STANDING COMMITTEE ON HEALTH AND DISABILITY

INQUIRY INTO THE IMPLICATIONS OF THE USE OF THE DRUG CRYSTAL METHAMPHETAMINE, ALSO KNOWN AS 'ICE', FOR THE ACT COMMUNITY

ACT GOVERNMENT SUBMISSION

MARCH 2007

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INTRODUCTION

On 16 November 2006 the ACT Legislative Assembly Standing Committee on Health and Disability resolved to undertake an inquiry into the implications of the use of the drug crystal methamphetamine, also known as 'ice', for the ACT community.

The scope of the inquiry is as follows:

- information on the availability of crystal methamphetamine;
- the demographic profile of users;
- the perception of the drug among users and within the community;
- the consequences of regular use for users, their families and the community;
- education, support and treatment for users, their families and the community;
- the resource and other implications for the health and law enforcement sectors; and
- any other related matter.

The ACT Government welcomes the opportunity to provide a submission to the ACT Legislative Assembly Standing Committee on Health and Disability's inquiry into crystal methamphetamine.

Using the scope of the Inquiry as a guide, this submission will provide information on the following topics:

- The nature and use of methamphetamines
- Availability, price and purity of crystal methamphetamine
- The demographic profile of users
- Perceptions of 'ice' among users and within the community
- Consequences of use
- Service Responses and Emerging Issues

As a number of the issues outlined in the scope of the Inquiry overlap, this submission is not structured in a way that addresses each individually. The submission has sections specifically addressing each of the first four listed topics within the scope of the Inquiry, with the remaining issues identified as being within the scope of the Inquiry, covering education, support, treatment, resources and other implications, and other related matters are addressed in a final section on service responses and emerging issues. This final section is further divided into National and ACT specific parts.

In reading this submission, it should be noted that much of the published research data in this area does not discriminate between 'ice' (crystal methamphetamine) and other types of amphetamines.

THE ACT GOVERNMENT POLICY CONTEXT

The ACT Government has a vision for Canberra as a safe, healthy and cohesive community. With this in mind, the Government is committed to helping those Canberrans that are vulnerable and excluded from fully participating in the life of their community. The priority and goals of the *Building Our Community – The Canberra Social Plan* (2004) reflects this reality, emphasising the importance of helping Canberrans in need. This includes reducing the harmful consequences associated with alcohol and other drug use.

The policy context for the ACT Government's approach to alcohol and other drug use is found in the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*. *Harm minimisation* is the basis the Strategy, and for alcohol, tobacco and other drug policies and service provision in the ACT. *Harm minimisation* represents an approach that aims to improve health, social and economic outcomes for the community and individuals by encompassing a wide range of approaches, including:

- *Supply-reduction* strategies designed to disrupt the production of supply of illicit drugs and to control and regulate licit substances.
- *Demand-reduction* strategies designed to prevent the uptake of harmful drug use and treatment to reduce drug use; and
- *Harm-reduction* strategies designed to reduce drug-related harm to individuals and communities.[1]

The *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* acknowledges the consideration of biological, psychological, cultural and social aspects of alcohol, tobacco and other drug use is important when planning and developing appropriate interventions that aim to promote the health and well-being of individuals and communities.

The *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* outlines actions that the Government is, in partnership with the community and non-government organisations, working to implement. Through links with appropriate agencies and stakeholders, the Strategy aims to:

- Improve the health and social well-being of individuals, consumers, families and carers, and the community in the ACT;
- Minimise the harm in the community from alcohol, tobacco and other drugs while recognising the individual needs of all citizens in the ACT;
- Develop evidence-based initiatives to ensure that issues associated with harmful alcohol, tobacco and other drug use are addressed in an effective way; and
- Implement the Strategy in a manner that respects, protects and promotes human rights.

[1] *ACT Alcohol, Tobacco and other Drug Strategy 2004-2008*, ACT Health, August 2004

Significant progress has been made towards the implementation of the Strategy. This includes:

- $150,000 new annual recurrent funding allocated for peer education programs that prevent and reduce the uptake of drugs
- $179,000 new annual recurrent funding allocated for alcohol and drug detox support workers to operate from Gugan Gulwan and Winnunga Nimmityjah Aboriginal Health Service
- $140,000 new annual recurrent funding for Dual Diagnosis Outreach Workers to operate from Gugan Gulwan and Winnunga Nimmityjah Aboriginal health Service
- $100,000 new annual recurrent funding allocated to increase the number of places subsidised on the ACT Pharmacotherapy Program
- completion of a successful pilot of a sobering-up facility at Ainslie Village
- $60,000 for a trial of needle and syringe vending machines
- completion of an ACT alcohol and drug workforce profile and one-off funding for staff from non-government alcohol and drug services to complete assessment and training in the Certificate IV in Alcohol and Other Drug Work
- funding for secretariat and project management support for an alcohol and drug workers' group to build the capacity the sector

Based on the methodology developed by economist Tim Moore of the Turning Point Alcohol & Drug Centre in Victoria, an estimate for the ACT is that around $40 million was expended on addressing illicit drugs, both in direct expenditure on drug interventions as well as on the consequences of drug use, by the ACT Government in 2005-06.

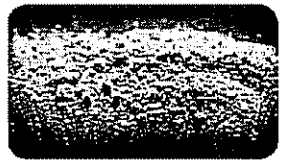
The *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* is consistent with *The National Drug Strategy – Australia's Integrated Framework 2004-2009*. The national framework takes a harm minimisation approach, which is an important foundation for the ACT.

THE NATURE AND USE OF METHAMPHETAMINES

Methamphetamine is the most common form of amphetamine available on the illicit market in Australia. It is part of the psycho-stimulant group, which includes amphetamines, cocaine and MDMA (ecstasy). Psychostimulants stimulate central nervous system activity, producing euphoria, a sense of wellbeing, wakefulness and alertness. [2] Risks associated with psychostimulants include dependence, increased risk of aggressive, violent or risk-taking behaviour, mental health problems and the potential for fatal cardiac or cerebral events.[3]

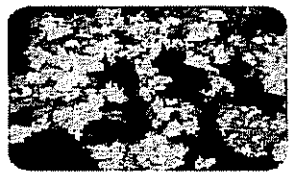
There are three common forms of methamphetamine:[4]

- Speed is the salt or powder form of methamphetamine. It is usually snorted, injected or swallowed. Speed is the most common form of amphetamine available in Australia and it is often manufactured here. It is typically of low quality and is usually adulterated with glucose.



Source: NDARC

- Base is an oily, waxy or sticky moist paste or damp powder, with a higher purity than speed. Base is thought to be the product of an imperfect attempt at conversion from freebase into salt form. Base can be swallowed, smoked or injected. Base is thought to be manufactured in Australia.



Source: NDARC

- 'Ice' is a high purity form of methamphetamine. It comes as crystals or as a crystalline powder, and is usually translucent or white. It is also known as shabu, crystal meth or yaaba. 'Ice' is made in much the same way as speed or base but it is more highly refined so that it turns in to a pure crystalline form of the drug. 'Ice' is about 80 percent pure (other methamphetamines are typically around 10-20 percent pure). 'Ice' can be snorted, swallowed, smoked, injected or inserted anally, however, smoking appears to be the most common method of use. 'Ice' is often smoked using a purpose made 'ice' pipe.

Source: NDARC

[2] Queensland Health 2004. Psychostimulants Information for Health Care Workers. Queensland Health
[3] Ibid
[4] Ibid

An important dynamic in the methamphetamine market in Australia, is evidenced by the fact that a substantial proportion of methamphetamine seizures occur in the form of pills. These pills typically contain methamphetamine on its own or in combination with ketamine. This suggests that pills containing methamphetamine are being sold on the ecstasy market and that a large proportion of ecstasy pills are actually methamphetamine. [5]

Source: NDARC

Methamphetamine use is associated with a range of negative health and social consequences. These include:[6]

- Mental Health: agitation or aggression, decreased motivation and an inability to maintain usual activities, symptoms of depression and anxiety, psychotic symptoms such as paranoia and hallucinations, decreased concentration and memory;
- Physical health: disturbed sleep, jaw clenching and teeth grinding, weight loss due to poor appetite, palpitations and chest pains and injecting related problems;
- Injecting risk behaviours, for example, Hepatitis C infection;
- Sexual risk behaviours: dependent methamphetamine users are more likely to engage in unprotected sex. It is not clear whether unsafe sexual practices are linked to methamphetamine intoxication or other circumstantial factors;
- Psychosis: around three in ten dependent methamphetamine users will experience psychotic symptoms during a given year. Symptoms usually last 2-3 hours but can last longer and;
- Social and financial problems: other problems experienced by some methamphetamine users include social isolation, relationship breakdowns and financial difficulties. Some methamphetamine users also become involved in crime, such as drug dealing or theft, to support their drug use.

How do people use methamphetamine: Routes of Administration

The typical dose of methamphetamine is a 'point' (0.1 grams) of base or 'ice', or half a gram of the lower purity powder, which is taken once or twice over the course of an evening or day.[7]

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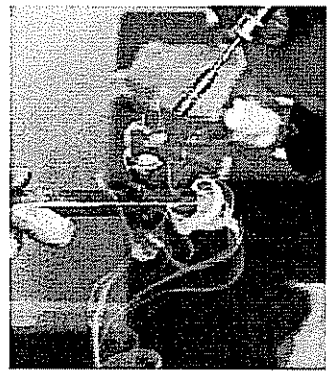
[5] R. McKetin, J.McLaren, & E. Kelly, (Eds), (2005). *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences. NDLERF Monograph Series No. 13*

[6] National Drug and Alcohol Research Centre206. Methamphetamine Use and Health. Accessed at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERF_Methamphetamine/$file/NDLERF+USE+AND+HEALTH.pdf.

[7] 2006 Methamphetamines: Forms and Patterns. Based on findings from McKetin, R., McLaren, J., and Kelly, E. (2005). The Sydney methamphetamine market: Patterns of supply, use personal harms and social consequences. National Drug Law Enforcement Research Fund Monograph Series No. 13 Australasian Centre for Policing Research, Adelaide.

Methamphetamine is typically injected by dissolving the drug with water in the small resealable plastic bag in which it is sold. A syringe is used to measure the amount of water and withdraw the dissolved drug from the bag.[8]

'Ice' is smoked using a glass pipe, or less commonly a water pipe or 'bong'. 'Ice' is heated in the bulb of the pipe until it vaporises and it is then inhaled. When people smoke 'ice' they often share it among friends, passing the pipe around, and letting the methamphetamine re-crystallise in between being used.[9]



Smoking crystal methamphetamine via an 'ice' pipe
Source: Of Substance: The National Magazine on Alcohol, Tobacco and Other Drugs. July 2006 Vol. 4 No. 3

People who snort or swallow methamphetamine usually take the powder form of the drug.[10]

Who uses methamphetamines?

Methamphetamines are used by a wide range of people for a variety of reasons. Common 'types' of methamphetamine users include:[11]

- Young ecstasy users who will snort speed or smoke 'ice' on weekends with their friends;
- Older injecting heroin users who will also inject methamphetamine; and
- People who regard methamphetamine as their drug of choice, who tend to inject the drug once to several times a week.

Regular crystal methamphetamine users are more likely to be older injecting drug users who also use heroin and other opioids. Additionally, they are likely to be unemployed and to have a criminal record. The characteristics of those who inject 'ice' are similar to those who inject heroin and other drugs. In contrast, the socio-demographic and drug use characteristics of those who smoke 'ice' are similar to recreational drug users: levels of education and employment are generally higher; opioid use is less common and they are younger. Almost two-thirds of regular crystal

[8] 2006 Methamphetamines: Forms and Patterns. Based on findings from McKetin, R., McLaren, J., and Kelly, E. (2005). The Sydney methamphetamine market: Patterns of supply, use personal harms and social consequences. National Drug Law Enforcement Research Fund Monograph Series No. 13 Australasian Centre for Policing Research, Adelaide.
[9] Ibid
[10] Ibid
[11] Ibid

methamphetamine users inject it and a little less than one third smoke it. Thirteen percent of regular users consume 'ice' on a daily basis.[12]

Use of 'ice' is commonly linked to clubs, raves and festivals. However, around half of crystal users take the drug at home rather than at a public venue.[13]

[12] Source for characteristics of 'ice' users is: McKetin, McLaren and Kelly, n5, pp 82-84

[13] National Drug and Alcohol Research Centre, 'Methamphetamine – The current state of play: new research'. Media Release, 3/11/06.

AVAILABILITY, PRICE AND PURITY OF CRYSTAL METHAMPHETAMINE

Up until the late 1990's the form of amphetamine predominantly in use in Australia was amphetamine sulphate which, before the introduction of controls on the necessary precursor chemicals, was easily and cheaply manufactured locally.[14] More recently the trend has changed towards the production of methamphetamine, using the active ingredient in a number of allergy, cold and influenza medications, pseudoephedrine hydrochloride.

Throughout the 1990's, the amphetamine market in Australia was declining in the face of an emerging heroin epidemic. The market for the drug had largely stagnated and there was no sign of movement in the price, purchase units, or the low purity of the drug through the mid-late 1990's.[15] Since 1999, the market for the more potent forms of methamphetamine, namely base methamphetamine and crystalline methamphetamine ('ice') has grown in Australia. This coincided with a reduction the availability of heroin in 2000.

Darke, Ross, Hando, Hall, and Degenhardt (2000) were among the first to report the emergence of crystal methamphetamine in this country. In discussing this development the authors comment that "the trend towards the use of crystalline methamphetamine in all jurisdictions represents the emergence in this country of a powerful new form of the drug. International research indicates that the widespread use of crystalline methamphetamine is likely to be associated with adverse psychological and physical effects".

Trends in production of methamphetamine

Local

There have been few clandestine laboratories detected by police in the ACT. For the period 1 July 2005 – 30 June 2006, one clandestine laboratory was detected which was classed as a Category C (stored/unused equipment or chemicals). In the previous reporting period, two active clandestine laboratories were detected and dismantled. Both laboratories were reported to be utilising the red phosphorus (use of hydriodic acid and red phosphorous) method for manufacture.

The inherent environmental and physical dangers associated with amphetamine type stimulant production in clandestine laboratories has necessitated the formation of an ACT Policing Clandestine Laboratory Investigation Team and the provision of appropriate training and resources to ensure the safe entry, investigation and dismantling of clandestine laboratories in the ACT.

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[14] Stafford, J., Degenhardt, L., Black, E., Bruno, R., Buckingham, K., Fetherston, J., Jenkinson, R., Kinner, S., Bewman, J., & Weekly, J. (2006). *Australian Drug Trends 2005. NDARC Monograph No. 59. Sydney*: National Drug and Alcohol Research Centre.

[15] McKetin, R., Kelly, E., (Eds), (2005a). Methamphetamine use in Sydney. In R. McKetin, J.McLaren, & E. Kelly, (Eds), (2005). *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences. NDLERF Monograph Series No. 13*

Australia

Most of the methamphetamine available in Australia is produced domestically in clandestine chemical laboratories. Domestically produced methamphetamine is usually marketed as speed or base. [16]

Over the past five years Australia has seen the introduction of imported crystalline methamphetamine, although there has been a couple of clandestine laboratory seizures within Australia that involved crystalline methamphetamine manufacture.

A further dynamic that supports this proposition, is that the additional time and difficulties associated with converting the methamphetamine into the crystalline form (and therefore the resultant loss of profit) is a major reason why the manufacture of crystalline methamphetamine is uncommon in Australia.[17] Most large-scale crystal methamphetamine detections have originated from China, and to a lesser extent, other countries in the Asia Pacific region. [18]

Methods for manufacturing methamphetamine in Australia include the[19]:

- Hypophosphorous method: use of hypophosphorous acid and iodine;
- Red phosphorous method: use of hydriodic acid and red phosphorous;
- 'Nazi' method: using lithium or sodium with anhydrous ammonia; and
- P2P or Leuckart method: using phenylacetone or benzyl methyl ketone with formic acid or aluminium amalgam.

International

According to papers publically released in relation to the National Leadership Ice Forum – Manufacture and Supply convened by the NSW Government in December 2006. Methamphetamine was first synthesised in Japan in 1919. [20] Today, the drug has broadened to other nations in the region including China, Indonesia, Malaysia, Myanmar, the Philippines, Singapore and Thailand. [21] Sixty percent of methamphetamine users live in Asia. [22] There is a trend towards a major epidemic of methamphetamine use in Thailand that appears to be spreading across the entire Asia Pacific region. [23]

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[16] McKetin, R., Kelly, E., (Eds), (2005a). Methamphetamine use in Sydney. In R. McKetin, J.McLaren, & E. Kelly, (Eds), (2005). *The Sydney Methamphetamine Market: Patterns of Supply, Use, Personal Harms and Social Consequences. NDLERF Monograph Series No. 13*

[17] Ibid

[18] Ibid

[19] NDARC (2005) Methamphetamine Supply in Australia', National Drug and Alcohol Research Centre, http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERFMethamphetamine/$file/NDLERF+'ICE'+SUPPLY.pdf

[20] Morefield, K., Ali, R., Baigent, M., Chistie, P., Pointer, S. and Danz, C (2004) Methamphetamine Psychosis in South Australia Stage 1 of Methamphetamine Psychosis Research Program, Drug & Alcohol Services Council South Australia, DASC Monograph No. 11.

[21] Farrell, M and Marsden, J. (1997) Methamphetamines: Drug use and psychoses becomes a major public health issue in the Asia Pacific region, *Addiction*, 97, 771-772.

[22] Maxwell, J. (2006 Emerging Research on Methamphetamine, *International Therapy Newsletter*, 41, 17-24.

[23] World Health Organization (n.d) Amphetamine-type stimulants, http:www.who.int/substance abuse/facts/ATS/en/index.html (Accessed11/01/07)

Recent data has shown a decline in amphetamine type stimulants (ATS) use in the regions of the Americas and Europe, while the highest levels of use worldwide have emerged in East Asia and Oceania.[24] Japan, Korea and the Philippines all register 5-7 times the rate of ATS use compared with heroin and cocaine use. [25]

According to the World Health Organisation, smoking, sniffing and inhaling are the most popular methods of ATS use around the world.[26] However, in Australia, over 90 percent of those who report using ATS (mostly methamphetamine) choose to inject. [27]

Availability of crystal methamphetamine in the ACT and Nationally

According to the *2006 Illicit Drug Reporting System* (an annual survey of injecting drug users), availability of crystal methamphetamine has remained stable with it reported to be 'very easy' (51 percent) to 'easy' (42 percent) to obtain. Speed was also reported as 'very easy' (45 percent) to obtain and base reported as 'easy' to obtain (48 percent). Although there are slight variations in availability across jurisdictions, availability of all forms of methamphetamine was generally reported as 'easy' to 'very easy' to obtain Nationally.

The *2005 Illicit Drug Reporting System* found that the most common sources of crystal methamphetamine were friends (33 percent), dealer's homes (31 percent), and street dealers (13 percent).

Price of crystal methamphetamine in the ACT and Nationally

According to the *2006 Illicit Drug Reporting System*, the price of crystal methamphetamine has remained stable in the ACT and this is consistent with the majority of jurisdictions.

When comparing similar amounts, methamphetamines lasts up to 12 hours and costs about the same as 0.1-0.3 grams of cocaine which effects lasts for only 30 minutes.

Purity of crystal methamphetamine in the ACT and Nationally

The level of purity of the main forms of methamphetamine vary significantly, with powder methamphetamine or 'speed' having about a 10 percent level of purity and crystalline methamphetamine or 'ice' about a 83 percent level.

The *2006 Illicit Drug Reporting System* found that the purity of amphetamines varies significantly. Both speed and base are reported as low and 'ice' is reported as high. Trends over time show the purity of both speed and base has decreased and 'ice' has remained stable. The purity level of crystal methamphetamine in the ACT is consistent with other jurisdictions.

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[24] World Health Organization (n.d) Amphetamine-type stimulants, http:www.who.int/substance abuse/facts/ATS/en/index.html (Accessed11/01/07)

[25] Ibid
[26] Ibid
[27] Ibid

The following tables detail the purity levels reported in the Illicit Drug Data Report for the years 2002-03, 2003-04 and 2004-05. The Illicit Drug Data Report is an annual report produced by the Australian Crime Commission which collects data from all State and Territory police services, the Australian Federal Police, the Australian Customs Service and the State and Territory drug analytical laboratories. The report provides information on consumer and provider arrests, seizures, purity levels and prices.

Please note that the figures do not represent the purity levels of all methamphetamine seizures, only those that have been analysed at a forensic laboratory.

2002 - 03[28]

State/ Territory	Cases	Median%	Min%	Max%
NSW	488	8.6	1.0	94.0
VIC	1096	20.4	0.1	95.9
QLD	961	19.4	0.1	80.5
SA	921	21.5	0.0	80.5
WA	435	18.0	0.2	90.0
TAS	43	12.2	1.9	78.5
NT	Not reported			
ACT	67	11.5	0.2	80.6

2003 - 04[29]

State/ Territory	Cases	Median%	Min%	Max%
NSW	444	11.0	1.0	90.0
VIC	598	23.5	0.3	88.8
QLD	1231	16.9	0.1	80.3
SA	992	19.8	0.0	80.1
WA	546	32.0	0.1	87.0
TAS	23	16.9	2.4	80.5
NT	Not reported			
ACT	64	25.9	2.1	83.6

2004 - 05[30]

State/ Territory	Cases	Median%	Min%	Max%
NSW	365	18.0	1.0	82.5
VIC	337	19.0	0.1	84.9
QLD	1300	17.3	0.1	80.0
SA	735	11.6	-	80.0
WA	475	23.0	-	86.0
TAS	10	32.3	18.5	35.5
NT	Not reported			
ACT	75	24.3	-	82.7

[28] ACC Illicit Drug Data Report 2002-03
[29] ACC Illicit Drug Data Report 2003-04
[30] ACC Illicit Drug Data Report 2004-05

THE DEMOGRAPHIC PROFILE OF USERS

The *2004 National Drug Strategy Household Survey* reported that 3.2 percent of the general Australian population aged 14 years and over had used meth/amphetamine in the 12 months prior to the survey. A higher proportion of the general ACT population (4.3 percent) reported using methamphetamines 12 months prior to the survey than Nationally. Both ACT and Nationally there was a slight decrease from the 2001 survey, which was 3.4 percent and 4.5 percent respectively.

Nationally, males were more likely than females to have used amphetamines. People aged 20-29 years were more likely than those in other age groups to have used amphetamines. Of the recent users, one in ten reported using amphetamines at least once per week, with one in six using once a month.

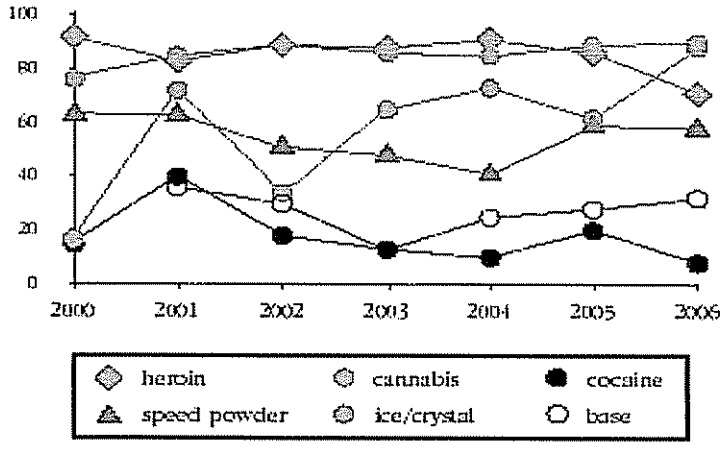
Although prevalence of use decreased from 2001 to 2004, the use of potent forms of amphetamines, namely crystal methamphetamine, appears to have increased.

Use of 'ice' amongst specific population groups

Injecting drug users

According to the *2006 Illicit Drug Reporting System,* a survey of 100 injecting drug users, the proportion of injecting drug users in the ACT reporting recent use of crystal methamphetamine increased from 62 percent in 2005 to 88 percent in 2006. This was also a significant increase from 2000 (17 percent). The increase of 26 percent from 2005 to 2006 was greater than in other jurisdictions. As in previous years 'ice' was reported to be 'very easy' (51 percent) to 'easy' (42 percent) to obtain in the ACT, as it was in NSW. 2006 was the first year in which 'ice' use amongst injecting drug users had exceeded heroin use.

Prevalence of use by IDU in the six months preceding interview, ACT, 2000-2006



NB: Prevalence of base use first monitored in 2001

Source: NDARC Drug Trends Bulletin – December 2006[31]

[31] Black, E., O'Briend, S., Campbell, G and Degenhardt, L (2006). An overview of the 2006 IDRS: injecting drug user survey findings. IDRS Drug Trends Bulletin, December 2006. Sydney: National Drug and Alcohol Research Centre, University of New South Wales)

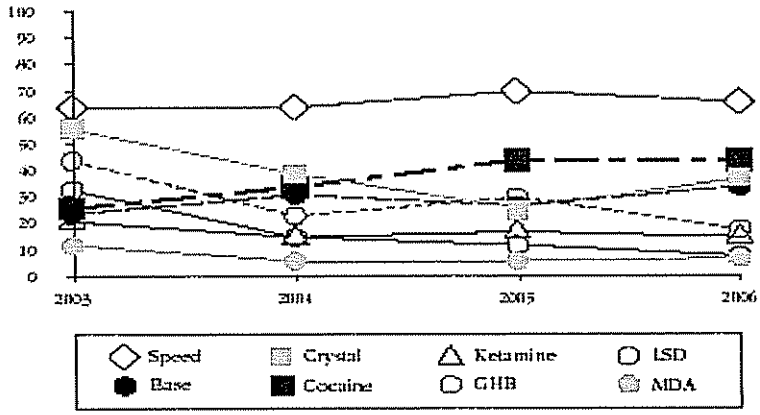
Prevalence of use for both speed and base has remained stable between 2005 and 2006 and the price for a point of speed, base and 'ice' also remained stable. The price for a gram increased slightly for 'ice' and speed however decreased for base.

Availability for speed and base in the ACT between 2005 to 2006 remained stable, with both being reported as easy to obtain. The availability of 'ice' also remained stable, with 'ice' being reported as very easy to obtain. Speed and base were both reported as having low purity and 'ice' having a high purity.

Ecstasy users

According to the *2006 Ecstasy and Related Drugs Reporting System*, recent use of speed amongst regular ecstasy users has remained relatively stable in the ACT and across most jurisdictions. The use of 'ice' amongst regular ecstasy users increased between 2005 to 2006, however this has remained quite stable over the last 4 years. The use of speed amongst regular ecstasy users is significantly higher than the use of 'ice'.

Prevalence of use of methamphetamine, cocaine, ketamine, GHB, LSD and MDA by REU in the six months preceding interview, ACT, 2003-2006



Source: EDRS REU interviews

All three forms of methamphetamines, speed, base and 'ice', were reported as easy to obtain by regular ecstasy users in 2006. Like ecstasy, methamphetamines are primarily being obtained by regular ecstasy users from known dealers and friends. The report suggests that 'ice' is not replacing ecstasy among ecstasy users with the majority reporting they preferred ecstasy over 'ice'.

Young People

Survey estimates from the *2005 ACT Secondary Students Alcohol and Drug (ASSAD)* survey suggests that about 5.8 percent of ACT secondary school students (aged 12 to 17 years) had used amphetamines at least once in their lifetime, 4.3 percent at least once in the previous 12 months and 1.7 percent had used amphetamines in the last seven days. Significance testing of estimates between the 2002 and 2005 ASSAD surveys suggest there was no change in the rate of use of amphetamines by ACT secondary school students.

In 2005, students who reported using amphetamines at least once in the previous 12 months were asked whether they had used any other substances on the same occasion that they had used amphetamines (poly-drug use). More than three quarters (76.7percent) of all students who reported using amphetamines in the previous 12 months also reported using at least one other substance, on at least one occasion, in conjunction with amphetamines.

According to the results of the 2005 ASSAD survey, the most common substance to be used on the same occasion with amphetamines was alcohol, with 61.1 percent of users reporting the use of alcohol on at least one occasion in conjunction with amphetamines. This was followed by tobacco (56.0 percent), cannabis (50.9 percent) and ecstasy (25.3 percent).

The ACT Department of Disability, Housing and Community Services advises that the impact of the use of methamphetamines on children and families is increasing and requiring increased resources from the Department as well as other government agencies.

Aboriginal and Torres Strait Islander people

According to the Australian Institute of Health and Welfare, Indigenous populations of Australia tend to start using drugs from early to mid-teens, at an age that is generally younger than other Australians. Substance use tends to vary with geographical location, with amphetamine-type substances more commonly used among Aboriginals living in urban areas. [32]

According to "I want to be heard" An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services report (June 2004), 51 percent of Aboriginal and Torres Strait Islander illegal drug users interviewed in the ACT reported that they were current users of amphetamines.

Use in the Workplace

According to the 2004 National Drug Strategy Household Survey, 17.3 percent of those with a paid job, had used an illicit drug is the previous 12 months, compared to 11.8 percent without a paid job. Almost 3 percent of the workforce reported to going to work under the influence of illicit drugs. This trend was more common in males and

[32] Australian Institute of Health and Welfare (2006) Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources Drug Statistics Series (No. 16) Canberra

in younger people aged 18-29 years (5.9 percent).[33] The group with the highest reported amphetamine use was hospitality workers, followed by transport and construction workers.[34]

The use of illicit drugs in the workplace can impact on productivity, health and safety and workplace relationships. It can also increase work absenteeism with employees taking days off due to their drug use.

Some workers use methamphetamines to increase productivity. For example, there have been reports that long distance truck drivers are more likely to use amphetamines to stay alert compared to the general work population.[35]

Prisons

In preparation for the new ACT prison, work is currently underway on the development of a Corrections Health Services Plan. The plan will outline a range of strategies aimed at preventing and reducing the spread of hepatitis C and other blood borne viruses.

Within the context of the development of the plan, consideration is being given to findings such as those of the National Prisons Entrants' Bloodborne Virus Survey: National Report 2005, which indicated that amphetamines were the most frequently reported drug last injected across all the states except New South Wales. Given this, in terms of alcohol and drug services to be provided in the new prison, consideration will need to be given to the implications for prisoners for services such as withdrawal services and pharmacotherapies.

Drug Shift – Heroin to 'ice'

The switch from heroin to crystal methamphetamine by injecting drug users between 2005 and 2006 may be attributable in part to the reduced availability and purity of heroin. As noted by McKetin, McLaren and Kelly et al. (2005a), dependent methamphetamine users are at high risk of making the transition to heroin injection, among other patterns of poly drug use. Equally, dependent methamphetamine users are likely to be former, or concurrent dependent opiate users. If the supply dynamics of either of these drugs were to change, then it is highly probable that there would be a transition between their use.[36]

These predictions can be supported by the 2006 Illicit Drug Reporting System results in which many injecting drug users surveyed reported that heroin was their preferred

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[33] Bywood, P., Pidd, K. and Roche, A. (2006) Information & Data Sheet 5: Illicit drugs in the Australian workforce: Prevalence and patterns of use, National Centre for Education and Training on Addiction (NCETA), Flinders University.

[34] Ibid

[35] Williamson, A., Colley, M., Hayes, L. and O'Neil, L. (2006) Final report of stimulant use by long distance road transport drivers project, NSW Injury Risk Management Research Centre, University of New South Wales, IRMRC.

[36] McKetin, R., McLaren, J., & Kelly, E. (2005b). Criminal Involvement, in R. McKetin, J. McLaren, & E Kelly, (Eds), (2005). The Sydney methamphetamine market: Patterns of Supply, Use, Personal Harms and Social Consequences. NDLERF Monograph Series No 13. Adelaide: National Drug Law Enforcement Research Fund.

drug even though they were using it less frequently than in the past, suggesting that availability and purity impacts on use.

THE PERCEPTIONS OF 'ICE' AMONG USERS AND WITHIN THE COMMUNITY

The perception of 'ice' amongst 'ice' users and other drug users

According to the Australian Institute of Health and Welfare's 2004 Household Drug Survey, 7.1% of males and 10.5% of females aged between 20 and 29 years identify methamphetamines as the illicit drug most likely to be associated with a 'drug problem' compared with 39.3% and 34.8% of men and women who thought heroin to be the illicit drug most associated with problems. Both sexes tended to rate methamphetamines as less of a problem drug compared to other illicit drugs as they got older.

In terms of the illicit drugs considered to be of most concern for the general community, respondents ranked methamphetamine behind cannabis, heroin, cocaine and ecstasy/designer drug use. 5.5% of men and 4.9% of women aged between 20-29 identified methamphetamines as posing the most concern to the general community compared with 20.1% and 18.4% who identified heroin as being the greatest concern.

According to the 2005 ASSAD Survey, when ACT students were asked about the level of danger perceived with occasional use of amphetamines, 61.7 percent reported that this was 'very dangerous'. Perceptions of the level of danger did not vary significantly by age or sex and similar results were obtained from the 2002 ASSAD survey.

Whilst many young people do acknowledge the dangers associated with methamphetamine use and the drug-induced paranoia that many heavy users experience they tend to disassociate themselves from heavy users, believing that they have control over their drug use and can limit the negative effects of 'ice'.[37] They believe that methamphetamines are comparatively safer drugs because they can be smoked. It is often the case that people who take up smoking methamphetamine 'don't see themselves as being hard drug users'[38].

The Victorian Alcohol and Drug Association commissioned report entitled 'The New Youth Drug Culture: Friends, Parties and Drug Cocktails' found that students were reporting 'significant mixing of drugs'[39] as well as having a perceived notion of safety whilst taking drugs such as methamphetamines. They also reported 'the significant influence of friends in providing information about drugs'[40].

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[37] http://www.aph.gov.au/Senate/committee/acc_ctte/aosd/submissions/sub29.pdf (24/7/07 pg 4)
[38] http://www.theage.com.au/news/National/73000-Australians-hooked-on-meth/2005/10/27/1130391591271.html (24/1/07)
[39] Whitaker, Bryony, 'The New Youth Drug Culture: Friends, Parties and Drug Cocktails', Victorian Alcohol and Drug Association June 2004 pg. 15
[40] Ibid pg. 15

The term 'party drug' and the perception this has on the community

Historically, the term 'party drug' was a uniquely Australian term used to describe a diverse group of drugs that have become popular in youth culture. These drugs include amphetamines such as crystal methamphetamine, ecstasy, cocaine, LSD and ketamine and gammahydroxybutyrate (GHB).

At the Ministerial Council on Drug Strategy (MCDS) meeting on 15 December 2006, Ministers agreed to the adoption of a strategy whereby all jurisdictions would notify their government agencies, and the organisations in receipt of the government funding, of the preference not to use language that glamorises or promotes the use of drugs (such as the terms 'recreational' and 'party') to describe drugs or drug use – in public statement, correspondence and reports.

Media and the portrayal of 'ice'

The mainstream media play a valuable role in disseminating information on important issues such as drugs. Whilst it can be argued that the media play a very positive role at times as 'a harm prevention or demand reduction aid'[41] the Victorian Government Inquiry into Amphetamine and 'Party Drug' Use in Victoria found that 'there are sometimes valid misgivings about how some elements of the media present drug issues'[42].

In particular the Committee recommended that the media "avoid stigmatizing and marginalizing young people who engage in drug use"[43]. The nature of methamphetamine dependence and the population who use methamphetamines is quite different from those who engage in the use of other drugs such as heroin. It is important that researchers and drug experts work closely with the media so that the public becomes better informed about the issues facing methamphetamine users.

Kerri Shying from the New South Wales User and AIDS Association argues that "media stereotyping of 'ice' users may contribute to alienating us from services we are entitled to and increase our social burdens"[44]. The mainstream media presents images and stories that inform and shape popular perceptions and attitudes. By isolating and marginalizing people who use 'ice' you are removing the opportunity for them to learn from their own experiences and be able to pass on knowledge to others. As Ms Shying puts it 'keeping yourself away from the 'ice' identity also keeps you away from credible health information'[45].

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[41] Parliament of Victoria Drugs and Crime Prevention Committee "Inquiry into Amphetamine and 'Party Drug' Use in Victoria" May 2004, pg 455
[42] Ibid, pg 455
[43] Ibid, pg. 458.
[44] Shying, Kerri. "'ice', Media and the man in the Street" Presentation at the Australasian Amphetamine Conference 28-29 Sept 2006
[45] Ibid.

The perception of violence and 'ice'

The violent behaviour of some 'ice' users has caused alarm, with extreme examples often cited in the media, creating a perception that most 'ice' users are dangerous or psychotic. According to McKetin:

Experimental evidence suggests that increased aggression is most likely to occur following chronic exposure to methamphetamine. Acute doses of the drug may enhance an aggressive response once a person has been provoked, or may potentiate violence associated with other conditions, but there is little evidence that acute low moderate doses of methamphetamine alone are sufficient to invoke aggressive behaviour. Acute intoxication with methamphetamine could enhance an aggressive response (eg to a threatening situation) by increasing physical stamina and alertness, and reducing fatigue. [46]

McKetin studied the relationship between methamphetamine use and violent behaviour. McKetin summarised the findings in this way:

There is no direct evidence that simply taking this drug makes people become violent. Rather, it's a case of chronic users of the drug, who are experiencing drug-induced paranoia, reacting to situations in a violent way. [47]

[46] Shying, Kerri. "'ice', Media and the man in the Street" Presentation at the Australasian Amphetamine Conference 28-29 Sept 2006

[47] National Drug and Alcohol Research Centre and NSW Bureau of Crime Statistics and Research, 'Methamphetamine arrests in NSW double over the past decade', Media Release, 19/10/06.

CONSEQUENCES OF USE

The consequences of use of crystal methamphetamine can vary significantly depending on the frequency of use. The profile of crystal methamphetamine users include:

- Occasional drug users: Individuals who choose to use drugs in a social context. 'Ice' may be one of the drugs used occasionally, within specific social situations, without it impacting on the users ability to function in everyday life.[48]
- Regular 'ice' users: Tend to use 'ice' between one and four occasions per month.[49] Drug use may not necessarily interfere with everyday functioning however a person may begin to experience drug related harms.
- Problematic 'ice' users: Dependence includes physical tolerance as well as indicators that drug use is impairing a person's ability to carry out every day functions. Dependence can be characterised by using more than once per week. Evidence indicates that more than half of all regular 'ice' users become dependant.[50]

Amphetamine intoxication

Amphetamines act on the naturally occurring mechanisms and chemicals in the body that regulate the transmission of impulses throughout the nervous system. [51]As well as being essential to the functioning of the nervous system, these neurotransmission chemicals (noradrenaline, serotonin and dopamine) are associated with the regulation of aggression, mood, activity and cognition.[52] Amphetamines speed up the transmission of nerve impulses throughout the central nervous system by either increasing the levels of these chemicals that are released, or by reducing the rate at which they are reabsorbed after they have transmitted the impulses between nerve cells. [53]

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[48] McKetin, R., McLaren, J., Kelly, E., Hall, W. and Hickman, M. (2005a) Estimating the number of regular and dependant methamphetamine users in Australia, In NDARC Technical Report no. 230 National Drug and Alcohol Research Centre, Sydney.

[49] Ibid

[50] Ibid

[51] Dean, A (2004). Pharmacology of psychostimulants. In A Baker, N. Lee, & L. Jenner, (Eds), (2004) *Models of Intervention and Care for Psychostimulant Users, 2nd Edition. National Drug Strategy Monograph Series No. 51.* Canberra: Australian Government Department of Health and Ageing.

[52] Dean, A (2004). Pharmacology of psychostimulants. In A Baker, N. Lee, & L. Jenner, (Eds), (2004) *Models of Intervention and Care for Psychostimulant Users, 2nd Edition. National Drug Strategy Monograph Series No. 51.* Canberra: Australian Government Department of Health and Ageing.

[53] Dean, A (2004). Pharmacology of psychostimulants. In A Baker, N. Lee, & L. Jenner, (Eds), (2004) *Models of Intervention and Care for Psychostimulant Users, 2nd Edition. National Drug Strategy Monograph Series No. 51.* Canberra: Australian Government Department of Health and Ageing.

Low Dose Symptoms

Symptoms associated with the use of amphetamines at relatively low doses include[54]:

- Over-stimulation, mood elevation, insomnia, dizziness, mild confusion;
- An increase in confidence, sociability, chattiness, energy and motivation;
- An increase in blood pressure and heart rate (including palpitations);
- An increase in the rate and depth of breathing, in sweating, temperature, psychomotor activity, tremor and in the size of pupils; and
- A reduction in fatigue, drowsiness and appetite.

Higher dose symptoms

The adverse effects increase as the dose of methamphetamine is increased. These adverse effects may include confusion, paranoia, delusions, hallucinations, irrational behaviour, psychosis, violence, severe hypertension, seizure, coma and ultimately death. [55]

Psychosis

'Ice' and other forms of methamphetamine – can cause a brief psychotic reaction in some people where they hear and see things that aren't there, and have unusual and implausible beliefs about things, such as believing that people are spying on them. [56] Methamphetamine can bring on these types of experiences in healthy people, and this has been demonstrated in research studies from the 1960s and early 70s, prior to the drug being illegal.[57]

HIV and Hepatitis C

Methamphetamine injectors are at risk of hepatitis C and other blood borne infections through unsafe injecting practices such as needle sharing. The level of needle sharing among methamphetamine injectors is similar to that among other drug injectors.

The use of methamphetamines increases sexual arousal, with some users taking methamphetamines specifically to enhance sex. Levels of HIV are particularly high among homosexual males who inject drugs in Australia (20.8% in 2005),[58] indicating a need to address both sexual risk taking behaviour and homosexual males whom inject methamphetamines.

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[54] Ogden, E., Petroulias, D., & Blaher, F. (2001). Custodial Drug Guide, Melbourne, Victoria Police.
[55] Logan, B. (1996). Methamphetamine and driving impairment. Journal of Forensic Sciences, 41, 457-464.
[56] National Drug and Alcohol Research Centre: On Thin 'ice'. http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/'ice'+Resource/$file/'ICE'+RESOURCE.pdf Accessed 16/01/2007
[57] National Drug and Alcohol Research Centre: On Thin 'ice'. http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/'ice'+Resource/$file/'ICE'+RESOURCE.pdf Accessed 16/01/2007
[58] National Centre in HIV Epidemiology and Clinical Research (2006). HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia. 2006 Annual Surveillance Report (Australian Institute of Health and Welfare cat. No. (PHE78). National Centre in HIV Epidemiology and Clinical Research, Sydney

Elevated levels of sexual activity and risky sexual behaviour have also been noted among heterosexual methamphetamine users. In some cases, this phenomenon is accompanied by a low perceived risk of contracting sexually transmitted infections. [59]

There is also a risk of contracting Hepatitis C via other routes of administration. For example there is risk associated with the sharing of smoking implements such as 'ice' pipes and snorting implements such as 'tooters'.

Effects of smoking 'ice'

As mentioned above, crystalline methamphetamine, unlike speed and base, is easily smoked. Smoking 'ice' is viewed by many 'ice' users as less harmful than injecting, however, smoking is a very efficient route of methamphetamine administration that has a high dependence liability.

According to the Ecstasy and Related Drugs Reporting System 2005, there was a larger percentage of recent 'ice' users who reported having smoked 'ice' (58 percent) than in 2004 (38 percent).

The trend towards smoking 'ice' also has the potential to introduce a younger, less drug-involved population of people into a more risky pattern of drug use, and increase their risk of becoming dependent on methamphetamine. [60]

Symptoms of psychosis can range in their intensity from mild visual disturbances and feeling overly self-conscious in public, through to bizarre beliefs and hallucinations that can lead a person to act in a seemingly irrational and unpredictable way.[61]

Longer-term negative effects

The longer-term use of amphetamine-type substance, including methamphetamines, can have a range of negative effectives. These effects can include[62]:

- Otherwise unexplained irritability, agitation or mood swings;
- Disruption of social relationships
- Difficulty concentrating, poor work or study performance;
- Overwhelming tiredness at the beginning of the working week
- Mental health problems, such as paranoia, delusions, feeling generally flat or depressed;
- Apparent unconcern about otherwise serious matters; and
- Health problems, such as palpitations, infected injection sites or lesions.

[59] Klee, H (1993). HIV risks for women drug injectors: heroin and amphetamine users compared. Addiction, 88, 1055-1062

[60] NDLERF The Sydney Methamphetamine Market: Patterns of supply, use, personal harms and social consequences – Monograph Series No. 13

[61] National Drug and Alcohol Research Centre: On Thin 'ice'. http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/'ice'+Resource/$file/'ICE'+RESOURCE.pdf Accessed 16/01/2007

[62] NCETA (2006) Fact sheet 3 – Amphetamine and work, National Centre for Education and Training on Addiction (NCETA), Flinders University

SERVICE RESPONSES AND EMERGING ISSUES

NATIONAL ACTIVITY

The ACT Government is working closely with the Australian Government and State and Territory Governments in addressing the amphetamine issue through a number of forums and initiatives including:

Ministerial Council on Drug Strategy (MCDS)

Australian and State and Territory Health and Law Enforcement Ministers are represented on the MCDS. *The National Drug Strategy: Australia's Integrated Framework 2004-2009* provides a framework for the coordinated and integrated approach to drug issues in the community, and the MCDS has oversight of the Framework. The role of the Council is to:

- Promote a mechanism for regular consultation between Australian Government, State and Territory health and law enforcement Ministers on programs and policies in relation to licit and illicit drugs in Australia;
- Promote a consistent and coordinated national approach to policy development and implementation in relation to all drug issues; and
- Consider matters submitted to the Council, through individual Council members, by the *Intergovernmental Committee on Drugs (IGCD)*.

National Amphetamine Type Stimulant Strategy

At the *Ministerial Council on Drug Strategy (MCDS)* meeting in May 2006 Ministers endorsed the development of a *National Amphetamine Type Stimulant (ATS) Strategy*. Amphetamine Type Stimulants include Amphetamines, ecstasy and cocaine. The development of the Strategy is currently being undertaken by Professor Steve Allsop, Director of the National Drug Research Institute, in partnership with Toni Makkai, Director of the Australian Institute of Criminology. It is expected that the final draft National ATS Strategy will be provided to the MCDS for consideration at its November 2007 meeting. The strategy will focus on prevention, reduction of supply, reduction of drug use and related harms, improved access to quality treatment, development of workforce, organisations and system, strengthening partnerships and identification and responses to emerging trends.

The ACT is working closely with other State and Territory governments in developing this strategy to help to address the amphetamine issue using a national approach.

The National Psychostimulant Initiative

The National Psychostimulant Initiative was commissioned by the Ministerial Council on Drug Strategy (MCDS) and will operate until 2009-10. The initiative has been funding the training and the dissemination of training resources to increase the capacity of workers to deal with pschostimulant users.

National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture

The Australian Government has committed $5.4 million to the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture. The National Strategy contributes to the supply reduction aspect of the National Illicit Drug Strategy by stopping legitimately available chemicals being used to make illicit synthetic drugs.

The Australian Government established the National Precursor Working Group in 2002. This Working Group brings together 45 members from Australian Government, State and Territory law enforcement agencies, forensic and health services, and the pharmaceutical and chemicals industry. The group focuses on implementing the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug manufacture.

The National Co-morbidity Initiative

The National Co-morbidity Initiative aims to improve service coordination and treatment outcomes for people with co-occurring substance use and mental health disorders. In addition to this initiative, a further $73.9 million has been allocated as part of the Australian Government's Council of Australian Governments Mental Health package to address issues within this target group. A further $21.6 million has been allocated as part of this package to implement a public awareness campaign on the impact of drug use on mental health.

Pseudoephedrine diversion into illicit drug manufacture

The principal source of precursor chemicals used in methamphetamine manufacture within Australia for many years has primarily been those pharmaceutical products containing pseudoephedrine. Multiple packets of medication (commonly cold and flu tablets) are purchased and pseudoephedrine is then extracted for use in the manufacture of methamphetamines. Numerous measures are in place to combat the illegal diversion of pseudoephedrine, including Project Stop, which is described below.

Project STOP

In November 2005, the Queensland Branch of The Pharmacy Guild of Australia initiated 'Project STOP'. This is a project developed by the Queensland Branch of the Guild in collaboration with the Queensland Police and the Queensland Department of Health to use the Epothecary database to track pseudoephedrine sales. It enables the movements of potential pseudoephedrine runners to be tracked and provides an online recording and reporting system giving pharmacists, police, and health authorities real-time access to suspicious pseudoephedrine reports.

Project STOP commenced in November 2005 and was implemented in a statewide pilot of Queensland pharmacies and offered to every pharmacy in the state. There was a 70% uptake of the offer.

The project targets three distinct groups:

1. *Community Pharmacists*
Runners come in all shapes and sizes. Pharmacists need a quick and effective means of deciding whether to supply a product or not. They also need to ensure that legitimate customers are not denied access to medicines. With this tool, if the pharmacist is in doubt about the purchaser they add a record and supply the item.

2. *People making illegitimate requests for pseudoephedrine based products*
Runners currently exploit the fact that there is no efficient means of sharing data between pharmacies and police. They also exploit state boundaries and thus there is a need for a national based system.

3. *Law enforcement and regulatory agencies*
Runners move very quickly visiting a range of different pharmacies. Police need access to timely information. Regulatory authorities need data on pharmacists' behaviour and trends in requested products

All Queensland pharmacies have been provided with broadband dial-up capabilities and on request for a pseudoephedrine-based product, photo identification needs to be provided. The pharmacist then enters the network using their personal pharmacy identification code and records details of the customer's photo ID, as well as product details. The network then shows if there have been any sales to a person using this ID within a period of time determined by the Department of Health. The pharmacist records whether the sale is carried through, whether the sale is done under duress, or whether the sale has been refused. For customers of whom the pharmacist is suspicious, the database is set up to allow the pharmacist to enter the customer details from the photo ID as well as record a brief, visual description.

The Queensland Police has dedicated personnel who monitor the information provided to Project STOP from community pharmacies. They have the capability to look at the location of sales to observe trends and patterns and to check on details of suspicious customers provided by the pharmacists.

Since the pilot launch in November 2005, over 100,000 entries have been put through the system. This has included over 2,500 refusals of sale by pharmacists.

Project STOP is a web based program which allows the pharmacy to be able to report accurately on exactly what medications are being targeted and by using GPS (Global Positioning System) data is able to graphically demonstrate exactly where this activity is taking place.

In addition to ensuring that pseudoephedrine-based products are being sold to legitimate customers, Project STOP has also enabled law enforcement agencies to track and identify 'pseudo runners'. Within the months of January to March 2006, Project STOP has resulted in:

- the generation of more than 155 Police investigative files;
- 19 offenders being arrested on 114 drug related charges together with six counts of trafficking;

- five illicit laboratories being detected, and
- a number of suspected 'runners' being summonsed to attend Australian Crime Commission Coercive Hearings.

The Pharmacy Guild of Australia (Queensland Branch) has been provided funding from the Australian Government Attorney General's Department for the national roll out of Project STOP over a two-year period. The aim of this funding is to see the tool being made available to approximately 5,000 pharmacies across Australia.

A vital part of this scheme is the requirement that a pharmacist record and report suspicious sales so police can determine whether someone is purchasing trafficable quantities of pseudoephedrine products, and take appropriate enforcement action.

One rollout issue is implications of privacy guidelines on the ability of pharmacists to request identification for the recording of a sale of a non-prescription medication.

Current Queensland and NSW legislation requires pharmacists to collect personal details prior to the sale of pseudoephedrine-based products, however in other jurisdictions, there is uncertainty. The Guild believes that each State or Territory jurisdiction should have nationally consistent provisions in their legislation to enable pharmacists to perform their duties without contravening any privacy guidelines with regard to the supply of pseudoephedrine containing products.

The Attorney General's Department has sought advice from the Australian Government Solicitor's Office to clarify whether any privacy guidelines will be breached in the gathering and transfer of information between pharmacists and Police in each jurisdiction. The Attorney General's Department will fund the rollout of Project STOP across Australia under the National Precursor Strategy. Once issues regarding privacy issues have been resolved in the ACT, the roll out of Project STOP will commence as soon as possible.

National Clandestine Laboratory Database

In the 2003-04 Federal Budget the Government funded the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture (National Precursor Strategy), including the National Clandestine Laboratory Database (NCLD) project. The Australian Government has committed $5.4 million over five years to the National Precursor Strategy. The National Precursor Strategy contributes to the supply reduction aspect of the National Illicit Drug Strategy by stopping legitimately available chemicals from being used to make illicit synthetic drugs.

The objective of the NCLD project is to establish a national repository of data and intelligence on seized clandestine laboratories and precursor chemicals for use by all Australian law enforcement and forensic agencies and is proposed to provide the following to law enforcement agencies:

- an ability to share and search high quality data (accurate, complete, consistent, factual and objective wherever possible) on clandestine

laboratory seizures on a national basis whilst maintaining security and integrity of data;

- an ability for users to search a wider data set of information on clandestine laboratory seizures for intelligence purposes;
- improved national intelligence on clandestine laboratories to assist in detection and support cross-jurisdictional investigations;
- improved intelligence on trends in illicit drug manufacture, including the ability to identify new illicit drugs and precursors or manufacturing methods; and
- an ability to contribute to national statistics on clandestine laboratories to support the introduction or amendment of policy, regulations and legislation (for example, numbers of children harmed in clandestine laboratories, decontamination issues etc).

The NCLD is due to be rolled out in the next financial year and will provide police with an additional avenue to gather and share intelligence on the production of amphetamine type stimulants in Australia.

Amphetamine Education Resources (AER)

Research has shown that many problematic methamphetamine users do not consider themselves at risk of harm and therefore do not come in contact with treatment services.

The Australian Government has funded the development of the Amphetamine Education Resource (AER), a multi-component set of resources to assist frontline workers to provide effective brief interventions and to improve the health and wellbeing of clients.

It consists of:

- a briefing paper providing information on a range of aspects of amphetamine use;
- a recovery guide which contains information helpful to clients wishing to relieve some of the symptoms associated with amphetamine use; and
- a series of printed cards featuring information briefs on a range of topics that can be used to assist clients in addressing health and social issues related to amphetamine use.

ACT ACTIVITY

Impact of methamphetamines on services in the ACT

Frontline workers including those in emergency departments, police, ambulance officers, general practitioners and other clinicians find themselves at times at the forefront of working with methamphetamine users who can be aggressive and difficult to manage.

It can be difficult to discriminate between mental health problems (psychosis) and drug intoxication. Unlike heroin, methamphetamine and in particular 'ice' users can be very aggressive after use and continue criminal behaviour while under the influence of the drug. Individuals who have overdosed on heroin are relatively easy to treat with Narcan (which contains naloxone hydrochloride) but treatment for individuals affected by methamphetamine and 'ice' is much more difficult for ambulance and emergency department workers as the patient can be very violent and their behaviour can escalate due to paranoia caused by their drug use.

Overall, services are reporting that methamphetamines form a small but increasing component of their work. At this stage the impact is manageable, but there is a range of concerns about the risks posed by methamphetamines that are outlined below.

Emergency Departments and admissions to ACT Hospitals

Although data collection and reporting systems do not separately identify methamphetamine use, presentations to Emergency Departments and admissions to ACT Hospitals of people experiencing problems relating to pschostimulant use have increased slightly in recent years, with 11 separations in 2003/04, 16 in 2004/05 and 19 in 2005/06. The majority of these clients were aged between 19 to 24 years of age.

In responding to this increase, consideration will be given to the outcome of research projects in this area such as The Designer Drug Early Warning System (D2EWS) project being run out of the Royal Adelaide Hospital. The primary objective of the D2EWS is to determine the range of drug use patterns that result in admission to emergency departments. The initiative will enable the development and implementation of timely prevention and intervention strategies in line with the changing picture of substance misuse that potentially has fatal consequences.

Impact on the ACT Ambulance Service

ACT Ambulance Service callouts to cases suspected of involving 'ice' have remained quite stable over the last few years and make up a very small proportion of total ambulance callouts. ACT Ambulance Service introduced Midazolam to assist in managing patient agitation secondary to suspected psychostimulant (including 'ice') overdose in December 2004. Since the introduction of this protocol, Midazolam has been utilised on three patients in 2005 and six patients in 2006 representing an increase in the presentation of agitated and violent behaviour secondary to suspected psychostimulants.

Psychostimulants represent a small proportion of ambulance callouts. The majority of agitated ("violent") patients that the ACT Ambulance Service is called upon to manage are affected by alcohol, with or without additional influence from other substances. In these situations, it is often difficult to reliably establish the involvement of any other substance.

Anecdotally, however, there is a strong concern amongst ACT ambulance officers regarding the aggressive behaviour that individuals can exhibit when under the influence of amphetamines.

ACT Ambulance Service has had significant involvement in the review of the "Management of Patients with Psycho-stimulant Toxicity – Guidelines for Ambulance Officers (National Drug Strategy 2006)' resources which are designed to assist ambulance services to manage psycho-stimulant issues.

Impact on Police Officers in the ACT

Police are increasingly required to manage individuals who are affected by psychostimulant drugs including methamphetamine. Individuals who are adversely affected by psychostimulants can demonstrate a range of behavioural disturbances including aggression and violence. Acute psychostimulant toxicity can lead to a number of serious physical complications including seizures, cardiac arrests and organ failure.

ACT Policing has recognised the increased use and subsequent social problems associated with amphetamine type-stimulants (ATS). Through intelligence led policing, ACT Policing aims to intercept and disrupt the manufacture and supply of ATS in the ACT.

ACT Policing has attended a number of violent incidents where 'ice' is suspected as being the catalyst for the violence. These incidents have occurred in private premises, night clubs, public places and, shopping centres and have involved offences of actual bodily harm, grievous bodily harm, assault occasioning actual bodily harm and aggravated robbery.

ACT Policing has no power to obtain blood samples from offenders in such incidents in order to determine whether their drug toxicology indicates the offender is acting under the influence of drugs such as methamphetamine. ACT Policing are investigating a number of overdose deaths that occurred in 2006 where ATS and specifically 'ice' is suspected of being the drug taken by the victim.

ACT Policing is able to take samples of blood from persons involved in a motor vehicle accident. At this time ACT Policing cannot conduct roadside drug testing and as such, the influence of ATS and more specifically 'ice' on road user behaviour, such as incidents of driving in a manner dangerous or road rage, cannot be measured in the absence of toxicology.

ATS, and more specially 'ice', through its very nature and the episodes of violence resulting from its usage, have a direct impact on the safety and security of the public

and police. There is also a direct impact on police resources due to the necessity to investigate such crime.

The number of seizures of ATS including methylamphetamine has remained fairly constant over the previous four years, but the weight of the seizures has increased.

*Amphetamine Type Stimulants Seizures

Year	Seizures	Total Weight
2003	208	730.24gms
2004	175	206.51gms
2005	218	684.04gms
2006	200	984.23gms

*Amphetamine Type Stimulants purity levels (where purity has been ascertained by the ACT Government Analytical Laboratories):

Year	Seizures	Median	Min	Max
2003				
<=2gms	64	23.3%	0.1%	80.6%
>2mgs	21	18.0%	1.0%	76.3%
Total	85	19.9%	0.2%	80.6%
2004				
<=2gms	55	30.1%	0.10%	83.6%
>2mgs	18	23.6%	0.01%	75.5%
Total	73	27.2%	0.01%	83.6%
2005				
<=2gms	57	32.3%	1.7%	82.8%
>2mgs	40	24.95%	0.5%	77.7%
Total	97	27.3%	0.5%	82.8%
2006				
<=2gms	37	33.9%	3.7%	78.9%
>2mgs	26	20.55%	1.9%	79.7%
Total	63	27.3%	1.9%	79.7%

Statistics provide by the ACT Drug Registry as at 22 January 2006

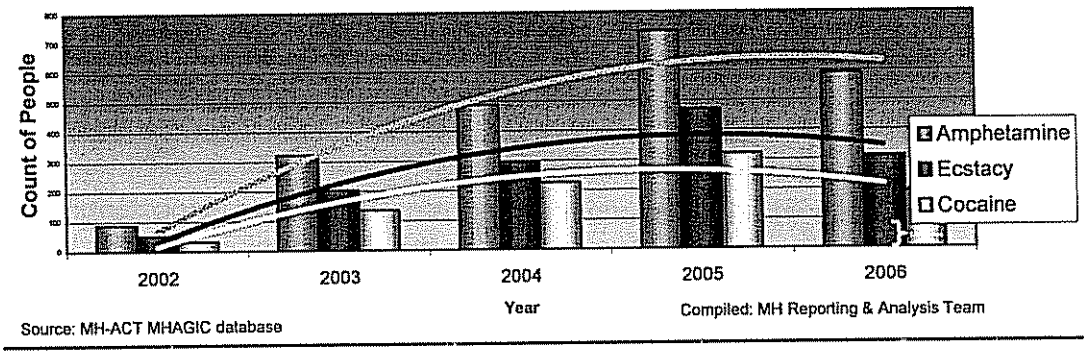
Impact on Mental Health Services in the ACT

A review of recent data indicates that there has been a steady increase in the number of people reporting stimulant use at 'initial presentation' or 'full assessment' by Mental Health ACT. The predominant reported use of stimulants has moved from 'speed' to 'ice' over the past four years. It is important to note this reflects the terminology used by the client not necessarily what is actually being used or claimed to be used. These people may or may not go on to become mental health clients depending on the outcome of the clinical assessment.

Anecdotally the general view is that substance use /abuse is on the increase and is absorbing more resources from mental health services. However, this increase has coincided with an increase in mental health resources and more accurate reporting/data collection.

Historically Mental Health ACT sees consumers who use amphetamines in all its forms, including prescribed dexamphetamine. While noting that the use of 'ice', as just one of a number of stimulants, is becoming more evident in mental health presentations, the existing mental health services in the ACT have continued to have the capacity to manage the needs of this consumer group at this time. However, this situation will need to be monitored over coming years.

Number of People Reporting Stimulant Use at MH Assessment Recorded in MHAGIC 2002 - 2006



Impact on Alcohol and Drug Sector

The ACT Health funds ten non-government alcohol and drug agencies in the ACT and the government operated Alcohol and Drug Program.

A comprehensive list of the organisations funded by ACT Health to provide alcohol and drug services in the ACT can be found at **Attachment A.**

'Ice' users do not consider themselves at risk of harm and therefore do not tend to access alcohol and drug treatment services. This is supported by the low proportion of methamphetamine users that accessed treatment in 2005/2006 & in 2004/2005. According to 2005/2006 and 2004/2005 ACT Health Data, only 8 percent of all closed treatment episodes were for clients with amphetamines as their principle drug of concern. Of clients in 2005/2006, 61 percent were males and 39 percent were

females. 26 percent undertook withdrawal, 16 percent counselling and 11 percent rehabilitation.

Impact on Services for Young People and Families

Anecdotal evidence from the ACT Department of Disability, Housing and Community Services indicates the impact of the use of methamphetamines on children and families is increasing and requiring increased resources from the Department in areas such as child protection and youth justice as well as other government agencies.

Alcohol and Drug Interventions and Evidence

School Drug Education

There are an extensive range of education initiatives in the ACT aimed at preventing and reducing the uptake of harmful drugs including methamphetamines.

All ACT government schools deliver programs that incorporate drug education. ACT schools organise their school curriculum in different ways. Many will teach drug education through the key learning areas of Physical Education /Health and Science, others will teach drug education in integrated cross-curricular units and where appropriate, link drug education to other key learning areas such as English and Studies of Society and the Environment (SOSE).

Drug education is also covered in whole school activities, such as pastoral care programs, student wellbeing focus groups and health fairs. Professional learning is offered to teachers to embed drug education and broader health issues across the curriculum.

Key topic focuses for the drug education programs include an understanding of different types of drugs, the effects of drugs on the individual, influences on student decision-making and choices, actions relating to minimising harm and assessing the effects of drug use on the community.

Programs funded by the ACT Department of Education and Training (DET) include:

- A new curriculum framework is being developed for us in all ACT schools from preschool to year 10 from 2008. The framework will require all schools to include drug education as a part of their school curriculum.
- The Department provides government school teachers with professional learning and expert advice on drug education programs.

In addition, the Australian Government provides funding through the ACT Department of Education and Training for the following initiatives:

- National School Drug Education Strategy. This strategy provides professional learning and curriculum support for drug education programs in government and non-government schools. (2004-05 to 2007-08)
- Drug Education Forums Program. Under this program, ACT Government and non-government schools can apply for $1,000 each to develop and implement

a student participation drug education forum for raising awareness of drug issues with students and parents. (2004-05 to 2007-08). All schools are encouraged to involve their school community in the forums including parents, students, teachers and community members. 1014 students participated in the school drug education forums during 2006.

The *REDI for Parents (2006)* resource has recently been distributed to all schools in the ACT. This kit contains a DVD, video and resources developed to assist schools and families foster the health and wellbeing of their young people, particularly in the area of drug prevention. The guide provides schools and their communities with information and planning tools to assist them in reviewing and strengthening partnerships between the school, families and community as part of preventing and reducing drug-related harm.

LEAD- Leading Education about Drugs: Student Participatory Approaches (2006) is a resource developed to support schools and their communities to conduct successful drug education forums using peer participation approaches. This resource has also recently been distributed to schools in the ACT.

In addition to these initiatives, in 2005-2006 ACT Health funded:

- Directions ACT to provide the Directions@College program to secondary colleges and to the community;
- Toora Women Incorporated to provide community education and training programs; and
- Nine primary and secondary schools across ACT government, non-government and independent sectors to implement peer education projects throughout 25 schools. These projects reached a total of 535 Peer Leaders and 4,747 students.

Treatment and Harm Minimisation Initiatives

Information and Education

Information is provided face to face and via the telephone by all alcohol and drug services in the ACT. Information and education is targeted towards both individuals and communities to prevent the onset and minimise the harms of amphetamine use. Individuals and families are provided with information about the effects of the drugs, the associated harms and where to access support services.
Information and support is available 24hrs per day via ACT Health's telephone Helpline.

Given the reticence of many amphetamine users to present at alcohol and drug services, increasing attention is being given to conveying information, education and support via Internet based media. Recent work undertaken by Australian Injecting and Illicit Drug Using League (AIVL) has highlighted the value of the Internet as a source of up to date information education and support.

Needle and Syringe Programs & Syringe Vending Machines

Needle and Syringe Programs contribute to the prevention of the spread of HIV and other blood borne virus and provide an important point of contact for injecting drug users in terms of provision of information, education and referral to drug treatment programs.

There are currently two primary needle and syringe outlets, five secondary outlets and 34 pharmacy outlets across the ACT.

There are currently four syringe vending machines in the ACT, located at Canberra City, Tuggeranong, Belconnen and Phillip. The syringe vending machine trial final report is expected to be released in early 2007 and will assess, in greater detail, the outcomes of the syringe vending machine trial. It will include the perspectives of the clients and potential clients of the syringe vending machines. Since the trial began, three progress reports have been released and can be accessed on the ACT Health website.

Sobering Up Facility

There is a Sobering Up Facility in the ACT. An evaluation of the pilot program completed in 2006 found the service provided a safe and secure facility where people who are affected by drugs can stay to sober up.

Counselling

Counselling including early brief intervention and Cognitive Behavioural Therapy (CBT) are offered by alcohol and drug services in the ACT to support individuals and family members and friends affected by amphetamine use.

Cognitive Behavioural Therapy (CBT) has been found to be effective in reducing amphetamine use (Baker et. Al, 2001) however a stepped-care approach is recommended. Such an approach involves the provision of a structured assessment, self-help material, and regular monitoring of amphetamine use and related harms.[63]

All ACT alcohol and drug services have had access in 2006 to specialised psychostimulant training under the National Amphetamine Training Package (NATP).

As with information and education, given the demographics of amphetamine users, online and tele-counselling are important treatment options. Turning Point is currently trialling a new Online Counselling Service. This is an initiative funded by the Australian Government.

[63] Baker, A, Dawe, S (2005) amphetamine use and co-occurring psychological problems: Review of the literature and implications for treatment. Australian Psychologist June 2005 40 (2): 87-94.

Withdrawal Management

The ACT offers withdrawal management, with three different services offering residential withdrawal and one service offering home-based withdrawal management. In 2005/2006 there were 96 withdrawal treatment episodes for clients whose principal drug of concern was amphetamines, accounting for one tenth of total withdrawal episodes and a quarter of all treatment episodes where amphetamines was their principal drug of concern. Of those withdrawal treatment episodes, 53 were for clients whom were male and 43 were for females.

ACT is currently awaiting the outcomes of a number of clinical trials in the area of methamphetamine withdrawal. This includes a multi-agency trial of mirtazapine, a medication that helps promote sleep and alleviate depression. The trial, which is being conducted in Western Australia and NSW, is examining the efficacy of mirtazapine in withdrawal management in conjunction with psychosocial intervention. Research is also being undertaken into the stages of withdrawal among dependent psychostimulant users in a range of settings. A withdrawal protocol is being developed, and the role and efficacy of psychosocial interventions in withdrawal management is being examined.

Rehabilitation

The ACT offers three residential rehabilitation programs. Residential rehabilitation programs in the ACT accept clients with amphetamine misuse. Residential rehabilitation provides an environment that assists people to overcome their dependency and to develop positive life skills.

In 2005/2006, there were 43 rehabilitation treatment episodes for clients whose principal drug of concern was amphetamines, accounting for one fifth of the total withdrawal episodes and one tenth of all episodes where amphetamines was their principal drug of concern. Of those rehabilitation treatment episodes, 27 were for clients whom were males and 16 were for females.

Law Enforcement Interventions

Introduction of legislation to address precursor chemicals

Legislation was introduced in May 2005 that addressed the introduction of the serious Drug Offence component (Chapter VI) of the *Criminal Code 2002*, and amendments to the *Drugs of Dependence Act 1989*.

Chapter VI of the Criminal Code relates to serious drug offences and was based on model legislation developed as a co-operative project between the Commonwealth and State and Territory governments. The aim of the project was to develop uniform national criminal laws, which could be adopted by States and Territories. The scheme provided an opportunity to review the current state of the criminal law in Australia and to develop legislation based on best practice.

One of the more significant improvements the legislation makes to the drug laws in the ACT is the inclusion of offences with respect to "precursors". Essentially, "precursors" are the raw chemical components of a controlled drug. Many precursors are present in products that are readily available off the shelf in pharmacies, supermarkets and hardware stores and are commonly extracted in backyard laboratories to manufacture controlled drugs, particularly amphetamines. Chapter VI includes a range of offences to deal with those who manufacture, sell or possess "controlled precursors" to produce controlled drugs. Prior to the introduction of this legislation, there was no offence for the possession of precursors, in particular pseudoephedrine in the ACT.

Diversion Programs in the ACT

ACT Diversion Programs aim to increase incentives for drug users to identify and treat their illicit drug use early. They provide an opportunity for drug users early in their relationship with the criminal justice system to get the education, treatment and support they need for addressing their drug problem, and at the same time, avoid incurring a criminal record.

Police Early Intervention and Diversion (PED)
The Australian Capital Territory Police Early Intervention and Diversion Program enables minor drug offenders who have been apprehended for possession of a small amount of illicit drugs or illicit possession of a pharmaceutical drug (including cannabis) for personal use to be referred to drug education counselling and treatment services as an alternative to the criminal justice system.

Court Alcohol and Drug Assessment Service (CADAS)
The Court Alcohol and Drug Assessment Service (CADAS) is a pre-sentencing treatment option for clients charged with alcohol and other drug (AOD) related offences. The goals are to reduce recidivism during the bail period, and to engage the client in treatment. It is therefore designed as an immediate, short-term intervention, when a client first appears before the Court. The CADAS clinician is located at the Court, and provides an immediate AOD assessment, and recommends an appropriate treatment plan. If the client is released on bail to comply with the treatment plan, the CADAS clinician monitors attendance, and reports all outcomes to the Court. Non-compliance is reported directly to a Magistrate and does not necessarily result in a penalty, but is taken into account at sentencing.

Treatment Referral Panel

The Treatment Referral Program is a sentencing option, for clients who have either committed a crime to get drugs, or money for drugs, or while under the influence of drugs. It currently applies only to those drugs that appear in Schedule 4 of the Drugs of Dependence Act (1989) i.e. not alcohol.

The magistrate or judge may, as part of the sentence imposed, instruct clients to undergo a treatment order rather than receive a sentence or as an option to reduce their custodial time. Prior to sentencing the Magistrate or Judge refers the offender to the Treatment Referral Panel to undergo an assessment (Assessment Order). The Panel consists of three members, two experienced treatment workers and a legal practitioner and membership is determined by Ministerial appointment. The Panel in

consultation and agreement with the offender determines the treatment recommendation and length of treatment order. The treatment is then monitored by the Treatment Referral Panel, and conducted by an approved treatment agency.

The treatment can be for a period of 6 months up to 2 years. Clients who fail to complete their treatment order, may revert to a custodial sentence.

CONCLUSION

As outlined above, the use of methamphetamines, including 'ice' appears to have grown in Australia over recent years. The ACT has also seen growth in its use.

A high proportion of methamphetamine (including 'ice') users are male. There is also high proportion of users aged between 20-29 years. The profile of 'ice' users varies greatly, with occasional users, regular users and problematic users.

Methamphetamine use, including 'ice' is associated with a range of negative health and social consequences including mental health problems, physical health problems, injecting risk behaviours, sexual risk behaviours, violence and psychosis. The nature of harm tends to increase with the duration and level of use, with long-term heavy users more likely to experience problems with dependence, violence and psychosis.

A relatively small but increasing proportion of resources of frontline services in the ACT, including alcohol and drug agencies, emergency departments, police, ambulance officers, are being dedicated to responding to problems associated to the use of methamphetamines, including 'ice'.

The ACT has a comprehensive range of health and law enforcement services in place that are able to respond to current demand, but there are concerns about some aspects of 'ice' use on services and the trend for increasing use.

The ACT Government is working with other Governments to identify responses to problems caused by 'ice' and will continue to monitor closely the situation in the ACT. In this context the Government is considering approaches for responding more effectively to these problems, and will continue to look at ways to reduce the use of 'ice' as well as the harms associated with its use.

ATTACHMENT A

ACT Health funded Alcohol & Other Drug Agencies

Service Type	*Organisation*	*Program*	*Client Focus*
Residential Rehabilitation	Ted Noffs Inc.	Program for Adolescent Life Management & Aftercare (PALM)	14-18 years
	Alcohol & Drug Foundation ACT Inc (ADFACT)	Karralika Rehabilitation Program	Adults and families
	The Salvation Army	The Canberra Recovery Service	Men
Withdrawal	Ted Noffs Inc.	Adolescent Drug Withdrawal Unit	14 – 18 Years
	Directions ACT	Arcadia House	Adults
	ACT Health - Alcohol and Drug Program (ADP)	Alcohol & Drug Program Withdrawal Unit	Adults
	ACT Division of General Practice	The Opiate Program (TOP)- support for community-based withdrawal	Adults. Aboriginal & Torres Strait Islander people over the age of 13 yrs.
Supported Accommodation	Alcohol & Drug Foundation ACT Inc (ADFACT)	Half-way house	Men
	Alcohol & Drug Foundation ACT Inc (ADFACT)	Transitional houses (residential support and aftercare)	Adults and families
	Toora Women Inc.	Marzenna and Lesley's Place- half-way houses	Women and children
Case Management/ Counselling	ACT Division of General Practice	The Opiate Program (TOP)	Adults. Aboriginal & Torres Strait Islander people over the age of 13 yrs.
	Directions	Lifeskills Program	
	Gugan Gulwan Youth Aboriginal Corporation (Gugan)		Young (up to 25 years) Aboriginal and Torres Strait Islander people
	Winnunga Nimmityjah Aboriginal Health Service (Winnunga)		Aboriginal & Torres Strait Islander people
	Alcohol & Drug Foundation ACT Inc. (ADFACT)		
	Toora Women Inc.	Women's Information, Resources, Education on Drug Dependency (WIREDD)	Women
	Ted Noffs Inc.	The Aftercare Program	14-18 years

Service Type	Organisation	Program	Client Focus
Case Management/ Counselling (cont.)	The Salvation Army	The Bridge Oasis Network	
	ACT Health - Alcohol and Drug Program (ADP)	ADP Counselling and Treatment Service	
	ACT Cancer Council	Smoking Cessation Program - counselling, support and guidance	
Education/ Information (including direct work with clients and community education)	Directions	Directions @ Colleges	Young people
		HIV/AIDS/HEP C Program	
		Late Nite Directions	Young people
		Parents and Partners Group	Parents and families
	The Salvation Army	The Oasis Bridge Network	
	Toora Women Inc.	Women's Information, Resources, Education on Drug Dependency (WIREDD)	Women and community members
	ACT Health - Alcohol and Drug Program (ADP)	Relapse Prevention and Family Programs. Education and information via 24 hour HelpLine	Adults
	Gugan Gulwan	Youth Detox Support Service and the Dual Diagnosis Support Service	Young (up to 25 years) Aboriginal & Torres Strait Islander People and community members
	Winnunga	Youth Detox Support Service and the Dual Diagnosis Support Service	Aboriginal & Torres Strait Islander People
	Alcohol & Drug Foundation ACT Inc (ADFACT)	Sober Driver Program	
	Centacare	The Sobering Up Facility- overnight accommodation for intoxicated people	18 years and over
	ACT Division of General Practice	The Opiate Program (TOP)	General practitioners and TOP clients
	The ACT Cancer Council	Smoking Cessation Program and Quitline Program	
	Ted Noffs Inc.	The Community Outreach Out-Client Program	14-18 years
Pharmacotherapy	ACT Health - Alcohol and Drug Program (ADP)	The Opioid Treatment Service	Opioid dependent people
	Winnunga		
	General Practitioners		
	Pharmacies		

Service Type	*Organisation*	*Program*	*Client Focus*
Needle & Syringe Program	Directions ACT	The ACT Needle & Syringe Program (includes over 40 outlets across pharmacies, Health centres, syringe vending machines)	Injecting drug users