Submission to:
Legislative Assembly for the Australian Capital Territory
Standing Committee on Health and Disability
Inquiry in the to use of
Crystal Methamphetamine "Ice" in the ACT

Nicole Wiggins
Convener
CAHMA – Canberra Alliance for Harm Minimisation And Advocacy
C/O AIVL
GPO 1552
Canberra, ACT 2601
(02) 6279 1600 Switchboard
(02) 6279 1605 direct line
(02) 6279 1610
nicolew@aivl.org.au
cahma@aivl.org.au

The Committee Secretary
Grace Concannon
Standing Committee on Health and Disability

Introduction

The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) is the ACT's peer based drug user organisation representing illicit drug users on issues of relevance and significance in their lives. CAHMA is auspiced by The Australian Injecting & Illicit Drug Users League (AIVL) which is the peak national organisation for the state and territory drug user organisations and represents illicit drug users on issues of national significance.

As a peer-based organisation CAHMA is run by and for illicit drug users and for this reason represent an important perspective in relation to the inquiry into the use of Crystal Methamphetamine "Ice" in the ACT. CAHMA is currently operating in an unfunded capacity and therefore has limited ability to contribute a submission to the inquiry of any great length or depth. Regardless of the unfunded and therefore limited capacity of CAHMA, the organisation recognizes the importance of contributing from the perspective of and highlighting issues of concern to illicit drug users and in particular methamphetamine users.

For ease of reference this submission has been separated into the following key areas:

1. Peer Education
2. Treatment and Support issues
3. Workforce development

Given the brief submission being presented, CAHMA would greatly appreciate the opportunity to make a presentation to the standing committee on health and disability inquiry into the use of Crystal Methamphetamine "Ice in the ACT". If members wish to invite CAHMA to appear before the committee or have questions they would like answered, please do not hesitate to contact Nicole Wiggins, Convener on ph: (02) 6279 1600 or email: nicolew@aivl.org.au . CAHMA would like to thank members for the opportunity to express our position on this very important matter for our constituents.

Peer Education

Peer education has been used in many areas of public health, including nutrition education, family planning, workers' rights, sex education, teenage motherhood, gambling, reading skills, violence prevention[1]. However, it is in the areas of HIV/AIDS, hepatitis C, and drug use that it has been most widely used, increasingly so in the past few decades. In Australia, peer education is endorsed by both the National HIV/AIDS Strategy and the National Hepatitis C Strategy.[2] Locally, the ACT Alcohol, Tobacco and Other Drug strategy, includes as a priority action area "increase and improve support for

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[1] UNAIDS, 1999. *Peer Education & HIV/AIDS: Concepts, uses and challenges*. UNAIDS, Geneva; Parkin, S. & McKeganey, N., 2000, The rise and rise of peer education approaches. Drugs: Education, Prevention and Policy, 7 (3), p. 293.

[2] Australian Government, Department of Health and Ageing, 2005, *National HIV/AIDS Strategy: Revitalising Australia's response, 2005-2008*, Canberra, Commonwealth of Australia, p. 15; Australian Government, Department of Health and Ageing, 2005, *National Hepatitis C Strategy, 2005-2008*, Canberra, Commonwealth of Australia, p. 16.

peer- based models of service delivery, support, advocacy and community development"[3]

CAHMA lost its ACT Health funding as of end of June 2006 and this has left the ACT community without a peer organisation to represent the interest, needs and concerns of illicit and injecting drug users. The ACT is now in a situation where there is a large gap in provision of peer-based services to provide support, information, referral, advocacy and representation for drug users. Main stream AOD services can not provide the unique style of service delivery and support offered by peer organisations.

This enquiry into methamphetamine further highlights the gap and urgent need for a funded peer based drug user organisation. It is essential that illicit drug users and in particular methamphetamine users have an input into this inquiry so as to ensure that their voices are heard and their particular needs are meet. During the operation of its drop-in centre and its' education services, CAHMA was able to work closely with methamphetamine users to address and assist with their needs. Close, collaborative relationships based on mutual respect, trust and honesty ensured that CAHMA staff were able to gain an insight and relevant up-to-date information on changing trends and needs of methamphetamine users. Unfortunately these established links have been broken due to the limited capacity of the organisation in its current unfunded position. It is important to repeat that other AOD agencies can not fill this role and do not have the same credibility and trust that a peer based organisation has with methamphetamine users.

Recommendation

1. In order to provide representation for methamphetamine users in the ACT that the ACT government investigate and consider as a matter of urgency the re-establishment of funding for CAHMA.
2. The key recommendations and action areas in both national drug strategies and HIV/AIDS and Hepatitis C strategies and local drug strategies that refer to provision of peer-based services be implemented through the provision of sustainable funding to CAHMA.
3. The impact on methamphetamine users, caused by the current gaps in peer service delivery and lack of peer representation on local committees, forums and inquiries be evaluated.

2. Treatment and Support Issues

The overwhelming lack of access to treatment services, in particular replacement pharmacotherapy's, is a significant issue for methamphetamine users. Compounding the difficulties in accessing service is the common occurrence of discrimination, poor

[3] ACT Health 2004. *ACT Alcohol, Tobacco and other Drug Strategy, 2004-2008,* Canberra, ACT Government,action 39,p.40.

treatment and service delivery and a general lack of understanding of the needs of drug users. "Barriers and Incentives to Treatment for Illicit Drug Users"[4] highlights numerous issues that act as barriers to drug users accessing treatments. Illicit substance users were found to be ill informed about available treatment options[5] along with having limited information on what services were available in their local area. Information provision by peers including the drug treatment experiences of peers, is regarded as an important and credible source of information on drug treatments for drug users[6]. This research again highlights the importance of peer services and provides further argument for the need for a funded peer organisation in the ACT.

The frequent and common experience of discrimination faced by illicit drug users creates a significant barrier to accessing services. NSW inquiry into hepatitis C related[7] discrimination found that health professionals and health services were common places for hepatitis C positive drug users to find themselves being discriminated against. Providing peers as front line workers in services makes a significant contribution to combating discrimination, breaking down barriers between service providers and service users. Peer Organisations and their peer workers assist with dispelling myths and stereotypes of drug users, and demonstrate that drug users, as a section of the community, have an important and useful contribution to make in improving health outcomes for themselves and their drug using peers.

Positive treatment experiences by peers can be communicated to those drug users who have never been in treatment and assist in actively encouraging those treatment naive drug users to enter into treatment. Once drug users enter into treatment regimes, ongoing support and advocacy provided by peers can again provide positive encouragment and support to increasing retention in treatment.

The support needs of methamphetamine users can be extremely complex and require the experience and understanding of peers who have had similar experiences. This intimate knowledge and understanding of the issues that affect drug users can provide the required extra support and empathy that is lacking from those health professionals whose only knowledge of the issues is learn through the academic environment. Drug users are particularly sensitive and aware of the difference between health professionals with personal experience and knowledge and those without. These relationships always have a dynamic where there is a power imbalance, us and them, that influences and constructs an invisible wall that impacts on interactions. Drug using peers have the extra credibility, trust and respect that can not be established in the usual client/health worker relationship. Although there are many extremely professional, knowledgeable and experienced health professionals in the ACT, they can never achieve the standard of rapport, trust, mutual respect and empathy that is the core feature of peer interactions.

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[4] Australian Government, Department of Health and Ageing, 2004. *Barriers and Incentives to Treatment for Illicit Drug Users.* ,Monograph Series 53, Canberra, Commonwealth of Australia.

[5] Copeland,J. 1997. *A qualitative study of the barriers to formal treatment among women who self-manage change in addictive behaviours* Journal of Substance Abuse, 14.

[6] Dietze, P. et al, 2003.*Treatment utilization by heroin dependent persons in Australia: Implications for treatment service system.* Fitroy, Victoria: Turning Point Alcohol and Drug Centre; Power,R., Hartnoll,R., & Chalmers,C. 1992. *Help-seeking among illicit drug users: some differences between treatment and non-treatment sample.* The International Journal of Addictions, 27.

[7] NSW Anti-Discrimination Board, *C-Change: the Report of the Enquiry into Hepatitis C Related Discrimination*, November 2001.

Support and treatment needs of methamphetamine users needs to be established by conducting a thorough research project that can identify what is and isn't needed for methamphetamine users in the ACT. There is no 'one size fits all' model that can be implemented as there is no 'one type of methamphetamine user'. A survey to establish evidence based priority needs of users while also identifying the differing groups that use methamphetamines needs to be given priority. This evidence can then be used to establish programs and projects that can meet the needs of these priority groups and areas.

Many of these groups of methamphetamine users are 'hidden' populations and peer networks are the only way that access to these groups can be made. Additionally, drug users can be suspicious of surveys and questionnaires so utilizing the established networks of peers can offer support, information and advocacy, in order to facilitate participation in research by methamphetamine users.

Recommendations;
Funding be provided for peer organisation to provide:

1. **The skills, knowledge and experience of peers in treatment setting to be utilized in reducing barriers to methamphetamine users accessing and being retained in treatment.**
2. **The provide support, information, representation and advocacy for treatment users in order to increase access to treatment services and improve retention rates.**
3. **Access to different groups and hidden groups of methamphetamine users through peers networks in order to establish treatment and support needs.**
4. **Utilizing the trust, credibility and knowledge of peers to assist and support methamphetamine users.**
5. **Provision and distribution of peer education harm reduction materials and messages to reduce the negative health impacts of methamphetamine use.**

3. Workforce development

The different social and health issues encountered by methamphetamine users needs to well understood and effectively dealt with by the ACT Drug and Alcohol Sector and by the ACT Mental Health Sector. The current situation appears to reflect a very poor understanding by many health professionals on the health and social needs of this particular group of drug users. The use of amphetamines and methamphetamines is not a new phenomenon as these drugs have been used illicitly for many years. The major difference over the last few years is in the changes in market forces where availability of different forms of amphetamines and methamphetamines have changed. The other significant factor is the response by media with the apparent agenda of creating a crisis and drama for the purposes of selling newspapers. Research has shown that there has not been the dramatic increase in use as is being portrayed by the media, and there has not been the significant rise in presentations of psychosis related to methamphetamine use. It is important that health professionals working in the sector do not fall into the trap of believing the exaggerated reports and indulge in the emotive language being used by the media. These types of responses do nothing to improve the situation and assist

those affected by overuse or problematic use of the drug. Exaggerated or emotive language only serves to further isolate and stigmatize users and their families.

Workforce development for frontline workers should be focusing on the very basic skills of communication with drug users. Integral to communicating effectively with drug users is challenging personal prejudices and stereotypes that individual health workers have towards drug users. Having developed these skills, the many other skills needed and training requirements will follow on in a natural order. Communicating with and showing understanding, empathy and respect for methamphetamine users follows the same basic principles as would interactions with any other type of illicit drug user. It is unfortunate that many AOD workers have limited skills in relating to and communicating with users of illicit drugs. The skills and knowledge needed to work with methamphetamine users have many similarities of working with users of other drugs.

Due to negative mental health consequences for methamphetamine users of overuse or extended use of methamphetamines, AOD workers needs a good understanding of basic 'Mental Health First Aid', which is offered as training for workers in the sector in the ACT. Given the strong relationship between drug use and mental health issues, or co-morbidity, it would seem sensible or even necessary that this again should be a basic requirement for all AOD workers regardless of the types of drugs used by their clients.

Rather than just looking at the lack of skills or training in the area of methamphetamines for AOD workers, it should be looked at as the lack of overall skills and training needed to deal with all drug using clients regardless of the drug they use. Of course additional information on basics such as pharmacological affects of methamphetamines, health consequences particular to methamphetamine use and the available (or lack of) treatments, should be offered in training to front line workers, but the bigger issue and need is that AOD staff are not well trained or skilled to address the needs of drug users in general. Training and information sessions provided in the past by CAHMA to AOD service providers have proved very successful and were well received with numerous requests for future sessions.

More importantly, and more difficult to address, is the inherent prejudices and discriminatory attitudes that are unfortunately held by AOD workers in many agencies in the ACT. These beliefs and attitudes need to be challenged and changed in order for AOD workers to increase their skills and knowledge in areas such as improved communication. Consumers and peer organisations are ideally placed to provide training and skills development in assisting AOD workers to recognize and address ingrain discriminatory attitudes.

Recommendations

1. **All ACT AOD Workers be provided with 'Mental Health First Aid' or similar training program.**

Funded Peer Organisation to assist with;

2. **Providing AOD workers with basic communication skills training for working with drug users or any or all types of illicit drugs.**
3. **Providing AOD workers with skills and training on challenging their personal prejudices and stereotypes held about illicit drug users so as to break down barriers and work effectively and openly with drug users.**

4. **Through peer networks, provide in the form of training sessions and forums for AOD workers up to date information of changes in the illicit methamphetamine markets and assessment of the harms being encountered by methamphetamine users.**

Conclusion

Results and conclusions drawn from inquiries into methamphetamine use and subsequent strategies and policies papers developed to address issues identified need to recognize the importance of including drug users in all stages of development, implementation and evaluation. Peer organisation are ideally placed to provide consumer representation for both individual and groups of drug users with a long recognised history of providing quality input from the unique perspective of drug users, which can not be gathered by other means. Principles of community development highlight the value of consumer input and the success of initiatives that have ensured meaningful consumer involvement.

Identifying and addressing the emerging and changing needs of methamphetamine users and the methamphetamine market in the ACT has to include the participation of a well resourced ACT peer organisation.