

CRYSTALLINE METHAMPHETAMINE: KEY MESSAGES

Methamphetamines are stimulants and part of the 'amphetamine type stimulant' group of drugs manufactured from common pharmaceutical drugs and readily available chemicals such as acetone, bleach, battery acid and engine coolant.

Crystalline methamphetamine is the purest form of methamphetamine available in Australia. It usually looks like colourless to white crystals or a coarse crystal-like powder, but it can also appear in other colours. Crystalline methamphetamine is also called 'ice', 'crystal', 'crystal meth', 'meth' or 'shabu'.

Crystalline methamphetamine can be smoked or injected. A drug that is smoked or injected enters the brain more quickly which creates a "rush" that many people find very difficult to resist repeating. There is good evidence to suggest that smoking and/or injecting crystalline methamphetamine are the most common modes of use and also causes greater harms. Crystalline methamphetamine can also be sniffed through the nose (snorted), swallowed or inserted into the anus (shafted) or vagina (shelved). All forms of use can have physical and mental health impacts, including dependence.

1. There was no significant increase in the prevalence of use of amphetamine type stimulants at the population level between 2010 and 2013.

- a. The National Drug Strategy Household Survey 2013, reports that the number of people who use any form of amphetamine type stimulants (including methamphetamines) has remained stable between the last national survey in 2010 and 2013 at 2.1% of Australians aged 14 years and over having used the drug in the past year.
- b. Of those who use methamphetamines and amphetamine type stimulants, around 70% use less than once a month.
Amongst people who use amphetamine type stimulants what has changed is:
- c. Increased use of the more potent form of amphetamine. The proportion of amphetamine users who used crystalline methamphetamine rose from 22% in 2010 to 50% in 2013 whilst the number of people using the powdered form – 'speed', fell from 52% of methamphetamine users in 2010 down to 27% in 2013.
- d. The frequency of use. People who report using any amphetamine type stimulants daily or weekly rose from 9.3% to 15.5%.
- e. People who report using crystalline methamphetamine daily or weekly has increased from 12.4% to 25.3%.
- f. Updated statistics will be provided in the National Drug Strategy Household Survey 2016 to be released in late 2017.

2. The number of methamphetamine-related emergency department presentations and hospitalisations in NSW has increased:

- a. Between 2009-10 and 2015-16, the annual total number of unplanned overdose, drug and alcohol or mental health presentations to 56 participating Emergency Departments by people aged 16 years and older, where methamphetamine use was recorded, increased more than 10-fold, from 470 to 4,771. This number compared to 13,042 unplanned presentations by people aged 16 years and older for alcohol problems in 2015-16.
- b. In NSW between 2009-10 and 2014-15, the rate of methamphetamine-related hospitalisations increased over 8-fold from 10.0 to 85.5 per 100,000 persons. Over the same period, the number of hospitalisations increased from 538 to 4,788, and comprised 0.2% of all NSW hospitalisations in 2014-15.
- c. In 2014-15, Aboriginal people accounted for 14% of all patients with methamphetamine-related hospitalisations in that year. The population rate of hospitalisation among Aboriginal people was just under 6-fold higher than non-Aboriginal people in 2014-15.

There is no 'typical' crystalline methamphetamine user with people who use coming from across all social, cultural and economic backgrounds. However, available evidence suggests that the drug's use occurs more frequently among young people in their 20s and 30s, young men, Aboriginal people and gay, lesbian or bisexual people. (It should be noted that not everyone, or even most people, in these groups uses crystalline methamphetamine.)

3. Crystalline methamphetamine is readily available, purity is high and therefore harms have increased.

- a. The effects of crystalline methamphetamine vary from individual to individual and depend on dose, general health, mood, past experience with methamphetamine and whether using on its own or with other drugs. The effects can range from feeling very good and confident, feeling alert and energetic, heart palpitations, breathing faster, feeling less hungry, being excited or agitated, getting headaches and feeling dizzy. Not all people who use crystalline methamphetamine become dependent or experience harm.
- b. Harms include: mental health impacts – anxiety, anger, depression, suspiciousness, paranoia and hallucinations; social isolation from friends and family; and risk taking behaviour which can result in injury and disease (for example sexually transmitted infections). Additional health problems could include: cardiovascular disease, vasculitis, disseminated intravascular coagulation, gastro intestinal bleeding, hepatic neurotoxicity, renal failure especially in hyperthermia and cardiomyopathy.

- c. Those who inject crystalline methamphetamine have additional risks including exposure to blood borne viruses (for example HIV and hepatitis C through the sharing of needles, syringes and other injecting equipment). Clean injecting equipment and other health information is available from Needle and Syringe Programs in NSW.

4. The relationship between crystalline methamphetamine use and aggression is not straight-forward.

Crystalline methamphetamine use can increase the risk of aggression, but not all users become aggressive. Men tend to be more aggressive than women. Some people are more prone to aggression than others and people who use crystalline methamphetamine may be at risk of aggression because of other factors including:

- concurrent alcohol or other drug use;
- concurrent withdrawal from drugs;
- personality; and
- not eating / not sleeping for long periods; certain mental health and medical conditions.

All of these factors and their crystalline methamphetamine use can contribute to a person's risk of being aggressive or behaving violently. Crystalline methamphetamine can also be associated with domestic/family violence.

5. Across NSW there are a range of drug and alcohol treatment programs and services to assist individuals who wish to seek help for drug and alcohol related problems. Seeking treatment sooner leads to better outcomes.

- Services include early and brief intervention; medication assisted treatment; withdrawal management; hospital based consultation liaison; specialist stimulant treatment programs; residential rehabilitation; counselling; self-help groups; case management and assertive outreach.

6. Support is available: seek help early. Harms can be minimised and effective treatments are available:

- For people who use crystalline methamphetamine
 - Alcohol and Drug Information Service (ADIS) – (02) 9361 8000 or rural and regional NSW - 1800 422 599
 - Stimulant Treatment Line – (02) 9361-8088 or rural and regional NSW 1800 10 11 88
 - ACON – (02) 9206 2000 or 1800 063 060
 - Stimulant Health Check – <http://www.stimcheck.org.au/> (LGBTI friendly)
 - Aboriginal Medical Services and Aboriginal Residential Rehabilitation Services - (02) 9212-4777
 - DAMEC (Drug & Alcohol Multicultural Education & Counselling) NSW – (02) 8706-0150
 - NUAA (NSW Users and AIDS Association) – (02) 8354 7343 or 1800 644 413
 - Narcotics Anonymous – 1300 652 820
 - Crystal Meth Anonymous – <http://www.crystalmeth.org.au>
 - SMART Recovery Australia – Sydney (02) 9373 5100 or 1800 422 599
- For family members/friends
 - Family Drug Support – 1300 368 186

7. The NSW Government is committed to addressing the problem of crystalline methamphetamine use in NSW through the following initiatives:

- investing additional \$7 million in new stimulant treatment services;
- allocating \$4 million in funding to enhance the role of the non-government drug and alcohol sector in addressing the needs of methamphetamine users, especially among rural and regional communities;
- educating the community on the reality of crystalline methamphetamine;
- tripling the number of roadside drug tests to over 97,000 by 2016-17;
- mandatory state-wide recording of pseudoephedrine sales in pharmacies;
- halving the threshold required to arrest dealers for possessing large commercial quantities of ice, and;
- confiscating the assets of dealers and traffickers by establishing 'serious drug offender confiscation orders'.