Methamphetamines, Mental Health and Drug Law Reform

Public Meeting sponsored by Mary Porter MLA

Australian Parliamentary Group for Drug Law Reform and Families and Friends for Drug Law Reform

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1. Introduction

Good afternoon. I would like to thank Mary Porter for sponsoring this event and both the Australian Parliamentary Group for Drug Law Reform and Families and Friends for Drug Law for arranging it. These groups have done a tremendous amount of work in relation to drug policy and they deserve to be commended for their efforts.

The topic of today's talk is methamphetamines and the linkages between the recent rise in methamphetamine use, mental health and drug laws.

It is an issue that has received a considerable amount of media coverage in recent times. Many of you may have seen the Four Corners report, called 'Ice Age' that was broadcast on the 20th of March and last Monday's program, 'Big Fish, Little Fish', about the Bali nine case that touched on issues associated with drug law enforcement.

The message conveyed by most of the media coverage is that Australia is in the grips of a methamphetamine crisis that is bringing our mental health system to the brink of collapse. Within policy circles, much of the discussion has focused on what the rise in methamphetamines means for drug policy and the effectiveness of drug law enforcement.

Against this backdrop, I would like to discuss three issues.

- Firstly, how big is the methamphetamine problem?
- Secondly, what are the effects of rising methamphetamine use on society, with particular emphasis on mental illness?

- Finally, what do recent events tell us about drug policy and the effectiveness of drug law enforcement as a means of dealing with substance misuse problems?

Let me start with the size of the methamphetamine problem and other relevant drug trends.

2. Trends in drug use – the rising tide of methamphetamines

Before looking at this issue, it is necessary for everybody to have a basic understanding of what methamphetamines are.

The basics on methamphetamines

Methamphetamines are a class of synthetic drugs that are central nervous system and peripheral nervous system stimulants – that is, they speed up the nervous system by triggering the release of certain chemicals, including dopamine and serotonin.

In Australia, amphetamines and methamphetamines have traditionally been associated with the street drug called 'speed', a coarse or fine whitish powder that is snorted, smoked, swallowed, and, in some cases, injected. In the 1980s, speed was usually amphetamine sulphate, but during the 1990s, methamphetamines took over the market. By the mid 1990s, around 80 per cent of speed was methamphetamines. Today, speed is almost exclusively methamphetamines, which is sold in a powdered form with a purity level of around 10 per cent.

During the mid to late 1990s, three other forms of methamphetamines became more prominent: base, ice (or crystal meth) and meth sold as tablets.

- **Base** is a more refined form of methamphetamine that is sold as a gluggy paste or sticky powder. Its average purity levels are roughly twice those associated with speed – or around 20 per cent.

- **Ice** is a highly refined form of methamphetamine. As its other name 'crystal meth' suggests, it is sold in crystallised form, the colour of which should be white, but it varies according to the impurities it contains. High quality ice has a purity of around 80 per cent. However, a significant proportion of ice that

has been seized has been of a low quality, ranging from around 20 per cent to 60 per cent. However, even when it is of low quality, it remains a potent substance.

- The third form of methamphetamines that has emerged in recent times is methamphetamine tablets. To date, meth tablets have remained at the periphery of Australian markets, but they are widely used in many Asian countries. However, there appears to have been a large increase in the use of methamphetamines in the production of tablets that are sold as ecstasy on the domestic party drug scene.

It is important to keep the distinction between the various types of methamphetamines in mind when reading drug statistics as they are often lumped together, or, in the case of ecstasy tablets containing methamphetamine, included under a different drug category.

Collecting drug data is difficult at the best of times, but the way methamphetamines have been categorised has made gauging trends in use extremely tricky.

Notwithstanding these problems, one thing is certain – methamphetamine use has increased considerably since the mid to late 1990s, particularly in relation to ice.

Trends in use

The most recent statistics suggest that around 9 per cent of the population has ever tried the amphetamine/methamphetamine group of drugs, with recent use hovering at a little over 3 per cent. This places amphetamine and methamphetamine use around that seen in relation to ecstasy.

As titles like the ‘ice age’ and ‘methamphetamines crisis’ suggest, the popularity of methamphetamines has grown significantly since the 1990s.

The 1995 National Drug Strategy Household Survey found that recent meth and amphetamine use was at approximately 2 per cent. By 1998, this had risen to 3.7 per cent and, since then, it has fallen slightly to 3.2 per cent. Still, this constitutes a 50 per cent increase in use over the last decade.

The rates of use are also noticeably higher in younger age groups. In 2004, recent use amongst 20 to 29 year olds was at approximately 11 per cent, with 21 per cent of the age group ever trying these drugs.

As bad as this statistic may sound, these overall figures hide the more problematic increase in the use of the potent forms of the drug: base and ice.

Here we run into difficulties in relation to the information that is available through the Household Survey. The breakdown provided in the Survey is not sufficient to get a good handle on the trends. Even so, the 2001 Survey found that 38 per cent of recent meth and amphetamine users reported using the crystallised form of the drug.

A better picture of the growth in ice and base use has emerged from surveys conducted with party drug and injecting drug users.

Amongst injecting drug users, it appears the use of speed and base has remained relatively stable since 2000, and it may have even declined slightly. [Recent speed use amongst this group hovered around 50 and 60 per cent between 2000 and 2004, while the recent use of base ranged between 35 and 40 per cent.] In contrast, the proportion of injecting drug users reporting recent use of ice increased dramatically from 15 per cent in 2000 to 53 per cent in 2001. After dropping to 35 per cent in 2002, it rose again to 52 per cent in 2004.

Similar trends have been witnessed amongst the party drug scene. Surveys of regular ecstasy users have found that the recent use of speed has remained relatively stable across most jurisdictions since 2000. Meanwhile, the proportion of regular party drug users taking ice has risen dramatically.

The proportion of ecstasy users who reported recent ice use in 2000 was below 10 per cent in the jurisdictions where data were collected. By 2004, the proportion nationwide had risen to 45 per cent – a 4 to 5 fold increase.

New South Wales is a good case study. In 2000, only 6 per cent of the surveyed ecstasy users reported using ice in the previous 6 months. By 2004, it had risen to 46 per cent.

There also appears to have been an increase in the prevalence in the use of base amongst party drug users. In NSW for example, between 2000 and 2002, the proportion of ecstasy users reporting recent use of base doubled and has remained fairly stable since.

These statistics on use match the police and customs statistics on drug seizures and drug arrests.

Between 1999 and 2004, arrests for the supply of amphetamine-type stimulants rose by 53 per cent. Similarly, Customs seized a little under 1 kg of ice in 1997/98. By 2002/03, the quantity seized had risen to over 230 kg.

If there was any doubt that the use and availability of ice has increased significantly in the last 5 years, it is dispelled by the evidence emerging from the health sector – but we can leave that for later.

In summary, the data indicates that methamphetamine use and availability has increased significantly since the mid 1990s. Speed has traditionally been the most popular form of methamphetamines and that is probably still the case. However, there has been a dramatic rise in the use of more potent forms of the drug, particularly ice.

Some positives to balance the negatives

I don't want to sound overly alarmist in providing these statistics. There are some positive trends in drug use. For example, the number of people recording recent use of any illicit drug has fallen significantly since the late 1990s, which appears to be mainly due to a fall in cannabis use.

There has also been a marked decrease in heroin use, along with heroin-related harms. For example, in 1999, there were approximately 1,100 heroin-related deaths. By 2003, this number had fallen to around 350, which was around the level seen in the early 1990s.

The negative aspects of the drug landscape associated with methamphetamines cannot be allowed to completely overshadow the positives, but now is not the time to be slapping ourselves on the back for a job well done. These fluctuations in the patterns of use are characteristic of illicit drug markets worldwide. As one drug rises in

popularity, others fall, and these changing patterns of use are reflected in the composition of the harms.

And this brings me to the question of what impact the rise in methamphetamine use is having on society.

3. The effects of the rise of methamphetamines on society

The growing popularity of methamphetamines, especially ice, is associated with a number of worrying trends, the three main ones being:

- high levels of methamphetamine dependency;
- a high incidence of mental illness; and
- high levels of drug-related violence and crime.

Methamphetamine dependence

If we start with dependency – the best available data suggest there are currently around 103,000 regular methamphetamine users in Australia. Of these, approximately 73,000, almost 75 per cent, are likely to be dependent. This high regular use to dependency ratio is a reflection of the extremely addictive nature of the potent forms of the drug.

And to put this figure in perspective, it means there are now twice as many methamphetamine addicts in Australia as there are heroin addicts.

One of the most worrying aspects of the growth in ice and base is that these drugs are spreading into social groups that have not traditionally been associated with the hard drug scene.

In modern times, heroin has primarily been consumed intravenously, meaning the market for the drug has been limited to those who are willing to inject themselves. Over the past 10 or so years, only around 0.5 per cent of the population have been willing to engage in intravenous drug use.

Methamphetamines are not as constrained by this method of consumption. Surveys of party drug users suggest that the most popular ways of taking both ice and base are smoking, swallowing and snorting. While people are injecting the drug, other less intrusive forms of consumption are proving to be more popular.

By creating a highly addictive, highly potent drug that can be consumed effectively without the involvement of needles and syringes, in one easy step, drug traffickers have greatly expanded their potential market. They now have the capacity to reach a far broader cross-section of society and the evidence suggests they are achieving this and creating a new collection of addicts in the process.

Morbidity and mortality

Now dependency is a problem in itself, as it ruins people's lives and often drives people to crime. But what are the other health effects associated with methamphetamines?

To a positive first. The capacity of methamphetamines to be taken orally means that it may lead to a reduction in injecting drug use. There is some evidence this has already occurred, as heroin users have either sought treatment or switched to other non-injected drugs.

The decline in injecting drug use is obviously a good thing, as it should help reduce the spread of HIV/AIDS and hepatitis - although some suggest that the stimulant properties of methamphetamines may make users more prone to engage in unprotected sex and needle sharing.

Another positive aspect of the decline in heroin and rise in methamphetamines is that methamphetamine-related deaths are far less common than opiate-related deaths. Between 1997 and 2003, there were only around 400 deaths where methamphetamine was mentioned. By comparison, there were around 4,800 heroin-related deaths over the same period and heroin still causes significantly more deaths each year than methamphetamines.

But while methamphetamines may not be as great a cause of mortality as heroin, it is a major cause of mental illness. There is currently insufficient information to draw

definitive conclusions on the magnitude of the link between methamphetamines and mental illness. However, that which is available leaves little doubt that methamphetamines-induced mental illness is a substantial problem.

To give you a taste for the link, between 1999/00 and 2003/04, there was a 56 per cent increase in the number of psycho-stimulant admissions to hospitals. There was also a greater than 60 per cent increase in cases of amphetamine psychosis over roughly the same period.

The increase in methamphetamine-related mental illness is placing considerable pressure on our mental health services. I am no expert in the state of mental health services in Australia. However, there is ample evidence that the sector is over-stretched and struggling to cope with existing demand.

This was the case when the issue was examined by the Human Rights and Equal Opportunity Commission in 1993, and the Mental Health Council of Australia's 2003 report, *Out of Hospital, Out of Mind*, suggests that not a lot has changed in more than a decade.

The rise in methamphetamine use promises to exacerbate the problems faced in the mental health sector, not only because of the rise in the number of people presenting with stimulate-related mental illnesses, but because of the behavioural traits exhibited by methamphetamine users.

This brings me to the third issue associated with the rise in methamphetamines, namely, violence and drug-related crime.

Crime and violence

A significant proportion of regular methamphetamine users - some have suggested up to 25 per cent - experience acute psychotic episodes that can lead to violence.

Again, there is not a lot of hard data on this issue at present. However, the comments of the Head of Emergency at St Vincent's Hospital, Dr Gordian Fulde, that were reported on the recent Four Corners program give an indication of the types of issues we are facing.

Apparently, St Vincent's Emergency has had to establish a special containment room for people presenting with amphetamine psychosis. Dr Fulde said that they have had to use the equivalent of elephant tranquilisers to sedate violent methamphetamine users. Tellingly, he described the time when heroin dominated the scene as the 'good old days'.

And it should be remembered that the rise in amphetamine-related violence not only creates problems for health workers and the general community, but also the police. There is evidence that the growth in methamphetamines is associated with a rise in violent crime and the proportion of violent criminals testing positive for methamphetamines. It is the police that are often left to deal with the immediate effects of amphetamine abuse and face the associated dangers.

To sum up, there are six main points to remember in relation to the methamphetamine situation.

- Firstly, there has been a dramatic increase in the availability and popularity of the more potent forms of methamphetamine since the late 1990s, particularly ice.

- Secondly, this increase has come at a time when there has been an equally dramatic decline in heroin use and heroin-related harms.

- Thirdly, the more potent forms of methamphetamine are associated with a significant increase in methamphetamine dependence, so much so that there are now over 70,000 methamphetamine addicts - twice the number of heroin addicts.

- Fourthly, the rise in methamphetamine use is causing an increase in mental illnesses, particularly amphetamine psychosis, while the long-term mental health consequences for many users are largely unknown.

- Fifthly, the greater prevalence in the use of the more potent forms of methamphetamine is leading to an increase in violence and violent crime.

- Finally, these trends are placing considerable pressure on hospitals, mental health facilities and the police, as well as the general community.

Now, an important question that emerges from these depressing trends is: what can they teach us about drug markets and drug policy?

4. What does the growth in methamphetamines teach us about drug markets?

For mine, there are three main lessons to learn from the growth in domestic methamphetamine markets.

- Firstly, law enforcement is an ineffective means of reducing illicit drug markets.
- Secondly, strict drug laws can often exacerbate the harms associated with drug use.
- Thirdly, we must see drugs as a health and social problem, not a legal one.

4.1 Ineffectiveness

The history of prohibition has shown again and again that it is not an effective means of addressing drug problems. If you were confused by the history, the latest drug trends provide yet another illustration of the futility of the exercise.

Put simply, drug law enforcement has been unable to stop or even significantly constrain the rise in methamphetamine use and availability.

I was not going to discuss the causes of Australia's heroin drought today, but Monday's Four Corners program aggravated me so much that I feel compelled to go over the issue again.

The Federal Government argues that the heroin drought is attributable to more effective national- and international-level drug law enforcement. To support its case, the Government (including the AFP and Customs) point to a number of government-funded studies that found a statistical link between heroin seizures and street level availability and one by the National Drug and Alcohol Research Centre at the University of NSW that concluded that law enforcement was likely to be a main cause.

While this is a politically convenient explanation, it now appears to have only the loosest association with reality. Five facts make the Government's argument untenable.

- Firstly, heroin production in Myanmar has fallen by approximately 80 per cent since the late 1990s and nobody, not even the AFP, is claiming this is due to Australian drug seizures.

- Secondly, contrary to the claims made in a number of the government-funded studies, it appears heroin availability declined in Canada at the same time as the Australian heroin drought. Canada, like Australia, receives the vast majority of its heroin from Myanmar – and Canadian law enforcement did not receive substantial additional resources over this period and heroin seizures declined, consistent with a drop in supply from source countries.

- Thirdly, while heroin supplies from Asian fell, ice supplies from the same region jumped dramatically. Methamphetamines in Australia come from both domestic and international sources - most of the speed and base is produced locally, while most of the ice comes from Asia.

- Fourthly, there has been an astounding increase in methamphetamine seizures since the late 1990s, but ice and other forms of methamphetamines have remained readily availability and prices have been stable.

- Finally, police intelligence shows that the Asian drug syndicates involved in the ice trade are the same groups that were involved in the heroin trade – and low and behold, these groups are using the same importation techniques in relation to ice as they used to get heroin into the country.

These facts make a mockery of the claim that the heroin drought was brought about by Australian law enforcement.

So what caused the changes? My guess is that it was a marketing decision made by the large Asian drug syndicates to move from a low-profit drug with a confined market to a higher profit drug that gave them greater access to the larger party drug scene.

And it is not just me thinking this. In a recent submission to the Senate, the NSW Police essentially agreed with this assessment of the facts.

Why the law enforcement argument still gets run in the media is beyond me, but the failure of institutions like NDARC to acknowledge the holes in their previous analysis is contributing to misunderstandings within society about the role of law enforcement and its effectiveness. Indeed, it is enabling governments to entrench themselves deeper in a 'tough on drugs' position - undoing much of the progressive work that was done during the 1990s.

You see, drug markets are a bit like the blob. They will expand and contract of their own accord, but if you try to shrink them, the best you can achieve is to get them to spread in another direction.

This can be beneficial because not all drugs were created equal. As we have seen with heron and methamphetamine, the switch in popularity has changed the pattern of drug-related harm – some of this has been good, some of it bad.

But what prompted this shift – not law enforcement, it was a commercial decision by suppliers or some other supply-related factors.

4.2 Prohibition and drug-related harm

Aside from the ineffectiveness of law enforcement, the rise of methamphetamines has again illustrated how strict drug laws can exacerbate the harms associated with drug use.

Given the topic of today's discussion, I only won't to discuss two of the many ways that drug laws can increase the social costs of illicit drug markets.

- Firstly, law enforcement aggravates the causes of mental illness and substance misuse disorders.

- Secondly, it obstructs treatment and prevention programs.

Aggravating mental illness and substance misuse disorders

There is a significant overlap between mental illness and drug use – people having one problem often have the other.

This appears to be attributable to a number of factors. Drugs like methamphetamines can cause mental illness. Sufferers of mental illnesses also often have a propensity for using drugs as a form of self-medication. Mental illnesses and substance misuse disorders also share many common risk factors, like poverty, childhood neglect and abuse, unemployment and educational failure.

Not only are strict drug laws ineffective in reducing drug use, but they add to the causes of these interrelated health problems. For example:

- Imprisoning people breaks social ties that are essential for effective treatment of both mental health and substance misuse disorders.

- It also creates pressures and stress, and ensures that people are exposed to more drugs and a subculture where drugs and crime are accepted or actively encouraged.

- Similarly, arresting drug users can create stresses and relationship, employment and housing problems that magnify the difficulties faced by sufferers of mental illnesses and substance misuse disorders.

- Even where users are not arrested, the nature of illicit drug markets can trigger events that increase the risk of problems arising and decrease the chances of recovery from either illness.

And the flaws in law enforcement do not stop there.

Obstructs treatment and prevention programs

The ongoing obsession with law enforcement obstructs the development of effective treatment and prevention programs.

The methamphetamine situation provides a vivid illustration of this, as doctors have effectively been prevented from investigating pharmaceutical options for treatment.

We are now left with 73,000 methamphetamine addicts, but we have no real idea how to treat them.

There is some evidence that cognitive behavioural therapies can help. However, unlike the case with heroin, we can offer no pharmaceuticals that are effective in stabilising their lifestyles.

There are many other examples of the way law enforcement is obstructing harm minimisation outcomes.

For example, it is currently illegal to test pills to evaluate their chemical composition. So, we now have a large number of people consuming methamphetamines when they think they are taking ecstasy.

Similarly, the swelling of the law enforcement budget has drawn resources away from the treatment and prevention sectors.

The insistence on viewing drug problems as a legal issue has also driven a wedge between the mental health and substance abuse sectors, leading to the uncoordinated delivery of essential services.

People suffering both a mental illness and a substance misuse disorder often seek help for one of their problems. As the workers in each sector are specialists in their fields and there is an institutional division between the two, they are often unable to provide the well-rounded assistance that is necessary to deal with both problems simultaneously. However, as the problems are interrelated, solving one in isolation seldom leads to success. Patients soon relapse and find themselves back at square one.

This skewing of health priorities is reflected in the details that have emerged about the Council of Australian Government's proposed mental health strategy. The Communiqué that was released after the COAG meeting in February mentions the need for a more integrated system of care, but it makes no mention of the need to integrate the mainstream health system, particularly mental health services, with those concerning drug treatment.

5. Conclusion

In conclusion, we have a methamphetamine problem that has, for the moment, displaced heroin as the number one drug priority in the eyes of the public.

The emergence of this problem has highlighted the flaws in our current approach to drug issues, but many politicians and media commentators seem to want to depict the current lay of the land as a vindication of their persistence with law-enforcement orientated strategies. It reminds me of the old saying – 'don't let the facts get in the way of a good story'.

But there is even worse news; the Federal and NSW Government's seem intent on tightening drug laws, believing that 'more of the same' will surely get different outcomes.

The problem with our current drug strategies is not that they include law enforcement, it is that law enforcement is the nucleus around which all other things must work.

This is back-to-front thinking. Most people agree that harm minimisation should be the objective of drug strategies. If that is the case, we should direct resources to those areas where we know we can get the greatest returns.

That means putting treatment and prevention at the centre of drug strategies, and letting law enforcement fit around the priorities set by these programs.

The first step is to ease the punitive pressure on drug users and expand our capacity to prevent and treat drug problems. Part of this will involve ensuring treatment and prevention programs are integrated with general and mental health services. There must also be an acknowledgement that diversion programs are no long-term solution to drug problems – put simply, they are inefficient, ineffective and they offend liberal values.

The best outcomes will be achieved when we deal with drug issues as a health problem rather than a legal one. First and foremost, that means treating addicts and other users as sufferers of a medical and social problem that cannot be solved through the criminal justice system.

I could continue talking for many more hours, but I fear that I would send more of you to sleep. So thank you very much for coming and I again thank both my hosts and the sponsor, Mary Porter.