anex bulletin
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WOULD YOU LIKE FRIES WITH THAT?

Getting some condoms on the side with a fit pack.

Needle and Syringe Programs (NSPs) can play a key role in providing safe sex consumables as well as providing sterile injecting equipment. Australia's commitment to NSPs has been a crucial response to the threat posed by HIV to people who inject. The provision of safe sex consumables such as condoms and lubricant is an important component of NSP operation and an important element of the public health response to prevent HIV and sexually transmissible infections (STIs) amongst all drug users - injecting or not. It is worth noting though that condoms are not provided by all jurisdictions at NSPs. Further, some religious organisations may not distribute condoms, even though the jurisdiction provides them.

In its 2008 report on the global state of harm reduction, the International Harm Reduction Association notes that it is a small proportion of people who use psychoactive substances and prefer injection as the route of administration. Since their inception, harm reduction strategies have focussed almost exclusively on reducing the risk of HIV transmission associated with injecting drug use. In fact, Australia is recognised as having advanced HIV

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Anex's vision is for a society in which all individuals and communities enjoy good health and well-being, free from drug-related harm. A community-based, not for profit organisation, Anex promotes and supports Needle and Syringe Programs (NSPs) and the evidence-based approach of harm reduction. We strive for a supported and effectively resourced NSP sector that is perceived as part of the solution to drug-related issues.

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news briefs

Record Stimulant Use in Australia

According to the latest Illicit Drug Data Report (IDDR) from the Australian Crime Commission, cocaine use is soaring. The 2007-2008 data reveals that since 2006, Australia has recorded a leap in cocaine detections of almost 400 per cent with Sydney identified as the number one destination point. More than 80 per cent of the 650 kilograms of cocaine detected coming into the country was seized in NSW.

Over the 12 month period, there were 1,271 cocaine seizures in total, the highest figure on record, and cocaine detections at the Australian border increased 71 per cent. The jump in cocaine use is consistent with other recent reports. The Australian Drug Strategy Household Survey from 2007 showed cocaine consumption was at its highest level since 1993; with 1.6 per cent of the population admitting to having ever used it.

The report also noted a jump of close to 1,000 per cent in the detection of amphetamine type stimulants (ATS) coming into Australia including a big increase in the use of domestic drug labs to manufacture ecstasy (MDMA). The 13,100 seizures of ATS were the second-highest on record; with most busts in NSW and Western Australia. Arrests over ATS, including speed, crystal meth and MDMA, have increased over the decade and are also the highest on record at 16,047 compared to 15,216 in 2006-07, as indicated by the report. More than two tonnes was destroyed as a result of seizures, the third-highest amount on record.

The number of heroin and other opioid arrests were generally stable, but are far lower than those recorded 10 years ago. In 1998-99 there were more than 14,000 heroin or other opioid-related arrests, compared to over 2,000 in 2007-08.

Some of the major drug importation detections have included new innovations in the shipping of illicit drugs into Australia. These included 250kg of cocaine concealed in Chinese tea in sea cargo from China to Sydney in March 2008 and 66kg of crystal meth found in foot spas in sea cargo from Canada to Melbourne in June 2008.

(Reference: Sydney Morning Herald, June 11 2009. The IDDR can be found at http://www.crimecommission.gov.au/publications/iddr/_files/2007_08/IDDR%202007-08%20FINAL%20030609.pdf)

Queensland study looks at improving health and wellbeing outcomes for prisoners post-release

Prisoners released into the community can experience a range of social, physical and emotional problems, and they have an increased risk of premature death, especially in the first few weeks following release. In addition, many will return to prison within the first two years. However, remarkably little is known about exactly what happens to people once they leave prison.

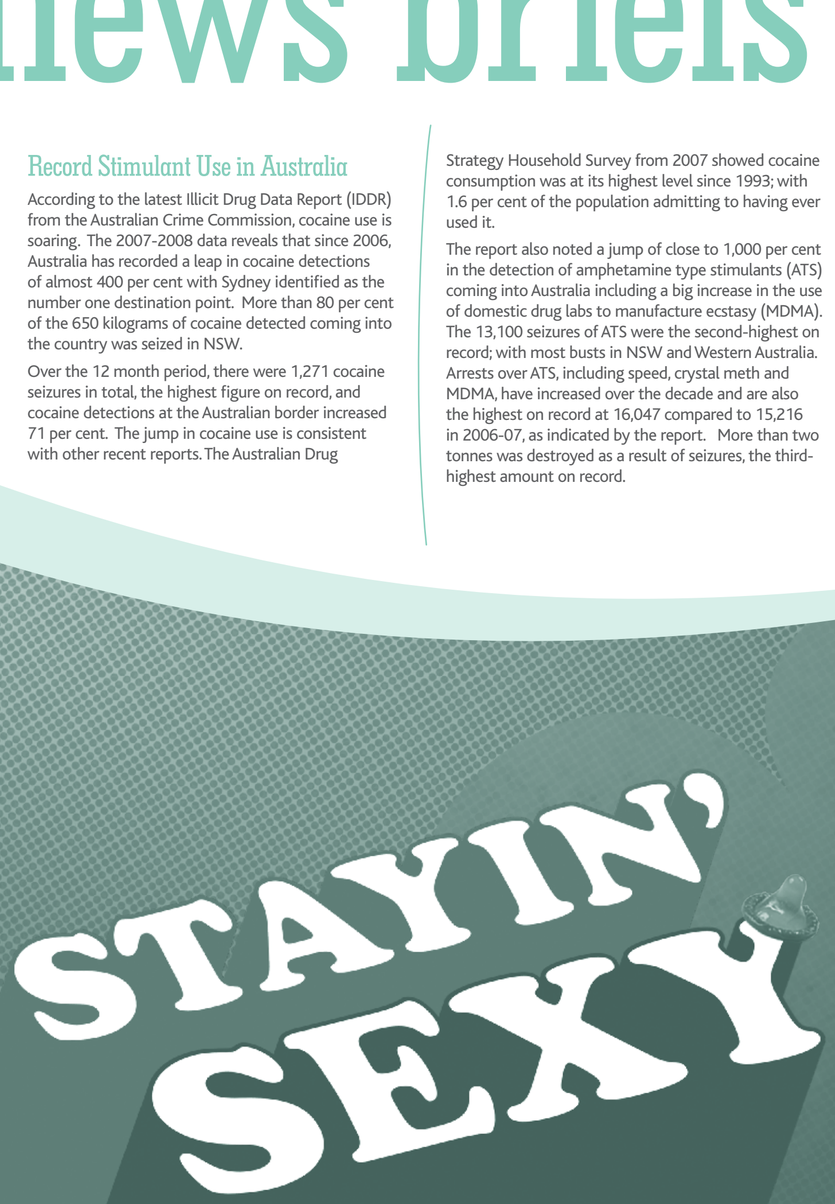
With funding from the National Health and Medical Research Council, researchers from the Burnet Institute and the School of Population Health, University of Queensland, are undertaking a randomised controlled trial (RCT) of a post-release intervention for adult prisoners in Queensland. The project, called Passports to Advantage (Passports), will involve multiple interviews with 1,500 men and women released from prisons throughout Queensland.

The purpose of the Passports project is to find out more about the experiences of men and women once they are released from prison, such as finding employment and accommodation, physical and mental health, drug and alcohol use, and how they use health and community services. The study will also explore what happens for those who return to prison.

Staff involved in the study will be looking at two ways of supporting people post-release from prison. The RCT methodology is the gold standard for evaluating a health related intervention. In the Passports project participants undergo a comprehensive health assessment prior to release from prison, and receive a 'health passport' which encourages and empowers them to seek out appropriate health and psychosocial support post-release. Participants also receive telephone support from trained support staff, in the first 4 weeks following release. The impact of the Passports intervention is assessed through telephone interviews one, three and six months post-release.

The findings of the study will inform the development of evidence-based post-release interventions for prisoners in Australia and elsewhere, and provide an unprecedented insight into the post-release experiences of prisoners in Queensland.

Thanks to Dr Stuart Kinner for providing information on this study http://www.burnet.edu.au/home/cph



Collateral from the Staying Sexy Campaign – this campaign was recently launched in Victorian NSPs funded by the Victorian Department of Human Services. This is a cover image of the wallet card.

continued from cover...

prevention strategies as a result of our ongoing commitment to NSP provision. This has helped to ensure that HIV prevalence amongst Australian injecting drug users is well below two per cent. In stark comparison, in other parts of the world such as Russia, 83 per cent of total registered HIV cases were among people who inject drugs, with seven out of ten cases among those under the age of 30 as of March 2006.

Amphetamine Type Stimulants and Sex

Amphetamine Type Stimulants (ATS) are estimated to be the second most commonly used illicit drugs both in Australia and around the world. Oceania (Australia, New Zealand and the islands of the South Pacific) is thought to have the highest rate of consumption per capita of ATS globally. As with some other drugs, the use of ATS has the potential to increase sexual risk-taking behaviours which are associated with HIV and STI transmission.

> *"While injecting drug use represents a comparatively low-risk mode of HIV transmission in Australia, the increased risk associated with both unsafe sex or potentially unsafe injecting drug use is a significant one..."*

ATS increase energy, confidence and libido. Concurrently however, ATS reduce the ability to ejaculate and/or achieve orgasm. This will often result in extended periods of sexual activity, leading to increased friction and, therefore, increased potential for localised trauma to tissue of the genitalia, mouth or anus. An exit and entry point for infection can eventuate as a result of localised tissue trauma. Considering that some users will take ATS specifically to enhance sex, it is vital that users have access to safe sex consumables such as condoms, lubricant and dental dams. It is important that they are also aware of the increased risk of tissue trauma, and potential STI transmission.

Much research in the area of ATS and HIV risk has focused on men who have sex with men (MSM). ATS-using MSM are a high-risk group for contracting HIV. The relationship between illicit drug use, sexual risk and sexual adventurism is important to consider in Australia given increased HIV notifications among homosexual men in recent years, where sexual exposure remains the main risk factor. ATS use is consistently higher among homosexual men who engage in risky sexual practices and those who are HIV positive. It is important to note that elevated levels of sexual activity and unprotected sex have been seen among heterosexual ATS users also. This is an important consideration as the client profile of ATS users is particularly diverse.

While injecting drug use represents a comparatively low-risk mode of HIV transmission in Australia, the increased risk associated with both unsafe sex or potentially unsafe injecting drug use is a significant one, particularly given the risk of compromised injecting technique and hygiene practice when substance affected.

Alcohol and Sex

Clients that attend NSPs can often be affected by alcohol, meaning that they may engage in practices such as unprotected sex. It is also worth noting that ATS use decreases the subjective effects of alcohol, so that the combination of alcohol and ATS often results in extended and excessive consumption of alcohol, further increasing the likelihood of risk-taking behaviours including unprotected sex.

As Morris notes, "the association between alcohol use, reduced sexual inhibitions, HIV transmission and individual behaviour has been demonstrated... in both the developed and developing world." It is the most commonly used licit drug in Australia, and is second only to tobacco as a preventable cause of drug-related death and hospitalisation.

There has been much media attention given to binge drinking in Australia in recent years with many state and federal health campaigns specifically pitched at young people engaging in unsafe sex whilst intoxicated. The National Health and Medical Research Council Australian Alcohol Guidelines, released in March 2009 are an update of the 2001 guidelines. Since 2001, there has been a lot of scientific evidence on the risks and impacts of alcohol use in the short term, the long term and over a lifetime. The 2009 guidelines take a population health perspective on alcohol consumption and provide universal guidance for healthy adults aged 18 years and over, with specific advice for children and young people, and pregnant or breastfeeding women.

> *"Studies from the UK and USA have identified binge consumption of alcohol as a contributing factor to risky sexual behaviour and the transmission of STIs among college students."*

Studies from the UK and USA have identified binge consumption of alcohol as a contributing factor to risky sexual behaviour and the transmission of STIs among college students. Binge drinking in the United States is a bit different to that in Australia. It usually occurs in an older cohort of college aged students who are 18-21 years of age. This is because the legal age for drinking in the US is 21 years.

Preventing STIs

According to the National Centre in HIV Epidemiology and Clinical Research surveillance data, rates of HIV and STIs continue to increase each year. New diagnoses of HIV in Australia have nearly doubled since 1999. In 2007 rates of newly diagnosed HIV infections had risen in QLD, TAS, WA, and SA, and remained stable in NSW, VIC, ACT and NT.

Australia has seen a steady increase in Chlamydia rates over the last 10 years, with over 50,000 infections being diagnosed in 2007. Most of these infections occur in the 15 – 19 and 20 – 29 year age groups. The increase in Chlamydia prevalence is due in part to its asymptomatic (symptomless) nature, especially in women. Condoms are the most effective way to prevent HIV transmission, and offer some protection against other blood borne viruses (BBVs) and STIs. This is important in the context of HIV, where the presence of (an)other STIs can increase the risk of contracting and passing on HIV. It is also of particular concern for people who inject drugs, given their greater risk of contracting BBVs such as hepatitis C.

Ideally staff of NSP services recognise the importance of ensuring safe sex consumables are not only readily available, but also accessible. Potential barriers to access, be they physical or psychological, need to be recognised and addressed; including the risk of "condom fatigue". This term has surfaced in a number of discussions linking rising STI rates and a behavioural reluctance to diligently use condoms in the US and Canada. It is a term used by medical professionals and safer sex educators to refer to the phenomenon of decreased condom use. "Condom fatigue" can also be used to describe a general weariness of and decreased effectiveness of safer sex messages. This is sometimes also known as "prevention fatigue."

A lack of privacy can pose significant challenges to people accessing safe sex consumables, even in the NSP setting. The provision of safe sex consumables is ideally made as confidential and anonymous as possible, to remove any barriers to people accessing them - either perceived or real. Services can take practical measures to remove some of the barriers to people accessing condoms by making them available in locations that may be public, such as at reception and on outreach, as well as in locations that are private, such as the treatment rooms or bathrooms.

Condoms, like NSPs, are an essential public health measure. They are important in protecting the health and well being of NSP service users alongside ready access to sterile injecting equipment.

AN INJECTION OF INNOVATION

THE ANEX STORY – PART 1

In 1996 -'97, a Victorian organisation with an income of $7,611 and an expenditure of $7,447 (most of it on a one-day conference) completed its first full year. Of that expenditure, $109 went on postage and office costs, $25 on stationery, $8 on telephone calls and $19 on government and bank fees.

The organisation was Anex, which from that humble start has gone on to become a national voice for NSPs in Australia, increasing their acceptance by governments and the community, providing much-needed support for the recognition and training of those who work in the field, and becoming an important voice in the development of pragmatic policies on injecting drug use issues.

In recent years it has provided critical links between a diverse range of health and other services, stakeholders and governments, the crucial elements for coordinated and collaborative responses to illicit drug use problems.

Anex has seen a number of changes, including changes of premises and committee of management, but the recognisable brand name – Anex – has remained constant since that time.

Background

Anex grew out of an earlier organisation that was set up in 1991, when a series of workshops for the newly established Needle Syringe Exchange Programs (NSEPs) was sponsored by the then Health Department of Victoria. The workers present at these in-service meetings agreed to establish an informal networking body, known as the Needle Exchange Workers Network (NEWN), with the aim of raising injecting drug use issues, developing information and service strategies, and initiating further training opportunities for workers in the sector.

While initially very successful, NEWN's membership, for various reasons, had fallen away substantially by 1994. The networking opportunities it provided, however, continued to be perceived as beneficial and valuable.

At a meeting in a Smith Street café, Cheryl Delalande, Mark Young, Melissa Virtue and Jeff Milne discussed the concept of a peak body that could fulfil a similar role to NEWN. To avoid the difficulties that were apparent in the previous structure, they determined that clearly established terms of reference and a written constitution would be required. They adopted a long-term view and identified that an incorporated association would provide the requisite legal structure that would enable the new organisation to be sustainable.

The Association of Needle Exchanges (Anex) held its inaugural general meeting in September 1995 with more than 40 people in attendance. It was established to promote a harm reduction approach to drug use issues, and to support and promote needle and syringe programs. Of the people who attended the original café meeting, Cheryl Delalande became a founding member and later a long-serving chair of the new committee (later board) of management, while Mark Young became its founding secretary.

By this time, there were 160 authorised NSP outlets in Victoria with an estimated 125,782 annual contacts with injecting drug users.

Association of Needle Exchanges

In its early years, the activities of the Association of Needle Exchanges were overseen and implemented by members of its voluntary committee of management, initially comprised of managers of primary (funded) NSP outlets and subsequently including coordinators of secondary (unfunded) outlets.

With the administrative support of a part-time community development worker – Loretta Asquini – the association organised regular meetings of NSP service providers, an annual conference with the aim of facilitating information sharing and networking, and a regular newsletter delivered to NSP outlets in Victoria.

The organisation also advocated for improvements in the blood-borne virus prevention service system. For example, it successfully lobbied for a funded hepatitis C peer worker position at the drug user organisation (VIVAIDS), and submitted recommendations to the then Premier's Drug Advisory Council chaired by Emeritus Professor David Penington, now an Anex patron.

In 1996, Anex held its first annual conference – a one day event for the Victorian NSP sector – with funding support from the Health Department of Victoria. The event was informed by a Survey of Training and Information Needs of NSP Workers and was held at Blythewood Grange in Ballarat. The event was closed by the then Health Minster, the Hon Rob Knowles, now an Anex Board Member and member of the Australian Government's National Health and Hospitals Reform Commission.

In the same year, changes in NSP service delivery policy in Australia came into effect. One-for-one exchange was no longer the operating principle as it limited access to preventative equipment for blood-borne viruses. Accordingly, in November of 1998 the membership approved an organisational name change to the Association of Needle and Syringe Programs (still known as Anex).

Association of Needle and Syringe Programs

Injecting drug use was on a steady increase and in 1999 it peaked as high-quality, low-cost heroin became widely available in Australia – particularly in the eastern states. High rates of opiate overdoses, highly visible street-based drug markets, and deterioration of the amenity of public areas as a consequence of inappropriately discarded used syringes made the issue of illicit drug use a high priority for all levels of government.

The Council of Australian Governments' (COAG) Illicit Drug Diversion Initiative was launched which included Supporting Measures Relating to NSPs. This represented the first major boost in government funding for the Australian NSP sector since the first outlets were established in Sydney in 1987.

Additional funding was provided by the Victorian Department of Human Services which enabled the employment of a full-time manager (John Ryan) and, at least in Victoria, a greater focus on promoting the objectives of the organisation. In his second contribution to an Anex annual report, in 2001 (the first was after just two months in office), John Ryan quoted the Lao Tzu aphorism, "A journey of a thousand miles begins with a single step", which seemed to sum up the organisation's development so far, and point to where it could go.

Also in 2001, the committee of management determined that, as a strategic priority, there was a need to expand the organisation's national profile, to expand funding sources and to secure additional expertise from outside the NSP sector. This would assist the organisation to achieve legitimacy and long-term sustainability.

The membership agreed and the rules of association were amended with the pro bono assistance of Mallesons Stephen Jaques, facilitated by their then pro bono coordinator Amanda Milledge – now the Anex president - who says this was "a vital step in enabling the development of the organisation to what it is today".

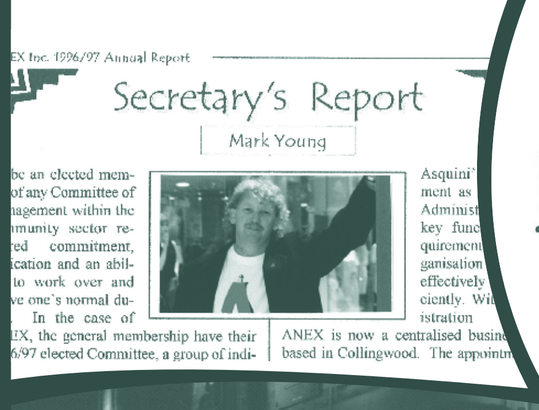
By 2002, the organisation had reconfigured its governance structure. In the past, the committee of management had been wholly comprised of managers of NSP outlets. The new board of management was made up of three members with expertise and experience in NSP service delivery, and up to six members with the requisite expertise and experience that would assist the future development of the organisation.

During this time, Anex was successful in its proposal for the first ever national consultation of NSPs and the first ever national NSP meeting – attended by staff working in NSP outlets from primary and secondary services as well as those located in regional, rural and remote parts of Australia. Funded by the then Department of Health and Aged Care, the project was to launch the organisation fully onto the national scene and provided for the establishment of its national profile.

An additional funding boost was received from the Department of Human Services Victoria for a two-year training and workforce development project allowing for more robust engagement with the Victorian NSP sector – and in particular, the unfunded secondary NSP outlets, described by the then chair of the board, Cheryl Delalande as "in many ways the backbone of the NSP".

In line with the strategic priorities identified, the board of management set out to guide the organisation through a series of transformations that would position it to better respond to an increasingly complex environment and to meet future challenges.

.....To be continued in Vol 8 Ed 1...


EX Inc. 1996/97 Annual Report

Secretary's Report

Mark Young

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The first Anex logo, 1996

Craig Mercer, former Chair of the Anex Commitee of Management.

Bernadette Bernasconi, Senior Project Officer, Department of Health and Aged Care and Stephen Schmidtke, the Coordinator of North Richmond Community Health Care at the first ever national NSP meeting.

Anex Program Excellence Award winner Felicity Sheaves from Southcourt Primary Care with colleague Geza Belley and John Ryan from Anex holding the liver used in the winning NSP peer education project.

Bernie Geary, then head of Jesuit Social Services, Anex Committee member Cheryl Delalande, Victorian Department of Human Services Director and funder of Anex's first training program Paul MacDonald and Age crime reporter John Sylvester at the Anex Conference in 2003.

Delegates from regional, rural and remote primary and secondary NSPs at the first ever National NSP meeting, funded by the Department of Health and Aged Care.

John Ryan from Anex with Roland Jauernig, the Manager of the Victorian NSP, with Department of Human Services colleague Jim Sotiropoulos at the 2002 Vein Care Workshop.

Left to Right: Melissa Virtue, Mark Young, Cheryl Delalande and Sean Swift founders and supporters of Anex.

Bill Wilson, former member of the Anex Committee of Management at an early AGM.

Lorraine Breust: Former Director of the Hepatitis C Section of the Commonwealth Department of Health and Aged Care provided funding to Anex for its first national project in 2002.

Jenny Kelsall from VIVAIDS and AIVL EO Annie Madden with AIVL worker Jude Byrne were delegates and participants at the Anex conference 2003, held at the Malthouse Theatre.

Comedian Greg Fleet, performed at an early Anex AGM.

Robert Kemp, Manager NSP, Queensland Health presented on the challenges for NSPs at the first national NSP meeting held in 2002.

Across Australia on Uppers

With four states and one territory under my belt, the National Amphetamine Type Stimulant Training Project, otherwise known as Meth, Speed, Ice or E, is past the half way mark. This national training project has been funded by the Department of Health and Ageing under the Amphetamine Type Stimulants Grants program.

It seems there is more than a little truth to the World Health Organisation summation that Australia is one of the world's greatest consumers of amphetamine type stimulants (ATS). Response to date from service providers working with ATS users has been huge; highlighted by great numbers, enthusiasm and engagement in all of the 17 training locations visited thus far. Our initial target was to train 960 individual workers and we have already surpassed this figure. With training in the Northern Territory, Queensland and New South Wales yet to commence, we have trained over 1,100 individuals. This would indicate that a substantial need for training on ATS is being met by this project. The feedback has been extremely positive and confirms the need to support and strengthen the skills and confidence of frontline staff working with ATS issues.

The training itself got off to a fabulous start thanks to a warm reception from the frontline services of Hobart, an impressive crowd for each of the four sessions with a total of 120 people trained. I was quick to reassess my preconceived impression of Tasmania as an island of small proportions, particularly on my early morning drive from Hobart to Launceston for training that day. Launceston was surprisingly busy, with a number of late registrations resulting in standing room only for both the introductory and advanced sessions.

Participation was impressive as unlike WA, SA and Qld where amphetamines are the most commonly injected drugs, data indicates that injecting drug users generally prefer opiates, and heroin in particular. If we consider these two things together, it is likely therefore that the majority of service users in Tasmania are injecting opiates rather than amphetamines. In spite of this, attendees were still keen to learn as much as possible about amphetamines.

Tasmania was also notable for some of the more amusing theories and observations in regard to the popularity of ATS use, including the suggestion that the younger generations of today may be in part responsible for the apparent increase in ATS availability. The theory being that today's youth are less inclined to follow in the footsteps of previous generations in the cultivation of cannabis, primarily because they're deemed, by some, to be too lazy. The argument put to the group was that today's youth are a generation who have come to expect immediate satisfaction and instant gratification - not interested in working and waiting for results. Given that the majority of us present could no longer be mistaken for youth, it was remarkably easier for us to see the merit in this depiction of our future successors.

After Tasmania, South Australia was the next port of call. Thanks to the many people who contributed to the brilliant reception received in South Australia, in particular Leslie Dunbar, from the holistic Aboriginal and Torres Strait Islander Community Controlled Centre of Nunkuwarrin Yunti in Adelaide (see their website at: www.nunku.org.au). Nunkuwarrin Yunti was an ideal location for training offering plenty of room for the 40 plus participants in each session, and well worth a visit given its impressive array of diverse services all within one building, offering a wide range of services to meet the varying needs of each and every individual client, from the provision of sterile injecting equipment to sobriety support groups.

> The participation of numerous youth and family workers contributed to discussion around prescribed ATS, namely Ritalin (methylphenidate) and Dexedrine (dexamphetamine), with numerous anecdotal accounts of medications being shared or sold by young people. There were stories of the medication being utilized by family members other than the individual for whom the prescription was written. I must applaud the courage and generosity of those who shared their own personal experiences, not only as recipients of said therapy for narcolepsy, attention deficit disorder (ADD) and, would you believe, depression and weight problems; but as parents of children prescribed these medications for ADD and ADHD. Whilst many reported success with these medications, there were equal reports of associated physical and emotional challenges.

Perhaps one of the greatest challenges I have personally faced throughout this project is my fear of flying. My fear was particularly tested on my flight from Adelaide to Port Augusta. Walking across the tarmac to our awaiting plane was disconcerting in itself as the succession of planes we passed became progressively smaller until we reached the very last cab on the rank, a 12-seater Sharp Airlines Fairchild Metroliner. My concerns were further heightened by the fact the pilot looked all of 18. Nevertheless, it was one of the smoothest flights I have ever had, which is good because my head was precariously close to the ceiling.

In Port Augusta I was impressed by the friendly and open nature of staff at the hospital and the vast distance that many participants travelled to attend the ATS training, including staff from Peterborough Hospital (approximately 130km away) and, most impressively, staff from the Ceduna/Koonibba Aboriginal Health Service (over 450km away). I think it shows tremendous dedication for staff to travel such great distances for training and highlights the importance of making training as accessible as possible to more isolated regions.

> In both metropolitan and regional locations, the importance of well established and well maintained networks was consistently apparent. Even the smallest community experienced far greater referral outcomes and client satisfaction, where collaboration between services was at its strongest. On several occasions, participants lamented the resignation or retirement of a particularly reliable, cooperative and knowledgeable staff member from a key external service. Often when such an individual moved on, the referral process broke down somewhat as staff worked to establish an equally fruitful relationship with the new appointee.

Other stops on the South Australian leg included the beautiful Mount Gambier where all those attending the introductory session came back for more with the advanced session in the afternoon. I was impressed by the close networking of services here, a real sense of teamwork and unity, which made for a very enjoyable day of training.

Similarly, there was great networking between services evident when I snuck across the border to Portland. Here I was met with a crowd large enough to rival that of Adelaide.

The largest crowd to date, however, was in our nation's fair capital, Canberra. Well over 50 people attended both the introductory and advanced sessions, with the majority attending both. Despite the large numbers, this was a very open and engaging crowd that made my day of training feel more like a night of cabaret.

> Participants in all states and territories visited thus far have been surprisingly diverse, with representatives from services including NSPs, community health, hospitals, mental health, corrections, post-release support groups, child protection services, Centrelink, employee assistance programs and accommodation services, in addition to solicitors, psychologists and police. This variety is mirrored by the diverse nature of the client group and the varying needs that come with varied presentations. For instance, occasional or "weekend injectors" are identified in training as an ATS using group at risk of missing out on harm reduction messages. These individuals often do not identify as illicit drug users, do not engage with NSPs or drug and alcohol services and are therefore often unaware of the risks associated with their drug use. The example is given of a 35 year old male, employed full time, living in stable accommodation and using ATS, both snorting and injecting, on the occasional night out to a party or other event. He collected his injecting equipment from his dealer or from the chemist as he was reluctant to be seen as an injecting drug user. After a few weeks of straight partying he found himself feeling a bit depressed and run down, and so visited his local GP for a check up, including blood tests. On his follow up visit, he was genuinely shocked to learn that he was Hepatitis C positive. In addition to this, he initially struggled to find the support and information that he needed during this difficult time, and he was reluctant to discuss his status with friends and family, for fear of judgement, disappointment and stigmatisation.

From Canberra I headed off to Albury with a brief sojourn in the quiet and beautiful Gundagai. Another warm and enthusiastic bunch greeted me in Albury with representation from surrounding towns, as far afield as Wagga (only Victorians call it Wagga Wagga, or so I'm told) and as close by as neighbouring Wodonga. Never has the NSW/Victoria divide seemed so small!

From Albury, I travelled to Victoria, where I was delighted to be joined by my colleague, Emma Barnard. With Emma's assistance, training took place in Lakes Entrance, at the Gippsland Lakes Angling Club, with a fabulous view of the water and wall-to-wall fish trophies. We were impressed by a full house in Bendigo with representation from a great number of services, particularly those working with families and youth. Geelong, a last minute addition, proved to be well worth the consideration, with over 80 people attending throughout the course of the day, thanks largely to the promotion work of CB Nyko from the City of Greater Geelong. The big test for me, however, came with the home crowd in Melbourne. Over two days, in excess of 90 people attended training. It was both reassuring and intimidating to see so many familiar faces and I would like to thank my former colleagues for braving the front row, as I have noticed, throughout the training, most are very reluctant to sit here, perhaps for fear of being first to introduce themselves (this may happen) or concern they will be called upon for a role playing scenario (this won't happen).

Perth was another city that attracted great crowds; consequently training was run over two days to accommodate the large number of registered participants. And it was a great two days thanks to the levels of enthusiasm and involvement, with a number of participants kindly sharing their experiences with the whole group.

One of the integral components of discussion in the ATS training has been the acknowledgement that signs and symptoms of ATS use, both physical and psychological, can be mimicked by numerous conditions and situations. During one such discussion in Perth, a participant mentioned she had experienced many of the symptoms cited for ATS intoxication. In response to a stunned gasp from the rest of the group, she went on to explain that many of the symptoms listed, including irritability, sweating, flushed face and crawling sensations under the skin, are also very common menopausal symptoms.

Next tour stop was the uniquely charming town of Kalgoorlie where Susan Gatti went well beyond the call of duty. Not only did she collect me from the airport at a rather ungodly hour but gave me a guided tour of the town, including the aptly named Super Pit open cut gold mine, the old pubs (including two with 24-hour licensing) and the historic brothels (tours and merchandise available).

Susan did a fabulous job to not only promote the training amongst services of Kalgoorlie and neighbouring Boulder, but also assisted with facilitation of training on the day. And what at first appeared to be a somewhat subdued audience, soon proved to be an animated and dedicated group of workers doing the very best that they could in a town with huge disposable incomes and a seemingly vast array of drug availability.

As is often the case, limited drug treatment service availability was reported, particularly for ATS users. Of course, this was a very common theme throughout my travels and there was more than one occasion that I realised that those of us working in major cities are, by comparison, spoilt for choice; particularly when you consider that in many parts of Western Australia, including South and Port Hedland, it is not uncommon for an individual seeking treatment for problematic ATS use to be required to travel to Perth to visit a Next Step clinic some 1,635 kilometres away. I was impressed by the resilience and practical determination of staff that attended training in Port Hedland. This is a town where the disparity between the haves and the have nots is strikingly apparent, and where the dedication of staff makes up for the limited availability of services.

The training in South Hedland was attended by a diverse group of services, including solicitors and counsellors from a local legal service, highlighting the holistic approach necessary in smaller communities.

In Broome there were similar issues of concern but far greater access to services. Nevertheless, the benefits of a more holistic approach to problematic ATS use were well recognised and practised it seemed, by the majority of staff attending these sessions. And thanks must be given to Hayley Diver, whose kind assistance was equal to her boundless knowledge of the region and associated issues of concern. I am forever grateful that she mentioned the crocodile sighting at Cable Beach the day *after* I had spent a glorious afternoon swimming there.

In fact I had more than one glorious afternoon in Broome. I took the opportunity to have a ten day holiday whilst in this lovely part of the world during which time my fear of sharks was replaced by a fear of crocs and my love of cycling replaced by a love of 4WDing; which thankfully dissipated on my return to Melbourne.

And after such a lovely holiday, I was fresh and revitalised for my last stop, the slightly less sunny, but no less charming, Albany. Training here was held in the most dynamic PCYC (Police and Citizens Youth Centre) I have ever visited, offering, amongst other things, boxing, aikido, jurate, gym, archery and air rifle activities. The participants were equally dynamic; a very friendly and engaging group with a particularly great representation of staff from post-release support services.

Finally, it was time for my red eye home. As I killed numerous hours in the Dome café of Perth airport, awaiting my 11:45pm flight, I felt lucky for this opportunity to visit so many amazing parts of this country I had never, and may not have ever, visited. I was impressed by the diversity of services in attendance, the overwhelming sense of commitment and dedication and the great honesty and humour so many shared enhancing, I believe, the training experience for all involved. It's been a brilliant experience and I look forward to the second half of the adventure.

Summary of Key Issues Identified During "Meth Speed Ice or E" – to date

- Perceived limitation in treatment options specific to ATS users, particularly problematic in smaller and more isolated communities where individuals seeking treatment are often required to travel to larger towns and cities leaving the supportive network of their own community.
- Great interest in information on amphetamine induced psychosis and how best to work with someone experiencing psychosis.
- A demonstrated need and enthusiasm for ATS specific resources, including articles, harm reduction literature and relevant websites.
- An astute understanding amongst participants of the importance of good social networks for individuals struggling with problematic drug use. Many noted that clients had reported not having any "straight friends" and the great difficulty this posed for those considering reducing or ceasing their ATS use. One participant even spoke of a young client who was not successful in his efforts to cease using until he moved interstate, as this was the only place he knew people who didn't use.
- Great interest in, and recognition of, the incidence of vicarious trauma, as experienced by staff who, through their interaction with clientele, have frequent, repeated exposure and empathetic engagement with traumatic material, and the associated need for satisfactory self-care.
- Importance of ensuring familiarity with local content including drug trends, treatment options and policy and recognition that despite numerous similarities between locations, every region has its own unique issues.
- Benefits of responding to evaluation feedback, with amendments made where appropriate.

Anex would like to acknowledge the efforts of Reference Group members in assisting in the delivery of this training and in particular, jurisdictional NSP Government representatives.

Not Criminal But Not Legal

The Effects of Decriminalization of Drug Use in Portugal

Portugal has recently been at the forefront of efforts to reduce the punitive approach to drug use with the 2001 introduction of a law that decriminalised the personal use, possession and acquisition of all illicit drugs. This does not mean that illicit drug use in Portugal is legal, but rather it indicates a change in the legal response to drug users. Criminal penalties are still applicable, however, to the cultivation, manufacture and trafficking of drugs.

Under decriminalization laws, where offenders had previously been liable to large fines or up to 12 months imprisonment, such penalties no longer apply for possessing and using illicit drugs in amounts deemed intended for personal use. Concurrently, a system of referral to Commissions for the Dissuasion of Drug Addiction (CDTs) has been introduced. These Commissions are regional panels comprising social workers, legal advisors and medical professionals, who are in turn supported by a team of technical experts. Rather than proceed with a criminal investigation or prosecution, people found in possession of drugs for personal use are referred by police to the CDTs, with a requirement to appear before the CDT within 72 hours.

The CDTs have a number of responses available to them including sanctions such as community service, fines, suspension of professional licences and bans on attending designated places. However, their primary aim is to dissuade new drug users from proceeding further with their drug use and to provide a gateway to treatment for individuals with dependent or problematic drug use.

Effects of the New Laws

There have been some interesting effects of the new laws recently reported. These include:

- Increased uptake of treatment
- Increased use of cannabis
- Decreased use of heroin
- Reduction in drug-related deaths

The fact that drug use is no longer a criminal offence means that drug users are assisted at an earlier point in their drug use and services have been designed to provide therapeutic responses, enhanced by greater collaboration. This means that previous punitive methods of responding to drug use have been replaced with a more therapeutic focus; a preventative approach which it is hoped will reduce the level of both current and future drug use and the harms associated with that drug use.

Significantly, the impacts of the legislation were less than expected, however, there were concerns about the message that decriminalization was sending to new drug users. Nevertheless, data from conservative American think-tank The Cato Institute who commissioned the report, *Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies* indicate that decriminalization has had no adverse effect on the rates of drug usage in Portugal. The country's drug use is now among the lowest in the European Union, particularly when compared with states with strict criminalization regimes. In addition to this, drug-related pathologies, including sexually transmitted infections and overdose related deaths, have decreased dramatically.

A recent briefing paper by the Beckley Foundation on the actions of the Portuguese government notes that: "The Portuguese experience cannot provide a definitive guide to the effects of decriminalization of drugs, but only indications of the results of decriminalization in the specific Portuguese context. It is not possible to tell the extent to which changes were caused by decriminalization or the wider drug strategy. The extent to which difficulties in implementation impeded the impacts from the reform remains unclear."

The process of decriminalization has not been without its problems. A system that relies on diversion from the judicial system to the treatment system ideally requires the infrastructure to be present at the outset. In some cases, the infrastructure has had to be built including the establishment of CDTs in every region of Portugal, and a central support department for administrative purposes. The briefing paper notes that: "As a consequence, the impacts have not been as positive as anticipated. The implementation of decriminalization has been affected by a lack of strong collaboration, of adequate resources, of a good media campaign on the meaning of the reform and evidence-based studies and evaluation." Suggested improvements to address these issues include an improved system for processing people who use drugs and increased collaboration between services.

So whilst there is a common perception that bureaucratic changes must be made to the decriminalization framework to further enhance its efficacy and efficiency, there is no real debate about whether drugs should once again be criminalized. In fact, decriminalization has become increasingly popular in Portugal since 2001; with only a small minority seeking a repeal of the 2001 law.

It seems that by eradicating the fear of prosecution and imprisonment for drug usage, Portugal has dramatically improved its ability to encourage people with problematic drug use to engage in appropriate treatment. Resources previously devoted to prosecution and incarceration are now available to provide treatment and education. Such developments, in addition to Portugal's shift to a harm-reduction approach, have dramatically improved drug-related harms and though ideally, treatment programs should be strictly voluntary, the current program is certainly preferable to criminalization. And so it appears that, for the time being at least, decriminalization will remain in place.

"The fact that drug use is no longer a criminal offence means that drug users are assisted at an earlier point in their drug use and services have been designed to provide therapeutic responses, enhanced by greater collaboration."

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