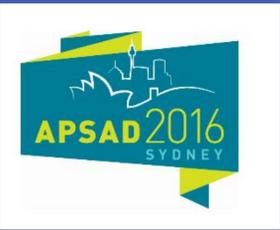


Crystal Clear: The Rise of Methylamphetamine and its Impact on the Client Population of a NSW Court Diversion Program



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WSLHD, Drug Health, MERIT



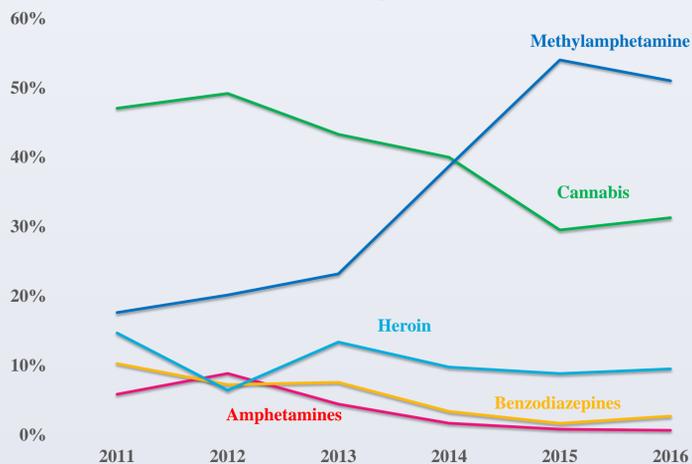
Introduction

The Magistrates Early Referral Into Treatment program (MERIT) is a voluntary court diversion program that aims to address underlying drug use issues that contribute to criminal offending. Preliminary data obtained from the Western Sydney Local Health District (WSLHD) MERIT branch indicates that methylamphetamine prevalence has significantly increased in the period 2011-2016. The aim of this study is to examine how the rise in methylamphetamine (otherwise known as "ice") use has contributed to changes in client demographics and program engagement.

Findings

Data collected from 1055 clients who participated in the WSLHD MERIT program shows changes in the proportion of clients nominating methylamphetamine as their primary drug of concern over the last five years, compared to other drugs.

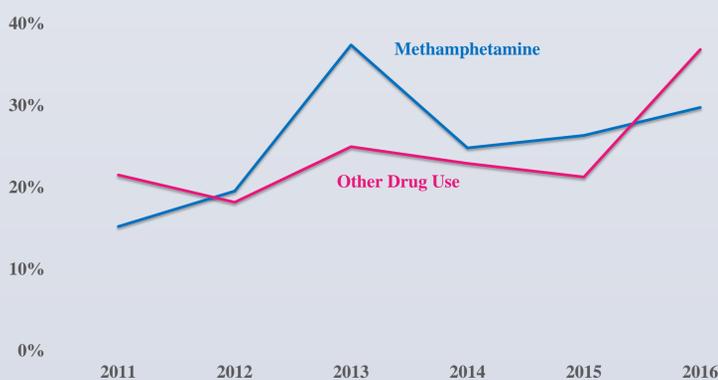
Primary Drug of Concern



The proportion of people who use methylamphetamine has increased from 18% in 2011 to 51% in 2016. This is in the context of markedly lower proportions of people using benzodiazepines, heroin, and other amphetamines across this time period. It is also of interest to note the reduction in people who use cannabis from 47% in 2011 to 31% in 2016. Recent research has suggested that although use of methylamphetamine has not increased across the general population, users of other forms amphetamines (e.g. speed, base) appear to have switched to the more potent, higher purity crystalline form of the substance (i.e. methylamphetamine)¹.

Contrary to the popular characterisation of people who use methylamphetamine as significantly more violent than other drug users, our data indicates that there was **no difference** between these two populations (25% for methylamphetamine; 24% for other drug use) with regards to their likelihood of presenting to the MERIT program with violent offences.

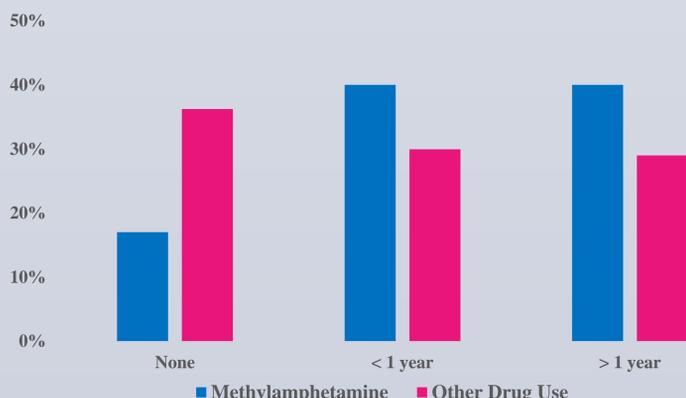
Violent Offences



Across the time period of 2011-2016 the proportion of clients presenting with violence offences increased for people who use methylamphetamine from 15% to 30% which was comparable to the 21% to 37% increase for people who use other drugs.

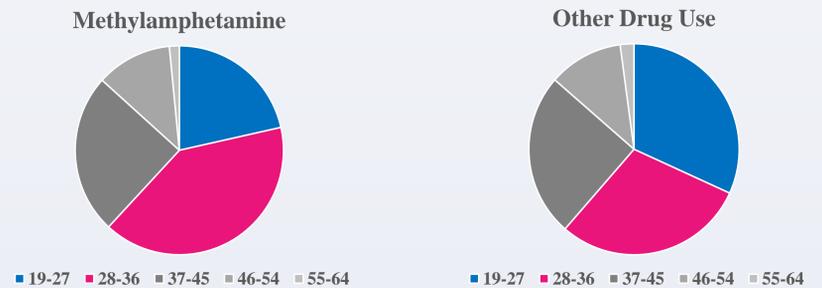
Despite finding that people who use methylamphetamine are no more likely to be charged with violent offences than people who use other drugs, we did find a difference between these populations with regards to the likelihood of having served previous gaol time and the likelihood of having served both short-term and long-term periods in custody.

Previous Gaol Time



Whilst the average age of people who use methylamphetamine was the same as people who use other drugs (approximately 34 years old), the following graph illustrates observable differences between these groups in two key age ranges.

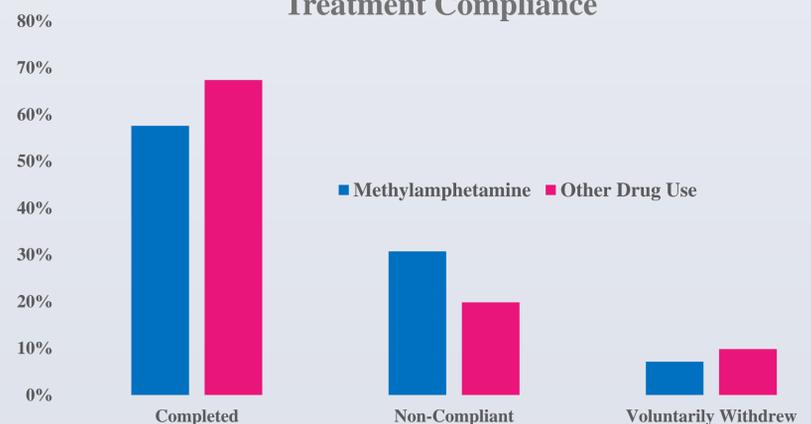
Age Breakdown



Of the total number of people who use methylamphetamine, 40% fell in the 28-36 age range compared to 21% in the 19-27 age range. Of the total number of people using other drugs, only 30% fell in the 28-36 range compared to 32% in the 19-27 range. These findings are consistent with the research that indicates problematic methylamphetamine use generally occurs later in life following experimental use of other substances or more regular use of other amphetamines¹. There were no age group differences for clients aged 37 and above.

Consistent with previous research suggesting that people who use methylamphetamine have poorer treatment compliance², our data indicates that they are less likely to successfully complete treatment and more likely to be found non-compliant with conditions of treatment (e.g. missing appointments, losing contact with the service).

Treatment Compliance



Conclusions and Implications

Within the population of clients using drugs on the WSLHD MERIT program, people who use methylamphetamine represent a distinct sub-sample. Our findings support previous research that suggests people who use methylamphetamine are older, and previously used other drugs, which has clear implications for both policy and funding decisions. Funding treatment services for this client population would appear to be more effective and cost-efficient as compared to prevention-type strategies. Moreover, more research is needed into treatments that engage people who use methylamphetamine.

The finding that clients who use methylamphetamine were less likely to complete treatment and more likely to be non-compliant has important treatment implications. Therapeutic approaches such as motivational interviewing have been shown to be effective in working with people who use other amphetamines and struggle with treatment engagement³. Motivational interviewing is conducted in a non-judgmental, client-focussed style that helps clients develop their own intrinsic motivation to change and ultimately elicit desired behaviour change.

In addition to the benefits of motivational interviewing, our data underscore the importance of trauma informed care in working with people who use crystal methylamphetamine. We found that this client population is more likely to have spent time in gaol, which previous research has noted increases the likelihood of a person having experienced previous trauma⁴. A recognition and understanding of how this trauma has impacted a person's life is essential to empathic, effective treatment.

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Acknowledgements and Contacts

Thanks to:
 Karen Hay (Manager, MERIT/Drug Court)
 Xiaojing Zhao (Data Manager, Drug Health)
 Pip Bowden (Psychology and Counselling Services Manager)

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