Submission to the National Ice Taskforce

Penington Institute, a not-for-profit organisation, advances health and community safety by connecting substance use research to practical action. We support individuals and the wider community through research analysis, promotion of effective strategies, workforce education and public awareness activities. Penington Institute first formed two decades ago as Anex (now a program of Penington Institute) — a network of service providers to prevent HIV/AIDS transmission related to unsafe injecting drug use. Since then, we have been responding to the emerging evidence-base and practice wisdom related to substance use.

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1. SUMMARY AND RECOMMENDATIONS

Crystal methamphetamine ('ice') is causing considerable concern among communities across Australia. Rates of use of this drug are increasing, with people shifting from use of powder methamphetamine ('speed') to ice — a more potent form of methamphetamine. Correspondingly, the prevalence of harms related to methamphetamine is rising, indicated by measures such as increased numbers of people accessing treatment for methamphetamine use and methamphetamine-related overdose. Addressing these harms and others related to ice use requires an evidence-based and whole-of-community approach.

Harm reduction interventions are essential to ensure that people who continue using ice are informed of the risks posed by ice use, especially to their mental health. Needle and Syringe Programs (NSPs) are a vital public health intervention that can reduce the harms of ice — including the spread of blood borne viruses such as the Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV). Ice use is a 24 hour activity and it is essential that users have 24 hour access to NSPs through strategies such as needle and syringe Secure Dispensing Units (SDUs), brief interventions and referral to other services such as treatment.

Communities require ongoing support to address ice use in a collaborative and sustained way. For instance, community frontline workers in emergency, health and support services are essential in targeting the harms related to this drug and require training about interventions and appropriate referral pathways. Better linkages must be resourced, supported and sustained across the public sector including alcohol and other drug (AOD), mental health, community welfare services, family violence, justice and emergency services, and within the broader community settings in which methamphetamine use may be prevalent, such as schools, sports clubs, entertainment precincts, and some workplaces.

A key issue in Australia's response to ice and its related harms is timely data. In late 2012 Penington Institute was receiving reports of significant ice-related harms before these were officially documented. Lack of 'official' data, made it difficult for services to make a case for better resourcing to address ice use in their communities. There is a need for systematic early warning data systems to provide frontline staff with information about drug trends and to assist in developing targeted strategies to address ice-related harm, particularly to at-risk populations. These populations include those who identify as Aboriginal and Torres Strait Islander (ATSI) peoples, people living in rural and remote areas, young people and people who identify as gay or bisexual, especially men who have sex with men (MSM).

Currently federal, state and territory governments primarily rely on law enforcement initiatives to tackle ice. Penington Institute believes greater support must be given to proven measures to tackle ice use such as harm reduction and demand reduction. Further, law enforcement strategies should prioritise diversion for drug-related crime, as these programs have been shown to have good outcomes in comparison to incarceration.

Law enforcement receives the vast majority of funding directed at combating ice use. However, despite a record number of methamphetamine-related arrests this year and very high seizure rates, it continues to be readily available across Australia. Clearly there is a need to focus on reducing demand for ice through community-based early intervention efforts, strengthening families and developing local communities' resilience including education and employment opportunities for young people.

The Australian Government Productivity Commission should conduct an inquiry into the cost-effectiveness of Australia's policy and practice concerning illicit drug use, including its impact on private sector productivity.

1.1. Recommendations

Recommendation 1: Implement additional workforce development strategies to ensure that NSP workers have the capacity and skills to deliver current, evidence-based information on all drugs, including methamphetamine. Commit to the review, renewal and funding of the now expired National NSP Strategic Framework 2010-2014.

Recommendation 2: Increase resources for NSP workforce development across Australia. This should include up-to-date curriculum development, E-learning and the capacity for regularised experience sharing through state-wide/national networking events.

Recommendation: 3 Increase resourcing of secondary NSPs across Australia. This should be made available either directly on a service-by-service basis or through means such as resourcing support workers who could enhance the role of these services in terms of the provision of health and harm reduction information as well as referral to other services.

Recommendation 4: Implement strategies to increase injectors' access to sterile injecting equipment such as NSP Secure Dispensing Units and outreach must be incorporated into all NSPs. Develop and implement strategies to provide 24-hour access to sterile injecting equipment.

Recommendation 5: Ensure that innovative, evidence-based harm reduction interventions are delivered and evaluated using avenues such as primary health care, emergency services, General Practitioners (GPs), hospital staff and mental health workers.

Recommendation 6: Implement a national program to upskill all necessary workforces and agencies to better understand methamphetamine/ice. In addition, establish a systematic program to engender local level responses, based on best practice experiences that involve local community-level education and management.

Recommendation 8: Implement strategies that ensure frontline services are appropriately resourced to address crystal methamphetamine use within ATSI communities.

Recommendation 9: Support jurisdictions to establish systematic early warning drug data collections that are in real time and publically available. Include innovative indicators of drug use such as waste water analysis.

Recommendation 10: Fund the expansion of evidence-based interventions to address methamphetamine injecting-related harms such as the spread of BBV, poor mental health and dependence. These include brief interventions designed to delay transition from smoking to injecting, support transition from injecting to smoking, and interventions that involve the identification and management of mental health issues.

Recommendation 11: Identify and address the needs of at risk populations of crystal methamphetamine users including MSM, young people and people who identify as ATSI. The reach and penetration of service delivery to these at risk groups requires improvement so that they are provided with evidence-based, culturally appropriate interventions to reduce crystal methamphetamine-related harm.

Recommendation 12: Address the urgent need for targeted interventions including education around the risks of HIV and crystal methamphetamine use among people who use methamphetamine. Develop effective, scalable, and sustainable interventions in this area.

Recommendation 13: Expand and evaluate methamphetamine-specific support interventions for families of people who use methamphetamine/ice. These include low literacy resources and resources that address some of the severe harms associated with methamphetamine such as violence and engagement in criminal activity. Increase support for programs such as Smart Recovery in communities.

Recommendation 14: Invest in the development of specialist expertise to address methamphetamine in rural and remote communities. Implement targeted support and resourcing in order to respond to high rates of crystal methamphetamine use.

Recommendation 15: Ensure that existing work throughout Australia is built upon to address methamphetamine/ice-related harms. In particular, early intervention campaigns that address known preventative drug use strategies, such as connectedness to school and community are important and require ongoing resourcing and support.

Recommendation 16: Develop and implement industry-specific training programs in industries with known high levels of methamphetamine use such as transport, hospitality, and construction. These should include evidence-based toolkits, policy and training to promote awareness of the risks and identification of substance misuse and related harm.

Recommendation 17: The Australian Government Productivity Commission establish a broad-ranging inquiry into the effectiveness and efficiency of illicit drug use policies and responses in Australia, including its impact on private sector productivity.

Recommendation 18: Provide Australian Government-level support for police practices that encourage diversion of offenders into treatment and harm reduction programs.

Recommendation 19: Law enforcement must dramatically increase diversion rates for drug-related offences in order to prevent incarceration wherever possible, promoting community-based treatment responses, including drug courts.

Recommendation 20: Prisons provide rehabilitation opportunities for all of those incarcerated with drug problems and proper access to healthcare including sterile injecting equipment.

2. INTRODUCTION

The use of methamphetamine, including crystal methamphetamine or 'ice', has become an increasingly problematic and complex issue across Australia, requiring a comprehensive and strategic response. With levels of purity rising from approximately 20% in 2010–2011 to over 75% in 2012-2013 and increasing accessibility, rates of ice use and related harms have grown dramatically (Australian Crime Commission, 2013; Australian Institute of Health and Welfare, 2014a; Scott, Caulkins, Ritter, Quinn & Dietze, 2015).

Penington Institute has been at the forefront of much-needed policy, workforce and community responses spanning the health, welfare and justice systems. In 2014, methamphetamine use was addressed in almost every aspect of our work, supporting affected communities across metropolitan Melbourne as well as regional and rural Victoria. Since 2012, Penington Institute has been working with local service providers to provide 1654 frontline workers from diverse workforces with access to 91 training events. We provided information on methamphetamine to 3300 people at more than 20 community forums in 2014. Our extensive engagement with local media also helped to communicate the facts, rather than myths, about drug use to communities. We recently hosted a national conference focusing on methamphetamine, providing a forum for both expert opinion and pragmatic frontline strategies and experiences. We also conducted research into the effects of ice on rural and regional communities in 2013. Our extensive engagement with ice affected communities, families, frontline staff and clients means that we are well placed to make a submission to the National Ice Taskforce.

2.1.1. Needle and Syringe Programs (NSPs)

NSPs are a key public health intervention to reduce the social and health burden of injecting drug use and the resurgence of crystal methamphetamine use brings new challenges to this sector. In Penington institute's work with the NSP workforce it is apparent that many staff feel overwhelmed by multiple drug issues and the issue of addressing ice use. Training and competence levels will contribute to staff knowledge, professional skills and the ability to address complex drug-issues. Enhanced and extended harm reduction services relating to methamphetamine use must be delivered by a properly qualified workforce. In turn, trained staff could contribute to the broader community's capacity to address drug-related harm.

There is a need for NSPs to have the capacity to address the diversity of people who inject. Currently, NSPs a one size fits all approach. There are numerous populations who inject that

are less likely to access these services including women, young people, culturally and linguistically diverse populations, people who identify as ATSI and people who identify as gay or lesbian. NSPs require more consumer focused service delivery in order to ensure they meet the needs of diverse populations providing them with targeted harm reduction information and appropriate sterile injecting equipment.

Currently, there are no minimum training requirements for workers within the NSP sector in Australia. This is problematic given that NSPs are typically accessed by people with a range of complex social and health needs including poverty, homelessness and mental health issues. Further, NSPs may be the only contact injectors have with the health system. It is thus essential that the NSP workforce has the capacity to provide appropriate and prompt referral and health advice as well as consistent, high quality and relevant information and support.

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. . 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.

As well as the need for improved and systematic workforce development and capacity building, access to NSP is still a significant issue for many people who inject. Methamphetamine is a stimulant and lends it self to 24 hour use. Ensuring the NSPs can meet the needs of methamphetamine injectors requires greater support for interventions such as Secure Dispensing Units (SDUs) and outreach services as appropriate.

Recommendation 1: Implement additional workforce development strategies to ensure that NSP workers have the capacity and skills to deliver current, evidence-based information on all drugs, including methamphetamine. Commit to the review, renewal and funding of the now expired National NSP Strategic Framework 2010-2014.

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2.1. Capacity building for frontline workers

Despite the reputation of ice as a 'junkie' drug and as highly addictive and dangerous (Miller et al., 2013) people continue to use this drug. Penington Institute work with communities concerned about ice confirms there needs to be greater attention on interventions to prevent harms arising from ice use as much as interventions to reduce frequency of use. Harm reduction interventions can address harms from even occasional use, and may prevent people who use ice from going on to dependent use, or from transitioning to injecting. Harm reduction interventions may also enable people using ice to better recognise the signs of mental illness, before experiencing an acute episode of psychosis. There is a need to scale up and sustainable, effective and targeted interventions across the health and community workforce as a priority in addressing the impact of ice on our community. To date there has been little systematic capacity building of frontline services in this area. There are guides concerning the management of methamphetamine-related toxicity for frontline staff (for example Jenner, Spain, Whyte, Baker, Carr & Crilly, 2006a) and there is also a treatment guide for frontline workers (see Jenner & Lee, 2008). However, there is a need for comprehensive guidance on appropriate harm reduction interventions for the broad range of harms associated with this drug and the specific populations at risk. Moreover, given that many people who use methamphetamine do not access drug-related services, delivering harm reduction through health and community services is essential. 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.

Recommendation 5: Ensure that innovative, evidence-based harm reduction interventions are delivered and evaluated using avenues such as primary health care, emergency services, General Practitioners (GPs), hospital staff and mental health workers.

2.1.1.   Frontline workers

One of earliest problems faced in Victoria was that frontline services, including health, lacked up-to-date information, skills and capacity concerning methamphetamine/ice. Even experienced drug and alcohol workers felt unsure about the unfolding phenomena. There is been a need to provide capacity building for a wide range of frontline professionals.

In our work with various groups of workers including emergency workers, GPs and NSP workers it has become apparent that existing methamphetamine resources should be better promoted to workers across the community. This includes the suite of resources for frontline workers

concerning management of methamphetamine use, as well as methamphetamine-related psychosis (see Australian General Practice Network, 2007; Jenner, Spain, Whyte, Baker, Carr et al., 2006a; Jenner, Spain, Whyte, Baker, Carr et al. 2006b; Jenner and Lee 2008). Moreover, given the changes in patterns of ice use since these resources were published (i.e. increased use across the population and increased frequency of use) these resources should be revised and updated.

In addition to written resources, there is a need for services with regular contact with people using methamphetamine to have clear strategies and measures in place to address ice use. This includes strategies to address violent and psychotic behaviours as well as appropriate resources to and referral systems for methamphetamine users in need of treatment, mental health service or other support services such as housing.

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 occur, 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 demographic groups, 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.

Recommendation 6: Implement a national program to upskill all necessary workforces and agencies to better understand methamphetamine/ice. In addition, establish a systematic program to engender local level responses, based on best practice experiences that involve local community-level education and management.

Recommendation 7: Review and update methamphetamine/ice-related resources for frontline workers. Systematically promote these resources to relevant sectors.

2.1.1.   ATSI communities and methamphetamine use

Many Aboriginal and Torres Strait Islander communities are openly concerned about the impact of methamphetamine use on their community members. Penington Institute has carried out training on methamphetamine use for diverse workforces in ATSI services and conducted forums in ATSI communities. Through this work, we received numerous reports that there are high levels of methamphetamine use in these communities, and through discussions with ATSI services we are aware of significant methamphetamine-related problems.

While we know that ice use is adversely impacting ATSI communities there are inadequate culturally specific interventions to address this issue. Previous research suggests that ATSI communities are vulnerable to drug-related harm (Maclean and D'Abbs 2002) and would benefit from both prevention and early intervention initiatives. It is worthwhile building upon

work already done with 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). This means in addition to focusing on reducing the supply of drugs and educating individuals about drug harms, communities need to be resourced to develop culturally appropriate strategies and interventions concerning drug use and its community-level harms (Maclean and D'Abbs 2002).

It is also possible that guidance in this area may come from international initiatives in indigenous communities. For instance, the National Indian Health Board in the US has a methamphetamine and suicide pilot initiative, designed to address these two very pressing issues among Native American communities (see http://www.nihb.org/behavioral_health/mspi.php).

Recommendation 8: Implement strategies that ensure frontline services are appropriately resourced to address crystal methamphetamine use within ATSI communities.

2.2. The impact of ice use in communities

Prevalence data show that ice use and related harms has increased and this is impacting on our community. We need timely data to ensure that we can respond quickly the shifts in drug use and related harms as they occur. Research on methamphetamine-related harms indicates that there are specific populations at risk of harm. Effective, scalable, and sustainable interventions with reach and penetration must be developed and/or scaled up and delivered to these groups. In particular regional, rural and remote communities require support to address ice use. Also, ATSI peoples, MSM and young people who use methamphetamine require targeted interventions to address the broad range of harms they may be exposed to.

2.2.1.   Prevelance of use

The most recent population-level data available on methamphetamine, the National Drug Strategy Household Survey, reports that 2% of the Australian population have used methamphetamine in the last 12 months (Australian Institute of Health and Welfare, 2014a). These data show a significant shift in the way that people are using stimulants, which could explain increasing harms. The use of crystal methamphetamine (ice) across the Australian population has increased and the use of powder has decreased. In 2010, 51% of people who used methamphetamine in the previous 12 months used powder and 22% used crystal. In 2013, this changed significantly, with 29% of people using mainly powder and 50% of people using mainly crystal or 'ice'. While useful, the methodology of this survey is problematic. People who

are experiencing homeless are not surveyed for this report and due to the stigmatizing and illegal nature of methamphetamine use, significant under-reporting of drug use is likely. Further, given the rapidity by which drug use patterns can change, it is likely that current prevalence of ice use might be even higher, which is a growing concern as this drug is particularly known for causing more significant physical and psychological harm to its users, even with short term usage or low doses.

Drug trend data for people who inject, indicate that methamphetamine is second to pharmaceutical opioids as the most commonly injected drug (Stafford & Burns, 2013). The Illicit Drug Reporting System (IDRS), a national study of injectors, found that around two-thirds (66%) of the sample reported using one or more forms of methamphetamine recently. Among this sample, crystal methamphetamine as the drug of choice significantly increased from 7% or respondents in 2012, to 11% in 2013 and its purity was generally considered 'high' (Stafford & Burns, 2013).

2.2.1.   Timely data to enable quick responses to shifts in drug use

Overall there are Australian data that provide a strong evidence-base on which responses to methamphetamine and ice use can be based. However, more timely data is required. While data sets such as the NDSHS aim to show population level use of illicit drug use, they have limited use in terms of capturing and responding to the shifts in drug use as they occur. This is due to the time lag in reporting the data. Drug trend data such as the IRDS are very useful, but capture trends among only a small group of long-term injecting drug users. This is a gap in terms of data collection as the rapid increase in use of ice shows that drug markets can shift quickly and dramatically. More timely and publically available data would assist in responding to affected populations quickly with targeted interventions and strategies.

One way to address the issue of data lag is to establish a systematic early warning data system. This system should collect data through frontline services, including community health, family violence and AOD services. It is important to collect data from a broad range of services as people using methamphetamine may not access treatment or harm reduction services (Pennay & Lee, 2008). Further, harms related to methamphetamine (and other drugs) may play out in services such as community health and family violence services. Targeting these services will ensure that more of the potential harms of methamphetamine use are documented and intervened upon.

Waste water analysis (WWA) has been shown to provide an indication of methamphetamine use in communities (Westmore et al., 2014) and undertaking this on a national level could provide much needed information on the prevalence of this drug.

Recommendation 9: Support jurisdictions to establish systematic early warning drug data collections that are in real time and publically available. Include innovative indicators of drug use such as waste water analysis.

2.2.2. Prevelance and types of methaphetamine-related harm

Data on the impact of methamphetamine indicate harms may be increasing (Heilbronn, Gao, Lloyd, Smith, Best & Lubman; 2013). The AOD National Minimum Data Set (Australian Institute of Health and Welfare, 2014b) provides an indication of increasing harm related to stimulant use. Between 2009–10 and 2013–14 treatment episodes concerning use of methamphetamines increased from 7% of closed treatment episodes to 17% (Australian Institute of Health and Welfare, 2014b).

Research has found that increases in methamphetamine-related harms may be related to drastic fluctuations in its purity (Scott, Caulkins, Ritter, Quinn, & Dietze; 2015). Crystal methamphetamine purity can be considered 'bimodal' – either very low or very high. With greater availability of high purity methamphetamine, harms can increase. For instance, people inadvertently purchasing high purity methamphetamine may experience harms such as overdose and toxicity (Scott et al., 2015). The authors of this research also argue that cost of methamphetamine crystal relative to its purity fell, thus exposing consumers to more affordable and stronger methamphetamine (Scott et al., 2015).

Drug Use Monitoring in Australia (DUMA) data (Macgregor & Payne, 2011) also provide an indication of the impact of methamphetamine use. These data measure drug use among recent detainees and can give an indication of the relationship between drug use and crime. These informative data should be expanded with increased collection sites across Australia. DUMA data from 2011 have indicated rising use of methamphetamine among detainees (Macgregor & Payne, 2011). Further DUMA results also indicate that methamphetamine is more available and of better quality (Macgregor & Payne, 2011). A recent DUMA report finds that of 285 detainees asked to take part in a driving survey, 73 percent (209) were methamphetamine users. This compares to 59 percent (n=168) MDMA users, 52 percent (n=148) cocaine users and 33 percent (n=95) heroin users (Goldsmid, Coghlan & Patterson, 2015).

Research reveals a range of harms associated with methamphetamine use. These include:

- Poor physical health (McKetin, Kelly, McLaren & Proudfoot. 2008)

- Poor mental health including risk of depression (McKetin, Lubman, Lee, Ross & Slade, 2011; Sara, Burgess, Harris, Malhi, Whiteford & Hall, 2012)

- Increased risk of psychosis (McKetin, Lubman, Baker, Dawe & Ali, 2013)

- Increased violent behaviour (McKetin, Lubman, Najman, Dawe, Butterworth et al., 2014)

- Increased HIV risk, particularly in men who have sex with men (MSM) (Colfax, Santos, Chu, Vittinghoff, Pluddemann et al., 2010)

- Increased high risk sexual behaviours including increased intensity and frequency of unprotected anal/vaginal sex with serodiscordant partners and multiple partners (Colfax et al., 2010).

It should be noted that these data concern methamphetamine in all forms (rather than ice alone) and research participants tend to be long-term drug users, using methamphetamine on a regular basis. Nonetheless, even occasional users are at risk of toxicity and overdose, particularly with the availability of high purity crystal methamphetamine.

2.2.3. Injecting harms

Data on injecting methamphetamine use indicate that this is the most harmful way by which to consume this drug. Research has found that people injecting methamphetamine are at a significantly greater risk of becoming re-infected with HCV after treatment for the virus (Grebely, Knight, Ngai, Genoway, Raffa et al., 2010). Research with people who inject in Australia find that methamphetamine is associated with HIV antibody prevalence. Research with injectors, found that 4% of those who had last injected methamphetamine had HIV antibodies (Iverson & Maher, 2014). This compares to less than 1.5% of those people who had last injected heroin. Moreover, there is an association between methamphetamine use and risky sexual practices that may contribute to an increased risk of HIV infection (Lyons, Pitts, & Grierson, 2013).

In addition to the risk of BBV transmission, injecting methamphetamine is related to increased risk of suicide (Marshall, Galea, Wood & Kerr, 2011). It is also related to increased risk of dependence on this drug (Quinn, Stoove, Papanastasiou, & Dietze, 2013).

The expansion of evidence-based interventions that address the harms related to injecting methamphetamine is required. For instance, 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 providing smoking equipment may not address injecting-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).

Recommendation 10: Fund the expansion of evidence-based interventions to address methamphetamine injecting-related harms such as the spread of BBV, poor mental health and

dependence. These include brief interventions designed to delay transition from smoking to injecting, support transition from injecting to smoking, and interventions that involve the identification and management of mental health issues.

2.2.4.   Young people

Young people between 20 and 29 years of age are more likely to have recently used meth/amphetamines (5.8%) than any other age group (Australian Institute of Health and Welfare, 2013a).

In the course of Pennington Institute's work with regional and rural communities, it has been reported to us that young people are increasingly using methamphetamine and/or ice. Young people have told us that ice is becoming increasingly available and acceptable:

- *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*

- *Ice was a drug that many people were scared of, and as…more people tried it, then this encouraged more and more people to use it*

In addition to young people at risk of problematic methamphetamine use, Penington Institute is also aware that children are at risk of social exclusion and poor contact with the education system because of parental methamphetamine use.

2.2.5.   Men who have sex with men (MSM)

People who identify as being homosexual or bisexual have high rates of methamphetamine use compared to the general population, with this population 4.5 times more likely to have used methamphetamine (Australian Health and Welfare, 2014a). Methamphetamine use is of particular concern among MSM, with use of this drug associated with the presence of HIV and other sexually transmitted infections (Lyons, Pitts, & Grierson, 2013). Worryingly, HIV positive MSM who use ice are more likely to report high-risk sexual behaviours such as unprotected anal intercourse, compared to HIV positive MSM who do not use ice (Rajasingham, Mimiaga, White, Pinkston, Baden et al., 2012; Prestage, Degenhardt, Jin, Grulich, Imrie et al., 2007). Methamphetamine is used by some gay men in order specifically to enhance and enable their sexual experiences, some of which may include risk behaviours (Prestage, Grierson, Bradley, Hurley, & Hudson, 2009; Slavin, 2004). This puts themselves, and others, at risk of HIV (Lyons, Pitt & Grierson, 2013). Research recently conducted by Penington Institute (currently embargoed by the Victorian Department of Health and Human Services) backs up this research finding that, for some MSM, methamphetamine use is a precursor to sex and may involve very risky practices, including unprotected sex with multiple partners.

Melbourne research with MSM accessing a medical clinic finds that HIV positive clients have double the rate of methamphetamine use compared to those who are HIV negative (Eu & Roth, 2014). Further, the majority of HIV diagnosed MSM who had also used methamphetamine

thought that their methamphetamine use was a significant cause of their HIV infection (Eu & Roth, 2014)

Moreover, methamphetamine use among HIV positive MSM is associated with faster HIV disease progression and poor adherence to medication. Methamphetamine use has also been found to slow the effectiveness of HIV antiretroviral treatment (Fairbairn, Kerr, Milloy, ,Zhang, Montaner, & Wood, 2011).

Recommendation 11: Identify and address the needs of at risk populations of crystal methamphetamine users including MSM, young people and people who identify as ATSI. The reach and penetration of service delivery to these at risk groups requires improvement so that they are provided with evidence-based, culturally appropriate interventions to reduce crystal methamphetamine-related harm.

Recommendation 12: Address the urgent need for targeted interventions including education around the risks of HIV and crystal methamphetamine use among people who use methamphetamine. Develop effective, scalable, and sustainable interventions in this area.

2.3.Local community capacity building

With increasing levels of crystal methamphetamine use many communities have genuinely struggled to understand what was happening and how to respond. A number of communities, such Mildura in north-west Victoria, were forced to self-organise and prepare local level responses (Harley, Forbes & Cordoma, 2014). Penington Institute assisted Mildura by training numerous local workers with the intention that they could then provide information and support to hundreds of other community members.

One of the most striking lessons from Victoria, and one Penington Institute has been closely involved with, is the need for genuine multi-sectoral local community driven responses that includes dissemination of accurate information.

There is latent capacity within regional and rural communities to create positive local conditions to address ice. This can be harnessed through strategies such as improving the health literacy of community members and educating local media outlets so that, over time, they provide accurate coverage. It also involves coordinating systemic local level interventions to address methamphetamine use and its associated harms directly, thereby ensuring that individuals who use ice receive appropriate preventative advice and treatment, and that threats to community safety such as aggressive and antisocial behaviours are circumvented.

Penington Institute works with local communities to organise community forums where people can learn how ice works and why it is vital to support affected people, especially families. These forums offer education, information and active participation from local services with the aim of informing various stakeholders on the fundamentals of ice use. They promote prevention and harm reduction messages, participation of local services, and potential

strategies to implement in order to reduce harm to the community and the individual. They are a valuable strategy in tackling ice use. However, as with any program to address drug use, forums must be part of a broader strategy that includes resourcing for support services for people affected by ice use well as preventative strategies.

2.3.1. Support for families

Communities that Penington Institute has worked with are seeking 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. Family members have also reported to Penington Institute that they need resources and support to address specific problems related to methamphetamine use including depression and 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 ice use.

Support for families is a focus of the Victorian Ice Action Plan (see www.premier.vic.gov.au/ice-action-plan), recognising that supporting families can be integral in reducing harm and use of this drug.

Recommendation 13: Expand and evaluate methamphetamine-specific support interventions for families of people who use methamphetamine/ice. These include low literacy resources and resources that address some of the severe harms associated with methamphetamine such as violence and engagement in criminal activity. Increase support for programs such as Smart Recovery in communities.

2.3.2. Regional/rural/remote areas and methamphetamine use

Penington Institute's work in regional and rural areas has enabled us to see the impact that the use of methamphetamine, particularly ice, is having at a community level. Methamphetamine is easily accessed in these areas. And in remote and very remote communities, 4.5% of the population are recent methamphetamine users (Australian Institute of Health and Welfare, 2014a). Regional, rural and remote areas face challenges in dealing with ice use because of various reasons including:

- A shortage of appropriate support services
- Higher than average rates of unemployment
- The high visibility of drug use and its impact in smaller communities

Staff from health and welfare agencies have reported to Penington Institute that the use of ice has become socially acceptable, even to the point where people are using the drug while engaged in work activities, particularly when they are involved in labouring work.

In research conducted by Penington Institute on the impact of methamphetamine use in communities, frontline workers reported a particularly fast trajectory from occasional use to problematic and harmful methamphetamine use, including engagement in criminal activity, such as theft (Westmore, Van Vught, Thomson, Griffiths and Ryan, 2014). Methamphetamine can affect people and their families quickly, impacting on physical and psychological health, with legal and financial consequences. This research found community members believed that ice had contributed to higher rates of community violence, including family violence and other crimes such as theft (Westmore, Van Vught, Thomson, Griffiths and Ryan, 2014).

The ready availability of methamphetamine in regional, rural and remote regions requires that they are adequately resourced in order to address illicit drug use. Whereas traditionally these areas might have focused on alcohol and cannabis use, frontline services now require the capacity to also address methamphetamine use. This entails training for service workers and managers around ice use, the provision of relevant interventions and the establishment of appropriate referral pathways for problematic users. Significant methamphetamine-related problems in regional, rural and remote communities may also be indicative of existing social issues that can drive drug use — such as inter-generational drug use, high rates of unemployment and low levels of school connectedness. While these are complex problems that require intensive resourcing they must be addressed if drug use is to be tackled in an ongoing and sustainable manner.

Recommendation 14: Invest in the development of specialist expertise to address methamphetamine in rural and remote communities. Implement targeted support and resourcing in order to respond to high rates of crystal methamphetamine use.

2.4. Ice interventions

There are many demand reduction and harm reduction efforts to combat the ice use and related harms across Australia. These vary in terms of the support they receive, their sustainability and their evidence-base. What is most important is that there is a broad range of initiatives to tackle ice use and related harms, that address individual ice use, as well as provide support to families and strengthen communities capacity to address ice use. This includes addressing the known determinants of drug use in communities such a unemployment and connectedness to educational institutions.

Acknowledging the ease with which methamphetamine markets can emerge in even remote areas means that interventions must be adaptable to populations throughout Australia. At the same time the social acceptability of stimulant use needs to be incorporated and addressed in interventions aimed at young people. For certain groups of young people, methamphetamine use is 'normalised' and demonising this drug or using scare tactics to address use will lack

credibility (Miller, Duffy, Smith, & Ell, 2013). Methamphetamine is not a drug used in isolation. As with most drugs it is typically used with a range of other substances. Methamphetamine's relationship to these substances must be taken into account when addressing its use. For instance, people may take ice with alcohol to 'sober up'. Ice can also be taken as a party drug in order to enhance stamina and partake in the 'big night out' (Pennay, 2012). Penington Institute found that in many cases the lack of access to heroin and its generally poor quality was an impetus for people to inject ice as this was more available and of high quality.[1] In each of these situations, ice has a different context and thus strategies to reduce demand and address methamphetamine-related harms must be tailored accordingly.

2.4.1.   Early intervention strategies

Given the reports to Penington Institute 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 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. They must also include the provision of information around methamphetamine overdose and toxicity, so that these are recognisable if they occur.

In addition to early interventions for 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. Australian research has found that students with good school and good social connectedness are less likely to engage in health risk behaviours, such as illicit drug use (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. Given this evidence, responding to incidents of unsanctioned AOD use, including the use of methamphetamine, by school students, must prioritise ongoing contact with the educational system rather than criminal justice interventions. Effective referral into mental health, family therapy and drug treatment programs will have far greater positive outcomes. Ensuring referral pathways are functioning strongly is therefore vital.

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 associated with ongoing contact and engagement in later life (Lambie & Randell, 2013). The importance of prevention and early intervention programs for young offenders is well researched (Lambie & Randell, 2013). Evidence-based alternatives to incarceration are family-centred, community-based interventions. These must provide a comprehensive approach, linking with the justice system and mental health services. Such interventions typically involve family systems approaches, as well as principles of cognitive behaviour therapy and social learning (Henggeler & Schoenwald, 2011). The aim is to support young people and their families to develop skills and motivation to

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[1]This research is currently embargoed by the Victorian Department of Health and Human Services.

function productively and prosocially in their communities (Henggeler & Schoenwald, 2011). While a family–centred approach is best practice it has been slow to be adopted by Australian treatment agencies (Hamilton, 2015). Likewise, there is a need for better linkages between child protection and family support services and the AOD sector that can leverage treatment as an opportunity to actively engage with families, strengthening internal relationships and improving children's life chances (Hamilton, 2015).

Recommendation 15: Ensure that existing work throughout Australia is built upon to address methamphetamine/ice-related harms. In particular, early intervention campaigns that address known preventative drug use strategies, such as connectedness to school and community are important and require ongoing resourcing and support.

2.4.2.   Awareness campaigns

The 'What are you doing on ice?' television and social media campaign was funded by the previous Victorian State Government through the Department of Health and Human Services and developed in conjunction with Penington Institute. This campaign aimed to provide information on the potential harms of ice while avoiding scare tactics and a simplistic 'just say no' approach. The advertisements also provided the viewer with a 'next step', inviting them to go to the website. The website then provided users with links to agencies that provided support and assistance to people using ice.

There have been specific awareness campaigns on the use of methamphetamine and/or ice aimed at young people also funded through the Federal Government. These have included messages such as 'Don't let ice destroy you' (Social Research Centre, 2009). 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 ice and viewed it as a harmful substance (Social Research Centre, 2009).

However, international sensationalist media campaigns, such as the Montana Meth Project, have been found to have overall poor outcomes. Research on the Montana Meth Program found that the best case scenario was that the campaign had no discernible impact on the use of methamphetamine by young people (Anderson, 2010). However, there is also evidence that this campaign is associated with increases in the acceptability of using methamphetamine and decreases in the perceived danger of using drugs (Erceg-Hurn, 2008).

Research with 1600 young people (14-24 years of age) to inform the National Drug Campaign 2012-2014 finds that ice and heroin are both perceived as extremely harmful and undesirable drugs (Miller, Duffy, Smith & Ell, 2013). Effective communication approaches are suggested to be those that emphasise harm minimisation, the impact of drug use on others, realistic and credible experiences and acknowledging that drug use may be a part of young peoples' experience (Miller et al., 2013).

Moreover, there is a need for an education campaign that targets current methamphetamine users, providing safety information about managing use, so that people are aware of the signs of health issues such as dehydration and malnutrition and of mental heath issues such as recognising the signs of depression, anxiety and psychosis and where to get help. Any campaign for current users should also seek to build hope for recovery, providing information about support and treatment for methamphetamine.

2.4.1. Addressing ice use in the workplace

Health issues in the workplace can have economic and social impact in business, family and communities and affect overall community well-being and functioning. Where health issues arising from drug use are present in the workplace, the effect is felt throughout the Australian 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 generally not beneficial. Workers have a better chance of recovery from illicit drug use 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.

Recommendation 16: Develop and implement industry-specific training programs in industries with known high levels of methamphetamine use such as transport, hospitality, and construction. These should include evidence-based toolkits, policy and training to promote awareness of the risks and identification of substance misuse and related harm.

2.5. Better distribution of resources to combat ice use and related harm

Currently federal, state and territory governments primarily rely on law enforcement initiatives to tackle ice. Penington Institute supports a more balanced approach to tackling ice, where demand reduction and harm reduction initiatives receive more financial and political support. These proven measures to address methamphetamine use and methamphetamine-related harm are detailed later in this submission. Further, we also support a law enforcement approach where

diversion for drug crime is central. Diversion programs in Australia have good outcomes and should be scaled up considerably.

2.5.1. Law enforcement efforts to tackle ice

Australia's *National Drug Strategy 2010- 2015* recognises that drug use is a health and social issue (Ministerial Council on Drug Strategy, 2010) and commits to address drug use through supply reduction, demand reduction and harm reduction interventions. Yet, federal and state governments spend the majority of drug-related funds on law enforcement efforts towards detection and deterrence. In 2009-10, of a total of $1, 609.6 million spent on drug-related issues:

- $1, 031.8 million was spent on law enforcement – two thirds of the total spend (64.1%)
- $361.8 million was spent on treatment – just over a fifth (22.5%)
- $156.8 million was spent on prevention – just under a tenth (9.8%)
- $36.1 million was spent on harm reduction – 2.2%
- $23.1 million was spent on other initiatives – 1.4%. (Ritter et al., 2013, Addendum 20/8/13)

2.5.2. The effectiveness of law enforcement measures

Given the greater amount of funding directed to law enforcement measures compared to other drug-related interventions, it is worth investigating the impact of these measures. Australian researchers have investigated whether seizures of drugs have any impact on the use of drugs by measuring the amount of drug seizures compared to drug arrests for use and possession and drug-related emergency department (ED) presentations (Wan, Weatherburn, Wardlaw, Sarafidis & Sara 2014). This study found that increases in law enforcement activity (specifically seizures and supplier arrests) directed at amphetamine-type substances (ATS) (including methamphetamine), heroin and cocaine does not appear to have any effect on ED admissions relating to these drugs, or on arrests for use and possession up to four months later. In relation to ATS this research found:

> Increases in the number of ATS seizures and the number of ATS supplier arrests were associated with contemporaneous increases in arrests for use and possession of ATS. These findings suggest that increases in cocaine or ATS seizures or ATS supplier arrests are signals of increased (rather than reduced) supply. (Wan et al., 2014, p. 16)

Thus, increases in law enforcement outcomes are a reflection of increases in availability, rather than a sign that significant inroads are being made in addressing the supply of illicit drugs. This research concluded that increasing spending on law enforcement will not result in better outcomes – that is, increased detection and arrests related to drug crime (Wan, et al., 2014). The researchers state:

> There is certainly little in our results that would support increased investment in supply control policy as a means of reducing drug consumption and drug-related harm. (Wan et al., 2014, p.18)

These findings are backed up by older research on the impact of law enforcement on drug use and harms (including drug use patterns, overdose, treatment admission, rates of crime and

arrest) has likewise found no relationship between drug seizures and drugs harms (Rumbold & Fry 1999; Weatherburn & Lind 1997; Wood, Tyndall, Spittal, Li, Anis, & Hogg 2003).

Further, very recent data released by the Australian Crime Commission (ACC) finds an increase in the detection of ATS and continuing very high weights of seizures of ATS (2014). The ACC reports that ATS detections at the Australian border have increased, with the 2,367 detections in 2013–14 the highest number on record. The weight of ATS detected at the Australian border in 2013–14, is the second highest weight on record (Australian Crime Commission, 2014). Between 2013 and2014, there was an ATS related arrest every 20 minutes which is the highest on record (Australian Crime Commission, 2014). At the same time, people who inject report that ice is easy or very easy to obtain across all jurisdictions in Australia (Stafford & Burns, 2014) and use of crystal methamphetamine is increasing (Australian institute of Health and Welfare, 2013a). Moreover, methamphetamine harms in Australia are increasing – evidenced by indicators such as increased rates of treatment (Australian Health and Welfare Institute, 2013b). These data appear to support Wan and colleagues (2013) conclusion that increased outcomes for law enforcement may be reflective of increased supply of a particular drug, rather than evidence that law enforcement is successfully eradicating supply.

2.5.3.   Diversion for drug-related crime

While law enforcement has a role to play in terms of addressing the availability of drugs, drug use and distribution are often driven by dependence and international best practice in this area requires a combination of health and law enforcement responses (Chandler, Fletcher, & Volkow, 2009; Ritter, McLeod, & Shanahan, 2013; Stevenson, 2011). Imprisonment for drug crime is problematic, with high economic and social costs and an increased likelihood of recidivism and additional criminal behaviour (Stevenson, 2011). There is good evidence for the effectiveness of treatment and harm reduction measures to address drug use (Chandler et al., 2009; Ritter et al., 2013) and thus providing treatment to people on drug-related offences is an opportunity to address problematic drug use and reduce associated criminal behaviour (Chandler et al., 2009).

One law enforcement strategy that is inclusive of a health approach to drug use is diversion programs for drug or drug-related offences. Diversion is typically used for therapeutic purposes. That is, it is a strategy to: 'divert drug and drug-related offenders *into* drug education and treatment, rather than *out* of the criminal justice system' (Hughes & Ritter, 2008, p. 3). There has been significant progress in this area in the past ten years to 2012–13. In this period, the number of treatment episodes provided to clients diverted from the criminal justice system into alcohol and other drug (AOD) treatment for drug or drug-related offences more than doubled (though off a very low base), while treatment episodes for other clients increased only marginally (Australian Institute of Health and Welfare, 2014c).

Therapeutic jurisprudence including drug court programs are an important development used for both minor and serious drug-related offences (Spencer, 2014). Evaluations of these

programs have shown that these can be effective in improving outcomes for participants. For instance, outcomes of an evaluation of the North Queensland drug court found that:

- post-entry re-offending is significantly reduced for those who successfully complete the drug court program
- of those successful participants who do re-offend, the time taken to re-offend is significantly longer
- all participants recorded reductions in offending after admission to the drug court program, and the reductions were greatest amongst the graduates
- there is a significant termination effect, where terminated offenders re-offend sooner than both graduates and the comparison group (Payne, 2005; p.13).

These programs are one way in which to address methamphetamine use in a public health framework, seeking to treat and address drug use as a matter of priority, using incarceration as an absolute last resort.

Penington Institute acknowledges the value of existing programs in the justice system to provide treatment in prison and diversion opportunities for low-level offenders, but these need to be dramatically scaled up. Further, more could be done to interrupt young people's drug use even before they ever appear before a court. This would involve work at a local level to bring together communities and empower them to directly combat the harmful effects they are experiencing from drug use. A range of stakeholders are required to coordinate a systemic response enabling the early detection, referral and treatment of at-risk ice users, decreasing medical, social and economic complications. Partnerships with police and other justice officers could be developed to strengthen referral pathways into treatment for young, low-level offenders. Success in a number of drug courts across the country suggests these programs are worthy of ongoing support and could be expanded and extended to ensure drug offenders are given an opportunity to address their problematic drug use.

Australian Government Productivity Commission Inquiry recommended

It is the firm view of Penington Institute that the Productivity Commission is best placed to undertake a process to thoroughly examine the effectiveness, or otherwise, of Australia's illicit drug use policy and practice. This applies particularly to allocation and return on investment of resources, as well as the extent to which pharmaceutical drug misuse is contributing to the overall burden of drug-related harms in our communities.

Writing in 2012, Penington Institute's John Ryan said: "Our prison systems are dominated by people whose offences are directly or indirectly related to the illegal nature of the drug trade.

"What is the best way to prevent drug use and help people who are drug users reduce risks and get off drugs if they want? If we wish to know that, then some serious number crunching and examination of evidence, rather than purely emotional or ideological reactions, is required?

"We need first-rate economic analysis to work out how we can maximise the taxpayer dollars that get spent on drug problems each year." (http://www.smh.com.au/federal-politics/we-need-to-have-a-more-productive-debate-on-drug-laws-20120628-2155y.html)

Recommendation 17: The Australian Government Productivity Commission establish a broad-ranging inquiry into the effectiveness and efficiency of illicit drug use policies and responses in Australia, including its impact on private sector productivity.

Recommendation 18: Provide Australian Government-level support for police practices that encourage diversion of offenders into treatment and harm reduction programs.

Recommendation 19: Law enforcement must dramatically increase diversion rates for drug-related offences in order to prevent incarceration wherever possible, promoting community-based treatment responses, including drug courts.

Recommendation 20: Prisons provide rehabilitation opportunities for all of those incarcerated with drug problems and proper access to healthcare including sterile injecting equipment.

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