

## A Survey of Meth Use in New Zealand



The picture painted by survey data of meth use in New Zealand runs contrary to the popular narrative of meth use - which assumes meth indiscriminately infects homes and communities and does not distinguish between gender, age, ethnicity and social class.

### Number of Meth Users

According to findings from the 2019 Global Drugs Survey, 9.4% of all respondents (from 30 nations) had used meth in their 'lifetime', while 4% had used meth in the last year (Winstock et al., 2019). In New Zealand, almost half (43%) of adult New Zealanders have admitted to using an 'illegal drug' in the last year, while 14% said they had used an illegal drug in the past month (McQuillan, 2017). In addition, about 8% of adult New Zealanders have used amphetamine/methamphetamine in their lifetime (Winstock, 2016), while between 0.7 and 3% used amphetamine/methamphetamine in the last year, and about 0.2% said they used on a monthly basis (0.3% of men and 0.1% of women aged 16-64) (Ministry of Health, 2014; Policy Advisory Group, 2015; Ministry of Health, 2016; McQuillan, 2017; MacLean, 2018).<sup>1</sup> Contrary to the 'one hit of meth and you are hooked' narrative, only 1-in-15 to 1-in-4 of those who used meth in the last year use meth on a monthly basis.

We may therefore estimate that New Zealand has approximately 30,000-to-90,000 adults aged 16-64 who used meth in the last year, roughly 6,000 monthly meth users, with an estimated 16,000 grams of meth consumed and \$9.6 million spent on a weekly basis (Savage, 2019).

### Change Over Time

Contrary to the view that meth use seemingly increases year-on-year, between 2011 and 2019 amphetamine/methamphetamine use has remained relatively consistent, with 0.7% to 1.1% of the adult population (or 0.9% to 1.4% of men and 0.4% to 0.6% of women) having used amphetamine/methamphetamine in the last year (Ministry of Health, 2019). Likewise, combined results from 2006 to 2014 'Illicit Drug Monitoring System' surveys indicate there was no statistically significant change in frequent drug users' 'perception' of the number of people using meth (Wilkins, et al., 2015).

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<sup>1</sup> In the NZ Health Survey, an 'amphetamine' includes 'P' ('pure' methamphetamine), ice (crystal methamphetamine), and speed (amphetamine).

From the late-1990s until recently, the average **price** (and **strength**) of meth remained relatively consistent. Between 2006 and 2015, one-tenth of a gram (called a 'point' or 'dollar bag') cost about \$100, while a gram cost between \$600-800, and an ounce \$12,000-14,000 (Wilkins, et al., 2017). Since 2016, however, the nationwide median price for a gram of meth has decreased to a record low of \$500 (Wilkins, et al., 2017 and 2019), which has coincided with record seizures of meth at ports and entry points since 2015 (Weekes, 2019). In 2019, for example, police estimate 832kg of meth was consumed annually in NZ, whereas over 1,500kgs was seized at the border or during police raids (Ashton, 2019). By contrast, between 1999 and 2003 (the year meth was reclassified a Class A substance), on average 3.1kgs was seized annually, while between 2004 and 2014 on average 48kgs was seized annually (Wilkins, et al., 2015).

As seizures of imported meth has increased substantially since 2015, the number of illegal manufacturing labs detected by police has steadily decreased: from a peak of 211 in 2006 to 74 in 2016 (Wilkins, et al., 2017).

Thus, while New Zealand is currently experiencing declines in the use of the most commonly consumed drugs – alcohol, cigarettes and cannabis (Johnson, 2018), meth has slowly become more cheaply, easily and quickly available (e.g., the percentage of frequent users who could purchase meth within an hour increased from 56% in 2006 to 72% in 2016) (Wilkins, et al., 2017).

### **Gender, Age, Ethnicity & Social Class**

The 'New Zealand Health Survey' data clearly shows meth use in New Zealand is unevenly distributed in regards to gender, age, ethnic composition and social class.

Regarding **gender**, meth use among males is two to three times higher than females. According to the 2015/16 NZ Health Survey, amphetamine/methamphetamine use (in the prior 12 months) among males is approximately three times higher than females (1.7% vs. 0.6%). Likewise, the 2018/19 NZ Health Survey found 1.4% of men and 0.6% of women used amphetamine/methamphetamine in the last 12 months.

Regarding **age**, those aged 25-34 use meth at a higher rate than other age groups. According to the 2015/16 NZ Health Survey, those aged 25-34 have the highest prevalence use rate (2.4%), followed by those aged 16-24 (1.6%). Those aged 55–64 years have the lowest prevalence rate (0.3%), while the average age was 31.

Likewise, the 2018/19 NZ Health Survey found those aged 25-44 use meth at a much higher rate than all other age groups.

Regarding **ethnicity**, the 2015/16 NZ Health Survey found Māori are more than twice as likely to have used meth than European/Pākehā adults (2.9% vs. 1.3%). Prevalence among Pacific groups is similar to European/Pākehā (1.2%), while Asian adults are the least likely ethnic group to use meth (0.2%) (Ministry of Health, 2016). Likewise, the 2018/19 NZ Health Survey found 3.3% of Māori used meth in the last year compared to 0.9% of 'European/other', 1.1% of 'Pacific', and 0.2% of 'Asian'.

Regarding **social class**, about five times more people living in the 'most deprived' neighbourhoods use meth than those living in the 'least deprived' neighbourhoods (2.3% vs. 0.4%) (Ministry of Health, 2019). According to findings from the 'Illicit Drug Monitoring System' survey, between 2006 and 2014, on average 60% of frequent meth users (compared to 9% of frequent ecstasy users) were either unemployed or on a sickness benefit, while on average 29% had no educational qualifications (Wilkins, et al., 2015).<sup>2</sup>

Thus, the most at-risk individuals are Māori males aged 25-34 living in the most socioeconomically deprived neighbourhoods. Conversely, meth use is essentially non-existent among Asian women aged 55-64 living in well off neighbourhoods.

## Prisoners

According to the Department of Corrections, in 2008 about two-thirds of all prisoners had ongoing drug and alcohol problems (Policy Advisory Group, 2009). Specifically, 36% of those arrested for a criminal offense in 2015 reported using methamphetamine in the previous 12 months (Johnson, 2018) – or 12 to 36 times the general population. And of the frequent meth users surveyed by Wilkins, et al. (2017), between 2006 and 2016 42% of respondents had, on average, been arrested in the previous 12 months. In addition, 78% been arrested for a crime in their lifetime, while 63% had previously been convicted of a crime. Between 2006 and 2014, on average 8% of frequent meth users had been imprisoned in the previous 12 months (Wilkins, et al., 2015) (by contrast, about 0.2% of NZ's total adult population is in prison at any one time).

## Meth and Gangs

Gangs (called 'clubs' by their members) and organised criminal groups are closely involved with methamphetamine. Trans-national criminal organisations (from China, South-east Asia, Mexico, South America) are increasingly involved in the importation and distribution of methamphetamine, while manufacture and trade in meth has helped local gangs acquire millions of dollars in revenue.

Survey results from 2010 to 2016 indicate that between 33%-56% of frequent drug users purchased meth from a gang member or gang associate (Wilkins, et al., 2017). In 2007, police concluded that 73% of all illegal manufacturing labs were connected to organised criminal groups (Policy Advisory Group, 2009). According to the President of the Police Association, methamphetamine is now the biggest driver of crime in 11 of the 12 police districts (Clayton, 2017). Methamphetamine offenses represented 18% of drug offenses in 2008 but, by 2017 this had increased to 42%. While convictions for drug offenses have decreased 30% since 2010, the

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<sup>2</sup> According to data from the 2013 census, 20.9% of New Zealanders had no educational qualification. In the Wilkins et al. study cited, 33% of frequent meth users obtained a high school qualification in 2014, which is the same as the 2013 census data (where 33.3% obtained either 1, 2 or 3 NCEA level).

number of methamphetamine-related offences rose 160 per cent between 2008 and 2017, with 80% of that increase occurring between 2014 and 2017 (Johnson, 2018). Between 2013 and 2015, overall convictions for methamphetamine increased by 22% (from 2,610 convictions to 3,177). Most of this increase stemmed from offenders who had never been previously charged with a methamphetamine offense (Policy Advisory Group, 2015).

### **Meth and Health**

Meth use is said to increase the risk of cardiovascular and mental health problems, particularly anxiety, mood swings, paranoia and hallucination, which can lead to users disconnecting from family and community (Policy Advisory Group, 2009). However, Wilkin's et al.'s 2015 survey of frequent meth users between 2010 and 2014 found, on average, 65% self-assessed their physical health as either good, very good or excellent, while only 12% rated their physical health as poor. Additionally, 70% categorised their mental health as either good, very good or excellent, while only 7% rated their mental health as poor. Nevertheless, Wilkins et al.'s 2017 survey found 61% of frequent meth users reported having suffered from a mental illness at some point in their lifetime.

### **Meth and Violence**

Meth use is said to be associated with violent behaviour, particularly for those with existing mental health problems and a predisposition for violence (Policy Advisory Group, 2009). In 2014, 13% of the 99 frequent meth users surveyed said they had committed a violent crime in past six months (compared to 4% of ecstasy users), while 3% had committed a violent crime in the past month (Wilkins, et al., 2015). Likewise, in 2016, of those arrested in the previous 12 months, 6% had been arrested for a violent crime (Wilkins et al., 2017). More generally, these frequent meth users have reported a range of negative social consequences from their meth use, including, arguing with others, losing one's temper, verbally or physically threatening or hurting others, damaging and/or ending friendships and relationships, a reduction in work or study performance, and over-spending or going into debt (Wilkins, et al., 2015).

In an analysis of the link between amphetamine/methamphetamine use and violence among participants in the longitudinal birth cohort 'Christchurch Health and Development Study', it was concluded "methamphetamine is independently associated with violence perpetration and victimization in the general population" (Foulds et al., 2020: 6). However, the authors noted "most people who used the drug[s] did not engage in violence, or experience violence from others" (ibid).

## Purchasing Meth

New Zealanders are concerned about frequent meth users burgling homes to pay for their expensive habit. According to official figures, frequent meth users arrested by police (0.2% of the total population) obtained, on average, \$1,840 per month from property crime (Policy Advisory Group, 2009), which was enough to purchase approximately 3 grams of meth. However, using the proceeds from property crime is (at 22%) only the 13<sup>th</sup> most common method used to purchase meth. Frequent meth users between 2006 and 2014 reported, on average, they are far more likely to have meth gifted to them by friends (75%), or use welfare benefits (74%) or wages (41%), or obtain credit from drug dealers (52%), or borrow money from friends (44%), or sell drugs themselves (41%). Frequent meth users were as likely to manufacture meth themselves (at 23%) as engage in property crime (Wilkins, et al, 2015).

## Manufacturing Meth

Legally speaking, since 2003 methamphetamine has been classified a 'Class A' drug in New Zealand. Class A drugs (including also cocaine, heroin, LSD and magic mushrooms) are classified as 'very high risk' substances. If an individual is caught by the police in possession of a Class A drug they can face up to 6 months in prison and/or a \$1,000 fine. Manufacture or supply of a Class A drug can result in life imprisonment (New Zealand Police). With knowledge of basic chemistry and access to the precursor (pseudoephedrine/ephedrine), reagents (such as iodine, red phosphorus) and solvents (such as acetone) methamphetamine can quite easily be manufactured. Between 2005 and 2015, 422 individuals per year were, on average, convicted of manufacturing methamphetamine (New Zealand Police). However, on average, 23% of the frequent meth users surveyed between 2007 and 2014 manufactured their own meth (assuming there are 6,000 frequent users, this means 1,380 of NZ's frequent users manufactured meth) (Wilkins, et al., 2015).

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