Changing the Market Culture for Methamphetamines

Models of Demand Reduction – An Australian Perspective

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Abstract

There is a need to reduce the demand for methamphetamine, commonly known as 'Ice' or 'meth', because of the high risk of mental and physical health that they present.

According to the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2014, the global market for amphetamine type stimulants (ATS) is expanding in South East Asia and methamphetamine has replaced heroin as the most problematic drug in Asia. In Australia, most methamphetamine production is local, although precursors are sourced from overseas, particularly South-East Asia. Further, according to the Australian Customs and Border Protection Service (ACBPS), seizures of methamphetamine increased substantially between 2011 and 2013 compared with previous years. 'Law enforcement agencies at the Australian border are increasingly finding innovative and sophisticated techniques of concealment adopted by drug traffickers engaged in the importation of illicit drugs and precursors'.[1]

There are a number of reasons why traffickers and dealers find Australia a lucrative market.

1. Price
2. Soft or token penalties
3. Lack of knowledge about methamphetamine, the substance
4. Lack of awareness of the harms to mental and physical health
5. Lack of political will

Preventive action needs to be given priority, as methamphetamines are known to damage young brains and their future potential, create unsafe workplaces, present a greater risk on the roads and result in increased violence in our communities, families and relationships.

Of particular concern is the increased incidence of child abuse and neglect**.** There is an urgent obligation to re-visit our responsibilities related to the United Nations Convention on the Rights of the Child – the most ratified Human Rights Convention in the world and specifically:

Article 33 states that Member States: "*shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances*".[2]

This paper presents working examples in three countries as to what can be done to achieve greater prevention in methamphetamine use and harm, with demand reduction and early intervention models being described.

Introduction

There is a need to reduce the demand for methamphetamine, commonly known as 'Ice' or 'meth', because of the high risk of the harms to mental and physical health that they present.

Globally, in 2011, an estimated 0.7 per cent of the world population aged 15-64, or 33.8 million people, had used amphetamine-type-stimulants (ATS) in the preceding year. Methamphetamine continues to dominate the ATS business, accounting for 71 per cent of global ATS seizures in 2011. Methamphetamine pills remain the predominant ATS in East and South-East Asia: 122.8 million pills were seized in 2011.[3]

Australia's high per capita rates of illicit drug use include methamphetamines. In a report released in April 2014 the Australian Crime Commission (ACC) it is reported that West African and Chinese organised crime gangs are supplying significant amounts of ATS to South East Asia for domestic consumption, and Australia is a key market, with high demand. In the past

decade increases in supply has reached 751%. Pricing is high in Australia but people are paying it.

Other facts revealed in the report include:

- The number and weight of ATS detections at the Australian border increased in 2012-13 and are the highest on record.
- Drug profiling data indicates that the majority of analysied methamphetamine seizures are primarily manufactured from ephedrine/pseudoephedrine.
- The number of national ATS arrests continued to increase, with the 22,189 arrests in 2012–13 the highest on record.[4]

In the state of Victoria the concern about 'Ice' use levels has been described as reaching 'pandemic proportions' and that:

- In Victoria 'Ice' is the purest available in Australia, with the median purity level jumping from 20 per cent to 76.1 per cent in just the past two years'.
- 'Victoria last year had the biggest percentage increase of any state in seizures of ice and other amphetamines, with more than 1.8 tonnes seized in what was a 35 per cent increase in the number of busts'.
- Victoria Police's Deputy Commissioner has revealed that 'bikie' gangs (outlaw motorcycle groups) and overseas criminal syndicates were taking advantage of the highly addictive aspect of ice "to actively hook thousands of young Victorians".[5]

To help understand the level of risk created by methamphetamine use, this paper presents a contextual overview and some reasons why there is a lucrative market in Australia. The need for prevention is highlighted and some best practice models are also described.

Why is there such a lucrative market for methamphetamine in Australia?

There are a number of reasons why traffickers and dealers find Australia a lucrative market.

1. Price

   Organised crime gangs are flooding Australia with ice and other illegal drugs because Australians are prepared to pay world record prices for them. Australia is one of the world leaders in terms of price at up to $AUD320,000 a kilo of crystal meth ('Ice'), compared to the United States where the average price is $AUD100,000 per kilo and China where it is as low as $AUD7000 a kilo. Organised crime is aware Australians have a particularly high disposable income after decades of economic growth.[5]

2. Soft or 'Token' Penalties

   Penalties for drug trafficking and use are all too often a 'slap on the wrist'. Victoria has recently proposed tougher penalties for trafficking, but it is yet to be tested. Victoria's According to Attorney-General Robert Clark: 'The new forfeiture law will apply on top of the average 14-year jail term that offenders will face under our baseline sentencing reforms. The key difference is that under the new laws there'll be no need to prove that the offender's property came from the proceeds of crime or was used to commit the crime.'[6]

   Permissive drug policies derive from many factors, which may be usefully summarised as availability, accessibility and acceptability, without accountability.

3. Lack of knowledge about methamphetamine, the substance.

   Methamphetamines are a 'supercharged' form of amphetamine and have four common forms — tablet, crystal, base (also referred to as paste) and powder (also referred to as speed) — with powder the most common form used in Australia.

Crystal methamphetamine, often referred to as 'Ice' or 'crystal meth', is a highly purified form that is crystalline in appearance. Ice is generally heated and the vapours inhaled. It may also be injected after being dissolved in water.

What do users seek? Because it's a stimulant, smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria. However, when the pleasure fades just as quickly, users often take repeated doses, in a "binge and crash" pattern.

4. Lack of awareness of the harms to mental and physical health

   Due to slight structural differences, methamphetamine produces a stronger nervous system response than amphetamine.

   Short-term effects of use may include sweating, headaches, insomnia, anxiety and paranoia. High doses can result in blurred vision, hallucinations, tremors and stroke.

   Long-term use may result in severe dental problems, reduced immunity, high blood pressure, depression, impaired memory and concentration, deficits in motor skills, aggressive or violent behaviour, anxiety, cardiovascular problems and kidney failure.[7]

5. Lack of Political Will

   There is regrettably, low government priority to provide preventative initiatives such as effective, targeted and continuing community education campaigns.

   In 2002-5 Australia had a well funded and resourced National School Drug Education Program. By 2007, it was effectively dismantled due to funding cuts and change in government priorities. Schools are now left to their own devices in dealing with drugs issues and rely on charities or NGOs to provide education programs. Two of these are the Dalgarno Institute and Life Education. Drug Free Australia, with its numerous affiliates, works hard to reach communities with an important primary prevention message, educating people about the harms of illicit drugs and offering solutions to local issues.

   In 2006/7, the Federal Government's Department of Health and Ageing produced a confronting, but potentially effective media and community communication campaign designed for television. Every household received a booklet about the harms of illicit drugs. Interestingly the 2007 National Household Survey showed a decrease in illicit drug use.[8] Unfortunately the media campaign was short-lived; had it been sustained, we may have seen even better results in the 2010 Household Survey.

   More political emphasis and government resourcing has been allocated to treatment and harm reduction. Whilst treatment and harm reduction are necessary, they are both reactive measures, and as such do nothing to reduce the influx of new users – this is where prevention, of which education is a part, comes in.

   To quote Colliss Parrett, Fellow of Drug Free Australia and former Director, Drugs of Dependence, Commonwealth Dept of Health: 'Drug events are reported most days of the week in our national papers. In Sydney, methadone users who are selling their take-way doses are reportedly linked to a black market in the drug. In Australia there are 47,000 people registered for treatment with methadone, mainly for heroin use. Sweden has forty percent of Australia's population. A Swedish 2012 Institute of Health report reveals that country has only 1700 on methadone'.

Why do we need to take preventative action?

In Australia, 'Ice' has reached pandemic proportions, damaging young brains and jeopardising young peoples' future potential, creating unsafe workplaces, inducing greater risk on the roads, increasing violence in our communities, and sabotaging families and relationships.

Of particular concern is the increased incidence of child abuse and neglect**.**

For example**,** the National Institute on Drug Abuse NIDA estimates that: 'Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.'[9]

The 2012 Cummins Report into Victoria's vulnerable children shows an alarming trend – which could well be a reflection of other jurisdictions in Australia. It found that over the past decade, the number of children and young people in out-of-home care increased by 44 per cent an annual growth of around 4 per cent a year bringing the total number of children and young people in care to 5700 at June 2011.[10]

The Cummins Report also reveals that in 2010-11, there were 55,000 reports concerning child safety to the Victorian Department of Human Services with nearly 14,000 considered sufficiently serious that they were formally investigated. Those investigations found that in 7600 of these cases, the concerns about the safety or welfare of these children were well founded.The report found that Aboriginal children and young people were significantly over-represented in Victoria's system for protecting children.[10]

Clearly, there is a significant need to re-visit and implement proactive prevention and early intervention strategies.

There is an urgent obligation to re-visit our responsibilities related to the United Nations Convention on the Rights of the Child – the most ratified Human Rights Convention in the world, which specifically includes the following:

Article 33 states that Member States: "*shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances*".

Article 6 states that "*every child has the inherent right to life and that Member States shall ensure to the maximum extent possible the survival and development of the child"*

Article 27 states that Member States *"recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development".*[2]

What can be done? - Successful models of Demand Reduction

A number of countries have demonstrated examples of demand reduction and early intervention to prevent harms caused by methamphetamines

Case Study Number 1: Sweden.

Sweden has sustained one of the lowest rates of illicit drug use in the world.

Of note is the fact that Sweden, whose population is 40% of that of Australia, has a total of 29,500 problematic drug users, according to the Swedish National Institute 0f Public Health 2012.[11]

Whereas in Australia the 2004 National Drug Strategy Household survey reveals that illicit drug use was high with meth/amphetamines second only to cannabis. That is, 'cannabis was the most commonly used illicit drug, with one in three (33.6%) Australians having used at least once in their lifetime. The next most commonly used drugs were meth/amphetamines (9.1%), ecstasy (7.5%), and hallucinogens (7.5%)'. [12] The trend is currently on the rise.

How did Sweden achieve such relatively low levels of illicit drug use?

In the 1970s Sweden had the highest levels of drug use in Europe, but had the lowest levels of drug use in the developed world by the new millennium. Amphetamines were a major part of Sweden's problem at that time.

A 'Top Down & Bottom Up Approach' is the key to their successful drug strategy. This is a combination of political will and leadership from the Swedish government combined with the implementation of education and health programs to achieve the strategy. Education and public awareness campaigns are conducted with a synchronised message of prevention between school, health and law enforcement. Sweden operates a restrictive drug policy, with emphasis on rehabilitation of all problem drug users**;** there is court-enforced rehabilitation as against court**-**enforced prison**,** and drug use is still criminalised as part of sending a clear message about the harms of illicit drugs.

An example of how the policy is implemented can be found in Sweden's compassionate approach to policing illicit drugs.

Stockholm County Police combined with Social Services in an early intervention approach when minors are found to be using drugs. They attend raves and other venues where young people might be tempted to experiment and when they are alerted to an incident they speak to the young people and request them to attend a special centre (not a police station) for questioning and testing. At that point they are introduced to staff from Social Services and Health Care and offered treatment.[13]

A further initiative is Mentor International and Sweden's involvement of this program – with high profile leadership by Queen Sylvia of Sweden. Mentor (Sweden) is part of the international Mentor Foundation, working with drug prevention around the world.

The Swedish branch began in 1994 with a sole focus on health promotion and prevention of drug abuse among children and young people in Sweden.

'The target groups are young people between the ages of 13-17, parents with children 6-18 years and schools. In partnership with Swedish corporations and adult volunteers from the public, Mentor Sweden manages three key programs: Mentoring, Parenting and Inspiration activities that create study motivation, among others'.[14]

The activities aim to prevent abuse by building relationships and meaningful communication between young people and adults.

Case Study Number 2 – the United States of America

*Prevention Programs for Young Rural Teens have shown great promise***.**

The National Institute on Drug Abuse (NIDA), National Institutes of Health research in middle schools, indicate that prevention programs are able to reduce methamphetamine abuse among rural adolescents long term.

It is the first study to examine the effects of a preventive intervention on methamphetamine abuse among youth, according to NIDA Director Dr. Nora D. Volkow. 'The results of this research indicate the effectiveness of prevention programs on lifetime or annual methamphetamine abuse.'[15]

'The research assessed the effects of two randomized, controlled, prevention trials on methamphetamine abuse among middle and high school students.

In the first study, 667 families of rural Iowa 6th-graders were randomly assigned to participate in one of two family-focused interventions, the *Iowa Strengthening Families Project* (ISFP) or the *Preparing for the Drug Free Years* (PDFY) program, or act as controls. A total of 457 families participated in the 12th-grade follow-up.

In the second study, 679 families of rural Iowa 7th-graders were randomly recruited for the *Life Skills Training* (LST) program (a school-based intervention) combined with the *Strengthening Family Program for Parents and Youth* 10-14 (SFP10-14 — modified from the ISFP), the LST

program only, or a minimal-contact control group. A total of 588 families participated in the 11th-grade follow-up and 597 families participated in the 12th-grade follow-up.

The *Iowa Strengthening Families Project* and *Strengthening Family Program for Parents and Youth* target the enhancement of family protective factors and the reduction of family risk processes. The *Preparing for the Drug Free Years* program is designed to enhance parent-child interactions and to reduce children's risk for early substance abuse. The *Life Skills Training* program is a school-based intervention designed to foster general life skills as well as teach students tactics for resisting pressure to use drugs.

In the first study, none of the ISFP 12th-graders had abused methamphetamine in the past year compared to 3.6 percent of the PDFY 12th-graders and 3.2 percent of the controls.

In the second study, the combined SFP 10-14 and LST intervention showed significant effects on both lifetime and past year methamphetamine abuse.

Only 0.5 percent of this group had abused methamphetamine during the past year, compared with 2.5 percent for LST-alone and 4.2 percent of the controls. At the 12th-grade follow-up, lifetime abuse of the drug was significantly lower in both the SFP 10-14 and LST and the LST-alone groups (2.4-2.6 percent) versus the control group (7.6 percent)'.

"Adolescents who participated in both programs showed a relative reduction in lifetime methamphetamine abuse of 65 percent compared with the controls," says Dr. Richard Spoth, of Iowa State University and lead author of the study. "This means that for every 100 adolescents in the general population who reported methamphetamine abuse, there would be only 35 in the intervention population reporting abuse during the same period."[16]

Media and public service campaigns

There are a number of online campaigns that deserve mention because of the positive impact that are having on methamphetamine use prevention. *For example:*

- *The Partnership for a Drug-Free America "Meth Stories: Affecting Your Community"* web site, established for both parents and youth to focus on preventing methamphetamine use, has been effective in changing perceptions of the dangers associated with its use.
- *The Rehabs.com website* (www.rehabs.com) has released a new video that shows the tragic demise of several healthy men and women after addiction to drugs, and particularly methamphetamine.
- *Learn the Link* is the focus of NIDA's current public service campaign, established especially for young people. It demonstrates the importance in knowing that methamphetamine use can also be linked to risky sexual behaviors, which increase the risk for transmission of infectious diseases, such as HIV.

Conclusion

As demonstrated in the evidence presented in this paper, there is no doubt that there is an urgent need to reduce the demand for methamphetamine in Australia. The increased volume of use is a concerning indicator that there is a high risk of mental and physical health to individual users, which directly and indirectly impacts on their families and the communities in which they interact.

The evidence shows that a more preventive approach can bring dividends of health promotion, as shown in America and Sweden, and such approaches can be very cost-effective.

It must be acknowledged that it can often be seen that there is no one 'silver bullet' solution. Giving knowledge about a behaviour may not, on its own, produce significant behaviour changes. Australia's politicians and community leaders together with health professionals, educators and law enforcement personnel need to be directly engaged.

It is a sad fact that what has been witnessed in both Colorado and Washington in the United States demonstrates that sound knowledge can be swept aside by well-financed lobbyists.

Australia must never fall prey to such vested interests if our future generations are to reap the benefits of 'this lucky country'.

A wider, more holistic approach is called for, involving the whole community in ways that, over time, produce a change in culture – and thus a change in behaviour.

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