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Submission to ACT Standing Committee on Health and Disability

Inquiry into the use of Crystal Methamphetamine “Ice” in the ACT

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1. About Anex (the Association for Prevention and Harm Reduction Programs Australia)

Anex is a non-government organisation working towards a society in which all individuals, families and communities can enjoy good health and well-being, free from drug-related harm. We work hard to promote and support evidence-based policies and programs that demonstrate a compassionate approach to preventing drug-related harm.

Our efforts have included a focus on the emerging issue of amphetamine use in Australia through the inaugural Australasian Amphetamine Conference held in Sydney during September 2006. The conference brought together people with diverse experience, expertise and perspectives to find real solutions to current challenges presented by the use of amphetamines in Australia.

Additionally, Anex developed and delivered training for frontline workers in Australia who work with amphetamine users. More than 300 participants were trained from metropolitan, regional and rural settings.

2. About Needle and Syringe Programs

Established in 1986 as a preventative strategy to contain the spread of HIV/AIDS among people who inject drugs and the broader community, there are now over 3000 Needle and Syringe Program (NSP) outlets across Australia based in a variety of health settings including hospitals, community health centres and drug and alcohol services.

The NSP in Australia provides a range of services that include access to:

- Blood-borne virus prevention equipment;
- Health information and education on preventing and reducing drug-related harm;
- Drug treatment;
- Legal, health and social services;
- Medical care; and
- Disposal and retrieval services.

NSPs are in a unique position to contribute to efforts to address the harms associated with drug use. With an estimated 1.2 million contacts each year with a broad spectrum of injecting drug users, NSPs are in a prime position to provide targeted interventions to assist clients in understanding the range of options that are available to them and to make informed choices in regard to managing the risks associated with their drug use.

The success and contribution of NSPs to Australia's efforts to contain the spread of HIV/AIDS is well documented. Through its NSPs, Australia has been recognised internationally as a leader in preventing the spread of HIV/AIDS. NSPs continue to contribute to the National HIV/AIDS Strategy 2005-2008 by providing broad geographic access to sterile injecting equipment.

In comparison to HIV/AIDS, the contribution of NSPs to efforts to respond to the hepatitis C epidemic in Australia has not been as remarkable. However, according to the Australian Government commissioned study into the Return on Investment in Needle and Syringe Programs in Australia, between 1991 – 2000 Australian NSPs have prevented 21,000 hepatitis C infections. Without NSPs, it is arguable that hepatitis C infection rates in Australia would be higher. The important role of NSPs in ongoing efforts in combating hepatitis C infection in Australia is recognised by the Australian Government in its National Hepatitis C Strategy 2005-2008.

The benefits of NSPs extend well beyond blood-borne virus prevention. With adequate resourcing and training, NSPs can also contribute to efforts to address illicit drug use by being "on-ramps" to a broad range of health services including drug treatment, as well as providing preventative and early interventions for a range of negative health consequences associated with illicit drug use.

Given that NSPs come into contact with many people who are at increased risk and susceptibility to mental illness, they also have the potential to apply mental health first aid – identifying the early warning signs of mental illness – and ensuring that clients are referred to the most appropriate mental health care to prevent further disease progression.

3. Focus of this submission

This submission will address the following terms of reference:

- Information on the availability of crystal methamphetamine;
- The demographic profile of users;
- The consequences of regular use for users, their families and the broader community;
- Education, support and treatment for users, their families and the community; and
- The resource and other implications for the health and law enforcement sectors.

4. Crystalline Methamphetamine use in the Australian Capital Territory – availability and profile of users

Crystal methamphetamine is used by a wide-variety of people with a range of drug-use patterns. It can be snorted, swallowed or injected but is typically smoked using a glass pipe.

The profile of amphetamine users, including crystal methamphetamine users, varies greatly. National figures suggest that males aged 20-29 years are most likely to report using amphetamines (AIHW 2005). There is limited data on specific profiles of users in the ACT.

One of the populations for which figures are available is injecting drug users. Figures from the Illicit Drug reporting system (IDRS) give some indication of the availability of crystal methamphetamine and the patterns of use of crystal methamphetamine among injecting drug users in the ACT.

Crystal methamphetamine continued to be easy or very easy to obtain in the ACT during 2005 with 36% of the ACT sample reporting ice as 'very easy' to obtain compared to 26% of the national sample reporting ice as 'very easy' to obtain.

Crystal methamphetamine had been used by 82% of ACT to the IDRS at least once during their lifetime. Ice was reported as the main form of methamphetamine used by IDRS participants in 2005. Crystal methamphetamine was reported as the form of methamphetamine most commonly used by 54% of the sample in 2005, a decrease of 24% from 2004 figures. This decline, according to IDRS findings, was accompanied by a rise in the use of methamphetamine powder (ie. speed). Across the national sample, 43% of people had recently used ice.

Injecting remained the most common route of administration, although there was a statistically significant decrease in the proportions of respondents reporting injecting ice in 2005 (62%) compared to 2004 (78%). As indicated by the IDRS, smoking is another common route of administration with 18% of the sample indicating that they had smoked ice in the six months preceding the survey (compared to 14% during 2004).

It ought to be noted that the sample size for the IDRS surveys are relatively small (125 respondents in the ACT component of the IDRS) and it is difficult to make generalisations to a broader population of illicit drug users in the ACT. However the reports provide some indication of the trends of crystal methamphetamine use in the ACT.

Other ACT specific data such as the Australian Needle and Syringe Program Survey conducted by the National Centre of HIV Epidemiology and Clinical Research also suggest a downward trend in the use of amphetamine use in the ACT. The proportions of respondents participating in

the survey who reported amphetamines as the last drug injected has decreased from 32% during 2004 to 21% during 2005.

5. The consequences of regular use for users, their families and the community.

The majority of people who have tried methamphetamine, including crystal methamphetamine, are unlikely to have experienced any significant problems associated with their drug use. Nonetheless, for a number of regular crystal methamphetamine users, there can be significant health consequences particularly for those who become dependent on the drug. As McKetin and colleagues note 'heavy or dependent use [of methamphetamine] is associated with a range of adverse consequences for both the individual and society' (McKetin et al 2005, p.1).

Regular use of methamphetamine (including crystal methamphetamine) can present a number of harms to the individual drug user, their family and the broader community. The harms to the individual drug user can be both short- and long-term.

Regular or long-term methamphetamine users have reported poor physical health including sleep disturbances, skin problems, weight loss, poor oral hygiene and dental problems due to jaw clenching and teeth grinding, palpitations and chest pain (McKetin, McLaren & Kelly 2005). Furthermore, heavy users of methamphetamine are more likely to be involved in higher risk behaviours including injecting, unsafe sexual activity and drug driving.

For those who inject drugs, there is also the risk of blood-borne virus transmission. There are different reasons why people inject drugs, including crystal methamphetamine. Injecting drugs results in a more rapid onset of effects and a more immediate and intense experience than other modes of administration. Some may choose to inject for economic reasons as a smaller amount of the drug is needed, at least initially, to get the same effect as other modes of administration.

In addition to these issues, illicit drug users often have unmet social and welfare needs including finding adequate and appropriate housing. Use of crystal methamphetamine, particularly regular or long-term use, may compound these issues.

The harms associated with illicit drug use extend beyond those experienced by individual users themselves, and include those experienced by third parties or by society collectively. A number of specific harms are discussed in detail below as they pertain to individuals, families and the broader community.

5.1 Dependence

Drug dependence is associated with the type and potency of a drug and the mode of administration. The latest estimates suggest that there are currently around 72,700 dependent methamphetamine users in Australia (Mcketin et al 2005).

Risk factors for methamphetamine dependence include the frequency of use, the mode of administration and the type of methamphetamine used. Injecting drug use in typically associated with higher levels of dependence than other modes of administration. Those that are dependent on crystal methamphetamine typically inject or smoke the drug. Crystal methamphetamine is the most potent form of methamphetamine available in Australia with a higher purity than powder or base methamphetamines and has been said to lead to dependency more quickly than other types of methamphetamine.

According to the National Centre in HIV Epidemiology and Clinical Research, approximately 76% of respondents in the Australian NSP Survey 2005 indicated that they have ever received treatment for their drug use. It has been suggested in the literature that an individual's use of drug treatment is a cyclical process of treatment, abstinence and relapse. It has been suggested that "given the chronic, relapsing course of drug dependence, multiple treatment episodes are better

understood as part of a cyclical process of recovery and remission, rather than as failed efforts" (Hser et al 1997 cited in Treloar et al 2004, p.35).

While dependent crystal methamphetamine users may be more likely to inject their drugs, Anex submits that caution needs to be exercised to ensure that causal linkages between injecting and drug dependency are not drawn. To assume that there are direct causal linkages would result in lost opportunities to develop appropriately targeted interventions aimed at preventing the onset of problematic drug use and reducing the associated harms.

Dependent methamphetamine users are also more likely to experience a range of social and financial problems including relationship breakdown, social isolation, loss of employment and financial difficulties. Research has found that they are also more likely to engage in criminal activity such as theft or drug dealing to support drug use.

The impacts of dependence extend beyond the individual drug user to their families, social networks and the broader community.

Drug dependence is often associated with family disruption and, in extreme cases, family and relationship breakdown (Jenner et al 2004). Families may have difficulties understanding their family member's drug use and why they continue to use in spite of the problems associated with their drug use.

While information is available to family members and the broader community via the media, internet and telephone counselling and information services, practitioner feedback suggest that many families may not have access to accurate, reliable information about crystal methamphetamine or the services available to help them.

At the inaugural Australasian Amphetamine Conference, there was discussion of media representations of crystal methamphetamine use and users and suggestions that the style of reporting is often not helpful and based on scare tactics rather than evidence.

Anex believes there is a need to expand the range and sources of information available to family members. There is also a need for information that is accurate, accessible and tailored to meet their specific needs. The use of scare tactics is not helpful for family members and only contributes to community misunderstanding of drug-related issues. There is a need for comprehensive, reliable evidence-based information for families and the broader community to increase understanding of drug-related harms including drug dependency.

5.2 Blood-borne virus transmission

Research suggests that individuals who are methamphetamine dependent are more likely to engage in risky sexual behaviour such as unprotected sex than their non-dependent peers (McKetin, McLaren & Kelly 2005).

Some studies have found an association between crystal methamphetamine use and sexual risk taking including engaging in unprotected sex, however there may be many other factors that impact on sexual risk taking (NDARC 2006). Crystal methamphetamine users may require information on safe sexual practices and the effects of drug use on the ability to make informed decisions about sexual risk.

Injecting drug use has long been associated with the risk of blood-borne virus transmission including HIV and hepatitis C through sharing of injecting equipment. While Australia is recognised internationally as a great success with regard to containing the spread of HIV among people who inject drugs, the risk of transmission of HIV/AIDS among this population and the broader community remains.

5.3 Mental health issues and methamphetamine psychosis

Evidence suggests that people who inject drugs experience higher rates of mental health disorders than their non-drug using counterparts and have been identified as having higher rates of depressive and anxiety disorders in combination with substance use problems (Anex 2006).

The relationship (if any) between crystal methamphetamine use and mental health issues is an ongoing concern for many in the community. A recent study on methamphetamine users suggests that dependent users were 11 times more likely to have experienced a psychotic episode compared to general members of the community. Methamphetamine psychosis can range from mild to severe and may last several hours or several days.

5.4 Violence and aggression

A great deal of media and public attention has focused on the relationship between methamphetamine use, in particular ice use, and violent or aggressive behaviour. Despite the widespread media attention and community concern, the relationship between crystal methamphetamine use and violence is not clear or straightforward (NDARC 2006)

Aggression is often a particular concern for family members and friends of people who are using ice (NDARC 2006). While ice may increase levels of aggression and violence in some individuals, particularly those with a history of violent behaviour, not all ice users will become aggressive or violent (NDARC 2006). Factors that can be related to violent behaviour include sleep deprivation, not eating, use of alcohol, barbituates, withdrawal from other drugs and certain medical conditions (NDARC 2006).

Aggressive and violent behaviour among crystal methamphetamine users can sometimes be related to methamphetamine psychosis (NDARC 2006).

Aggressive and erratic behaviour among clients impacts on service providers within the community. While the majority of NSP clients who are using crystal methamphetamine will not present in a violent or erratic manner, in the few instances where this might occur, it presents potential risks to both the individual drug user, service providers and the broader community.

Aggressive and violent behaviour presents the risk of physical injury to the individual and third parties which can bring people into contact with police and criminal justice interventions.

5.5 Other consequences for individuals and communities

According to the Australasian Centre for Policing Research, methamphetamine use while driving (particularly use of the more potent forms of methamphetamine) is an increasing problem for policing. Methamphetamine use impacts on driving ability in numerous ways and has may contribute to some road accidents. It use has been associated with increased risk taking behaviour while driving while the symptoms associated with withdrawal from methamphetamine can also affect driving ability (Nicholas 2006).

Anex acknowledges this discussion is far from exhaustive and encourages the Committee to examine the growing body of Australian and International literature on the crystal methamphetamine use in order to gain a thorough understanding of the range of harms and appropriate interventions for crystal methamphetamine users.

6. Education, support and treatment for individuals and the resource implications for services

Strategies to address crystal methamphetamine use must acknowledge the diversity of user groups and the need for tailored interventions to meet the specified needs of these groups.

The discussion that follows focuses on strategies and interventions for crystal methamphetamine injectors.

As noted earlier, the cyclical nature of drug use is such that in many instances people will participate in drug treatment on more than one occasion, often returning to their drug use between treatment interventions. Within this context, NSPs can be understood as playing a vital role within this process as part of a series of treatment episodes – providing ongoing intervention and support for people who have relapsed and returned to using, and encouraging them to re-engage with efforts to cease their drug use.

Anex submits that there is a need for strategies and interventions that support individuals while they continue to use drugs.

With an estimated 1.2 million contacts each year with a broad spectrum of injecting drug users, NSPs are an important intervention point for many people who may be injecting crystal methamphetamine and have limited access to general health services and other sources of credible information.

NSPs are accessed by injecting drug users at various stages of their drug using “career”, ranging from experimental and occasional users to regular and dependent users. These services are in a prime position to work with crystal methamphetamine injectors at various stages of their drug use and provide a range of interventions with people who inject drugs.

NSPs are uniquely placed to work with crystal methamphetamine users to reduce the harms related to their drug use including harms related to blood-borne virus transmission, drug dependency, mental health issues and behavioural issues such as violence and aggression.

6.1 Preventing the onset of problematic drug use

There is a role for NSPs in working with people who may be occasional injectors to provide them with information and education on managing their drug use to prevent the onset of problematic drug use. One such example is the provision of information on non-injecting routes of administration to encourage people to take breaks from injecting.

Through their regular and ongoing contact with their clients, NSPs are in a unique position to identify early signs of dependency and to provide early intervention and prevent the onset of problematic drug use. They are also uniquely placed to provide information to clients on recognising the early warning signs of drug dependence. Importantly too, NSPs can effect referral to appropriate services such as drug treatment for those clients who are dependent on crystal methamphetamine.

At present, the potential of NSPs to work with clients on their drug treatment options and provide access to general health and support services is restricted by the limited capacity of many services to engage with clients on these issues. Without adequate resourcing and support including training and workforce development, the capacity of staff to meaningfully engage with clients and provide information on the services available to them will remain limited.

1. Anex recommends further support and investment in NSPs, including workforce development and training, to improve the capacity of services to work with new as well as more experienced injectors to prevent the onset of more problematic forms of drug use.

6.2 Blood-borne virus prevention

Needle and Syringe Programs have traditionally been understood as providers of sterile injecting equipment. As such, they have played a key role in leading to Australia's recognition as a worldwide leader in preventing the spread of HIV through injecting drug use.

Containing the spread of hepatitis C has proven more difficult. Sharing of injecting equipment is the most efficient mode of transmission for both HIV and hepatitis C. The reasons for sharing and/or re-using equipment are complex. Recent studies have shown that high rates of hepatitis C among new injectors in Sydney and recommends the urgent need to ramp up prevention efforts aimed at increasing awareness among new injectors and increasing access to preventative measures such as sterile injecting equipment.

In some circumstances, NSPs provide access to testing, counselling and treatment for blood-borne viruses including HIV/AIDS and hepatitis C. Staff at NSPs are an important support and source of reliable information for clients who may be HIV positive or have contracted hepatitis C through their drug use.

There is a clear role for NSPs in educating crystal methamphetamine injectors about practices that place people at risk of blood-borne virus prevention including hepatitis C.

2. Anex recommends the continued support and investment in NSPs in recognition of their role in preventing drug-related harms including the transmission of blood-borne viruses.

6.3 Addressing mental health issues

People who use drugs and are experiencing mental health issues often fall 'through the gaps' of the health system. In this respect, engaging with clients experiencing mental health issues clearly falls within the scope of NSP service delivery.

Rather than focussing on the drug use per se, there are a range of interventions that can be employed by NSPs working within a harm reduction framework to minimise the associated harms, including those relating to mental health. These include: implementing mental health promotion activities; strategies aimed at providing clients with support and a sense of connectedness; and establishing good referral pathways for clients who may be experiencing mental health (and other) problems.

Responding to mental health issues can be challenging for NSPs. The current capacity of NSPs to engage with clients on these complex issues is limited for a variety of reasons. The busy environment within which NSPs operate often means that interactions with clients are brief. Resourcing and time constraints as well as individual staff knowledge and confidence in mental health make it difficult to address such issues.

However, NSPs have a role to play in supporting clients with mental health issues by recognising and responding to the early warning signs of the onset of mental ill-health, including methamphetamine-induced psychosis. There is also an opportunity to NSPs to create new and improve existing referral pathways for clients who may require specialist services.

3. Anex recommends that resources be made available to improve NSP capacity to address mental health issues including the identification of the early warning signs of mental illness and the provision of appropriate interventions on mental health and wellbeing.

Anecdotal evidence suggests that while NSPs have a good understanding of mental health issues including methamphetamine-induced psychosis, some staff may feel they lack the

appropriate skills to respond appropriately to the complexity of higher-level mental health presentations.

Issues such as methamphetamine-induced psychosis can present risks to the safety of both the individual drug user and those providing services such as NSP staff. The seriousness of this issue prompted the Kirketon Road Centre, a primary health care centre involved in the prevention, treatment and care of HIV/AIDS and other transmissible infections among 'at risk' young people, sex workers and injecting drug users to develop a clinical protocol for responding to a person presenting with 'delirium'.

The development of the protocol was a community-based response involving collaboration and coordination between local service providers which has since been adapted to different settings and service providers. The protocol has allowed services, including NSP services, to provide appropriate and coordinated care to clients presenting with delirium to ensure the individual and community remain safe.

Anex encourages the Committee to examine the protocols developed by Kirketon Road Centre with a view to adopting such an approach in the ACT.

6.4 Addressing violence and aggression

Violent, aggressive and erratic presentations by NSP clients can present risks to both the individual drug user, other NSP clients and staff. Moreover, there are instances where clients may become involved in an altercation on the street, become injured and are diverted to accident and emergency departments. This brings clients into contact with the hospital service system when often it might be more appropriate for clients to have minor health issues addressed through services such as NSPs where staff have a good understanding of drug-related issues.

However, this requires NSPs to be linked to primary health care facilities where staff are medically trained and can provide the appropriate care. Anex submits that co-locating NSPs with primary health care facilities provides opportunities to improve the health and wellbeing of NSP clients including responding to acute health issues such as injuries.

4. Anex recommends that the feasibility of co-locating NSPs with primary health care services specifically for injecting drug users be investigated.

Public displays of erratic or aggressive behaviour can bring clients into contact with police and may increase the likelihood of becoming involved in the criminal justice system. It may also contribute to community concerns relating to safety. Police are often the first to intervene with someone behaving erratically in a public place including people who may be affected by illicit drugs. In these instances, police have an important role to play; however their ability to manage crystal methamphetamine users is dependent on their knowledge of crystal methamphetamine-related issues and the effects of the drug on users.

It is important that police have a thorough understanding of the range of health services available to them to ensure that people can be linked with appropriate health care.

Enhancing services to work together in a collaborative manner will enhance understanding of the role of different service providers in responding to crystal methamphetamine-related issues.

7. Improving NSP capacity to reduce crystal methamphetamine-related harms

The main driver in the development of NSPs to-date has focused on maximising access to sterile injecting equipment. In terms of allocated resources, the capacity of a large proportion of the service system remains limited to providing sterile injecting equipment, and there are severe constraints on the ability of these services to actively engage with users.

Brief behavioural interventions have been recognised as an effective method for facilitating behaviour change (Baker, Lee & Jenner 2004). They may be used in a variety of settings and are considered appropriate to individuals from a range of backgrounds (Baker, Lee & Jenner 2004; Tucker et al 2003). In relation to NSPs, Conrad et al (2003) have identified a number of conditions that should exist to ensure brief behavioural interventions are effective:

1 Ensuring a supportive and confidential environment;
2 Establishing good relationships between NSP staff and clients so that staff are perceived as trusted sources of information;
3 Staff motivation and willingness to assist clients; and
4 Clients being ready to engage in the brief intervention and consider new information (Conrad et al 2003).

While many NSPs successfully deliver brief interventions to clients, the capacity of many NSPs in this area remains limited, particularly in services with limited funding and staff capacity.

To this end, Anex delivered the National Amphetamine Training Package during October-November 2006 to a range of NSP and other frontline services across Australia with the aim of improving understanding of amphetamine-related issues and increasing the capacity of frontline services to respond to amphetamine-related issues through the implementation of the Amphetamine Education Resource (AER).

While the NATP was able to alleviate some of the demand for information and training on amphetamines, including crystal methamphetamine, it became clear that comprehensive resources and further training and workforce development was needed in some jurisdictions.

Feedback from the NATP session held in the ACT suggests there would be value in delivering further training to staff at frontline services in the ACT.

5. Anex recommends that opportunities to develop and deliver further methamphetamine-specific training to NSPs in the ACT be investigated. That training would address crystal methamphetamine issues.

Anex believes that there is scope to improve the capacity of NSPs to provide further education and support for people who inject drugs including crystal methamphetamine and to provide an important referral point for clients to access a range of other services such as testing, treatment, health and social services as well as drug treatment. (International studies suggest that people attending NSPs are more likely to engage in drug treatment compared to those who do not access NSP services.)

However, currently little is known about the service system – the nature of services, their service delivery models, operating processes, and the knowledge, skills and expertise (and the training needs) of the workforce. Consequently, it is difficult to identify targeted and practical initiatives focused on the strategic development of the sector so that its activities are better aligned with Australia's efforts to in regard to HIV/AIDS and hepatitis C transmissions.

Given our experience and understanding of the Australian NSP sector and methamphetamine-related issues, Anex is well-placed to undertake such research.

6. Anex recommends that further research be undertaken to map the current ACT NSP service system and identify currents models of service delivery, operating processes, skills and workforce capacity and identify areas for investment to improve service delivery.

8. Education, support and treatment for families and the broader community and the resource implications for services

While the importance of interventions targeting individual drug users should not be understated, it is also essential that families and communities are supported in responding to crystal methamphetamine use.

Access to reliable and appropriate information for families and the broader community is necessary in order to enhance understanding, assuage community fears around drug use and enhance supports for the individual drug user.

For most Australians, knowledge and understanding of drug-related relies on second-hand information rather than first-hand experience. This second-hand information is transmitted from sources such as the media. Indeed, the reach of the daily newspaper and nightly news broadcast is such that information and images produced by the media have a powerful effect on public awareness of particular issues and can shape public perceptions of drug use and drug users.

The reach of the media is largely beyond the scope of other sources such as researchers and health professionals and service providers who have access to evidence-based, accurate and up-to-date information.

Recent times have seen much media reporting on issues related to crystal methamphetamine use with particular attention to the violence and aggression associated with crystal use. Not only do such images permeate popular understandings of drug use but drug users themselves can be influenced by images portrayed in the media.

7. Anex recommends that steps be taken to work with the media and educate journalists about drug-related issues including crystal methamphetamine use.

It is important that not only do individual drug users have access to other sources of information but that families and the general community have access to reliable, credible sources of information.

To this end, family support services such as telephone information and counselling services are an important source of information for family members.

8. Anex recommends that telephone support services for families be established in the ACT to provide access to appropriate information and advice for family members of crystal methamphetamine users.

Many family members have little understanding of the harms associated with drug use or the warning signs of drug dependence or drug-related mental health issues. Anex believes there is a need for education for families on recognising the early warning signs of issues such as drug dependency and mental illness.

9. Anex recommends that steps be taken to ensure that family members of people using crystal methamphetamine have access to information and education that will improve their capacity to identify early warning signs of mental illness and problematic drug use (including drug dependence) and where to seek help.

Responding to crystal methamphetamine requires coordinated and collaborative approaches at the local level which are based on identified needs and involve a wide range of stakeholders including local service providers such as NSPs, health centres, hospitals, ambulance paramedics, police, mental health and drug treatment. Services grappling with crystal methamphetamine issues require opportunities to share insights, knowledge and experience in order to build

effective and collaborative responses in the best interests of people using crystal methamphetamine, their families and the broader community.

10. Anex recommends that community forums for services grappling with crystal methamphetamine-related issues be organised in the ACT to develop comprehensive and collaborative action plans and strategies to guide responses to crystal methamphetamine.

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