is one of the drugs that can be detected by the test.⁷⁰ Those who test positive will be required to take a second test in the police drug testing support vehicle. Section 189B is to be inserted into the *Law Enforcement (Powers and Responsibilities) Act 2002* (NSW) to enable police to prevent a

⁶⁵ NSW Crime Commission, n 53, p 4.

⁶⁶ Section 25 *Road Transport (Safety and Traffic Management) Act 1999* (NSW)

⁶⁷ Section 18B *Road Transport (Safety and Traffic Management) Act 1999* (NSW) (not commenced)

⁶⁸ Section 39A *Road Transport (Safety and Traffic Management) Act 1999* (NSW) (not commenced)

⁶⁹ Second Reading Speech: Hon Eric Roozendaal MP, *NSWPD*, 18/10/09, p 2809.

⁷⁰ Hon Eric Roozendaal MP, *NSWPD*, 18/10/06, p 2823.

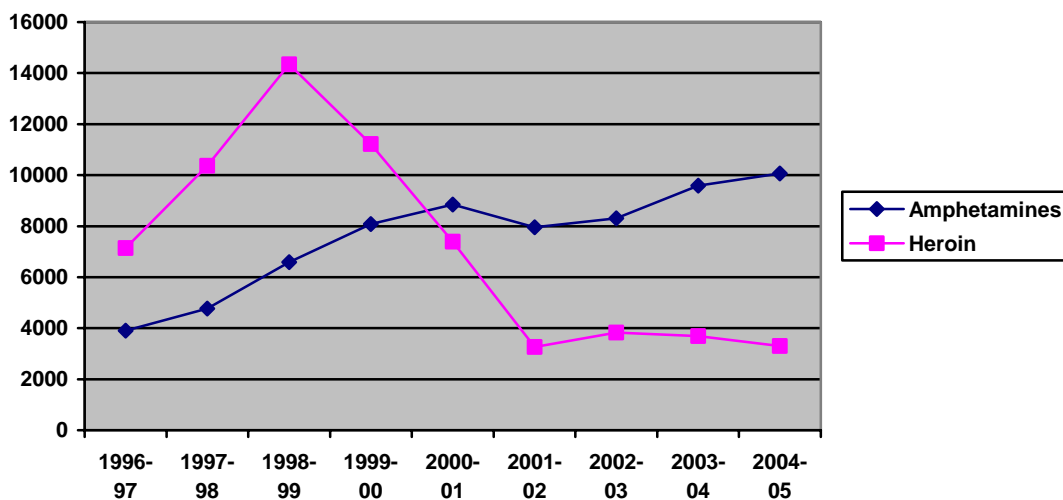
person from driving a motor vehicle for 24 hours if the person has failed, or refuses, an oral fluid test or if the person refuses to provide an oral fluid sample.

For further information on drug driving see *Drink Driving and Drug Driving* by Rowena Johns, NSW Parliamentary Library Briefing Paper No 15/04.

5.3 Law enforcement

Amphetamines and methamphetamines are increasingly featuring in the work of law enforcement services. More than 1.8 tons of amphetamine type stimulants were seized in Australia in 2001-02, up from 156 kg in 1996-97.⁷¹ 12% of all arrests relating to illicit drugs in 2003-04 were for amphetamine type stimulants (up from 5% in 1996-97).⁷² However, of these arrests, 93% were in relation to consumption as opposed to provision or sale. The following table compares the number of arrests in Australia for amphetamine type stimulants and heroin between 1996-97 and 2003-04. It shows that since 2000-01, the number of arrests for amphetamines has outnumbered those for heroin. However, there are still far more arrests for cannabis. For example, there were 56,747 arrests for cannabis in 2003-04 (72% of illicit drug arrests) compared to 9,593 for amphetamines (12% of arrests) and 3,691 for heroin (5% of arrests).⁷³

Arrests in Australia for heroin and amphetamine type stimulants



Source: Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2004*, AIHW, Canberra, July 2005, p 77; Australian Crime Commission, *Illicit Drug Data Report 2004-05*, Australian Crime Commission, Canberra, 2006, pp 19 and 48.

⁷¹ McKetin and McLaren, n 4, p 36.

⁷² Australian Institute of Health and Welfare, n 28, p 76.

⁷³ Australian Institute of Health and Welfare, n 28, p 77.

The number of amphetamine-related offences committed in the Sydney region has increased. The following table sets out the number of amphetamine-related arrests within Sydney by statistical subdivision between 1997 and 2003. There were more than 1200 amphetamine-related offences in Sydney in 2003, almost twice that of 1997. Methamphetamine-related offences were concentrated in Inner Sydney. Offences include possession/use, deal/traffic and import of amphetamine or methamphetamine only. The table reveals that most arrests in 2003 occurred in Inner Sydney, Outer Western Sydney and Blacktown.

Amphetamine-related arrests in Sydney

	1997	1998	1999	2000	2001	2002	2003
Northern Beaches	12	17	28	29	52	39	35
Central Northern Sydney	37	45	54	53	68	62	67
Lower Northern Sydney	28	51	51	61	53	16	54
Inner Sydney	128	213	199	261	379	306	327
Eastern Suburbs	52	38	42	31	68	37	54
St George-Sutherland	70	70	80	88	128	108	54
Inner Western Sydney	22	20	24	21	35	39	15
Central Western Sydney	42	68	107	94	130	84	105
Blacktown	85	118	170	136	189	117	146
Canterbury-Blacktown	17	16	51	36	82	27	46
Fairfield-Liverpool	32	44	79	76	99	79	89
Outer South Western Sydney	43	47	68	67	118	84	95
Outer Western Sydney	68	112	125	145	145	118	148
Total	636	859	1078	1098	1546	1116	1235

Source: McKetin R, McLaren J and Kelly E, *The Sydney methamphetamine market: Patterns of supply, use, personal harms and social consequences*, National Drug Law Enforcement Research Fund, Monograph Series No 13, 2005, p 123.

The number of clandestine laboratories discovered in Australia has increased to six times the number detected in 1996-97. The following table compares the detection of clandestine laboratories for the states and territories between 1996-97 and 2004-05. It shows that the number of illicit laboratories discovered in NSW in 2004-05 has more than doubled since 1997-98. However, the number detected in NSW decreased by about one quarter between 2003-04 and 2004-05. 79% of the clandestine laboratories discovered in NSW in 2005 manufactured methamphetamine.⁷⁴ Three of these methamphetamine laboratories were concerned with the supply of crystal methamphetamine.

Clandestine laboratory detections by state and territory, 1996-97 to 2004-05

	NSW	VIC	QLD	WA	SA	NT	TAS	ACT	Total
1996-97	-	-	-	-	-	-	-	-	58
1997-98	19	9	55	3	7	0	2	0	95
1998-99	20	4	83	8	12	2	0	2	131
1999-00	20	18	79	17	14	1	0	1	150
2000-01	42	32	77	22	24	3	1	0	201

⁷⁴

NSW Police, n 26, p 1.

2001-02	32	24	138	22	32	1	3	0	252
2002-03	47	19	171	36	34	3	2	2	314
2003-04	61	20	189	33	48	5	1	0	357
2004-05	45	31	209	44	25	21	3	3	381

Source: Australian Crime Commission, *Illicit Drug Data Report 2004-05*, Australian Crime Commission, Canberra, 2006, p 18.

Illicit laboratories appear to be unevenly distributed geographically. More than half of the clandestine laboratories detected in Australia in 2004-05 were located in Queensland whereas less than 12% were found in NSW. A National Clandestine Laboratory Database is being developed by the Australian Crime Commission and Attorney General's Department to store and integrate information on seized clandestine laboratories which will serve as a resource for law enforcement agencies.⁷⁵

The NSW Crime Commission investigates the manufacture and supply of amphetamine type stimulants and has the advantage of being able to intercept telecommunications and access intelligence.⁷⁶ A number of specific squads have also been established within NSW Police for the purpose of investigating methamphetamine markets. The Drug Squad, State Crime Command leads the NSW Police investigative response to the manufacture and supply of amphetamine type stimulants in NSW. Strike Force Bronsgrove was established as part of the Drug Squad in May 2006 to specifically investigate the supply of crystal methamphetamine in Sydney.⁷⁷ The Gangs Squad and South East Asian Crime Squad also investigate the supply of amphetamine type stimulants in NSW.⁷⁸ One of the difficulties faced by law enforcement agencies is the often deliberate distance between the supply and retail ends of the drug market; suppliers can outsource various tasks and use rental vehicles, amongst other things, to separate themselves. There is a perception that consumers and low-level dealers are more likely to cooperate with police, so contact with this end of the market is reduced to minimise the chances of detection.⁷⁹

⁷⁵ Attorney General's Department, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 10/3/06, p 5.

⁷⁶ NSW Police, n 26, p 7.

⁷⁷ NSW Police, 'Ice worth more than \$1 million seized, two men charged – Drug Squad', *Media Release*, 25/10/06.

⁷⁸ NSW Police, n 26, p 5.

⁷⁹ McKetin, McLaren and Kelly, n 5, pp 47-48.

6 HEALTH AND SOCIAL IMPLICATIONS

There are many health and social issues that arise from the use of crystal methamphetamine. The following table summarises some of the problems associated with its use.

Mental health	Agitation or aggression. Decreased motivation and an inability to maintain usual activities. Symptoms of depression and anxiety. Psychotic symptoms such as paranoia and hallucinations. Decreased concentration and memory.
Physical health	Disturbed sleep. Fatigue. Jaw clenching and teeth grinding. Weight loss due to poor appetite. Palpitations and chest pains. Injection related problems eg abscesses. Nasal irritation problems amongst those who snort crystal methamphetamine.
Injecting risk behaviour (as a result of needle sharing)	13% of methamphetamine injectors shared a needle in the last month. ⁸⁰ This increases the risk of spreading hepatitis C and other blood borne infections.
Sexual risk behaviour	Dependent methamphetamine users are twice as likely to engage in unprotected sex compared to non-dependent methamphetamine users. ⁸¹ It is uncertain whether this is due to the drug itself or other factors such as lifestyle, a predisposition to risk taking, and the nature of relationships among dependent users. Sexual risk behaviour is discussed in greater detail below.
Social and financial problems	Social isolation. Relationship breakdowns. Financial difficulties. Involvement in crime to support drug use.
Psychosis	Can induce a brief psychosis involving paranoia and hallucinations. Can worsen the symptoms of those with schizophrenia or other chronic psychotic disorders. Can last between two to three hours to a few days. Psychosis is discussed in section 6.4 of this paper.

Source: National Drug and Alcohol Research Centre, 'Methamphetamine use and health' <http://ndarc.med.unsw.edu.au>; McKetin R, McLaren J and Kelly E, *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences*, National Drug Law Enforcement Research Fund, Monograph Series No 13, 2005, pp 103-104.

⁸⁰ McKetin, McLaren and Kelly, n 5, p 105.

⁸¹ McKetin, McLaren and Kelly, n 5, p 106.

6.1 Sexual risk behaviours

Some have noted a correlation between the use of crystal methamphetamine and sexual risk behaviours. As crystal methamphetamine is a stimulant, it allows for extended periods of continuous sex, which increases the opportunity for unsafe sex.⁸² Degenhardt et al refer to US research that found higher rates of sexual risk behaviours among men who use crystal methamphetamine.⁸³ However, they add that a ‘simple association between drug use and sexual risk behaviour also does *not* imply causality’ [original emphasis] as many drug users are more likely to take risks in other areas as well.⁸⁴ Degenhardt et al conclude:

It is important to remember that although there seems to be a higher rate of crystal meth use among men engaging in sexual risk behaviours, (a) not all men engaging in sexual risk behaviours use drugs, and (b) not all those using drugs during sex use crystal meth. Further, not all people who use crystal meth during sex engage in sexual risk behaviours.⁸⁵

6.2 Dependency and withdrawal

The use of crystal methamphetamine can lead to a dependency on the drug. There are various signs that indicate that a person is dependent on methamphetamine. These signals include:⁸⁶

- methamphetamine is being used in larger amounts or over a longer period of time than originally intended;
- there is a persistent desire to cut down or unsuccessful attempts have been made to reduce usage;
- a large amount of time is spent obtaining, using or recovering from methamphetamine;
- important social, work and recreational activities are neglected in favour of using methamphetamine;
- usage continues despite problems having been caused by it or an awareness that it

⁸² Degenhardt L et al, *Rapid assessment of crystal methamphetamine and GHB use in the gay, lesbian, bisexual and transgender community in New South Wales*, NDARC Technical Report No 235, 2005, p 20.

⁸³ Degenhardt et al, n 82, p 18.

⁸⁴ Degenhardt et al, n 82, p 18.

⁸⁵ Degenhardt et al, n 82, p 38.

⁸⁶ National Drug and Alcohol Research Centre, ‘Methamphetamine use and health’ <http://ndarc.med.unsw.edu.au>

will make existing problems worse;

- there is a need for larger amounts of the drug to induce the same effect as a result of a greater tolerance; and
- withdrawal symptoms.

The following table sets out the common features of withdrawal from crystal methamphetamine.

Time since last use	Symptoms
Days 1-3 (comedown)	<ul style="list-style-type: none"> ▪ Exhaustion ▪ Increased sleep ▪ Depression ▪ Decreased appetite ▪ Restlessness ▪ Irritability
Days 2-10 (withdrawal)	<ul style="list-style-type: none"> ▪ Strong urges to use crystal methamphetamine ▪ Mood swings, alternating between feeling irritable, stressed, agitated, restless and anxious, to feeling tired, lacking in energy and generally run down ▪ Very disturbed sleep ▪ Poor concentration ▪ General aches, pains and stiffness ▪ Headaches ▪ Increased appetite ▪ Strange thoughts such as paranoia ▪ Misunderstanding things around them ▪ Easily upset
Days 7-28 (symptoms start to settle but some still occur)	<ul style="list-style-type: none"> ▪ Mood swings, alternating between feeling anxious, irritable or agitated, to feeling flat, a bit depressed and run down ▪ Disturbed sleep ▪ Cravings for crystal methamphetamine ▪ Feeling bored ▪ Increased appetite
1 to 3 months	<ul style="list-style-type: none"> ▪ Return of normal sleep, mood and activity level ▪ Major improvements in general health and mood

Source: National Drug and Alcohol Research Centre, *On Thin Ice: A Users' Guide*, p 19. Available from <http://ndarc.med.unsw.edu.au>

A particular concern associated with crystal methamphetamine is that users of this form of methamphetamine are more likely to develop a dependency on it, especially if they usually

smoke or inject the drug. People who inject methamphetamine are three times more likely to be dependent on it, and the risk of developing a dependency is double for those who use crystal methamphetamine as opposed to less pure forms of methamphetamine.⁸⁷ Frequent usage also increases the chance of becoming dependent on it. The risk of dependency is greater amongst users of crystal methamphetamine as opposed to speed because:⁸⁸

- crystal methamphetamine is a more potent form of methamphetamine;
- its street purity is likely to be higher; and
- many people smoke it, which is a more effective means of administering the drug.

A number of commentators have warned about the potential problems that may result from crystal methamphetamine often being smoked. There are concerns that the smoking of crystal methamphetamine will appeal to younger people of a higher socio-economic background who would usually not be involved in heavy drug use or injecting drug use as fewer stigmas surround the smoking of drugs.⁸⁹ This led McKetin, McLaren and Kelly to conclude that:

any increase in the use of ice in Sydney is likely to increase levels of dependence on the drug, and this will in turn lead to an increase in the observed health and social consequences of methamphetamine use, such as methamphetamine-related drug treatment admissions, methamphetamine psychosis, and possible increases in criminal involvement among methamphetamine users. Given the ready availability and popularity of ice in Sydney, there is an urgent need to warn people about the potential harms associated with using this form of methamphetamine.⁹⁰

6.3 Issues regarding education

Various stakeholders have highlighted the need for the community to be informed about the potential consequences of methamphetamine use, and the particular risks associated with specific modes of administration such as injecting and smoking the drug. However, King has warned of the danger of overstating the risks associated with drug use, especially in government education campaigns, as it may have the opposite effect to that which is desired.⁹¹ A mistrust of government statements can result when people try a drug and do not experience the negative outcomes portrayed in education campaigns. The credibility of

⁸⁷ McKetin, McLaren and Kelly, n 5, p 90.

⁸⁸ Degenhardt et al, n 82, p 17.

⁸⁹ McKetin, McLaren and Kelly, n 5, p 90; 'Hot Shots', *The Australian Financial Review Magazine*, June 2006, pp 44-48.

⁹⁰ McKetin, McLaren and Kelly, n 5, p 90.

⁹¹ King R, *The Next Big Thing? Methamphetamine in the United States*, The Sentencing Project, Washington DC, June 2006, p 2. A copy of the report is available from the website for the Sentencing Project www.sentencingproject.org

such statements may thus be undermined and warnings ignored. For example, a transcript of a radio program on Triple J was submitted to the Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs. Stewart, a caller to the radio program, *The Hack*, from which the transcript was submitted, commented:

It's more about educating them from the very beginning in a non-condescending way. Every time you read something and they try to educate you, it's done: this is bad and this will happen to you and this will happen to you, and never once do they describe the good parts about it. Because everything has a good side and a bad side. And then when you've got a good educated friend that you've gone to uni with, comes back and tells you about a great experience, because from where I've experienced it, it all started from people like that and the early rap parties. You know that, well, I'm being misfed information or I'm only given the biased, liberal-minded side of view from the policy makers who feed us that education compared to your peers and you just know that you can go out and have a good time and not agree with it.⁹²

There is thus a need for care to be exercised in the development of education campaigns to ensure that the message contained within is seen as trustworthy and something to seriously consider.

6.4 Psychosis

One of the major concerns with crystal methamphetamine use is the violent behaviour and aggression exhibited by some users. This can be the result of methamphetamine psychosis which can last anywhere from two or three hours to a number of days (in 52% of cases the psychotic symptoms subside within three hours).⁹³ More than one-quarter of methamphetamine users who experienced clinically significant symptoms of psychosis had exhibited moderate or severe acts of hostility.⁹⁴

Methamphetamine psychosis is 'a transient drug-induced psychotic state that closely resembles the acute symptoms of paranoid schizophrenia'.⁹⁵ Whilst not all methamphetamine users experience psychosis its prevalence among methamphetamine users is 11 times that of the general population.⁹⁶ The most common symptoms of methamphetamine psychosis are:⁹⁷

⁹² ABC Triple J – The Hack, *Submission*, Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs, 5/5/06, p 9.

⁹³ McKetin, McLaren and Kelly, n 5, p 113.

⁹⁴ McKetin, McLaren and Kelly, n 5, p 117.

⁹⁵ McKetin, McLaren and Kelly, n 5, p 109.

⁹⁶ McKetin, McLaren and Kelly, n 5, p 120.

⁹⁷ McKetin, McLaren and Kelly, n 5, pp 112-115.

1. **Persecutory ideation** – a preoccupying belief that other people intend to harm you or are talking about you in a malicious manner. However, the circumstances do not provide a plausible explanation for this belief. About 12% of regular methamphetamine users experience this symptom.
2. **Delusional thoughts** – a strong conviction or belief about a situation that is clearly false or bizarre. About 7% of regular methamphetamine users in the past year have had delusional thoughts.
3. **Hallucinations** – the experience of visual, auditory, tactile, olfactory or gustatory sensations in the absence of any external event. About 17% of regular methamphetamine users have had clinically significant hallucinations in the past year with 29% of users subjected to mild hallucinations.

Almost one-quarter of methamphetamine users experienced a clinically significant symptom of psychosis in the past year.⁹⁸ Only one-quarter of users were completely free of any psychotic-like symptoms. Those who use crystal methamphetamine regularly and are dependent on the drug, and those with a history of, or predisposition to, schizophrenia or mania are more likely to experience psychosis. A review of methamphetamine-related emergency presentations at an inner-Sydney hospital during January 2004 found that those who presented with psychotic symptoms had usually injected crystal methamphetamine and had not slept for several days prior to admission.⁹⁹ The impact of methamphetamine psychosis on hospitals is discussed in section 6.8.

The impact of crystal methamphetamine use can still be great even if the effects are not as extreme as psychosis. Almost one-third of those who used methamphetamine in the last month experienced a high or very high level of psychological distress compared to 10% of Australian adults generally.¹⁰⁰ Only 36% of those who had used methamphetamine reported a low level of psychological distress compared to 68% of the general public. Two-thirds of regular methamphetamine users have experienced some level of disability in their mental health functioning; 22% experienced a severe disability in this area.¹⁰¹ There are accordingly a number of mental health issues associated with the use of crystal methamphetamine. However, the extent to which mental health problems are caused by drug usage or are attributable to other factors is not certain.

6.5 Links between crystal methamphetamine and violence

The nature of the link between use of crystal methamphetamine and violence is a matter of debate. The media has referred to crystal methamphetamine use in a number of high-profile

⁹⁸ McKetin, McLaren and Kelly, n 5, p 112.

⁹⁹ McKetin, McLaren and Kelly, n 5, p 138.

¹⁰⁰ Australian Institute of Health and Welfare, n 32, p 101.

¹⁰¹ McKetin, McLaren and Kelly, n 5, p 102.

violent crimes, including the mutilation of rabbits by Sydney financier Brendan McMahon and the shooting of Rodney Monk by Bandido biker Russell Oldman.¹⁰² Whilst several studies have found high levels of aggressive behaviour among regular methamphetamine users, evidence of the link between drug use and behaviour remains inconclusive.¹⁰³ There is evidence that use of methamphetamine will not actually induce violent behaviour but may exacerbate it in those predisposed to violence, or it may aggravate the violence associated with alcohol intoxication and opiate withdrawal.¹⁰⁴ According to McKetin et al:

Experimental evidence suggests that increased aggression is most likely to occur following chronic exposure to meth/amphetamine. Acute doses of the drug may enhance an aggressive response once a person has been provoked, or may potentiate violence associated with other conditions (eg opioid withdrawal), but there is little evidence that acute low to moderate doses of meth/amphetamine alone are sufficient to invoke aggressive behaviour. Acute intoxication with meth/amphetamine could enhance an aggressive response (eg to a threatening situation) by increasing physical stamina and alertness, and reducing fatigue.¹⁰⁵

McKetin et al studied the relationship between methamphetamine use and violent behaviour and concluded that the evidence of an association between methamphetamine use and violence is broadly consistent with the theory that its use may have contributed to a rise in the number of assaults in NSW over the last ten years.¹⁰⁶ However, the authors noted that other factors are also important. Notably, it is uncertain whether the level of violent behaviour among methamphetamine users is linked to the use of that drug or whether it is related to such other factors as the violence of the drug market, polydrug use or personality. There is accordingly 'insufficient evidence to claim a causal link between chronic methamphetamine use and violent behaviour in humans'.¹⁰⁷ McKetin summarised the findings in this way:

There is no direct evidence that simply taking this drug makes people become violent. Rather, it's a case of chronic users of the drug, who are experiencing drug-induced paranoia, reacting to situations in a violent way.¹⁰⁸

¹⁰² 'A new deadly ice age', *The Daily Telegraph*, 7/10/06; 'I used drug for stress', *The Daily Telegraph*, 5/10/06, p 9; 'Ice: The new legal excuse', *The Daily Telegraph*, 4/10/06, p 1; 'Totally addicted to ice', *The Australian*, 5/9/05, p 10.

¹⁰³ McKetin et al, n 16, p 6.

¹⁰⁴ McKetin et al, n 16, p 10.

¹⁰⁵ McKetin et al, n 16, p 6.

¹⁰⁶ McKetin et al, n 16.

¹⁰⁷ McKetin et al, n 16, p 10.

¹⁰⁸ National Drug and Alcohol Research Centre and NSW Bureau of Crime Statistics and Research, 'Methamphetamine arrests in NSW double over the past decade', *Media Release*, 19/10/06.

6.6 Impact on police services

The aggressive behaviour prompted in some by use of crystal methamphetamine may have a substantial impact on police services. Persons so affected are often unpredictable, impulsive and irrational. Police generally see the following as signs that someone is intoxicated with crystal methamphetamine:¹⁰⁹

- Agitation, jumpy, over-reactive behaviour, hyper-alert to physical stimuli.
- Being angry or irritable, yelling at people or exhibiting aggressive behaviour for no apparent reason.
- Rapid speech and thought processes, shifting from one topic of conversation to another, not being able to maintain a coherent train of thought.
- Behaviour indicative of hallucinations or delusional beliefs – talking to people not present or arguing with people for no apparent reason.
- Dilated pupils, widened eyes, sweating.

The extreme alertness of such people and their sustained energy levels can make it difficult for police to restrain them if necessary, and raises a number of occupational health and safety issues due to the risk of assault and potential exposure to infectious diseases should the person have injured him/herself. One option currently under consideration is the use of Taser stun guns on those suffering a psychotic episode.¹¹⁰ McKetin, McLaren and Kelly have highlighted the need for police to balance the risk of apprehending a person against the benefit of taking the person into custody, whilst remaining alert to the potential safety threat to others in the vicinity.¹¹¹ They accordingly suggest that where possible it may be preferable to delay contact with an offender until symptoms have subsided as this usually occurs within a few hours.

6.7 Relationship to crime

There are things that suggest, *prima facie*, that there is a link between methamphetamine use and crime. For example, approximately 28% of males and 39% of females that are arrested use amphetamines (three-quarters of these offenders are detained for property or miscellaneous offences) and about one-fifth of prisoners are thought to be dependent on amphetamines.¹¹² About 45% of methamphetamine users were involved in crime in the previous month (30% dealing and 19% property crime).¹¹³ Nonetheless, the relationship

¹⁰⁹ McKetin, McLaren and Kelly, n 5, p 126.

¹¹⁰ 'Police to use stun guns on violent ice addicts', *The Australian*, 20/10/06, p 7.

¹¹¹ McKetin, McLaren and Kelly, n 5, p 134.

¹¹² McKetin and McLaren, n 7, p 37.

¹¹³ McKetin, McLaren and Kelly, n 5, p 93.

between methamphetamine use and involvement in crime is uncertain and dependent on a number of factors. Whilst about 88% of regular methamphetamine users have committed a crime at some point in their life, especially property crime or drug dealing, for about half of these users their involvement in crime occurred before they were initiated into methamphetamine use.¹¹⁴ However, a significant association has been found between the use of more pure forms of methamphetamine (such as crystal and base), the frequent use of methamphetamine and involvement in crime.¹¹⁵

There has been much conjecture about the rise in the rates of certain crimes such as assault and armed robbery at the same time as use of crystal methamphetamine in the community has increased. The number of arrests in the last ten years that relate to amphetamine or methamphetamine has increased from 18 per 100,000 persons in 1995 to 46 per 100,000 persons in 2005.¹¹⁶ The assault rate in NSW also increased in that time from 522 per 100,000 persons to 942 per 100,000 persons.¹¹⁷ The NSW Recorded Crime Statistics for the September Quarter 2006 showed a 50% increase in the number of recorded incidents of robbery with a firearm in the last two years in Inner Sydney.¹¹⁸ The increase in the number of incidents in Inner Western Sydney in the same period was even greater at 71%. Some believe there is a link between recent increases in armed robbery in these parts of Sydney and the use of crystal methamphetamine.¹¹⁹ However, McKetin et al believe methamphetamine use is generally unrelated to involvement in violent crime, despite one-third of methamphetamine users having committed a violent crime at some point in their life.¹²⁰ It should also be noted that violent crime is common among other illicit drug users.

6.8 Impact on health services

The increasing use of crystal methamphetamine in the community has had a substantial impact on health services in NSW. The greater incidence of methamphetamine psychosis has particularly affected hospitals and ambulance staff who are often the first to arrive on the scene. The number of hospital separations in Australia for a psychotic disorder related to use of stimulants has increased from 200 in 1998-99 to 1,510 in 2004-05 after reaching a peak of 1,626 in 2003-04. The following graph illustrates the increase in the number of separations since the late 1990s.

¹¹⁴ McKetin, McLaren and Kelly, n 5, p 92.

¹¹⁵ McKetin, McLaren and Kelly, n 5, p 94.

¹¹⁶ McKetin et al, n 16, p 2.

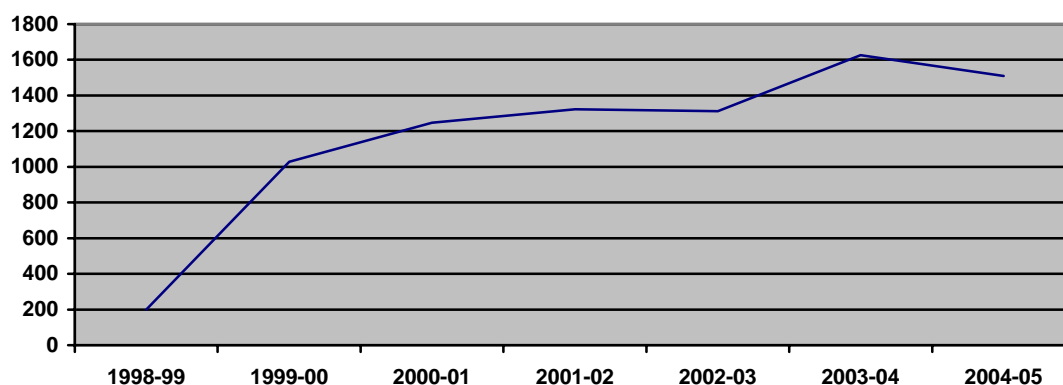
¹¹⁷ National Drug and Alcohol Research Centre and NSW Bureau of Crime Statistics and Research, 'Methamphetamine arrests in NSW double over the past decade', *Media Release*, 19/10/06.

¹¹⁸ NSW Bureau of Crime Statistics and Research, *New South Wales Recorded Crime Statistics – Quarterly Update*, BOCSAR, Sydney, September 2006, p 7.

¹¹⁹ 'Police blame ice for rise in robberies', *Sydney Morning Herald*, 29/11/06, p 7.

¹²⁰ McKetin, McLaren and Kelly, n 5, pp 96 and 99.

Number of hospital separations for mental and behavioural disorders due to use of other stimulants including caffeine, psychotic disorder



Source: Australian Institute of Health and Welfare, 'National Hospital Morbidity Database, Principal Diagnosis Data Cubes' www.aihw.gov.au

Methamphetamine-related hospital admissions have also increased in NSW. There were 824 inpatient hospital admissions in NSW in 2003-04 amongst 15 to 54 year olds in which amphetamines were the principal diagnosis compared to 260 in 1996/97.¹²¹ The number of admissions for psychosis has also risen; stimulant psychosis admissions in NSW increased from 339 in 1999/00 to 437 in 2002/03.¹²²

The increase in the number of people presenting at hospitals with methamphetamine psychosis is costly, especially for emergency departments and mental health services. The intensity of methamphetamine psychosis presentations as opposed to their frequency is seen as the significant challenge to health services, as a disproportionate share of health resources must be diverted to care for those experiencing psychosis.¹²³ Emergency departments may be subjected to aggressive and unpredictable patients, who have high energy levels and may exhibit extreme repetitive behaviour.¹²⁴ It may not be immediately apparent to staff members whether the problems of those presenting as patients are due to methamphetamine use or an underlying health condition. In some cases it may take a number of weeks to accurately determine the true situation.¹²⁵ To assist health professionals

¹²¹ Dunn et al, n 8, p 49.

¹²² McKetin et al, n 16, p 2.

¹²³ McKetin, McLaren and Kelly, n 5, pp 143-144.

¹²⁴ Dr Gordian Fulde (Director of the Emergency Department at St Vincent's Hospital in Sydney) described the impact on emergency departments of persons experiencing psychosis as a result of crystal methamphetamine use in the *Four Corners* documentary, 'The Ice Age', broadcast on ABC television on 20 March 2006.

¹²⁵ ABC Online – Four Corners, 'The Ice Age – Interview with Dr Alex Wodak' www.abc.net.au Accessed 26/10/06.

with identifying methamphetamine use, NSW Health included the following list of signs of intoxication in its *Clinical Guidelines for Assessment and Management of Psychostimulant Users*: increased confidence, excitement, euphoria, anxiety, agitation, reduced need for sleep, reduced appetite, rapid speech, hypervigilance, increased body temperature and blood pressure, dry mouth, paranoia and psychotic features.¹²⁶

NSW Health developed *Amphetamine, Ecstasy and Cocaine: A Prevention and Treatment Plan*¹²⁷ (published in 2005) to guide the response of the department to the use of psychostimulants and to reduce the associated harms. The NSW Government has allocated \$400,000 over two years to implement the actions set out in the plan.¹²⁸ These actions include:

- developing protocols between mental health services, NSW police, emergency departments and drug services for the treatment of drug-induced psychosis;
- improving the skills and knowledge of GPs to enable them to recognise and treat psychostimulant health issues;
- develop appropriate information campaigns targeting different age, social and user groups ranging from those who have not started using to those who are heavy users;
- formalising the 'alerts' system to ensure clinicians can respond rapidly to emerging trends in psychostimulant use;
- developing early interventions for cocaine users and training clinicians in their use;
- researching and developing strategies to address psychostimulant drug use in the long haul trucking industry;
- researching psychostimulant use in rural and regional areas; and
- working in partnership with a broad range of government agencies, drug agencies, clinicians, industries and other groups.

It is hoped that as a result: the range of effective interventions will increase; transition to heavy, problematic use will be interrupted; the knowledge and skill levels of users and health professionals will expand; the range and availability of effective treatment options will improve; partnerships between professionals, agencies, non-government organisations, communities and drug users will be encouraged; and that drug users will have a greater

¹²⁶ NSW Health, *Clinical Guidelines for Assessment and Management of Psychostimulant Users*, January 2006.

¹²⁷ NSW Health, *Amphetamine, Ecstasy and Cocaine: A Prevention and Treatment Plan 2005-2009*, NSW Department of Health, North Sydney, 2005, p 4.

¹²⁸ The Hon John Hatzistergos MP, 'Prevention and treatment plan to tackle 'party' drugs', *Media Release*, 30/11/05.

capacity to make decisions that reduce the harms associated with drug use.¹²⁹

6.9 Treatment options

The impact of methamphetamine on health services has been recognised by the dedication of resources to better equip the health service to meet the demands of those affected by methamphetamine. Two new clinics are to be established at St Vincent's Hospital in Sydney and at the Royal Newcastle Centre for the purpose of treating health issues associated with methamphetamine use.¹³⁰ The NSW Government is providing \$600,000 per annum for the next four years to run these clinics to which users may be referred by GPs, other agencies or themselves. The NSW Government has also established a Psychostimulants Steering Group (with representatives from NSW Health, area health services, the National Drug and Alcohol Research Centre, and the Network of Alcohol and Other Drug Agencies) to plan, oversee and evaluate the methamphetamine clinic pilot and to guide the development of best practice models for methamphetamine treatment.¹³¹

A difficulty in responding to the use of crystal methamphetamine is that many psychostimulant users do not particularly identify as a drug user, especially if they do not inject drugs.¹³² This may be a significant barrier to users accessing appropriate treatment. About one-third of those dependent on opioids are in treatment at any one time, whereas the number of amphetamine users seeking treatment is far lower.¹³³ It is not known whether this is attributable to smaller demand or a lack of suitable services.¹³⁴ However, whilst methamphetamine users may not access traditional drug and alcohol services they do utilise general practitioners, emergency departments and psychiatric units, which provide an opportunity for treatment. Topp believes that provided proper training of health workers occurs, these settings can be used to deliver some form of treatment with users referred to other alcohol and drug services if necessary.¹³⁵ Services need to be equipped to deal with polydrug use as well as physical and mental health issues.

Another concern is that the treatment options that do exist for methamphetamine users are limited, inaccessible and/or inappropriate. According to Dr Alex Wodak, there is currently no effective pharmacological treatment for addiction to crystal methamphetamine, and the treatment options that exist are considered poor in comparison to those available for heroin

¹²⁹ NSW Health, n 127, p 5

¹³⁰ Hon John Hatzistergos MP, 'New pilot treatment programs for ice and speed users', *Media Release*, 28/9/06.

¹³¹ Hon John Hatzistergos MP, *NSWPD*, 28/9/06, p 2481.

¹³² NSW Health, n 127, p 11.

¹³³ McKetin and McLaren, n 4, p 38.

¹³⁴ McKetin and McLaren, n 4, p 38.

¹³⁵ Topp L, 'Focusing on methamphetamines', *Of Substance*, 4(3) July 2006, p 11.

addiction.¹³⁶ He notes that in the UK and US the controlled supply on prescription of amphetamine when combined with counselling seems effective. However, he believes that trials of such treatments are unlikely to occur in Australia due to their politically controversial character.

The National Drug and Alcohol Research Centre plans to conduct a trial of the effectiveness of Modafinil (a drug used in the treatment of narcolepsy – an excessive sleep disorder) in reducing methamphetamine dependence. It is hoped that 60 people dependent on methamphetamine will participate in the 10 week trial, which includes a brief cognitive behavioural therapy program.¹³⁷ Professor Jason White has highlighted that psychotherapy may be particularly important in treatment for methamphetamine dependence.¹³⁸ He stresses that methamphetamine dependence is quite different to heroin addiction as heroin dependence is often driven by the need to relieve withdrawal whereas it is the pleasurable effect of methamphetamine that motivates users to continue to use the drug. It is this aspect of methamphetamine dependence that makes it more difficult to treat with medication.

A number of support groups for crystal methamphetamine users have emerged in the community. For example, Crystal Meth Anonymous (a 12 step recover program for people addicted to crystal methamphetamine) commenced in Australia in Surry Hills in August 2005.¹³⁹ It is a non-denominational and non-political group that seeks to assist people to live free from addiction. Members are required to desire to cease using crystal methamphetamine.

6.10 Comments on the increase in crystal methamphetamine use

The potential impact of crystal methamphetamine use on the community is likely to be significant, but its size is a point of contention. NSW Police Commissioner, Ken Moroney, has been reported as stating that ‘unless we’re able to stem the manufacture, distribution, supply and sale of this drug and indeed the use of this drug, we risk losing a whole generation of young people’.¹⁴⁰ He has stressed the extent of the havoc potentially inflicted by crystal methamphetamine:

I don’t know, in all of the time I’ve been a policeman, which is 41 years, of a greater scourge on the community.... The physical and mental manifestations of this drug are absolutely horrific. It has the potential to destroy generations.¹⁴¹

¹³⁶ ABC Online – Four Corners, ‘The Ice Age – Interview with Dr Alex Wodak’ www.abc.net.au Accessed 26/10/06.

¹³⁷ “‘Ice” drug trial bid to help users’, *The Sun-Herald*, 15/10/06, p 5; National Drug and Alcohol Research Centre, ‘Two concurrent randomized placebo controlled trials of modafinil in methamphetamine and cocaine dependence’ <http://ndarc.med.unsw.edu.au>

¹³⁸ Topp, n 135, p 12.

¹³⁹ ‘Crystal Meth Anonymous’, *User’s News*, No 48, Spring 2006, p 20.

¹⁴⁰ ‘Ice could claim a generation, warns Moroney’, *PM*, ABC Online, 25/9/06. www.abc.net.au

¹⁴¹ ‘Ice worse than heroin, says top cop’, *The Australian*, 25/9/06, p 3.

Comparisons have been made between heroin and crystal methamphetamine in terms of its impact on the community. Dr Gordian Fulde, Director of the Emergency Department at St Vincent's Hospital in Sydney, has commented that crystal methamphetamine 'makes heroin seem like the good old days'. Whereas patients who had overdosed on heroin would come in drowsy and not breathing much, some crystal methamphetamine users that present at emergency departments are extremely hostile and aggressive. Dr Fulde has described those presenting with methamphetamine psychosis as a result of taking crystal methamphetamine as 'the most out of control, most violent human beings I've seen in my life, and I've been around for a long time'.¹⁴² In the US, comparisons have been drawn between methamphetamine use and crack cocaine, prompting such comments as 'It makes the crack epidemic of the 80s look like kids eating candy'.¹⁴³

Dr Alex Wodak, Director of Alcohol and Drug Services at St Vincent's Hospital, Sydney, predicts that Australia will see an increase in the use of amphetamines and the problems associated with their use.¹⁴⁴ He believes that Australia will witness a rise in severe health, social and financial problems among young people, and that criminal behaviour linked to drug use will increase. Dr Wodak believes that the situation with crystal methamphetamine is already serious and likely to worsen and has described it as a 'different kind of destructive' to heroin.

Concerns have been voiced that Australian agencies are not ready for the shift from plant-based drugs to synthetic drugs.¹⁴⁵ However, the NSW Government has recognised that methamphetamine use is increasing in the community and has accordingly established a number of initiatives including:¹⁴⁶

- an **education campaign** targeting young adults who use drugs at clubs, pubs and festivals;
- the development of **information resources** with the message that the 'safe' use of such drugs is not possible;
- the development of **treatment plans** to provide the health system with a framework for dealing with the abuse of psychostimulants;
- **clinical guidelines** for health professionals in the assessment and management of

¹⁴² 'The Ice Age', *Four Corners*, ABC Television, 20/3/06.

¹⁴³ Quoted in King, n 91, p 18.

¹⁴⁴ ABC Online – Four Corners, 'The Ice Age – Interview with Dr Alex Wodak' www.abc.net.au Accessed 26/10/06.

¹⁴⁵ ABC Online – Four Corners, 'The Ice Age – Interview with Dr Alex Wodak' www.abc.net.au Accessed 26/10/06.

¹⁴⁶ The Hon John Hatzistergos MP, 'New pilot treatment programs for ice and speed users', *Media Release*, 28/9/06.

users;

- the provision of **specialist training** for Area Health Service staff and drug and alcohol service workers across NSW; and
- the establishment of a **taskforce** to combat the widespread use of illicit drugs by long distance truck drivers.

7 GLOBAL PICTURE

Whilst 60% of global methamphetamine users live in Asia, annual prevalence of its use is highest at a subregional level in Oceania, of which Australia is part.¹⁴⁷ It is estimated that approximately 480 tons of amphetamine type stimulants (includes amphetamine, methamphetamine, ecstasy¹⁴⁸ and other synthetic stimulants) were produced globally in 2004, of which 290 tons was methamphetamine. Most methamphetamine is produced in North America and South East Asia. The majority of methamphetamine from Asia is manufactured in China, Myanmar and the Philippines before being exported to Australia, New Zealand and North America.

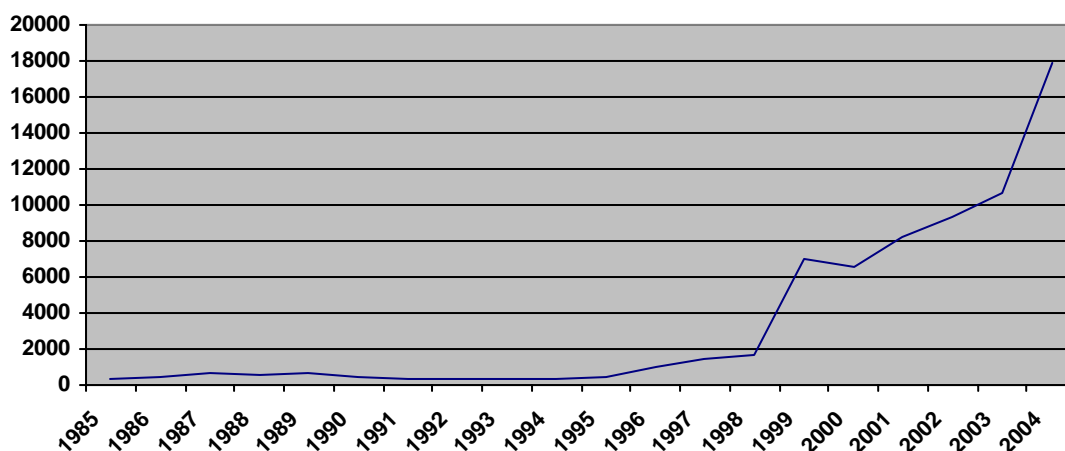
The global market for amphetamine type stimulants appears to be stabilising after a period of significant growth. This stability is believed to be due to an improvement in cooperation in international law enforcement and the greater control of precursors. 18,532 laboratories producing amphetamine type stimulants were dismantled in 2004 compared to 547 in 1990.¹⁴⁹ 96% of these laboratories produced methamphetamine and 97% of the methamphetamine laboratories were dismantled in North America, notably the US and Mexico. Other regions of note for the dismantling of methamphetamine laboratories were Oceania, East and South East Asia, Europe (especially the Czech Republic, Slovak Republic and Republic of Moldova) and South Africa. Only 13 laboratories were dismantled in East and South East Asia in 2004 despite much of the world's production of methamphetamine occurring in this region. The laboratories that were seized were located in China, the Philippines, Taiwan, Myanmar, Cambodia, Hong Kong and Malaysia. The following table illustrates the increasing number of methamphetamine laboratories dismantled globally since 1985. Particularly significant is the growth that has occurred since 1998.

¹⁴⁷ The source for much of the information in this section is UN Office on Drugs and Crime, n 56.

¹⁴⁸ Whilst the UN Office on Drugs and Crime includes MDMA or ecstasy in the category of amphetamine type stimulants, other organizations exclude ecstasy in their calculations. Care accordingly needs to be exercised when considering available statistics as to what drugs are included in this group.

¹⁴⁹ UN Office on Drugs and Crime, n 56, p 124.

Number of methamphetamine laboratories dismantled worldwide



Source: United Nations, Office on Drugs and Crime, *2006 World Drug Report*, p 125.

The remainder of this section notes some of the ways the governments in New Zealand and the United States have responded to the growing use of crystal methamphetamine by their populations.

7.1 New Zealand

In 2003, 1.8% of the New Zealand population between the ages of 15 and 45 had used crystal methamphetamine at some point in their life (about 11% had tried amphetamine, a category which includes crystal methamphetamine).¹⁵⁰ The use of methamphetamine is a concern in New Zealand – the level of amphetamine use amongst 15 to 19 year olds (about 7.5% had used amphetamine in the previous year) is higher than in Australia.¹⁵¹ The New Zealand Government produced the Methamphetamine Action Plan in response to the growing popularity of methamphetamine ‘to control drug supply, reduce demand, limit problems associated with the drug, and promote additional research’.¹⁵² A copy of the plan is available from National Drug Policy New Zealand www.ndp.govt.nz

The *Misuse of Drugs Amendment Act* was passed in June 2005 to strengthen precursor control. Methamphetamine has been reclassified as a Class A drug (Class A drugs being those that pose a very high risk of harm¹⁵³). Precursors used in the manufacture of

¹⁵⁰ Wilkins C et al, *Methamphetamine and Other Illicit Drug Trends in New Zealand 2005*, Massey University, November 2005, pp 33 and 44.

¹⁵¹ Wilkins C et al, *The Socio-Economic Impact of Amphetamine Type Stimulants in New Zealand*, Massey University, Auckland, September 2004, p 10.

¹⁵² *Methamphetamine ('Speed' and 'P') in New Zealand*, New Zealand Parliamentary Library Background Note 2003/05, 1 July 2003, p 11.

¹⁵³ Section 3A *Misuse of Drugs Act 1975* (NZ)

methamphetamine are scheduled as Class C. It is an offence to knowingly import or export precursor substances for unlawful use or without reasonable excuse.¹⁵⁴

New Zealand Police has developed a number of initiatives to combat methamphetamine use including.¹⁵⁵

- A national coordinator has been appointed to oversee actions against clandestine laboratories and the timely processing of evidence.
- Three specialist teams have been created for the purpose of dismantling methamphetamine laboratories.
- Precursor analysts have been appointed.
- District protocols have been developed with pharmacists to monitor the sale of ephedrine and pseudoephedrine.
- An extensive research program has been implemented to study patterns of drug supply and use.
- Actions have been jointly undertaken with Customs regarding drug importation.
- There has been closer cooperation with agencies from other countries to interrupt the source of imported drugs.

The amount of crystal methamphetamine seized in New Zealand has increased from 909 grams in 2002 to 26 kilograms in 2004, of which approximately two thirds was seized at the New Zealand border.¹⁵⁶ In 2000, a dedicated police unit was established to detect clandestine drug laboratories. 182 clandestine methamphetamine laboratories were dismantled in New Zealand in 2004.¹⁵⁷

7.2 United States of America

The use of methamphetamine in the US is widespread and is the cause of much concern; a National Methamphetamine Awareness Day was even observed in the US on 30 November 2006.¹⁵⁸ The 2005 National Survey on Drug Use and Health revealed that 4.3% of the US

¹⁵⁴ Sections 12AB and 12AC *Misuse of Drugs Act 1975* (NZ). These sections were inserted by the *Misuse of Drugs Amendment Act 2005* (NZ).

¹⁵⁵ New Zealand Police, www.police.govt.nz Accessed 28/11/06.

¹⁵⁶ Wilkins et al, n 150, p 49.

¹⁵⁷ International Narcotics Control Board, *Annual Report 2005*, p 89.

¹⁵⁸ US Office of National Drug Control Policy, 'Office of National Drug Control Policy to recognize National Methamphetamine Awareness Day on Thursday, November 30th', *Media Release*, 16/11/06.

population aged 12 years and over (10.4 million people) had used methamphetamine at some point.¹⁵⁹ About 1.3 million persons had used methamphetamine in 2005. Approximately 4% of 12th graders in 2005 had used 'ice' (defined as methamphetamine that can be smoked) at some point.¹⁶⁰ Methamphetamine is particularly popular in Hawaii and in many of the Western States of the US, following alcohol and marijuana as the drug used most often.¹⁶¹

In the US, methamphetamine is a schedule II narcotic under the Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.¹⁶² Efforts have been made in recent years to exert better control over the use of precursors, which are regulated by the Comprehensive Methamphetamine Control Act of 1996. The most urgent priority of the US Government in terms of reducing the supply of methamphetamine is the restriction of the international market for precursors.¹⁶³ The US Office of National Drug Control Policy has noted the need for precursor control to occur at both a domestic and international level as 'Although effective precursor control can and does work to limit supply, the methamphetamine market is so fluid that it is critical to inhibit supply concurrently at both the international and local levels to prevent the shifting of market share among superlab and STL [small toxic laboratories] operators'.¹⁶⁴

Precursor control, both internationally and domestically, is believed to have had a significant impact on the production of methamphetamine in the US. Restrictions on the retail sale of cold and flu products containing pseudoephedrine have been introduced in a number of States in the US, commencing with Oklahoma in April 2004 (33 States enacted legislation restricting the retail sale of pseudoephedrine in 2005 alone).¹⁶⁵ The Combat Methamphetamine Epidemic Act of 2005 was recently passed by US Congress and signed into law by President Bush on 9 March 2006 to restrict the market for precursors to methamphetamine.¹⁶⁶ Products containing pseudoephedrine and ephedrine are to be kept behind the counter or in a locked cabinet. A record of transactions involving these products is to be maintained. The purchaser must show identification and there are limits on the amount that may be sold to the same customer each day as well as in a month. The Act also

¹⁵⁹ US Office of National Drug Control Policy, 'Methamphetamine', www.whitehousedrugpolicy.gov Accessed 28/11/06.

¹⁶⁰ Hunt, Kuck and Truitt, n 12, p 8.

¹⁶¹ Hunt, Kuck and Truitt, n 12, p 52.

¹⁶² US Office of National Drug Control Policy, 'Methamphetamine', www.whitehousedrugpolicy.gov Accessed 28/11/06.

¹⁶³ US Office of National Drug Control Policy, *Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse*, 2006, p 9.

¹⁶⁴ US Office of National Drug Control Policy, n 163, p 11.

¹⁶⁵ US Office of National Drug Control Policy, n 163, p 22.

¹⁶⁶ The source for information on the Act is US Office of National Drug Control Policy, n 163, p 13.

sets out a number of requirements in relation to improved cooperation with Mexico regarding the trafficking of methamphetamine and precursor chemicals.

The National Synthetic Drug Control Strategy, released by President Bush in July 2006, aims to reduce methamphetamine use in the US by 15% and the number of methamphetamine labs by 25% within three years.¹⁶⁷

¹⁶⁷ US Office of National Drug Control Policy, 'President Bush proclaims November 30th, 2006 National Methamphetamine Awareness Day', *Media Release*, 30/11/06.

8 CONCLUSION

The profile of crystal methamphetamine in New South Wales has rapidly increased in the last couple of years. However, the accuracy of the community's perception of crystal methamphetamine use is debateable. Some underestimate or are completely unaware of the dangers associated with its use, whilst others believe that all users become hostile and aggressive when 'high' and that a person is addicted from the moment the drug is sampled.

There are many mental and physical health issues associated with crystal methamphetamine use. A number of initiatives have been developed, particularly in the health service, to facilitate an effective response to the needs of crystal methamphetamine users. One of the major concerns surrounding the growing popularity of crystal methamphetamine is the risk of users becoming dependent on it as a result of its purity and the intensity of the effects felt by those who inject or smoke crystal methamphetamine.

Another concern is the nature of the link between violent behaviour and crystal methamphetamine use, as well as its possible connection to the increase in particular crime rates such as assault and armed robbery. However, whether crystal methamphetamine use has a causal role is uncertain, as there are many other factors that contribute to a person's criminal involvement and/or violent behaviour.

The issue of methamphetamine psychosis has received much attention from the media and scholars. Whilst not all people who use crystal methamphetamine experience psychosis as a result, those who do have a disproportionate impact on health and law enforcement services due to the resources that need to be diverted to deal with them. This presents numerous costs to these sectors as well as a number of occupational health and safety issues.

The majority of crystal methamphetamine in Australia is currently imported from South East Asia. Whether this continues into the future, or whether there will be an increase in its domestic production, is unknown. The most effective law enforcement strategies are those that deal with both sources. A major focus in the regulation of crystal methamphetamine, both within Australia and internationally, is the need to effectively control the precursors used in its manufacture. This has led to particular efforts to control the supply of pseudoephedrine, a common ingredient in cold and flu tablets. The regulation of precursors may be difficult as many of the chemicals used to manufacture methamphetamine have other legitimate uses. Consequently, regulation often involves an attempt to balance the competing needs of various parties. For example, the law seeks to find a balance between allowing access to cold and flu medications whilst simultaneously preventing circumstances that facilitate the accumulation of precursors for methamphetamine manufacture.

Crystal methamphetamine is just one of many illicit drugs that are available and popular in certain sections of the community. Particular concern regarding crystal methamphetamine has arisen as its use becomes more widespread and the negative impact of such usage is felt. The way forward is not clear but the health and law enforcement services are being gradually equipped to better deal with the repercussions of crystal methamphetamine use. Strategies that have been developed in response to methamphetamine use in New Zealand and the United States may provide some guidance.

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