Special Commission of Inquiry into the Drug 'Ice'

ISSUES PAPER 1

USE, PREVALENCE AND POLICY FRAMEWORK

Special Commission of Inquiry into the Drug 'Ice'

Table of Contents

Preface

ISSUES PAPERS

The Special Commission of Inquiry into the Drug "Ice" has published Four Issues Papers:

- Issues Paper 1: Use, Prevalence and Policy Framework;
- Issues Paper 2: Justice;
- Issues Paper 3: Health and Community; and
- Issues Paper 4: Data, Research and Funding.

The four Issues Papers are intended to be read together.

HOW TO MAKE A SUBMISSION

The Inquiry invites written submissions from people and organisations who wish to respond to any of the questions raised in an Issues Paper, or who wish to share information, experiences or views relevant to the terms of reference.

The due date for submissions is 7 May 2019.

If you wish to make a submission, please include your name, contact details and whether you are making the submission personally or on behalf of a particular group or organisation. You may make your submission anonymously and choose not to provide any contact details. The Inquiry will still review your submission but will be unable to contact you to confirm or obtain further information.

Your submission may be made public unless you request that it not be made public or the Commissioner considers that it should not be made public for reasons of fairness or otherwise. Please note that your personal contact details will not be made public, such as your telephone number or email address. You may also request that your submission only be made public without your name or any other identifying details included.

You may provide your submission to the Inquiry by:

1. uploading it on the Inquiry's website www.iceinquiry.nsw.gov.au
2. sending it by email to inquiry@iceinquiry.nsw.gov.au
3. sending it by post to Special Commission of Inquiry into the Drug 'Ice', GPO Box 5341, Sydney NSW 2001.

If you are sending your submission by email or post, please **clearly state in your submission if you do not want your submission to be made public** or want it to be made public anonymously.

Further information about making submissions to the Inquiry may be found in Practice Guideline 1, Providing Information to the Special Commission, which can be found at www.iceinquiry.nsw.gov.au

TERMINOLOGY

The Letters Patent refer to "amphetamine-type stimulants" and "crystal methamphetamine". In this Issues Paper, the term "ATS" is used to refer to all amphetamine-type stimulants. The term "amphetamine" is used to refer to the parent compound amphetamine. The term "methamphetamine" is used to refer to all forms of methylamphetamine but not to 3,4-Methylenedioxymethamphetamine (**MDMA**), also known as "ecstasy". The term "crystal methamphetamine" is used to refer to methamphetamine in crystalline form (also known as "ice"), unless the context otherwise specifies. The term "meth/amphetamine" refers to methamphetamine and amphetamine.

Introduction

By Letters Patent issued on 28 November 2018, the Governor of NSW established the Special Commission of Inquiry into Crystal Methamphetamine ('Ice') and appointed Professor Dan Howard SC as the Commissioner of the Inquiry.

In accordance with the requirement in the Letters Patent, the Inquiry consulted with communities and stakeholders before 31 January 2019 on detailed terms of reference for the conduct of the Inquiry for consideration by the Premier. The Inquiry received close to 100 written responses as part of that consultation process.

Following consideration of the results of the consultation process, an amendment to the Letters Patent was made on 28 February 2019. The amended Letters Patent require the Commissioner to inquire into and report to the Governor by 28 October 2019 on:

1. The nature, prevalence and impact of crystal methamphetamine ('ice') and other illicit amphetamine type stimulants (**ATS**).

2. The adequacy of existing measures to target ice and illicit ATS in NSW.

3. Options to strengthen NSW's response to ice and illicit ATS, including law enforcement, education, treatment and rehabilitation responses.

This Issues Paper is intended to provide guidance to parties interested in the Inquiry as to the issues that the Inquiry will investigate. There has been a great deal of research into government responses to drugs generally, including ATS. Where relevant, discussion of each issue in the Inquiry's Issues Papers includes reference to previous research and recommendations. Given the limited time available to the Commissioner to report to the Governor, that work will be built upon, rather than replicated by the Inquiry.

The Inquiry welcomes submissions on the matters raised in the terms of reference generally. However, specific areas of interest to the Inquiry have been identified in the Issues Papers to assist interested parties in directing and focusing their submissions.

Background

ATS are a category of synthetic psychostimulant drugs. ATS stimulate the central nervous system, causing an increase in concentrations of dopamine, serotonin and noradrenaline in the brain. The most commonly used ATS in NSW are meth/amphetamines and MDMA. ATS can be consumed through oral ingestion, snorting, smoking and inhalation as a vapour, or injection.

Amphetamine was first synthesised in 1887 and was used from the 1930s to treat asthma and from World War II onwards to increase alertness and reduce fatigue in soldiers. Amphetamines are still used therapeutically today for the treatment of conditions such as narcolepsy and attention deficit hyperactivity disorder. Methamphetamine is a more potent form of amphetamine, causing a powerful central nervous system response. It was first synthesised from ephedrine in 1919 and was also used during World War II.

Methamphetamine is commonly found in one of four forms: tablet; crystalline (often referred to as "ice"); paste (often referred to as "base"); and powder (often referred to as "speed"). Methods of ingesting methamphetamine include swallowing, snorting, smoking and injecting. MDMA also comes in a range of forms, including powder, capsules and tablets. Differences in chemical structure between MDMA and amphetamine give MDMA hallucinogenic, as well as stimulant, properties.

Crystal methamphetamine is a highly purified form of methamphetamine. It is the purest form of methamphetamine and provides the most intense high as well as the most intense comedown. It also has the highest potential for dependence and chronic physical and mental problems. In about 2013, crystal methamphetamine overtook powder as the preferred form of the drug, a trend that has continued up until at least 2016.[1] Crystal methamphetamine is usually smoked or injected as these methods of administration provide the fastest and most intense high. Between 2013 and 2016 the proportion of injecting crystal methamphetamine users in Australia doubled from 9.4% to 19.2%.[2]

Crystal methamphetamine is commonly used in a poly-drug context, often in conjunction with alcohol and/or other illicit substances. Depressant substances are often used to self-medicate against the stimulant effects of crystal methamphetamine to assist with "coming down" and sleeping. Crystal methamphetamine is also often taken with other stimulants to enhance the stimulant effect experienced.

[1] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016* (Report, 2017), 68 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[2] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016* (Report, 2017), 69 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

Drug use in NSW and Australia

It is estimated that in the 12 months ending August 2018, Australians consumed 9,847 kilograms of methamphetamine and 750 kilograms of MDMA.[3] This was an increase of 17.2% for methamphetamine use and 9.6% for MDMA use from the previous year.[4] In general terms, meth/amphetamine use has also increased in amount and/or frequency in some population groups in NSW in recent years, despite an overall decrease across the general population.[5]

It is difficult to estimate with precision the prevalence of ATS use in NSW, or patterns of use, due to incomplete data capture, inconsistency between data sources and problems with self-reporting. The principal sources of data from which prevalence will be assessed by the Inquiry are the 2016 National Drug Strategy Household Survey (**2016 Household Drug Survey**) and the National Wastewater Drug Monitoring Program (**National Wastewater DMP**). Sentinel group surveys also provide information on ATS use within particular groups, however these are not generally undertaken in regional and rural locations.[6]

More people are using methamphetamine and MDMA in regional NSW than in Sydney,[7] and people in remote and very remote areas are 2.5 times more likely to use meth/amphetamines than those in major cities.[8] Consumption of methamphetamine in regional NSW reduced between 2016 and 2017, but increased in 2018.[9]

Indigenous Australians are 2.2 times more likely to use meth/amphetamines than non-Indigenous people,[10] and are around five times more likely than non-Indigenous people to be hospitalised for conditions related to methamphetamine use.[11] In 2016/17, Indigenous people accounted for 10% of all patients with methamphetamine-related hospitalisations and the rate of hospitalisation per 100,000 people was 6.5 times higher for Indigenous people than for non-Indigenous people.[12]

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[3] Australian Criminal Intelligence Commission, *National Wastewater Drug Monitoring Program* (Report No 6, December 2018) 9 <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

[4] Australian Criminal Intelligence Commission, *National Wastewater Drug Monitoring Program* (Report No 6, December 2018) 9 <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

[5] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 15 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[6] See Australian Needle and Syringe Program Survey, the Ecstasy and Related Drug Reporting System, the Illicit Drug Reporting System, the Sydney Gay Community Periodic Survey, the Sydney Women and Sexual Health Survey and the Drug Use Monitoring Australia.

[7] Australian Criminal Intelligence Commission, *National Wastewater Drug Monitoring Program* (Report No 6, December 2018) 42 <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

[8] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 129 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[9] Australian Criminal Intelligence Commission, *National Wastewater Drug Monitoring Program* (Report No 6, December 2018) 42, 46 <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

[10] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 108 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[11] Centre for Population Health, New South Wales Government, *Methamphetamine Use and Related Harms in NSW - Surveillance Report to December 2017* (Report, 4 April 2018) 10 <https://www.health.nsw.gov.au/methamphetamine/Pages/methamphetamine-report.aspx>.

[12] HealthStats NSW, New South Wales Government, 'Methamphetamine-related Hospitalisations', *HealthStats NSW* (Web page, 23 March 2018) <http://www.healthstats.nsw.gov.au/Indicator/beh_illimethhos>.

Use of meth/amphetamines and MDMA has also increased by those people over 18 years of age who experience high or very high levels of psychological distress.[13] The number of people over the age of 18 years who were diagnosed with, or treated for, a mental illness who reported recent meth/amphetamine use has also increased.[14]

Homosexual and bisexual people are 5.8 times as likely as other population groups to have used MDMA and meth/amphetamines.[15] In 2018, 25.6% of gay men surveyed in Sydney reported using MDMA in the six months prior.[16] The same group reported significant declines in the use of amphetamine/speed and crystal methamphetamine since 2014,[17] however HIV-positive men surveyed were disproportionately more likely to report using crystal methamphetamine compared with HIV-negative men (27.4% compared to 8.7%).[18]

Recent research reports that 50% of offenders entering custody reported having used methamphetamine in the previous 12 months, making it the most commonly reported illicit drug.[19] In 2015/16, 46% of urine samples collected from detainees at police cells in Surry Hills and Bankstown tested positive for methamphetamine and 3% tested positive for MDMA.[20] Of those who tested positive for amphetamines, 43% had been charged for violent offences, 58% for property offences, 48% for drug offences and 63% for breach offences.[21]

The Ecstasy and Related Drugs Reporting System (**EDRS**) conducts interviews with people who regularly use ecstasy and other stimulants, a cohort largely comprised of young, educated males.[22] The EDRS noted in 2018 that the rate of use of non-prescribed stimulant medications (e.g dexamphetamine, modafinil) amongst its focus cohort had increased from 10% in 2007 to 41% in 2018, with a median of four days of use in the past six months.[23]

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[13] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 95 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[14] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 95 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[15] Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016: detailed findings* (Report, 2017) 109 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.

[16] Centre for Social Research in Health, University of New South Wales, *Gay Community Periodic Survey: Sydney 2018* (Report, 2018) 5 <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:52117/binae80f831-8458-4fec-8c2b-1f7ba7402409?view=true>.

[17] Centre for Social Research in Health, University of New South Wales, *Gay Community Periodic Survey: Sydney 2018* (Report, 2018) 5 <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:52117/binae80f831-8458-4fec-8c2b-1f7ba7402409?view=true>.

[18] Centre for Social Research in Health, University of New South Wales, *Gay Community Periodic Survey: Sydney 2018* (Report, 2018) 5 <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:52117/binae80f831-8458-4fec-8c2b-1f7ba7402409?view=true>.

[19] Australian Institute of Health and Welfare, Commonwealth, *The Health of Australia's Prisoners 2015* (Report, 2015) 97 <https://www.aihw.gov.au/getmedia/9c42d6f3-2631-4452-b0df-9067fd71e33a/aihw-phe-207.pdf.aspx?inline=true>.

[20] Australian Institute of Criminology, Commonwealth, *Drug Use Monitoring in Australia: 2015 and 2016 report on drug use among police detainees* (Report, 2018) 61 <https://aic.gov.au/publications/sr/sr4>.

[21] Australian Institute of Criminology, Commonwealth, *Drug Use Monitoring in Australia: 2015 and 2016 report on drug use among police detainees* (Report, 2018) 66 <https://aic.gov.au/publications/sr/sr4>.

[22] Amy Peacock et al, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drug Reporting System (EDRS) Interviews* (Report, 2018) 2 <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NSW%20EDRS%20Interview%20Report%202018.pdf>.

[23] Amy Peacock et al, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drug Reporting System (EDRS) Interviews* (Report, 2018) 42 <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NSW%20EDRS%20Interview%20Report%202018.pdf>.

There is a question as to whether this trend is representative of the NSW community more broadly. A 2009 study of 300 illicit methamphetamine and cocaine users found approximately a third of the cohort, particularly younger people, had access to and recreationally used diverted stimulant medication.[24] A study conducted by the NSW Poisons Information Centre found that between 2004 and 2014 there was a significant increase in calls to the Centre following intentional exposures to stimulant medications used for the treatment of attention deficit hyperactive disorders.[25] The study noted an increase in both overdose and recreational medication use over the time period, but did not capture whether the medications used had been prescribed to the user.

At this stage of the Inquiry, it does not appear that data is available that relates to people seeking treatment for pharmaceutical stimulant use.

Notwithstanding the general decrease in use of ATS in the broader community in NSW, the impacts of ATS on society remain significant. Over the last five years, there has been a 10.9% compound annual increase in incidents relating to possession and/or use of amphetamines.[26] The increase has been greater in regional NSW compared to metropolitan Sydney.[27] And in 2016/17 police seized nearly five tonnes of ATS.[28]

Methamphetamine-related emergency department presentations by people over 16 also rose between 2009/10 and 2016/17, increasing nearly ninefold.[29] Around one-third of those presentations resulted in the patient being admitted to hospital,[30] with the number of methamphetamine-related hospitalisations increasing 1,350% between 2009/10 and 2016/17.[31] The highest hospitalisation rate was in those aged 16 to 34 years, which increased almost 1,200% during that period.[32] It is noted that these increases are a point in time comparison, and more data would be required to better understand longer-term trends in NSW.

[24] Shane Darke and Sharlene Kaye, 'Diversion and misuse of stimulant medication for ADHD among illicit psychostimulant users', *National Drug and Alcohol Research Centre* (Web page, 2009) <https://ndarc.med.unsw.edu.au/project/diversion-and-misuse-stimulant-medication-adhd-among-illicit-psychostimulant-users>.

[25] Rose Cairns et al, 'ADHD medication overdose and misuse: the NSW Poisons Information Centre experience, 2004-2014,' (2016) 204(4) *Medical Journal of Australia <https://www.mja.com.au/system/files/issues/204_04/10.5694mja15.00791.pdf*>.

[26] Bureau of Crime Statistics and Research, New South Wales Government, 'Numbers and Trends in Incidents of Possession/Use of Cocaine, Amphetamines and Ecstasy', *Bureau of Crime Statistics and Research* (Web page, 2018)

<http://www.bocsar.nsw.gov.au/Documents/RCS-Quarterly/Possess%20Use%20Amphetamines%20and%20Cocaine.xls>.

[27] Bureau of Crime Statistics and Research, New South Wales Government, 'Numbers and Trends in Incidents of Possession/Use of Cocaine, Amphetamines and Ecstasy', *Bureau of Crime Statistics and Research* (Web page, 2018)

<http://www.bocsar.nsw.gov.au/Documents/RCS-Quarterly/Possess%20Use%20Amphetamines%20and%20Cocaine.xls>.

[28] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2015-2016* (Report, 2016) 139 <https://www.acic.gov.au/sites/g/files/net1491/f/2017/06/iddr_2015-16_introduction.pdf?v=1498020198>.

[29] HealthStats NSW, New South Wales Government, 'Methamphetamine-related Emergency Department presentations', *HealthStats NSW* (Web page, 9 April 2018) < http://www.healthstats.nsw.gov.au/Indicator/beh_illimethed/beh_illimethed_trend>.

[30] HealthStats NSW, New South Wales Government, 'Methamphetamine-related Emergency Department presentations', *HealthStats NSW* (Web page, 9 April 2018) < http://www.healthstats.nsw.gov.au/Indicator/beh_illimethed/beh_illimethed_trend>.

[31] HealthStats NSW, New South Wales Government, 'Methamphetamine-related Hospitalisations', *HealthStats NSW* (Web page, 23 March 2018) <http://www.healthstats.nsw.gov.au/Indicator/beh_illimethhos>.

[32] HealthStats NSW, New South Wales Government, 'Methamphetamine-related Hospitalisations' *HealthStats NSW* (Web page, 23 March 2018) <http://www.healthstats.nsw.gov.au/Indicator/beh_illimethhos>.

It has been reported that the number of methamphetamine-related deaths doubled across Australia between 2009 and 2017.[33] It should be noted that the study that reported these findings only examined deaths reported to a coroner. It did not examine deaths which were not reportable under s 9 of the *Coroners Act 2009* (NSW) – or its interstate equivalents – or for which a death certificate was issued by a medical practitioner. However, all jurisdictions require the reporting of violent or unnatural deaths, which comprise all of the deaths examined by the study.[34] Death by homicide accounted for 1.5% of the 1,694 methamphetamine-related deaths that occurred in that period, and death by suicide 18.2%.[35]

In cases of suicide, the manner and circumstance of death predominantly occurred by violent means, most prominently hanging.[36] Methamphetamine related suicide is noted as a major public health problem in both metropolitan and rural communities, accounting for 1.6% of all Australian cases of completed suicide.[37]

There is little evidence to assess the link between ATS use and psychosis-induced accidental suicide. It is likely that these circumstances are underreported, due to the cause of death often being recorded as suicide and not capturing the impact of methamphetamine.[38]

Between 2010 and 2016, meth/amphetamine was present in 44% of fatal car crashes where the driver tested positive for an illicit substance; 4% involved MDMA.[39]

Submissions sought – ATS use issues and data collection/analysis

Submissions are sought from interested individuals and government and non-government organisations on the prevalence of ATS use in NSW and Australia, the adequacy of existing measures to determine the prevalence of ATS use and options to strengthen NSW's approach to such data collection and analysis. The following issues are of particular relevance to the Inquiry:

1.1.1 How prevalent is ATS use in NSW? How is prevalence of ATS determined? Are there ways to improve the way in which prevalence is determined?

1.1.2 Can current prevalence estimates be improved through any particular kinds of systematic analyses of available drug use datasets? What is best practice in other jurisdictions for such analyses?

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[33] Shane Darke, Sharlene Kaye and Johan Duflou, 'Rates, characteristics and circumstances of methamphetamine-related death in Australia: a national 7-year study' (2017) 112 *Addiction* 2191 – 2201, 2193, 2195, 2199 <https://newsevents.med.unsw.edu.au/sites/default/files/newsevents/news/Darke_et_al-2017-Addiction.pdf>.

[34] Shane Darke, Sharlene Kaye and Johan Duflou, 'Rates, characteristics and circumstances of methamphetamine-related death in Australia: a national 7-year study' (2017) 112 *Addiction* 2191 – 2201, 2192 <https://newsevents.med.unsw.edu.au/sites/default/files/newsevents/news/Darke_et_al-2017-Addiction.pdf>.

[35] Shane Darke, Sharlene Kaye and Johan Duflou, 'Rates, characteristics and circumstances of methamphetamine-related death in Australia: a national 7-year study' (2017) 112 *Addiction* 2191 – 2201, 2195 <https://newsevents.med.unsw.edu.au/sites/default/files/newsevents/news/Darke_et_al-2017-Addiction.pdf>.

[36] Shane Darke, Sharlene Kaye and Johan Duflou, 'Rates, characteristics and circumstances of methamphetamine-related death in Australia: a national 7-year study' (2017) 112 *Addiction* 2191 – 2201, 2196 <https://newsevents.med.unsw.edu.au/sites/default/files/newsevents/news/Darke_et_al-2017-Addiction.pdf>.

[37] Shane Darke, Sharlene Kaye, Johan Duflou and Julia Lappin, 'Completed Suicide Among Methamphetamine Users: A National Study,' (2019) 49(1) *Suicide and Life Threatening Behaviour* 328, 333 <https://onlinelibrary.wiley.com/doi/full/10.1111/sltb.12442>.

[38] Chian-Jue Kuo and Chiao-Chicy Chen, 'What is the real distribution of methamphetamine-related causes of death?' (2017) 112 *Addiction* 2202 <https://onlinelibrary.wiley.com/doi/full/10.1111/add.14005>.

[39] Note that many of the fatal crashes involved more than one illicit drug. Meth/amphetamines alone accounted for 31%, cannabis alone accounted for 53%, and meth/amphetamines and cannabis together accounted for 12%. See Transport for New South Wales Centre for Road Safety, New South Wales Government, Drug driving trauma trends (Report, February 2017) 10 <https://roadsafety.transport.nsw.gov.au/downloads/trauma-trends-drug-driving.pdf>.

1.1.3 Can wastewater analysis (in combination with other data sources) reliably identify geographic locations of ATS use in NSW? If not, why not?

1.1.4 What is considered to be harmful or problematic ATS use, having regard to impacts on individual mental and physical health, employment, family and social functioning, or other indicators?

1.1.5 Does the current data enable a distinction to be made between people who use ATS in NSW in a harmful way from those whose use is not harmful? Is drawing this distinction necessary? Could this distinction improve NSW's response to ATS use?

1.1.6 What are the harms associated with the illicit use of licit ATS? Is this a significant problem in NSW?

1.1.7 What are the lines of supply for "diverted stimulant medication"?

1.1.8 What action is currently being taken to prevent the diversion of stimulant medications to the illicit market? Can any such action that is occurring be improved?

1.1.9 Who are the at-risk populations for harmful ATS use? Are there geographical differences? What is the evidence that supports the identification of these populations as being at-risk populations?

1.1.10 How prevalent is methamphetamine related self-harm, intentional or accidental suicide in NSW? How can data on this be better obtained?

Prevalence

MANUFACTURE

It is increasingly economical to import rather than manufacture methamphetamine and the number of clandestine ATS laboratories detected both nationally and in NSW has decreased for the third consecutive annual reporting period. In 2016/17 the majority of clandestine drug labs detected nationally were manufacturing ATS (excluding MDMA) and crystal methamphetamine remains the main drug produced. In that period the number of clandestine laboratories discovered in NSW was 58, of which 32 were manufacturing ATS (excluding MDMA) and 3 were manufacturing MDMA.[40]

SUPPLY AND DISTRIBUTION

Large quantities of ATS, mainly crystal methamphetamine, continue to be detected at the Australian border. Approximately 70% (by weight) of all crystal methamphetamine seized in Australia originates from China.[41] In 2016/17, the total amount of national ATS seizures was 7,571.9kg (up 17.9% on the previous year and the third highest weight on record). NSW accounted for the greatest number of seizures and highest proportion of drugs seized in that period.[42]

Both the number of seizures and the weight of seized ATS precursors (excluding MDMA) detected at the Australian border remain high. China is the main embarkation point for ATS precursors (excluding MDMA), whereas France was the main embarkation point for MDMA precursors.[43] Organised crime syndicates are linked with supply and distribution chains at all levels. Dealing and sharing is also prolific among crystal methamphetamine users: 55% of police detainees interviewed by the Drug Use Monitoring in Australia (DUMA) program in 2015-16 reported selling, giving or sharing crystal methamphetamine in the 30 days prior to detention.[44]

AVAILABILITY

A Sydney-based police detainee survey from 2015 rated the availability of crystal methamphetamine in Bankstown and Surry Hills on average 8 out of 10 (where 1 is 'extremely hard to get' and 10 is 'readily available').[45] In one 2018 NSW study of users, the majority of surveyed participants reported that the current availability of MDMA caps was 'easy' or 'very easy', however the majority of participants reported that sourcing MDMA pills was 'difficult'.[46]

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[40] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 116-117 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>.

[41] Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 90 <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report>.

[42] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 36-137 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>.

[43] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 114 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>.

[44] Andrew Ticehurst and Tom Sullivan, *Statistical Bulletin 06: The methamphetamine market: police detainee perspectives* (Report, April 2018) 4 <https://aic.gov.au/file/6604/download?token=yzj4CUuK>.

[45] Eileen Patterson, Susan Goldsmid and Alexandra Gannoni, *Methamphetamine in Sydney: Perspectives from DUMA Police Detainees* (Report, 4 March 2016) 3 <https://aic.gov.au/file/5727/download?token=WOnrLZ4K>.

[46] Amy Peacock et al, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drug Reporting System (EDRS) Interviews* (Report, 2018) 16 <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NSW%20EDRS%20Interview%20Report%202018.pdf>.

The means of accessing drugs such as ATS has expanded through new and emerging information and communication technology such as the darknet and location-based apps. These include social/dating apps (e.g. Grindr, Scruff, Tinder) and crypto markets (e.g. 'Wickr',[47] the now defunct 'Silk Road' and various online market places that followed it).

PRICE

The price of crystal methamphetamine and MDMA appears to have remained relatively stable in recent years.[48] Nationally, in 2016/17 the price for a street deal of crystal methamphetamine (0.1 gram) ranged between $17 and $150 and a single MDMA pill/capsule cost between $4 and $50.[49] A 2015-16 national survey of police detainees revealed that 43% of recent users reported that the price of crystal methamphetamine had not changed recently.[50] Another 33% reported that the drug had become less expensive. Recent users' comments indicate that the average cost of crystal methamphetamine was approximately $50 per point.[51] One 2018 NSW study of users found that the median price of a single MDMA pill was $20 for the first time since 2009 (median price was $25 in 2017), and $25 for a MDMA cap (consistent with previous years).[52]

PURITY/QUALITY

In 2016/17 the national median purity for crystal methamphetamine ranged between 73.3% in Queensland and 82% in Victoria, with a median purity in NSW of 77.5%. National crystal methamphetamine purity levels increased dramatically in 2012/13. Median purity in NSW peaked in 2014/15 at 78% and has decreased slightly since.[53] A user survey in 2018 of Sydney-based crystal methamphetamine users reported quality had decreased in the previous three-month period.[54]

The median purity for MDMA in NSW in 2016/17 was 52.5% (within a range of 1% to 83%), which was the highest median purity of any state/territory in that reporting period.[55]

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[47] Stephen Gibbs, 'Anatomy of a drug deal: How suppliers are using Malcom Turnbull's favourite messaging app to cash in on a narcotics boom that's seen cocaine use soar by 40%', *Daily Mail* (Online, 8 December 2017) <https://www.dailymail.co.uk/news/article-5157979/Cocaine-buyers-turn-secret-phone-app-use-skyrockets.html>.

[48] Department of the Prime Minister and Cabinet, Commonwealth, *Final Report of the National Ice Taskforce* (Report, 2015) 23 <https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf > referencing two reports: Nick Scott et al, *Understanding and Describing Australian Illicit Drug Markets: Drug Price Variations and Associated Changes in a Cohort of People Who Inject Drugs: Monograph Series No. 58* (Report, 2015) <http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph-58.pdf>; and Nick Scott et al, 'High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia' (2015) 110(1) *Addiction* 120 <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.12740>.

[49] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 34 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>.

[50] Andrew Ticehurst and Tom Sullivan, *Statistical Bulletin 06: The methamphetamine market: police detainee perspectives* (Report, April 2018) 4 <https://aic.gov.au/file/6604/download?token=yzj4CUuK>.

51 Andrew Ticehurst and Tom Sullivan, *Statistical Bulletin 06: The methamphetamine market: police detainee perspectives* (Report, April 2018) 4 <https://aic.gov.au/file/6604/download?token=yzj4CUuK>.

[52] Amy Peacock et al, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drug Reporting System (EDRS) Interviews* (Report, 2018) 14 <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NSW%20EDRS%20Interview%20Report%202018.pdf>.

[53] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 35 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>; Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2014 – 2015* (Report, 2016) 196 <https://www.acic.gov.au/sites/default/files/2016/08/acic-iddr-2014-15.pdf?v=1498017786>.

[54] Eileen Patterson, Susan Goldsmid and Alexandra Gannoni, *Methamphetamine in Sydney: Perspectives from DUMA Police Detainees* (Report, 4 March 2016) 4 <https://aic.gov.au/file/5727/download?token=WOnrLZ4K>.

[55] Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016 – 2017* (Report, 2018) 35 <https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944>.

Submissions sought – Prevalence issues

Submissions are sought from interested individuals and government and non-government organisations on the prevalence of ATS in NSW. The following issues are of particular relevance to the Inquiry:

1.2.1 Data on the availability, purity and price of ATS in NSW.

1.2.2 How effective is law enforcement in reducing the production and supply of ATS within NSW? What is the evidence for this? What options are available to improve NSW's response to the supply and production of ATS?

1.2.3 What measures other than law enforcement are reducing or disrupting the production and supply of ATS, for example health, social and/or community policies or strategies?

Policy framework

The National Drug Strategy 2017–2026 (**NDS**) and the National Ice Action Strategy 2015 (**NIAS**) provide the policy framework for the NSW Government's response to crystal methamphetamine and ATS. The guiding principle of the NDS and NIAS is one of harm minimisation.

NATIONAL DRUG STRATEGY

The NDS is an initiative of the Council of Australian Governments (**COAG**) that was first developed in 1985. It provides a national policy framework for federal, state and territory governments to work with service providers and the community to address the health, social and economic harms arising from legal and illegal drug use.

Central to the NDS is the concept of harm minimisation, which advocates a balanced approach to the "three pillars" of supply reduction, demand reduction and harm reduction.[56] Supply reduction seeks to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs, and control, manage and/or regulate the availability of legal drugs. Demand reduction seeks to prevent the uptake or delay the onset of drug use, reduce the misuse of drugs in the community and support recovery through evidence informed treatment. Harm reduction seeks to reduce the adverse health, social and economic consequences of the use of drugs for the user, their family and the wider community.

Switzerland's national drug policy adopts a "four pillar" approach, reflecting a shift to a health-focused approach to harm minimisation that targets prevention, treatment, harm reduction and enforcement.[57] This model was implemented by the city of Vancouver in 2001 in response to high rates of overdose deaths and HIV/AIDS and hepatitis C transmission.[58] In Australia, prevention and treatment fall under a single pillar of "demand reduction", despite their different purposes and strategies. The 2018 report of the former Law Reform, Road and Community Safety Committee of the Parliament of Victoria, *Inquiry into drug law reform*, recommended the Victorian Government develop a new drug policy based on the four pillars approach.[59]

The NDS emphasises that drug use carries substantial risks and does not condone drug use. It also recognises that drug use occurs across a continuum from occasional use to dependent use; that a range of harms are associated with different types and patterns of drug use; and that appropriate responses to these harms requires a multi-faceted strategy. The NDS acknowledges that alcohol and other drug (**AOD**) problems are associated with social and health factors such as unemployment, homelessness, family violence, and cultural and intergenerational trauma. It also recognises that AOD problems cause a broad range of social and economic harms including violence and other crime, involvement in the criminal justice system, domestic and family violence, child-protection intervention and the reinforcement of marginalisation and disadvantage.

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[56] Department of Health, Commonwealth, *National Drug Strategy: 2017 – 2026* (Report, 2017) 1 <https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

[57] Jean-Felix Savary, Chris Hallam and Dave Bewley-Taylor, 'The Swiss Four Pillars Policy: An Evolution from Local Experimentation to Federal Law' (Briefing Paper No 18, the Beckley Foundation Drug Policy Programme, May 2009) 4 <https://beckleyfoundation.org/wp-content/uploads/2016/04/paper_18.pdf>.

[58] Donald Macpherson, 'A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver', (Report, 24 April 2001) 2 <https://www.researchgate.net/publication/242480594_A_Four-Pillar_Approach_to_Drug_Problems_in_Vancouver>.

[59] Law Reform, Road and Community Safety Committee, Victorian Parliament, *Inquiry into drug law reform* (Final Report, March 2018) 72-74 <https://www.parliament.vic.gov.au/file_uploads/LRRCSC_58-03_Full_Report_Text_WEB_XQB31XDL.pdf>.

Key strategies of the NDS are partnerships with service providers and the community, coordination and collaboration between law enforcement/policing/justice and health sectors, and evidence-informed responses.

The NDS identifies:

- Priority actions – enhance access to evidence-informed, effective and affordable treatment; develop and share data and research and measure performance and outcomes; innovative responses to prevention; improve participatory processes; reduce adverse consequences; restrict and/or regulate availability; and improve national coordination.
- Priority populations – Indigenous people; people with mental health conditions; young people; older people; those in contact with the criminal justice system; culturally and linguistically diverse populations (**CALD**); and people identifying as lesbian, gay, bi, transgender, queer or intersex (**LGBTQI+**).
- Priority substances – methamphetamine and other stimulants; alcohol; tobacco; cannabis; non-medical use of pharmaceuticals; opioids and new psychoactive substances.[60]

The NDS identifies "five headline indicators" that will be monitored to measure success:[61]

- increasing the average age of uptake of drugs by drug type – presently the average age nationally is 19.7 years for illicit drugs;[62]
- reduction of recent use of any drug by people living in households – nationally 15.6% of people reported use of illicit drugs in the last 12 months;
- reduction in arrestees' illicit drug use in the month before committing the offence for which they are charged;
- reduction in the number of victims of drug-related incidents; and
- reduction in the drug-related burden of disease, including mortality.

Supplementary indicators include rates of seizure of illicit drugs and precursors; the availability of illicit drugs as perceived by the people who use them; the purity of illicit drugs; evaluation data from current policy programs; incidence of hepatitis C virus and HIV/AIDS; numbers of opioid pharmacotherapy clients; numbers of drug treatment episodes; diversion of licit drugs; coronial data sources; wastewater analysis; the "Illicit Drug Data Report"; and AOD attributable hospital admissions and ambulance attendances.[63]

[60] Commonwealth, *National Drug Strategy: 2017-2026* (2017) 7, 30 <https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

[61] Commonwealth, *National Drug Strategy: 2017-2026* (2017) 41 <https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

[62] Commonwealth, *National Drug Strategy: 2017-2026* (2017) 41 <https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

[63] Commonwealth, *National Drug Strategy: 2017-2026* (2017) 42 <https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

There is limited information available at federal or state level in relation to the implementation of the NDS. In late 2015 as part of the NIAS, COAG reformed the governance arrangements applicable for the oversight, development, implementation and monitoring of the NDS, for which the Ministerial Drug and Alcohol Forum (**MDAF**) is now responsible. The members of MDAF are Ministers responsible for alcohol and other drug policy from the health and justice/law enforcement portfolios from each jurisdiction. The MDAF reports directly to COAG and provides information to the COAG Health Council and the COAG Council of Attorneys General.

Reports on the annual progress of the NDS are coordinated by the National Drug Strategy Committee (**NDS Committee**) which consists of senior officials from the government agencies responsible for alcohol and other drug policy from the health and justice/law enforcement portfolios from each jurisdiction. The NDS states that detailed progress reports will be prepared by the NDS Committee for the MDAF to submit to COAG in 2018, 2021, 2024 and 2027. However, a 2018 report does not appear to be publicly available.

Under the NDS, Commonwealth, state and territory governments are expected to develop a "strategy action plan which details the local priorities and activities to be progressed during the Strategy lifespan."[64] To date, NSW has not published a detailed strategic plan under the NDS.

NATIONAL ICE TASKFORCE AND NATIONAL ICE ACTION STRATEGY

The NDS identifies crystal methamphetamine and other ATS as priority substances because of the high degree of harm associated with their use. In April 2015, as part of the NDS, the Commonwealth Government established the National Ice Taskforce (**NIT**) to provide advice to government on the impacts of crystal methamphetamine and to develop the NIAS.

The final report of the NIT made 38 recommendations under five priority areas: support for families, communities and frontline workers; targeted prevention in specific sectors and vulnerable populations; tailored services and support with telephone and online delivery of counselling and information and training for primary care, emergency and community workers; strengthened law enforcement (criminal intelligence, cross-jurisdictional collaboration, international cooperation, nationally consistent unexplained wealth); improved governance for the NDS; and build better evidence through improved coordination between government sectors and with service providers and the community.[65]

The NIAS prioritises the provision of information and resources about crystal methamphetamine to families and communities; targeted prevention through education in schools, local networks and workplaces; investment in treatment and training for frontline workers; enhancing law enforcement through better use of intelligence and international engagement; targeting organised crime groups and criminal networks involved in crystal methamphetamine trafficking and strengthening controls on precursor chemicals; and improved data and research on crystal methamphetamine and other emerging drug trends.[66]

[64] Commonwealth, *National Drug Strategy: 2017-2026* (2017) 3 < https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>.

[65] Commonwealth, *Final Report of the National Ice Taskforce* (Final Report, 2015) vi-xv <https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf>.

[66] Council of Australian Governments, *National Ice Action Strategy* (2015) 22-25 <https://www.coag.gov.au/sites/default/files/communique/2015%20National%20Ice%20Action%20Strategy.pdf>.

The Local Drug Action Team (**LDAT**) program is a national initiative arising out of the NIAS. There are currently 244 LDATs across Australia.[67] The LDAT program is administered by the Australian Drug Foundation on behalf of the Commonwealth Government and allows a large variety of organisations to apply for funding to help them deliver evidence based activities that prevent and minimise the harm caused by AOD.[68]

LDATs are distinct from Community Drug Action Teams, which are a NSW initiative funded by NSW Health also coordinated by the Australian Drug Foundation. Community Drug Action Teams have been operating since 1999, and provide an opportunity for local volunteers to become involved in community activities that engage young people, parents and the local community in preventing AOD harms.[69]

The NIAS referred to the NSW *Premier's Package of Ice Reforms* announced in March 2015, in which the NSW Government announced that it planned to invest $7 million in three new Stimulant Treatment Program clinics and $4 million for non-government treatment and rehabilitation services. To date, four new stimulant treatment clinics have been established in the Western Sydney, Illawarra Shoalhaven, Mid North Coast and Northern NSW Local Health Districts, and new non-government treatment services have been established in Goulburn, Dubbo/Wellington, and Wagga/Griffith.[70]

The March 2015 announcement also indicated a plan to triple the number of roadside drug tests; halve the threshold amount required to qualify as a "large commercial quantity" of crystal methamphetamine under the *Drug Misuse and Trafficking Act 1985* (NSW); require mandatory state-wide online recording of pseudoephedrine sales in pharmacies; and develop an education package on crystal methamphetamine.

Most of those measures appear to have been implemented, with a 320% increase in the number of finalised drug driving charges in the 24 months up to June 2016;[71] amendment to the quantity defined as a "large commercial quantity" of crystal methamphetamine from 1kg to 500g effective from 1 September 2015;[72] and the commencement of the mandatory pseudoephedrine recording scheme on 23 March 2016.[73] At this stage of the Inquiry it is unclear whether an education package on crystal methamphetamine has been developed.

Submissions sought – Policy framework issues

Submissions are sought from interested individuals, and government and non-government organisations on the policy framework surrounding ATS and options to develop and strengthen that policy framework. The following issues are of particular relevance to the Inquiry:

1.3.1 Is the level of oversight, monitoring, data and reporting on the implementation and progress of the NDS and NIAS adequate?

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[67] 'Local Drug Action Team Program overview' *Alcohol and Drug Foundation* (Web page) <https://community.adf.org.au/join-program/local-drug-action-team-program-overview/>.

[68] 'Is it right for us?' *Alcohol and Drug Foundation* (Web page) <https://community.adf.org.au/join-program/it-right-us/>.

[69] Your Room, New South Wales Government, 'Community Drug Action Teams: Giving the NSW public a voice' *Your Room* (Web page, 17 September 2018) <https://yourroom.health.nsw.gov.au/whats-new/Pages/Community-Drug-Action-Teams-Giving-the-NSW-public-a-voice-.aspx>.

[70] Centre for Population Health, New South Wales Government, 'Drug and alcohol treatment', *Health* (Web page, 12 September 2017) <https://www.health.nsw.gov.au/aod/programs/Pages/treatment.aspx>.

[71] Stephanie Ramsey and Jackie Fitzgerald, 'Recent Trends in Arrests for Drug Driving' (Issue Paper No 125, NSW Bureau of Crime Statistics and Research, March 2017) 2 <https://www.bocsar.nsw.gov.au/Documents/BB/Report-2017-Recent-Trends-in-Arrests-for-Drug-Driving-BB125.pdf>.

[72] *Drug Misuse and Trafficking Amendment (Methylamphetamine) Regulation* 2015, reg 3.

[73] *Poisons and Therapeutic Goods Regulation 2008* (NSW) cl 24 as introduced by the *Poisons and Therapeutic Goods Amendment (Electronic Record of Information) Regulation 2015* (NSW), sch 1 cl 24.

1.3.2 How have the "five headline indicators" and supplementary indicators identified in NDS been monitored? What data has been collected in relation to these indicators?

1.3.3 Should NSW develop a strategy action plan under the NDS? What would be the advantages/disadvantages of this?

1.3.4 How effective are the LDAT Program and Community Drug Action Teams? What evidence is there to support this?

1.3.5 To what extent are LDATs and Community Drug Action Teams concerned about ATS use as opposed to broader AOD issues, and to what extent are their activities aimed at addressing ATS?

1.3.6 Are there alternative models for supporting the broader community to take ownership of and address AOD issues that should be considered?

1.3.7 What steps have been undertaken to increase collaboration and coordination of services between Health and Justice clusters and between government and service providers and the community? Is there any evidence which suggests that collaboration and coordination between health, justice and law enforcement sectors has improved since 1985 and under the NDS and NIAS?

1.3.8 Do other Australian states/territories have a coordinated drug policy? If so, what could NSW learn from the way other Australian states/territories have created and implemented their drug policies?

1.3.9 Has the Productivity Commission or any other agency or non-government organisation conducted an inquiry or review into the costs and benefits of the NDS? If so, what findings have been made?

1.3.10 What are the limitations of the three pillars of harm minimisation strategy under the NDS, having regard to (a) the policy itself, and (b) its implementation?

1.3.11 What can NSW learn from the "four pillars" of drug policy currently being implemented in Switzerland and Vancouver?

1.3.12 What governance structures could be put in place at federal and state level to more effectively coordinate, implement and monitor the effectiveness of the NDS and the NIAS?