

Research briefing



Key Findings from the Methamphetamine Module of the 2005 Illicit Drug Monitoring System (IDMS)

This research briefing was prepared by Dr. Chris Wilkins and Paul Sweetsur

Report Authors Dr. Chris Wilkins, Melissa Girling, Paul Sweetsur and Rachael Butler

Introduction

This research briefing presents findings on recent trends in methamphetamine and other illicit drug use in New Zealand from the 2005 Illicit Drug Monitoring System (IDMS). The principal aim of the IDMS is to provide timely information on trends in illicit drug use and drug related harm in New Zealand. This is the first year that the IDMS has been conducted, with two future waves planned for 2006 and 2007. The findings presented in this report are from the Methamphetamine Module of the IDMS, which interviews frequent methamphetamine users and addresses recent trends in methamphetamine and other illicit drug use in New Zealand. Two other modules are produced from the IDMS: the Hallucinogen Module, which interviews frequent ecstasy and LSD users; and the Cannabis Module, which interviews frequent cannabis users. The findings from these two modules are presented in separate reports.

Frequent drug users are considered a sentinel group who can provide accurate information on patterns of drug use and trends in illicit drug markets. The validity of the IDMS comes from the 'expert' status of the people interviewed, and hence the high quality of information they can provide, rather than from the statistical rigour of the sampling methodology. The survey of frequent drug users is not intended to be statistically representative of drug use in the general population.

Method

A total of 78 frequent methamphetamine users were interviewed for the study in five sites nationwide. Interviewing took place from April to August 2005. The five interview sites were Whangarei, Auckland, Hamilton, Wellington and Christchurch. Participants were recruited through purposive sampling and 'snowballing'. To be eligible to be interviewed a participant had to be 16 years or older, to have used methamphetamine monthly or more often in the last six months, and to have resided in the site location for the past 12 months. To place the information provided by the frequent methamphetamine users in greater context, twenty-five KI who had regular contact with frequent methamphetamine users through their work, were also interviewed. KI included those working in alcohol and drug treatment agencies, St. John ambulance, hospital emergency departments, youth services, medical

Key Points

Methamphetamine is well established in the illicit drug market place with high levels of availability and innovative marketing techniques being employed to encourage use

Three out of 10 of the frequent methamphetamine users interviewed reported injecting methamphetamine in the previous six months

The frequent methamphetamine users reported a range of psychological problems from their methamphetamine use including 'strange thoughts', 'short temper', 'paranoia', 'depression', 'suicidal thoughts' and 'suicide attempts'

There is evidence of ongoing law enforcement successes in disrupting the local methamphetamine market

LSD appears to be in decline, with half of the frequent methamphetamine users describing it as 'difficult' to obtain, and three out of 10 saying it had become 'more difficult' to obtain in the previous six months

The frequent methamphetamine users interviewed reported high levels of use of legal dance party pills and nitrous oxide

centres, prisons and pharmacies. Finally, secondary data sources on drug use were collated from a range of government and non government sources including national household drug survey data, arrest and seizure data, hospital admissions data, and calls to the alcohol and drug help-line. The information provided by the frequent drug users, KI and secondary data sources was triangulated to identify valid trends in drug use in New Zealand.

Demographic characteristics of the frequent methamphetamine users

Two thirds (67%) of the sample of frequent methamphetamine users were male with a median age of 28 years old (range 16-49 years). Two thirds of the frequent methamphetamine users were European and approximately a quarter (26%) were Maori. Half of the frequent methamphetamine users were employed (50%), one in five (19%) were students and three out of 10 (28%) were recipients of government income support. Just over a quarter of the sample were currently in some kind of drug treatment. Three out of 10 (31%) of the frequent methamphetamine users had been arrested in the last 12 months. Nearly half (47%) of the frequent meth-amphetamine users interviewed lived in Auckland, a quarter (27%) lived in Christchurch, one in eight (13%) lived in Wellington, a similar number lived in Whangarei (12%) and the remainder were from Hamilton (1%).

Patterns of drug use

The frequent methamphetamine users interviewed had high levels of other drug use. Participants had used an average of eight drug types in the previous six months (range 1-16). In addition to methamphetamine, the other drug types most often used in the last six months were cannabis (79%), crystal methamphetamine (64%), ecstasy (45%), LSD (31%), opiates (22%), GHB (21%) and cocaine (15%). Three out of 10 (31%) of the frequent methamphetamine users had injected methamphetamine in the previous six months. Approximately half of the frequent methamphetamine users had used 'legal dance party pills' (58%) and nitrous oxide (47%) in the previous six months. Three quarters (73%) of the frequent methamphetamine users had binged on a drug in the last six months, defined as using a drug for more than 48 hours continuously without sleep.

Prices of different drug types

Current prices

The different drug types came in a range of saleable forms and quantities and there were large differences in the prices commonly paid (Table 1). Methamphetamine and crystal methamphetamine were some of the most expensive drugs, costing approximately \$100 for 0.1 of a gram (known as a 'point').

Table 1: Price paid for different drug types by frequent methamphetamine users

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=48	n=32	n=53	n=29	n=36	n=9	n=4	n=12	n=14
Median price (\$)	\$100 point	\$100 point	\$20 foil	\$35 trip	\$60 pill	\$350 gram	\$125 gram	\$5 millilitre	\$100 100mg

Change in prices in last six months

The drug types for which the greatest proportion of frequent methamphetamine users indicated an 'increase' in price in the previous six months were ketamine (75%) and GHB (69%) (Table 2). The drug types for which the greatest proportion of frequent methamphetamine users indicated a 'decrease' in price were ecstasy (42%) and opiates (39%).

Table 2: Change in prices paid for different drug types in the last six months

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=64	n=37	n=64	n=25	n=38	n=8	n=8	n=16	n=18
Increase (%)	13	19	6	20	5	0	75	69	6
Stable (%)	53	62	70	60	39	75	25	19	50
Decrease (%)	25	16	9	8	42	0	0	0	39
Fluctuates (%)	9	3	14	12	13	25	0	13	6

Availability of different drug types

Current availability

The drug types which the largest proportion of frequent methamphetamine users considered to be 'very easy' to obtain were cannabis (70%) and methamphetamine (52%) (Table 3). A large proportion of the frequent methamphetamine users said crystal methamphetamine (46%) and ecstasy (45%) were 'easy' to get at present. The drug types which the largest proportion of participants considered to be 'very difficult' to obtain at the moment were cocaine (58%) and ketamine (22%). A large proportion of frequent methamphetamine users thought LSD (50%) and GHB (38%) were 'difficult' to get at the moment.

Table 3: Current availability of different drug types

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=71	n=39	n=67	n=28	n=40	n=12	n=9	n=16	n=17
Very easy (%)	52	38	70	11	35	-	11	13	47
Easy (%)	38	46	28	32	45	25	33	31	29
Difficult (%)	10	15	2	50	20	17	33	38	18
Very difficult (%)	0	0	0	7	0	58	22	19	6

Change in availability in the last six months

The drug types which the greatest proportion of frequent methamphetamine users indicated had become 'easier' to obtain in the last six months, were methamphetamine (28%) and crystal methamphetamine (26%) (Table 4). Results were very close for this question, with similar proportions of participants also indicating that ecstasy (23%) and opiates (22%) had become 'easier' to get in the preceding six months. The drug types for which the greatest proportion of participants indicated that availability had become 'more difficult' in the last six months were ketamine (40%), cocaine (36%) and LSD (29%). Fairly sizable proportions of users said the availability of GHB (31%) and LSD (25%) had 'fluctuated' in the preceding six months.

Table 4: Change in availability of different drug types in the last six months

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=67	n=40	n=67	n=28	n=40	n=11	n=10	n=16	n=18
Easier (%)	28	26	19	4	23	0	0	19	22
Stable (%)	49	56	61	43	40	45	50	25	61
More difficult(%)	13	9	11	29	20	36	40	25	17
Fluctuates (%)	9	9	9	25	18	18	10	31	-

Perceptions of change in the number of people using different drugs

The drug types which the greatest proportion of frequent methamphetamine users thought 'more' of the people they know were using, were crystal methamphetamine (46%), methamphetamine (44%) and ecstasy (33%) (Table 5). The drug types which the greatest proportion of frequent methamphetamine users perceived that 'less' of the people they know were using were LSD (53%), opiates (50%) and GHB (43%).

Table 5: Users' perceptions of the change in the number of people using different drugs in the last six months

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=71	n=26	n=43	n=21	n=24	n=7	n=6	n=7	n=12
More (%)	44	46	21	5	33	14	0	14	17
Same (%)	38	42	67	40	58	57	67	43	33
Less (%)	17	12	12	53	8	29	33	43	50

Time taken to purchase different illicit drugs

The drug types which the greatest proportion of frequent methamphetamine users could purchase in 'less than 20 minutes' were cannabis (36%), ecstasy (27%) and crystal methamphetamine (26%) (Table 6). Approximately half of the frequent methamphetamine users could purchase methamphetamine (57%) and crystal methamphetamine (48%) in 'hours'. The drug types which the greatest proportion of frequent methamphetamine users could only purchase in 'days' were LSD (66%) and ecstasy (46%).

Table 6: Time taken to purchase different drug types

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)
No. who commented	n=52	n=23	n=44	n=18	n=26
Weeks (%)	8	0	2	11	-
Days (%)	17	26	18	66	46
Hours (%)	57	48	43	11	27
Less than 20 mins (%)	17	26	36	11	27

New drug trends

New drug types

The frequent methamphetamine users noted the increased use of legal dance party pills and the marketing of more potent types of these dance pills, which one participant described as 'more nasty party pills'. KI and several participants reported increased use of imported crystal methamphetamine, known as 'ice', in the previous six months. Several participants mentioned a new drug they had seen in the previous six months which they described as 'Tryptomine'. This could refer to the potent hallucinogen, Dimethyltryptamine or DMT. Participants could not provide a more specific technical term. One participant indicated more use of 'rinse' or GHB. Another participant reported a new amphetamine they had come across called PMA [paramethoxyamphetamine], which is a hallucinogenic amphetamine with effects similar to ecstasy (MDMA).

New drug selling methods

The frequent methamphetamine users reported the selling of small amounts of new drugs, such as methamphetamine, ketamine and ecstasy in 'starter packs', to encourage people to try a drug. They also reported the selling of drug 'cocktails' made up of combinations of drugs such as methamphetamine, ecstasy, ketamine and GHB. A number of participants and KI noted the increased selling of drugs by heavy drug users to cover the cost of the users' own drug consumption. One participant observed that more users were 'making their own methamphetamine'. Participants observed there was now 'greater competition and lower prices for drugs'. On a similar theme, another participant said they were now getting 'more for their money/larger quantities'. Participants also observed there was now a 'greater variety' of drugs being sold. One participant reported you could now buy methamphetamine in '\$50 rather than \$100 bags'. Another said that they could now buy methamphetamine for \$80 a point. Two participants reported more 'injecting' of methamphetamine. Another participant reported young people getting 'IV kits for speed', that is the paraphernalia required to inject methamphetamine intravenously. Several participants mentioned it was now more easy to 'score off the streets' and that there were more 'tinny' houses.

Harms from frequent methamphetamine use

Physical problems

The physical problems commonly reported from frequent methamphetamine use were 'poor appetite' (77%), 'loss of energy' (57%), 'weight loss' (49%), 'muscular aches' (49%), 'tremors/shakes' (48%) and 'heart palpitations' (43%).

Psychological problems

The psychological problems commonly reported from frequent methamphetamine use were 'trouble sleeping' (84%), 'short temper' (58%), 'strange thoughts' (56%), 'paranoia' (55%), and 'anxiety' (51%) (Table 7). Four out of 10 of the frequent methamphetamine users (43%) reported 'depression', one in five (22%) experienced 'suicidal thoughts'; and one in eight (12%) 'suicide attempts' related to their methamphetamine use. One in four (23%) participants reported experiencing violent behaviour from their methamphetamine use.

Table 7: Psychological problems from the frequent use of methamphetamine

Problem	% experienced in last 6 months related to methamphetamine use	% ever experienced before started using methamphetamine
Strange thoughts	56	36
Short temper	58	35
Visual hallucinations	34	14
Sound hallucinations	36	15
Trouble sleeping	84	30
Violent behaviour	23	12
Anxiety	51	32
Panic attacks	32	19
Paranoia	55	27
Depression	43	28
Suicidal thoughts	22	16
Suicide attempts	12	8

Drug use and driving

Over one-third (36%) of the frequent methamphetamine users had driven under the influence of alcohol in the last six months. Over three-quarters (78%) had driven under the influence of drugs other than alcohol in the previous six months. The drug types which the frequent methamphetamine users were most commonly under the influence of when driving were cannabis (68%), methamphetamine (60%), amphetamines (32%), crystal methamphetamine (30%), legal dance party pills (28%), ecstasy (22%) and GHB (13%).

Access to services

One in seven (14%) of the frequent methamphetamine users had accessed Accident and Emergency services and one in 10 (10%) had used an ambulance in relation to their drug use in the previous six months. One in 12 (8%) of the frequent methamphetamine users had been admitted into hospital in the last six months. One in five (18%) had accessed a drug and alcohol worker in the preceding six months.

Criminal history

One in 11 (9%) of the frequent methamphetamine users reported they had committed a property crime in the previous month. Four out of 10 (45%) frequent methamphetamine users had sold illicit drugs in the previous month. One in 13 (8%) frequent methamphetamine users had committed fraud in the preceding month. One in 33 (3%) frequent methamphetamine users self reported they had committed a violent crime in the last month. Three out of 10 (31%) participants had been arrested in the last 12 months.

Perceptions of police activity

Four out of 10 (44%) of the frequent methamphetamine users had noticed 'more' police activity against drug users in the last six months. Three out of 10 (29%) participants had had 'more' of their friends arrested in the last six months. One in five (18%) frequent methamphetamine users said that police operations had made it 'more difficult' to obtain drugs in the preceding six months.

Conclusion

This research briefing confirms the central role that methamphetamine now plays in the New Zealand illicit drug scene. Frequent methamphetamine users are poly drug users with experience in the use of a range of illicit substances and knowledge of the illicit markets in which they are traded. As a consequence, they are an appropriate population of drug users to monitor in order to track trends in illicit drug use in New Zealand, with the aim of informing a timely policy and strategic response.

Methamphetamine is well established in the drug market place with high levels of availability. Indeed, it may be the case that there is now a glut in the methamphetamine market with a number of participants mentioning greater competition and falling prices, and special marketing techniques being employed to attract new users.

The frequent methamphetamine users reported a range of physical and psychological problems which they attributed to their methamphetamine use. Some of the most serious problems related to methamphetamine were of a psychological nature including short temper, paranoia and depression. Methamphetamine was also reported to contribute to suicidal thoughts and suicide attempts. It remains to be seen to what extent this awareness of the health risks of methamphetamine use translates into reduced demand. The reports of increased drug selling by heavy methamphetamine users may indicate that a new stage in the epidemic's life cycle has been reached, as some existing users seek to sustain heavier use via drug dealing. The likely decline of these heavy methamphetamine users into addiction may provide further negative role models for those seeking to begin use, and in the longer term add momentum to overall declining use. In the shorter time frame, we may experience a stabilisation of the number of people using methamphetamine, but with larger associated social costs as a larger proportion of existing users become problematic dependent users.

The level of intravenous methamphetamine use among the frequent methamphetamine users is of great concern. Heavy users of methamphetamine can sometimes switch to intravenous administration of methamphetamine to overcome their growing tolerance to the drug. Intravenous methamphetamine users are likely to pose a greater public health risk than intravenous opiate users, due to the greater

stimulating effects of methamphetamine and methamphetamine users' lower contact with drug and sexual health services and hence information on safe injecting and safe sex practices. It was noted that frequent methamphetamine users were injecting a range of drugs apart from methamphetamine and opiates, such as ecstasy and GHB.

The reports concerning police activity and arrests indicate ongoing police successes in disrupting the local methamphetamine market. Four out of 10 of the frequent methamphetamine users had noticed more police activity against drug users, and three out of 10 had had more of their friends arrested, in the last six months.

Ecstasy is the drug which may be most on 'the move', based on the Module's findings. The frequent methamphetamine users reported declining prices and high availability of ecstasy. The possibility of the establishment of domestic manufacture of ecstasy would provide further impetus to its spread in New Zealand.

The cocaine market appears stable with high prices and low availability. There was little evidence that this is changing. Ketamine also appears fairly stable. The frequent methamphetamine users reported experiencing increasing prices and declining availability for ketamine. GHB was also reported to be increasing in price although some participants considered availability to be increasing.

The information provided by the frequent methamphetamine users in this report suggests LSD has been in decline in recent years. Demand for LSD may have suffered from the recent emergence of ecstasy and methamphetamine. Over half of the frequent methamphetamine users said that 'less' of the people they know were using LSD compared to six months ago. The decline in demand for LSD appears to have in turn impacted the attractiveness of LSD supply. The frequent methamphetamine users who recently purchased LSD reported that LSD was relatively difficult to obtain, and it would often take them a relatively long time to purchase it. The market for LSD remains however, and it may be re-energised if there is a shift in preference away from the present popularity of synthetic amphetamines. LSD is relatively cheap compared to methamphetamine and ecstasy and is not considered addictive.

The use of legal dance party pills and nitrous oxide by the frequent methamphetamine users was surprisingly high. The relationship between these so called legal highs and illegal drugs deserves research attention. The high levels of use of these legal substances by the frequent methamphetamine users may suggest they are not viewed as vastly inferior to the illicit substances available.

Acknowledgements

This research was completed for a number of government agencies concerned with drug issues, including the Ministry of Health, New Zealand Customs Service, Ministry of Justice, Ministry of Youth Development, Ministry of Police, Ministry of Pacific Island Affairs and Te Puni Kōkiri. We gratefully acknowledge the support provided by these government agencies during the course of the research. The protocols and procedures used to collect and store the data for the project were approved by the Massey University Human Subjects Ethics Committee. No data was collected on specific people, places, times or events. All the information provided is strictly confidential and anonymous, and only disseminated in aggregate. The project was designed so that no individual participant could be identified at a later date. The completed questionnaires and project database is held at the SHORE offices and is not shared with any external person or organisation. We would like to thank Dr. Louisa Degenhardt and other researchers at the National Drug and Alcohol Research Centre (NDARC) in Australia for their assistance and materials provided during the development of the IDMS. We would like to thank all the key informants who offered their expert opinion for the project and who received no compensation for their time. We would also like to thank the following agencies and organisations who provided secondary data sources on drug use in New Zealand:

- Alcohol Drug Association New Zealand (ADA)
- Community Alcohol and Drug Services (CADS), Auckland
- Ministry of Health
- National Addiction Centre (NAC), Christchurch, Otago School of Medicine
- National Drug Intelligence Bureau (NDIB)
- New Zealand Police
- New Zealand Customs Service
- New Zealand Health Information Service (NZHIS)
- Odyssey House, Auckland

We acknowledge the support provided by the Needle Exchange New Zealand and the New Zealand Drug Foundation. Last, but by no means least, we would like to thank all the interviewers who worked with us on the project and the frequent drug users who agreed to be interviewed for the study.

Correspondence

Dr Chris Wilkins, Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University, PO Box 6137, Wellesley Street, Auckland, New Zealand, tel. 00 64 9 366 6136, email: c.wilkins@massey.ac.nz