Anex Submission to the Law Reform, Drugs and Crime Prevention Committee Inquiry into the Supply and Use of Methamphetamine, particularly 'ice'

About Anex

Anex is a leading national voice in the public health sector. Since our inception as an independent, non-profit organisation in the 1990s, we have worked to increase understanding and improve responses to the problems arising from the use of illicit drugs, pharmaceuticals and alcohol.

Anex does not condone drug use, but strives to protect people from drug-related harm when at their most vulnerable.

Our mission

To employ the best available evidence and compassion to improve individual and community health and wellbeing by supporting and strengthening policies and programs that reduce drug-related harm in Australia.

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Contents

1. Introduction

Anex is a leading national voice in the public health sector. Since our inception as an independent, non-profit organisation in the 1990s, we have worked to increase understanding and improve responses to the problems arising from the use of illicit drugs, pharmaceuticals and alcohol. Anex is well-placed to contribute to the Law Reform, Drugs and Crime Prevention Committee's Inquiry into the Supply and Use of Methamphetamine, particularly crystal methamphetamine or 'ice'. We provide training, support and leadership to the frontline workforce, specialist alcohol and other drug (AOD) services and especially harm reduction services such as the needle and syringe program (NSP) workforce. Anex trainers travel throughout Victoria regularly, supporting large services as well as smaller and more isolated services, such as rural hospitals. The networks and relationships established in the course of this work give us an insight into the issues arising for these services, and the communities in which they operate, as they occur.

2. Background to our understanding of the current situation

Anex began receiving calls in 2012 from the media and the frontline workforce concerning the use of crystal methamphetamine or 'ice'. A wide range of services reported they urgently required resources and training in order to address increased use of this drug among clients. Around this time, media coverage of crystal methamphetamine use increased in a range of media outlets. For example, the Geelong Advertiser carried a feature on this drug in early November 2012. The Numurkah Times also carried a front page story on ice use shortly after this. Anex contacted the editor who explained that he had spoken with three users in Numurkah, who between them could identify 24 people from whom they could obtain methamphetamine. This indicated to us that even small towns were being affected by the use of this drug, which was confirmed through conversations with experienced AOD workers in other parts of rural and regional Victoria. As an outcome of these early enquiries Anex has, since December 2012, provided training around methamphetamine use and related harms to over 2500 people.

In the course of delivering our training we have heard many reports of a challenged public sector, and of families and communities unsure of how to respond to methamphetamine use, particularly ice. While Anex believes that the use of methamphetamine, particularly ice, is a concern in metropolitan areas, it appears most significant in regional and rural areas.

This submission addresses five of the Inquiry's terms of reference. These are:

- Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly among young people, indigenous people and those who live in rural areas.
- Examine the short and long term consequences of methamphetamine use.
- Examine the relationship of methamphetamine use to other forms of illicit and licit substances.
- Examine the links between methamphetamine use and crime, in particular crimes against the person
- Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use.

3. Recommendations

The following recommendations emerge from our reflections on the questions posed by the Inquiry, and in particular by the question regarding the adequacy of past and existing state and federal strategies for dealing with methamphetamine. These recommendations are underpinned by a public health understanding of AOD use. A public health approach acknowledges that social and environmental factors determine health inequality, and that the consumption of methamphetamine (and other drugs) is a health issue. Moreover, it assumes that methamphetamine use is a complex situation, and must be addressed through a broad range of strategies. These must be developed within a 'whole of community' approach to the issue, incorporating community, business, families and individuals. They must make the most of prevention and early intervention opportunities, but also provide harm reduction and treatment support for those who require this.

The following recommendations reflect Anex's commitment to the promotion of public health and harm reduction in the Australian community.

- Better linkages must be resourced, supported and sustained across the public sector including AOD, mental health, community welfare services, domestic violence, justice and emergency services, and with the broader community settings in which methamphetamine use may be prevalent, such as schools, sports clubs, entertainment precincts, and some workplaces. Enhanced networks and partnerships will enable the development of local strategies for addressing methamphetamine use, including better local surveillance to identify use patterns amongst particular demographics, sharing of information and better referral pathways. This support needs to take into account that, many people using methamphetamine do not seek help until they have serious problems, so points of early intervention are essential.

- Early warning data collection should be enhanced to include those services that have links to AOD but are not within the sector, and to report on specific at risk groups such as young people. This would assist in developing targeted interventions and strategies. This recommendation applies to drug and alcohol use more generally, but in the case of methamphetamine, crystal methamphetamine/ice use should be monitored in addition to other forms of methamphetamine use (such as 'base' and powder).

- Existing support networks and services should be updated, strengthened and better promoted. These should include services such as www.supportlink.com.au (a resource to assist police with referrals to social support services), existing youth services such as Frontyard and Department of Education and Early Childhood Development (DEECD) regional student wellbeing officers who provide schools with much needed student wellbeing support. This needs to be done in a way that ensures any updates are in line with the new Department of Human Services (DHS) and Department of Health (DOH) regional service structure.

- Cross-departmental strategies and intervention programs should be established between the DEECD, DOH, DHS and the Department of Justice to ensure coordinated responses with agreed protocols address drug incidents in Victorian schools which are focused on harm reduction and positive outcomes for the students concerned.

- Methamphetamine use, and its underlying causes, must be given appropriate priority in forthcoming AOD treatment, mental health and welfare services sector reforms.

- The AOD treatment sector needs to be resourced in order to have the capacity to respond to people using methamphetamine who want treatment. This requires that service providers are aware of best practice in the area of methamphetamine treatment and able to engage with people using methamphetamine for the length of time they require.

- The Medicare Local system should identify drug and alcohol misuse as a priority area. AOD treatment should be mainstreamed through this emergent health structure and, in the case of methamphetamine, be well connected to mental health services. The current pressures on the health system around methamphetamine could be the 'kick start' to drive this.

- Continuation and expansion of evidence-based universal preventative and early intervention strategies delivered systematically and consistently by trained community workers including AOD, mental health and welfare workers, are needed for target groups at appropriate times – e.g. young people of secondary school age.

- Awareness campaigns concerning methamphetamine use should be developed, delivered and evaluated; especially alerting people using this drug (and their families) to the risk of depression with a focus on helping people to recognise the early signs and to promote early help seeking for depression, anxiety or mood swings.

- Harm reduction interventions for people who use methamphetamine should be further developed, delivered and evaluated. For example, building the knowledge and capacity of

people who use to reduce their own risks and to intervene positively in their social networks. Further, both AOD and community services including primary care and emergency services should be provided with the capacity and frameworks for provision of harm reduction interventions as part of routine management of people who use methamphetamine.

- Innovative strategies to ensure harm reduction interventions are delivered to the broad range of people who use methamphetamine should be developed and evaluated. Other avenues of harm reduction for people using methamphetamine that could be explored include general practitioners (GPs), hospital staff and mental health workers. These interventions could range from brief interventions addressing overall physical and mental health such as information on getting enough sleep and eating well, to information about some of the possible long term effects of methamphetamine use, the harms associated with smoking and injecting this drug, and how to address acute harms such as overdose and/or drug toxicity.

- Innovative methamphetamine-specific harm reduction interventions for families of people who use methamphetamine should be developed, delivered and evaluated. These would include low literacy resources and resources that address some of the severe harms associated with methamphetamine such as violence and engagement in criminal activity.

- Consistent with the National NSP Strategic Framework, greater resourcing for workforce development, including curriculum development, E-learning and for regularised experience sharing through support for state-wide/national networking events should be provided.

- Additional resources should be committed to secondary NSPs, either directly on a service-by-service basis or through additional means such as resourcing support workers who could help tap the latent potential for the unfunded services to enhance their role through referral to other services. Such an investment strategy should ensure that population distribution is factored in so as to reduce existing regional disparities in service availability.

- Secure needle and syringe dispensing units (SDUs) should be introduced in Victoria to minimise the potential for the spread of blood borne viruses in a cohort that may not currently be accessing NSPs and other AOD services.

- Existing resources related to methamphetamine use and its related harms should be better promoted to workers across the community sector, improving awareness and use. This includes the suite of resources for frontline workers concerning management of

methamphetamine use, including the methamphetamine-related psychosis (see Jenner, Baker et al. 2004, Jenner, Spain et al. 2006, Jenner, Spain et al. 2006, Jenner and Lee 2008).

- The Department of Health and WorkSafe Victoria could collaborate to develop resources to support the development of an appropriate culture in all workplaces regarding alcohol and drug issues.

- Connections between workplace health and other sectors such as primary health, community health, and AOD treatment services should be fostered and strengthened. Collaboration between the Departments of Health and Business and Innovation and WorkSafe should occur in order to apply a more integrated government and community approach to AOD use, including methamphetamine use, in the workplace.

- Support from the Victorian State Government for a series of forums is recommended for professionals to learn from each other and to share the best national and international experience in minimising the harms of methamphetamine. This would provide the Victorian community workforce with examples of effective community-wide responses, as well as fostering networks and linkages in these sectors, whilst learning from other countries which have been facing this challenge for many years.

- An Interdepartmental Task Force should be established to ensure that the complex needs presented by that small group of young Victorians that have substantial contact with the Victorian Juvenile Justice System are better responded to with an intensive case management plan for each individual.

- Stronger coordination between mental health services and AOD treatment programs should be established and supported to more effectively respond to the needs of those persons coming into contact with the community corrections system.

- The Victorian prison population represents a community with complex and serious general health needs and their release back into the community has serious public health implications. Systems should be strengthened to enhance the psychological and physical health of people who are incarcerated. This should include improving capacity to participate in and contribute to family and community (including being work ready) upon release.

- In keeping with the Victorian Government's commitment to ensuring community safety and social cohesion, a post release program should be developed for every person released from

custody, including ensuring access to affordable housing, mental health services, drug treatment programs and harm reduction programs.

4. Addressing the terms of reference:

4.1. Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly among young people, indigenous people and those who live in rural areas

4.1.1. Current reporting and surveillance mechanisms

The most recent general population data available on methamphetamine use is the 2010 Australian National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2011). This report found that there was a decrease in recent use of methamphetamine between 2007 and 2010 (from 2.4% to 2.2% of the population). No data were collected on the use of ice in this survey. While the NDSHS is able to show population level use of AOD, it has limited use in terms of capturing drug trends, due to the time lag in reporting the data.

Other, more recent sources of data, suggest an increase in the use of methamphetamine has occurred at least over the last 12 months. The Illicit Drug Reporting System (IDRS) which surveys people who inject drugs, provides data on methamphetamine use, and specifies the use of crystal methamphetamine/ice among participants. The most recent Victorian IDRS reports that use of ice increased among participants, with 59% of participants recently using ice in 2012, compared to 36% in 2010 (Cogger, Dietze et al. 2013). While the IDRS provides information on drug trends, its results cannot be generalised to the general population. The IDRS cohort is, by definition, people who inject drugs, and is sampled from mostly metropolitan areas. Thus, people who use other methods to take drugs (such as smoking, a typical form of ingesting ice) and those who live in rural areas are not represented.

The Earlier Identification of Drug Harms Project (EIDHP) is a surveillance system coordinated by the Department of Health. The bi-monthly report provides confidential information on drug trends to the AOD sector and government. The Committee is in a position to note that the reports since 2012 have indicated a trend of increased methamphetamine-use in metropolitan and regional areas. The October-November 2012 EIDHP report found that both metropolitan and regional services reported a rise in methamphetamine use. In this period, a number of metropolitan services reported an increase in psychosis among clients, some of which was attributed to the use of methamphetamine. Metropolitan and regional services also reported increased violence among clients sometimes resulting in police attendance and withdrawal of services, during this period. The most recent EIDHP report (June-July 2013) reports that the majority of regional services stated that most of their clients

used methamphetamine, with these agencies reporting increased use or stable use among clients. This compares with November 2008, where the majority of regional services reported that few clients were using methamphetamine.

Victorian data on ambulance attendances, *Trends in Alcohol and Drug Related Ambulance Attendances in Victoria* (Lloyd 2013) indicate a rise in methamphetamine-related harm, particularly in metropolitan Melbourne. These data show a substantial increase in crystal methamphetamine-related ambulance attendances, with 592 ice call outs in metropolitan Melbourne during 2011-2012, compared to 282 in 2010-2011, and only 136 ice call outs recorded in 2009-2010. The 2011-2012 data for regional Victoria indicated that ambulance call outs related to ice use remained stable, compared to the previous reporting period 2010-2011. In the two reporting periods 2010-2011 and 2011-2012, alcohol was involved in roughly one quarter to one third of methamphetamine-related call outs in both metropolitan Melbourne and regional areas. The Committee is in a position to seek access to the current ambulance call out data reports before the expected compilation and release in 2014. It is likely that those reports will point to further increased ambulance call outs related to methamphetamine, particularly ice.

IDRS, EIDHP and ambulance data collected over the previous 24 months indicate a trend towards methamphetamine use, particularly ice, in both metropolitan and regional areas of Victoria, as well as an increase in methamphetamine-related harm. It is important that this data is used in order to address and counter the impact of particular drug trends. However, many people using methamphetamine are not in contact with AOD services (Quinn 2012). In this way, methamphetamine use has similarities with the growing use of synthetic drugs and pharmaceuticals, which seem to point to the diversification of drug using populations. People using these drugs may not come into contact with the AOD sector and thus the exclusive surveillance of traditional drug using populations and AOD services will not identify drug using trends among these emerging drug using groups. Anex has been commissioned to do a rapid community assessment (RCA) of ice in the community by the DOH. As part of this project, we will be asking a range of relevant agencies (including those outside of the AOD services sector) to share what data they collect. This is a first step in establishing what other services would be useful to monitor in terms of assessing emerging drug trends and their impacts. We expect to be able to share the findings of the RCA with the committee in time for them to use for their deliberations.

4.1.2. Young people and methamphetamine use

For many young people, while certain types of drug use such as addiction and chaotic use are not sanctioned (Green and Moore In press), drug use itself has become normalised (Duff, 2005). The NDSHS finds higher rates of recent use of methamphetamine among young people (4.0% of 18-19 year olds and 5.9% of 20-29 year olds). Recent research from South Australia found that around 20% of young nightclub goers are using methamphetamine and that there are higher levels of concern in this group regarding alcohol-related violence than methamphetamine-related violence {Groves, 2013 #519}. Other research finds that young people who use illicit drugs perceive the social and physical consequences of use as less bad than young people who have not used drugs {Lancaster, 2013 #520}. This suggests that, for many young people in Australia, drug use is a normalised, recreational and not a particularly harmful experience.

It is difficult to ascertain recent rates of methamphetamine use among young people in Victoria. One source of data is the Victorian Secondary School Survey (Department of Health 2012). In this research, Victorian secondary school students surveyed in 2011 were asked how many times, if ever, they have used or taken amphetamines other than for medical reasons in their lifetime. Overall, three per cent of those aged 12 to 17 years reported having ever used amphetamines, a comparatively low rate compared to students who reported ever having used licit drugs, such as alcohol (76%) and tobacco (25%) (Department of Health 2012). While this data is useful, it is limited. Research indicates that young people who use illicit drugs are less likely to attend school and therefore rates of illicit drug use in this sample are likely to be lower than among young people generally (Department of Health 2012). Further, given that the use of methamphetamine appears to have increased in at least the past 12 months, this particular data set is too old to capture this increase.

While there is a dearth of data concerning young people and the use of methamphetamine, particularly ice, in the course of Anex's work in various communities in Victoria, it has been reported to us that young people are increasingly using methamphetamine and/or ice. At a rural community forum recently held be Anex a young participant explained that ice use was becoming increasingly available, saying:

My community is Kerang and the use of [ice] has increased generally in the younger population, 16 to 21 [year olds] on Saturday night parties. It is very easy to get.

Another young participant at this forum described how increasingly availability was leading to the drug becoming more acceptable in her community, saying:

Ice was a drug that many people were scared of, and as its come into Swan Hill and more people tried it, then this encouraged more and more people to use it.

Many parents and families are very concerned about their younger people's use of this drug. Frontline workers and managers of services have also reported to Anex that family members, especially parents, are in urgent need of information and support to deal with young people's methamphetamine use. A respondent of the online survey conducted by Anex through The Age website illustrates the helplessness parents may feel:

[Methamphetamine use] is killing my son from the inside out. I'm losing him. There is no help out there for parents...where do we turn to get help?

In addition to young people at risk of problematic methamphetamine use, Anex is also aware that children are at risk of social exclusion and poor contact with the education system because of their parent's methamphetamine use. It has been reported to Anex during the course of its work throughout Victoria that this is a growing problem and warrants further investigation.

4.1.3. Indigenous communities and methamphetamine use

It is noteworthy that the Aboriginal health sector is openly concerned about methamphetamine impacts on their community members, including the older generation. Anex has carried out training around methamphetamine use for Aboriginal services and community forums. Through this work, Anex has received numerous reports that there are high levels of use of methamphetamine in these communities, and through discussions with Aboriginal services we are hearing of significant methamphetamine-related problems.

Previous research suggests that indigenous communities are vulnerable to drug-related harm (Maclean and D'Abbs 2002) and would benefit from both prevention and early intervention initiatives. While there is little evidence-base to draw upon in relation to Australian indigenous communities and strategies to address stimulant use, it could be worthwhile building upon work already done with Australian indigenous communities around the use of alcohol, cannabis and petrol. A review of petrol sniffing interventions found that any interventions should address three dimensions of use; the drug itself, the individual and the environment in which the drug is consumed (Maclean and D'Abbs 2002). The authors of the review argued that this means in addition to focusing on supply and educating individuals about drug harms, communities need to be resourced to develop strategies and interventions concerning drug use and its community-level harms (Maclean and D'Abbs 2002).

4.1.4. Regional/rural areas and methamphetamine use

It has been reported to Anex in the course of our work in regional and rural areas that the use of methamphetamine, particularly ice, is having an impact at a community level. While illicit drugs can be more difficult to source in country areas (particularly heroin) according to workers' reports to Anex and other sources such as the EIDHP reports, this is not the case with methamphetamine, which is easily accessed in these areas. Community workers have reported that the use of this drug has become socially acceptable, even to the point where some rural workers are using the drug in the course of their day to day work, particularly when they are involved in labouring work.

4.2. Examine the short and long term consequences of methamphetamine use

The harms related to methamphetamine use, particularly the use of ice, reported to Anex include the rapid deterioration of people using methamphetamine. That is, workers in the field are reporting to Anex that some people who begin using methamphetamine quickly progress to very harmful use, including engagement in criminal activity, such as theft. Less dramatically, workers also report that people using methamphetamine withdraw from previously enjoyed activities, experience relationship problems and engage in risky sexual behaviour. Community members at forums held by Anex have reported a rise in violence in their local areas that they believe is associated with the use of methamphetamine/ice.

The research suggests that only a small number of people using methamphetamine experience dependence and engage in heavy use of methamphetamine, requiring treatment (Pennay, Lubman et al. 2012). However, even occasional users of the drug may experience physical, social or psychological harm from methamphetamine use and could benefit from access to secondary interventions. Short term adverse effects might include undesirable psychological effects such as anxiety, paranoia, panic attacks and hallucinations (Iverson 2006). More long term adverse effects of the consumption of methamphetamine are well documented and include dependence, cardiovascular complications, neurotoxic effects associated with the development of psychomotor disturbances similar to Parkinson's disease and psychosis (Majumder and White 2012).

Consequences and harms of particular concern are the severe acute effects of methamphetamine use, such as psychotic symptoms and other behavioural effects, which can be high (Dawe and McKetin 2004, McKetin, McLaren et al. 2006). Further, the use of crystal methamphetamine/ice is associated with greater levels of harm than methamphetamine in other forms (such as powder and

base) {Kinner, 2008 #53}. The harms associated with crystal methamphetamine/ice use include binge drug use, drug-related financial problems, engagement in criminal activity and arrest {Kinner, 2008 #53}. Notably the risk of dependence is related to the way in which methamphetamine is ingested, with people who inject methamphetamine at greater risk of dependence than people who smoke, snort or swallow the drug (Quinn 2012). The use of ice, rather than powder or 'base' methamphetamine, is not related to greater incidence of dependence (Quinn 2012).

4.3. The links between methamphetamine use and crime, in particular crimes against the person

In the course of Anex's work with Victorian communities, we have been made aware of links between methamphetamine use and crime. In particular, it has been reported to Anex that the use of methamphetamine, specifically ice, is associated with violent behaviour. This includes violent behaviour towards family members, including parents or partners. Anex has had recent contact with service providers in the area of family violence services. These services have reported to Anex that levels of methamphetamine-related family violence in their area currently ranges from 'prolific' to 'unprecedented'. They reported that families they work with are experiencing more frequent incidents of domestic violence and incidents of greater severity, as well as a rise in the increase in property assaults and financial abuse. Service providers believe these incidents are related to the use of methamphetamine. Workers in these services have said that incidents of violence were occurring both while individuals were under the influence of methamphetamine/ice and during the 'come down' period. It has also been reported to Anex by family violence services that traditional interventions do not seem to work with people who are heavy users of this drug, because of the psychological and physiological harms they experience.

Regional communities have reported to Anex that there have been increases in theft, which they believe are related to the use of ice. One reason given for this is that some people shift very quickly from recreational use to recurrent use, with the associated need to finance this use. This has resulted in them engaging in theft, sometimes using the threat of violence, in order to maintain their use.

Research around the use of methamphetamine and its relationship to violence is still emerging. There is some evidence that methamphetamine use is associated with increases in violent behaviour, although it is not clear whether this is, 'attributed to methamphetamine use *per se*, or whether it is related to factors that co-occur with methamphetamine use, such as the violence inherent in the drug market, polydrug use, or predisposing personality' (McKetin, McLaren et al.

2007). Although the exact nature of the relationship between methamphetamine use and violence is unclear, Anex's contact with communities across Victoria illustrates that community services of all types are in need of better support and resources to address the violent and unpredictable behaviour of some clients. For example, when asked about areas in which support was needed to address methamphetamine use, a community health worker replied, 'We need more training on how to deal with violent and psychotic behaviour'.

4.4. Examine the relationship of methamphetamine use to other forms of illicit and licit substances

Methamphetamine is often presented as a significant problem in its own right. However, focusing on methamphetamine use alone misses the point that polydrug use is the norm among many people using drugs, and methamphetamine is typically used with a range of other drugs, including alcohol (McKetin, Najman et al. 2012). The range of drugs used with methamphetamine and the contexts and environments in which they are used, as well as the individual who uses the drug, all contribute to the ways in which methamphetamine is experienced and the impacts it has.

People using methamphetamine typically use a combination of other drugs (Darke, Kaye et al. 2008). Concurrent and heavy tobacco, cannabis and alcohol have been documented in Australian research with methamphetamine users (McKetin, Kelly et al. 2008). This is of concern given that methamphetamine is associated with a wider range of harms when used concurrently with other drugs. For example, the use of alcohol with methamphetamine may increase blood pressure, leading to heart problems, including cardiac arrest. The use of cannabis with methamphetamine is associated with a greater risk of experiencing symptoms of psychosis (Pennay, Lubman et al. 2012).

It is routinely reported to Anex through the course of its work that methamphetamine use is often related to engagement with the expanded night economy, specifically entertainment venues. It is also noted by numerous Anex constituents that methamphetamine is cheaper to use in comparison with alcohol, and is a used as a supplement to alcohol in terms of socialising longer.

4.5. Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use

A public health approach must inform any strategy to address methamphetamine use. Such an approach should reinforce the three policy pillars that have underpinned activity in this field in Australia for many years and made us a world leader in drug and alcohol policy:

- reduction in supply of illicit drugs and the inappropriate and harmful supply of licit drugs
- reduction in demand through an integrated approach across all sectors, including health, justice and harm reduction elements
- reduction in the harm caused to both individuals, their families, workplace colleagues and the wider community.

Recent analysis of government expenditure on illicit drug use shows the very small amount of money spent on reduction of demand and reduction of harm (Ritter, McLeod et al. 2013). The largest amount of expenditure was on law enforcement (64.1%), followed by prevention (10 %), treatment (22 %), harm reduction (2 %) and other (1 %) (Ritter, McLeod et al. 2013). It is notable that the Federal budget for law enforcement has increased over the past few years from 55% in 2002-2003, whereas harm reduction expenditure has decreased from 3% in the same period (Moore 2005).

Yet, judging by research on public attitudes commissioned by Anex in 2009, Victorians are in favour of greater balance between taxpayer funding on law enforcement measures to address illicit drug-related issues and harm reduction interventions (Anex 2009). When asked the question 'if the government had $100 to spend on addressing problems associated with illegal drugs, how much do you think they should spend on each of the following?', results analysis found that the preferred division for a majority of respondents was as follows:

Police, courts and imprisonment for people who use or produce illegal drugs:	$20
Educating people to prevent commencement of illegal drug use:	$30
Treatment programs that aim to reduce or end use in people using illegal drugs:	$20
Programs to reduce harms to individuals and the community resulting from illegal drugs use:	$20

These figures indicate that many people want to see drug use addressed through public health strategies. In relation to methamphetamine use specifically, community capacity and knowledge are key to responding to the use and related harms of this drug. This is because most people who use methamphetamine are not injecting the drug, and do not typically access traditional AOD services, such as harm reduction services (NSP) or treatment services (Quinn 2012). While the established harm minimisation approaches in place in Australia are still very much needed, methamphetamine poses new challenges, and a greater emphasis is needed to build the capacity of all community services to address drug-related harm.

In terms of the Federal government's approach generally to illicit drugs and specifically to methamphetamine, this area is one that has been de-emphasised significantly by reductions in Federal finding, such as those made in the 2009-2010 budget to psychostimulants and noted by the Australian National Council on Drugs (Australian National Council on Drugs 2009). Illicit drug use continues to cause severe social distress, and can result in significant experience of the criminal justice system, generating further family and social breakdown. Strategies that focus on this area, methamphetamine use included, deserve greater attention.

With this in mind, we now outline some of the interventions past and present that pertain to the use of methamphetamine, discussing their current relevance and opportunities for further development and enhancement.

4.5.1. Awareness campaigns to address methamphetamine use

There have been specific awareness campaigns around the use of methamphetamine and/or ice, funded mainly through the Federal Government, aimed at young people. These have included messages such as 'Don't let ice destroy you' (Social Research Centre, 2009). The impact of this very negative depiction of ice use is hard to gauge, given the difficulty of evaluating mass media campaigns generally. However, an independent evaluation of this campaign found that the impact of this particular message was that young people stated they would be less likely to try this particular drug and viewed it as a harmful substance (Social Research Centre, 2009). Some comments can also be made concerning this type of drug awareness intervention more generally, as well as in relation to methamphetamine use:

- Media around drug use has not been shown to change behaviour, but it is important in that it can change attitudes and increase knowledge {Proctor, 2001 #512}.

- Media-based awareness campaigns which are pursued in conjunction with complementary and reciprocal community actions are more effective than media campaigns alone in changing both attitudes towards substances and use itself (Casswell, Ransom, & Gilmore, 1990: Boots & Midford, 2001).

- Modelling on the effectiveness of drug awareness campaigns during a cocaine epidemic in the US asserted that these campaigns are only of use at the early stages of an 'epidemic' and of very limited use at any other point {Winkler, 2004 #521}.

In relation to young people (the population typically targeted by drug awareness campaigns) the argument has been made that any effort to delay or prevent young people from using

methamphetamine is best located within an overall drug strategy and, even more powerfully, in a holistic wellbeing strategy that tackles youth risk taking. A strategy that acts to prevent or delay the use of drugs such as alcohol, tobacco and cannabis, should also prevent or delay methamphetamine use. This is because there is a very similar set of risk and protective factors at play and because methamphetamine use is typically preceded by the use of these other substances and risk taking more broadly (Fergusson, Boden et al. 2006).

4.5.2. Early intervention strategies

Given the anecdotal reports to Anex of a quick trajectory from recreational use to very harmful use of methamphetamine, especially crystal methamphetamine/ice, the importance of early intervention cannot be understated. Early intervention is also important in the case of ice use because of the more serious harms associated with its use. Early intervention strategies could include the promotion of wider understanding regarding the risk of mental illness such as depression and methamphetamine use as well as promoting the importance of addressing the early signs of depression.

In addition to early intervention around methamphetamine use, universal primary prevention strategies such as holistic efforts to reduce youth risk taking and drug taking in particular are needed, given the number of young people experimenting with this drug. Of particular concern are those young people who are already vulnerable to problematic drug use. Involvement in the criminal justice system at an early age is correlated with ongoing contact and engagement in later life, the importance of prevention and early intervention programs has long been recognised by the Victorian Government. There is clear evidence of the positive outcomes of such an emphasis on early intervention in Victoria, when comparing the adult imprisonment rates between that State and New South Wales over many decades.

The most significant point of contact that the Victorian Government has with young people is through the education system, both the government system and, indirectly, through the religious and independent school systems. Australian research has found that students with good school and good social connectedness are less likely to experience subsequent mental health issues and be involved in health risk behaviours (including illicit drug use), and are more likely to have good educational outcomes (Bond, Butler et al. 2007). The provision of support to young people while at school, to assist them to remain in the education system and maintain a good connection to school helps to strengthen a known protective factor against illicit drug use. This submission would argue for an emphasis on a more holistic response to incidents of unsanctioned AOD use, including the use

of methamphetamine, by school students, leading to a substantial social assessment following such an incident, so that appropriate considerations can be given to other than criminal justice interventions.

4.5.3. Harm reduction interventions

Harm reduction strategies are an integral part of State and Federal government responses to AOD use. These types of interventions can play a significant role in reducing the physical and mental risks of methamphetamine use, including preventing or delaying an initiation to injecting methamphetamine. Further, while only a small number of people using methamphetamine use the drug heavily and experience dependence (Pennay, Lubman et al. 2012, Quinn 2012), even occasional users of the drug can experience physical, social or psychological harm from methamphetamine use. This means that there is a broad range of the population that could benefit from access to methamphetamine harm reduction resources; from those at risk of shifting to injection as a mode of administration, occasional users at risk of acute harms and longer term users at risk of chronic harms as well as families of people using methamphetamine. Delivering appropriate resources to specific populations is a key challenge in this area given that many people using methamphetamine do not access AOD services. Anex's work in the area of drug harm reduction is situated within the broader debate about how to promote community public health, ways in which the Victorian Government can respond to concerns about community safety and continuing efforts to bring about an integrated government approach to complex social problems in our society. Harm reduction services should be seen as an important front line element in an overall whole of government system which integrates initiatives directed towards the promotion of public health, community safety and efficient use of taxpayer funds.

4.5.3.1. NSP and methamphetamine-related harm

The investment in Victoria's NSP generates a net positive for taxpayers and the Victorian economy. It saves money by preventing disease; NSP have been an integral part of Australia's successful response to the Human Immunodeficiency Virus (HIV) and other blood borne viruses (BBVs). As well as the role they play in reduced rates of BBV transmission, NSP are vital in the provision of services that address the health and wellbeing of people who inject drugs; a population that has poor access to healthcare and services. NSP provide a unique opportunity to support the health and wellbeing of people who inject drugs, and to provide education and referral when needed. These services play an important role in addressing methamphetamine-related harm.

As noted above, Australian Federal harm reduction funding has decreased. This decrease is directly attributable to reductions in funding of NSP; in 2002 -2003 NSP funding was estimated to be $36.8 million. By 2009/10 this had dropped to $28.75 million (Ritter, McLeod et al. 2013). This is concerning trend, given the known benefits of NSP. The recent position paper on NSP by the Australian National Council on Drug Use calls for capacity of this sector to be increased (Australian National Council on Drugs 2013) with priority areas including increasing the range of equipment provided by NSP, expanding the number of NSP service locations (including secure dispensing units), better training and workforce development for NSP workers, increasing the range of equipment offered and broadening of the types of health-related services involved in delivering NSP services. These are discussed in more detail below.

4.5.3.2. NSP equipment in relation to methamphetamine use

NSP are an essential service for people who inject methamphetamine. This group experience higher rates of harm (including dependence) and are more likely to have concurring mental health disorders than those who use the drug in other ways such as smoking or snorting {Kinner, 2008 #53}. Research with people using methamphetamine and seeking treatment found high levels of equipment sharing among this group, putting them at risk of BBV transmission (McKetin, Ross et al 2008).

However, other equipment could be provided to people using methamphetamine through NSP. The provision of smoking equipment is a harm reduction intervention for methamphetamine and 'crack' users that has been investigated in Canada and the US. Research with a group of people using 'crack' found that that providing smoking equipment increased their contact with services and also caused some participants to shift from injecting to smoking (Leonard, DeRubeis et al. 2006). However, research with Australian treatment seekers found that people who injected and also smoked methamphetamine had similar rates of risky injection behaviours as those who only injected methamphetamine (McKetin, Ross et al. 2008). This means that the provision of smoking equipment may not provide a simple route to address injection-related harm; however, given the serious harms associated with injecting, it is an avenue that warrants further exploration and evaluation. There is not a great deal of evidence around preventing or delaying uptake to injecting from other administration routes such as snorting or smoking methamphetamine. However, there is some research that suggests that even the provision of brief interventions has some impact (Des Jarlais, Casriel et al. 1992, Hunt, Stillwell et al. 1998). Other areas of methamphetamine harm reduction in which there appears to be under-developed or scant resources include methods of methamphetamine ingestion such as smoking, snorting and swallowing. These are the methods that

methamphetamine is most likely to be ingested and, in the case of smoking, are methods associated with considerable levels of harm.

4.5.3.3. NSP workforce and methamphetamine use

Having a qualified workforce is a major step towards guaranteeing service quality yet, currently, there are no minimum training requirements for workers within the NSP. Additional and much-improved workforce development strategies are required if the issue of methamphetamine use is to be usefully and holistically addressed by NSP workers.

For many people who inject drugs, NSP are their only regular point of contact with the health system. Appropriate and prompt referral to the full range of other available services is a central task for NSP. These services include drug treatment, BBV treatment, mental health services, general practice, dental care, counselling, social work, housing services and other NSP outlets. The NSP workforce can potentially play a much more important and effective role in the area of demand reduction, which is one element of prevention. The NSP workforce, whether full time or as part of a person's overall work duties, should be formally considered part of the Victorian Alcohol and Other Drug workforce. At the moment this is not the case.

The National NSP Strategic Framework released by the Commonwealth Department of Health and Ageing, notes that significant workforce capacity development is required to further improve frontline staff ability and propensity to conduct counselling and referrals (Department of Health and Ageing 2010). Additional resourcing is required to ensure that harm reduction services are better able to identify and respond to client needs, to link clients into appropriate specialist and generalist services, and to support those who may fall through the gaps. Evaluations of the Victorian NSP point to inconsistent practice regarding referrals and counselling, particularly with regards to non-primary services. These services do not receive direct funding for staff and whilst they do provide access to sterile injecting equipment, their capacity to address broader health needs is often constrained by lack of staff resources.

Resources in the form of worker training and support would assist in the development and maintenance of partnerships and linkages with a range of organisations, and to support clients through the health and welfare service system. Key areas for linkages with harm reduction services include early intervention, case management, primary care, allied health professionals, as well as counselling, consultancy and continuing care services within the specialist AOD treatment system.

4.5.3.4. NSP secondary outlets and methamphetamine use

Secondary NSP outlets are important services for people who use methamphetamine. These outlets play a vital role in regional and rural communities where there are fewer primary NSP. Further, as secondary NSP outlets may be an adjunct to more mainstream services (such as community health services), there is the possibility that they are accessed by methamphetamine users who may not have contact with primary services. However, additional support is required for secondary NSP so that they may play a far greater role in brief counselling interventions and referral to other services, particularly AOD counselling and treatment. The most comprehensive analysis of the Victorian NSP services conducted to date is that by Anex, completed for the Victorian Government in 2008. The report, released in 2011, found that more than 85 percent of NSP services are unfunded for this particular intervention (Ryan and Voon 2008). For example, hospital Emergency Departments do not receive any government funding to provide the service (apart from the supply of equipment including needles and syringes). Resources provided by hospitals in this context are therefore essentially diverted from other priorities, to the cost of the overall health system.

Currently, the potential of secondary NSP outlets is not fulfilled. If these services were funded they would have the capacity to undertake referrals and counselling, thereby contributing to demand reduction as well as harm reduction. In practical terms this requires the capacity to commit sufficient face-to-face client time required for effective referrals, including to treatment or mental health services, as well as staff training and support in this role. Until it is possible to have NSP-specific staffing permanently located at every NSP outlet, some level of dedicated NSP-trained support is needed at every NSP outlet across the system, commensurate with the level of NSP activity. A network of NSP workers across the sector is required, rostered to spend time at unfunded outlets, so that all NSP clients have access to the education, information and referral that needs to be available to this vulnerable population. Furthermore, there is opportunity for productivity and effectiveness gains by combining forces, remodelling a work force appropriately trained to assist people who inject drugs across the full range of services they may require. These practitioners could be seen as outreach primary health service providers, delivering primary health services across larger catchments, where the concentration warranting fixed-site primary health services is not present. Such an approach clearly lends itself to supporting referrals to mental health and other services.

4.5.3.5. Secure needle and syringe Dispensing Units (SDUs)

SDUs are an important source of injecting equipment for people who inject methamphetamine, given the 24 hour nature of its use. Sterile needles and syringes can be dispensed via mechanical or

electronic dispensing machines, in most cases for a small fee. These machines may operate outside NSP staffed service hours or provide 24-hour access to sterile injecting equipment. They are co-located with disposal facilities. Secure dispensing units operate successfully in Queensland, NSW, Tasmania, South Australia, the Australian Capital Territory and Western Australia. SDUs account for approximately 10 percent of equipment distribution in Queensland.

Victoria is now the only state that does not currently have any SDUs as part of its public health and drug harm reduction programs. It has been determined that there are no current legislative barriers to the operation of SDUs in Victoria by existing NSP outlets. Anex has investigated the possibility of trialling SDUs in Victoria. Anex has consulted with a number of Victorian health services that wish to add dispensing units to complement their existing service. The provision of such facilities should be trialled in appropriate locations such as hospitals and community health centres.

4.5.4. Other sources/ ways to deliver harm reduction interventions

While NSP and other AOD services are important sites of harm reduction many people who use methamphetamine do not access such services because they are not injectors and/or do not perceive themselves as needing to access such services (Quinn 2012). It should be noted that where harm reduction interventions exist, they are generally located within the formal system, particularly NSP. Anecdotal reports and monitoring of websites such as Bluelight (bluelight.ru) and Erowid (www.erowid.org) suggest that people using methamphetamine access 'unofficial' internet sites seeking harm reduction information. In Australia there are a small number of relatively innovative interventions in place (such as www.bluebelly.org.au and www.meth.org.au) however, their impact and reach are unknown.

4.5.5. The workplace and methamphetamine use

A strong relationship between health issues in the workplace and overall community wellbeing and functioning exists, in terms of both economic impact on businesses, families, communities and the State and the social effects thereon. Where health issues arising from alcohol and drug usage are present in the workplace, the effect is felt throughout the Victorian economy and community. Methamphetamine use is associated with a number of industries and workplaces, including hospitality and transport (Roche, Pidd et al. 2008). A comprehensive strategy is required that includes policies and programs directed towards AOD use in, or associated with, employment and workplaces. Resources should be directed towards assisting employers to establish AOD policies and

programs to ensure that misuse of alcohol or drugs in a workplace context can be dealt with ethically, legally and to the benefit of both the company and the employee.

Further, this is an issue that the business community must invest in. Currently, methamphetamine and other drug use may result in lateness and absenteeism, lost time and reduced production and work quality as a result of incidents and injuries. There may also be losses associated with inefficiency and damage to plant, equipment and other property. However, punitive approaches, such as drug testing for methamphetamine use, and dismissal upon positive results, are not beneficial. Workers have a better chance of recovery from AOD problems if they are still working. Delivering early intervention and harm reduction strategies to these industries is a challenge, but an area worthy of action. The workplace is an ideal place to run effective drug and alcohol prevention programs because the peer support network in a workplace can be used to shape behaviour.

Anex's social enterprise, Lucid, has been initiated with the specific aim to address the serious problem of AOD use in the workplace, in the absence of other effective initiatives available to employers, employees and their families. Lucid aims to improve organisational and individual capacity to prevent and reduce harm from drug problems through policy training and referral. In the case of methamphetamine use, an important part of this work is establishing networks and relationships in communities with industries of significance. This is also an important step in taking a more holistic and community-based approach to the issue of methamphetamine use.

4.5.6. Families and methamphetamine use

Communities Anex have worked with are seeking crystal methamphetamine/ice education resources that have consistent, credible and realistic messages. These resources are needed not only for young people, but also for families of young people. What resources are available are difficult to access and may not speak to the experiences of families of young people using methamphetamine, particularly those who are at a stage where they are at risk of additional criminal behaviour such as low level trafficking and even violent crime. Family members have also reported to Anex that they need resources and support to address specific problems related to methamphetamine use including violent behaviour. These resources can also support early help seeking by highlighting the effects of depleted dopamine and serotonin associated with repeated methamphetamine use, assisting people to recognise the signs of depression and mood swings early, and address their drug use through greater understanding of the 'downs' associated with use.

4.5.7. Methamphetamine-specific treatment

AOD treatment provision is part of the Federal and State government response to methamphetamine. Current treatment types available to people who use methamphetamine include detoxification services, residential rehabilitation and counselling. Research on treatment outcomes for people using methamphetamine has found that cognitive behavioural treatment (CBT) can provide good outcomes (Lee and Rawson 2008). However, CBT is not suitable for all people using methamphetamine, particularly those with serious co-occurring mental health issues. Nonetheless, approaches such as adapting CBT principles to addressing methamphetamine use could be explored, with a view to this being part of a much broader workforce capacity building strategy.

A large scale study on methamphetamine treatment outcomes has recently been carried out in Australia, with treatment participants in Sydney and Brisbane. This study looked at community-based detoxification services, residential rehabilitation and counselling (McKetin, Najman et al. 2012). This research found that residential rehabilitation clients reduced their methamphetamine use more than clients of other services, but that this gain was time-limited, and at 1 to 3 years after treatment they reported similar use levels to that would be expected if they had not received treatment or had only received detoxification (McKetin, Najman et al. 2012). These findings highlight the chronic relapsing nature of methamphetamine dependence and the need for a treatment approach with a more sustained impact.

There are no proven pharmacotherapy responses to methamphetamines in the way that there are for opioids, with little prospect of such an equivalent on the horizon. Yet, in Anex consultations, it is clear that community members and even many health professionals anticipate such a solution. Further, research with people using methamphetamine finds that consumers want a pharmacological treatment for methamphetamine (Kenny, Harney et al. 2011). However, despite the lack of a pharmacological treatment for methamphetamine use, both service users and service providers need to be aware of treatment options and that there are forms of treatment that can support an individual to reduce their methamphetamine use.

Anex is aware from work with services and communities in regional areas, that access to treatment is an issue, with some areas not having any treatment options available. This issue needs to be addressed. This could be addressed through training of staff in regional areas so that they are equipped and qualified to manage clients who present seeking treatment for methamphetamine. It may also require informing communities of best practice around methamphetamine use. While services such as inpatient detoxification and residential rehabilitation may seem an appealing

response to methamphetamine use, their efficacy is time-limited (McKetin, Najman et al. 2012), and 'talking' therapies (such as counselling and CBT) may give good results, and are more realistic in terms of available funding and resources.

It is also worth mentioning that formal treatment is only one aspect of the recovery pathway. Many individuals who use methamphetamine can and do reduce or cease use without engagement with formal treatment services (Quinn 2012). However, these individuals may seek support from various other community services in their as part of their recovery, and it is important that the broad range of community support services including mental health, housing and employment are equipped to offer such support.

4.5.8. Equipping services (particularly those in regional/rural areas) to address methamphetamine use

Anex has experienced sudden demand for resources and training around methamphetamine use, particularly ice. Many regional and rural communities feel overwhelmed by ice and unequipped to deal with this drug. At Anex training sessions, forums and workshops we are consistently advised by attendees that they need ongoing ice education as staff turnover means loss of knowledge and corporate memory about what resources there are to draw on. Further, communities evolve and change, and evidence is updated.

From presenting to regional communities, it has become apparent that services in these areas need better networking and cross-service/sector planning to:

- better identify drug use patterns to enable predictions for service demand (including better connections with what is going on in school communities, local sports clubs and entertainment venues and certain workplaces)
- deal with the issues associated with methamphetamine use and to improve referral pathways into treatment (including child protection, police, mental health services, family violence services, AOD treatment services)

Existing resources could be better promoted and used in order to address this issue such as www.supportlink.org.au and Services Connect. One of the aims of the AOD, Mental Health and Community Welfare Services sector reforms is that there will emerge strengthened regional networks and better referral pathways. While it can be expected that it may be some time before these sorts of outcomes are delivered, it is a good long-term goal.

It is also apparent that there is a need for an update of methamphetamine and crystal methamphetamine/ice resources and to promote their availability. For instance, there is a suite of resources available for frontline workers that specifically address managing people who use methamphetamine (see Jenner, Baker et al. 2004, Jenner, Spain et al. 2006, Jenner, Spain et al. 2006, Jenner and Lee 2008).

There is a need for an organisation such as Anex to be strengthened to provide more support to services in the regions so they are better equipped, and able to use existing resources. A series of forums, or a conference specifically directed at sharing evidenced-based information and resources regarding methamphetamine use and its related harms, but not limited to the AOD sector would also build the capacity of the community sector and foster linkages between this sector and more specialised AOD services.

4.5.9. Criminal Justice and methamphetamine use

4.5.9.1. Juvenile justice

Only a small percentage of young people have formal contact with the Victorian juvenile justice system. This percentage is a fraction of the percentage of our New South Wales counterparts, and even less when compared with Western Australia, or Queensland. This is because over the decades Victoria has got the balance right. We manage to divert many of those who otherwise would come under the jurisdiction of the Children's Court, and the outcome for most is far more positive for the child, the child's family, and equally importantly for the wider Victorian community.

For those young people who appear before the Children's Court, it is important to ensure that positive outcomes are also forthcoming. The greater the penetration young people have into the juvenile justice system, the greater the likelihood of their graduating to a further involvement with the adult system in later years. Those young people who appear with substantial involvement with misuse of AOD, including methamphetamine use, generally exhibit complex needs, a clear indication that a carefully managed treatment plan is required. These young people require substantial interventions that can provide them with the opportunity to access educational, training and employment opportunities.

This perspective points to the need for closer liaison to be established between the DHS, the DOH, the Department of Premier and Cabinet and the Victorian Multicultural Commission. A disproportionate number of young people with complex social needs coming under the attention of the juvenile justice system need pathways back into further training and education to increase their

chances of gaining access to the employment market. In addition, many are second generation Australians, including a disproportionate number with experiences of refugee resettlement or trauma from their countries of origin. Cross departmental co-operation and skilled workers are required to ensure positive outcomes from state interventions with such young people. The DOJ also needs to be involved, to ensure that the future generation of police officers are trained with an awareness of cultural diversity and the ability to engage with ethnic and religious differences that are now part of our Australian society.

Victoria has available a specialised youth drug treatment service in YSAS, established more than a decade ago after the findings of the Pennington Drug Inquiry. In addition, as a result of a long tradition of creative partnerships between government and the community sector, there are a broad range of diverse community support programs that can effectively respond to young people with complex needs.

This submission argues that this structure needs to be sustained and supported in the coming decade, despite the political pressure mounted by some media outlets and partisan interest groups that would move our community to a more punitive approach by the state in response to problematic juvenile behaviour.

We need to recognise that behaviours which attract such media attention are largely episodic, not chronic, and largely is in response to serious social or economic disadvantage and a sense of social isolation or exclusion. If we can continue to find the solution early we avoid the damage that inevitably results from a deeper incursion by the instrumentalities of the juvenile justice system.

4.5.9.2. Community Corrections

Many adults who appear before the Victorian courts come with complex behaviours for which there is not a speedy or single dimensional response. As in the juvenile justice system, there is an over-representation of persons from disadvantaged areas: both metropolitan, rural and remote. For this reason, it is important that community corrections has the capacity to respond not only to the particular offence that brings the offender to court, but also the underlying factors that influence or shape the offender's behaviour.

Where serious difficulties in relation to AOD misuse, including methamphetamine, are identified, treatment interventions must be broader than single dimensional, reflecting the social determinants that can lead to appearance before the courts such as poverty, low levels of education and unemployment. The new division of Mental Health, Drugs and Regions within DOH must continue to

devise programs that reflect the prevalence of dual disability in many of those appearing before the courts. Methamphetamine dependence is associated with co-occurring metal health issues (Quinn 2012) and the intervention focused on substance misuse must also take into account the co-occurring mental health needs of the person.

4.5.9.3. Custodial Services and methamphetamine use

People who use methamphetamine in custodial services require both health and harm reduction interventions. This is a group that may experience concurring mental health disorders and engage in risky injection and sexual behaviours.

The case for controlled NSP in Australian prisons has been previously argued by Anex, based on the understanding that 'prisoner health is community health' (Anex 2010) In recognising the efforts prison administrators have made in harm minimisation programs around supply and demand reduction, the report called for a more significant commitment to institutionalised prison management practices in the area of harm reduction and efforts to ensure that prisoners be entitled to health services comparable to those available to the general community. The recent Victorian Auditor-General's report noted that the case to introduce NSP within Australian prisons is not based around condoning the use of illicit drugs within prison, but rather is founded on the public health imperative that leads to the minimisation of harm when people continue to use drugs, be it inside prison or beyond (VAGO 2013). Systems should be strengthened to enhance the psychological and physical health of people who are incarcerated. This should include improving capacity to participate in and contribute to family and community (including being work ready), upon release.

Post Release Services and methamphetamine use

Post release from custodial services is a key public health challenge, particularly for those individuals who use drugs, including methamphetamine. A recent study by the Burnet Institute found that the death rate of those recently released from prison around Australia was ten times the mortality rate of those actually incarcerated (Kinner, Preen et al. 2011). The deaths reflected high rates of drug overdoses, suicides and death by accident or reckless behaviour. Such dramatic and disproportionate figures indicate a serious problem and raises questions about the connection, if any, between prison-based interventions and the impact of "the prison experience" on the inmate's capacity to resettle after release.

The challenge facing many individuals in the twelve months following release has been evidenced in a recent report by the Australian Housing and Urban Research Institute (Baldry, McDonnell et al.

2004) which showed the significance of housing instability on the lives of many released offenders and the significance of changes of residence during the first six months on the likelihood of return to custody. The report also found ex-prisoners were more likely to return to prison if they had an increase in the severity of AOD problems in the months following release. The study concluded that a trained caseworker should be allocated to every prisoner pre-release in order to aid integration into the broader community. The policy implications of these findings point to the need for AOD services to be delivered in conjunction with housing support services, rather than separate from them.

5. References

Anex (2009). Anex Community Research Project - Summary of Findings. Melbourne, Anex.

Anex (2010). With Conviction: the case for controlled needle and syringe programs in Australian prisons. Melbourne, Anex.

Australia, H. (2011). Consensus Statement: Addressing Hepatitis C in Australian Custodial Settings. Canberra, Hepatitis Australia.

Australian Institute of Health and Welfare (2011). 2010 National Drug Strategy Household Survey Report. Drug statistics series no. 25. Canberra, Australian Institute of Health and Welfare.

Australian National Council on Drugs (2009). "Media Release 2009-2010 Federal Budget." Retrieved 23 October, 2013, from http://www.ancd.org.au/news-and-announcements/archives/117-news-and-announcements-2009/430-the-2009-federal-budget-14-may-2009.

Australian National Council on Drugs (2013). ANCD Position Paper Needle and Syringe Programs. Canberra, Australian National Council on Drugs.

Baldry, E., et al. (2004). The role of housing in preventing re-offending, Australian Housing and Urban Research Institute.

Bond, L., et al. (2007). "Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes." Journal of Adolescent Health **40**(4): 357.e359-357.e318.

Cogger, S., et al. (2013). Victorian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 94. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Darke, S., et al. (2008). "Major physical and psychological harms of methamphetamine use." Drug and Alcohol Review **27**(3): 253 - 262.

Dawe, S. and R. McKetin (2004). The psychiatric comorbidity of psychstimulant use. Models of Intervention and Care for Psychostimulant Users. A. Baker, N. Lee and L. Jenner. Canberra, Australian Government Department of Health and Ageing**:** 154-168.

Department of Health (2012). Victorian secondary school students' use of illicit substances in 2011; Results from the 2011 Secondary Student's Alcohol and Drug (ASSAD) survey. Melbourne, State Government of Victoria.

Department of Health and Ageing (2010). National Needle and Syringe Programs Strategic Framework 2010-2014. Canberra, Australian Government Department of Health and Ageing.

Des Jarlais, D. C., et al. (1992). "AIDS and the transition to illicit drug injection—results of a randomised trial prevention program." British Journal of Addiction **87**: 493-498.

Fergusson, D. M., et al. (2006). "Cannabis use and other illicit drug use: testing the cannabis gateway hypothesis." Addiction **101**(4): 556-569.

Green, R. and D. Moore (In press). "'Meth circles' and 'pipe pirates': Crystal methamphetamine smoking and identity management among a social network of young adults." Substance Use and Misuse.

Hunt, N., et al. (1998). "Evaluation of a brief intervention to prevent initiation into injecting." Drugs: Education, Prevention, and Policy **5**(2): 185-194.

Iverson, L. (2006). Speed, Ecstacy, Ritalin: The Science of Amphetamines. Oxford, UK, Oxford University Press.

Jenner, L., et al. (2004). Management of patients with psychostimulant use problems – Guidelines for general practitioners Canberra, Australian Government Department of Health and Ageing.

Jenner, L. and N. K. Lee (2008). Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers. Canberra, Australian Government Department of Health and Ageing.

Jenner, L., et al. (2006). Management of patients with psychostimulant toxicity: Guidelines for emergency departments. Canberra, Australian Government Department of Health and Ageing.

Jenner, L., et al. (2006). Management of patients with psychostimulant toxicity: guidelines for ambulance services. Canberra, Australian Government Department of Health and Ageing.

Kenny, P., et al. (2011). "Treatment utilization and barriers to treatment: Results of a survey of dependent methamphetamine users." Substance Abuse Treatment, Prevention and Policy **6**(3): 1-7.

Kinner, S., et al. (2011). "Counting the cost: estimating the number of deaths among recently released prisoners in Australia." Medical Journal of Australia **195**(2): 64-68.

Lee, N. K. and R. A. Rawson (2008). "A systematic review of cognitive and behavioural therapies for methamphetamine dependence." Drug and Alcohol Review **27**(3): 309-317.

Leonard, L., et al. (2006). Safe crack use evaluation report. Ottawa, University of Ottawa.

Lloyd, B. (2013). Trends in alcohol and drug related ambulance attendances in Victoria: 2011/12. Fitzroy, Melbourne, Turning Point Alcohol and Drug Centre.

Maclean, S. J. and P. H. N. D'Abbs (2002). "Petrol sniffing in Aboriginal communities: a review of interventions." Drug and Alcohol Review **21**(1): 65-72.

Majumder, I. and J. White (2012). Pharmacology of amphetamine-type stimulants and implications for harms and responses. Perspectives ob Amphetamine-Type Stimulants. S. Allsop and N. Lee. Melbourne, IP Communications**:** 21-32.

McKetin, R., et al. (2008). "Impaired physical health among methamphetamine users in comparison with the general population: The role of methamphetamine dependence and opioid use." Drug and Alcohol Review **27**(5): 482 - 489.

McKetin, R., et al. (2006). "The prevalence of psychotic symptoms among methamphetamine users." Addiction **101**(10): 1473-1478.

McKetin, R., et al. (2007). The relationship between methamphetamine use and violent behaviour. Crime and Justice Bulletin. Sydney, NSW, NSW Bureau of Crime Statictics and Research

McKetin, R., et al. (2012). "Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study (MATES)." Addiction **107**(11): 1998-2008.

Moore, T. (2005). Whart is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia. The Drug Policy Modelling Project Monograph Series. Fitzroy, Victoria., Turning Point Drug and Alcohol Centre. **Monograph No. 01**.

Pennay, A., et al. (2012). Opportunistic interventions for methamphetamine use: reducing the risks. Perspectives on Amphetamine-Type Stimulants. S. Allsop and N. Lee. Melbourne, IP Communications**:** 241-253.

Quinn, B. (2012). Methamphetamine in Melbourne: Epidemiology of use, related harms and barriers and pathways to professional support. Department of Epidemiology and Preventive Medicine. Melbourne, Monash University. **Doctor of Philosophy**.

Ritter, A., et al. (2013). Government Drug Policy Expenditure In Australia 2009-2010. Drug Policy Modelling Program. Sydney, National Drug and Reseach Centre, University of New South Wales.

Roche, A., et al. (2008). "Methamphetamine use among Australian workers and its implications for prevention." Drug and Alcohol Review **27**(3): 334-341.

Ryan, J. and D. Voon (2008). Integrating Care: Victoria's needle and syringe program. Melbourne, Anex, Prepared for the Drugs Policy and Services Branch, Department of Human Services (Victoria).

Victorian Auditor General Report (2013). Prevention and Management of Drug Use in Prisons. Melbourne