The Chairperson
Committee on Health and Disability
ACT Legislative Assembly
PO Box 1020
CANBERRA ACT 2601

14 February 2007

Dear Chairperson

Thank you for the opportunity to make comment on the use of crystal methamphetamines (Ice) in the ACT and the consequences of the increase in the use of this drug in our community.

DIRECTIONS ACT is a major Alcohol and Other Drug (AOD) agency in the ACT that offers the following services:

- Counselling – individual, family, crisis and long term, (centre based and outreach)
- Education – schools, youth centres, community and government organisations
- Life Skills – advice, information, life skills for those in public housing areas
- Day Programs – *Skating on Thin Ice (*10 weeks) and *Mums and Bubs* (8 weeks)
- Detox and withdrawal – Arcadia House 10 bed residential – non-medicated withdrawal with alternative therapies
- Needle and Syringe and Pharmacy Program – clean injecting equipment and safe disposal throughout the ACT
- Treatment Support Services – case management of those on pharmacotherapy treatments
- Information and referral – for drug users and general public

Over the past five years, the increase in the use of crystal methamphetamine (Ice) by existing drug users as well as many young people taking it up for the first time has changed the nature of our services markedly. Whereas in the past we catered for some amphetamine use, the main illicit drug of concern was heroin. Our efforts were geared towards providing a safe place for those using heroin, information on the reduction of harm in injecting heroin and detox services around the withdrawal of heroin.

As heroin use decreased due to a reduction in supply, many who used heroin as their preferred drug of choice moved to methamphetamines, mainly Ice.

What is Ice?

Ice or crystal meth is a highly purified crystalline form of methamphetamine. Methamphetamine is also sold under the street names of “speed,” “base,” “paste,” “goey,” and “shabu.” It is a man made stimulant that produces a sense of well being, confidence, energy, motivation and increases arousal and alertness. Methamphetamine makes one “high” by stimulating the brain’s natural chemicals (dopamine and noradrenailine) that are responsible for making one feel excited, alert and euphoric.

Ice differs from speed and base in terms of its purity, otherwise it is exactly the same drug. Ice is about 80% pure whereas most other forms of methamphetamine available in Australia are typically around 10 -20% pure and often cut with glucose. Many people prefer Ice because it gives a stronger high and lasts longer; the side effects are also stronger as it can cause agitation, hard comedowns and is very addictive. Heavy and prolonged use can cause sleep disturbance, depression, anxiety, aggressiveness and psychosis.

"….you juts feel like you need to have Ice to function. And I couldn't get out of bed without a smoke of Ice. And my life revolved around this pipe – I'd clean it and I'd go crazy if someone touched it….and the comedowns were just disgusting – the paranoia, hearing things, delusional state…….just thinking about where my next hit of ice was going to come from."

Unlike opioids and other drugs, methamphetamines (Ice) can be made in suburban kitchens and backyard 'factories' so there is always a plentiful supply. It is comparable to heroin and cocaine in price and is readily available throughout the community.

Smoking and Injecting Ice

Smoking Ice is more addictive than most other forms of recreational drug use. It facilitates the absorption inside the lungs and the meth goes straight to the bloodstream, causing the effects to come on faster and a heightened euphoria.

Injecting Ice is also associated with high levels of dependence (i.e. craving the drug, using more than one should even when causing one problems). Those who inject Ice can end up using a lot more Ice overall than snorting or swallowing, or even smoking.

Ice injectors are at a higher risk of contracting Hepatitis C and other blood borne diseases as risky behaviour increases when under the influence of the drug. Injecting can also lead to abscesses, thrombosis and other vein disorders.

Although there has been discussion recently regarding the banning of Ice pipes, it is our considered opinion that this move will exacerbate the problem and do little if anything to address the larger problem of Ice use in the community. The drug users that access our Needle and Syringe Programs (NSP) tell us that when they can't get hold of an Ice Pipe, they convert light bulbs into pipes or they take up injecting. From an overall harm reduction point of view, injecting Ice is the worse of two evils.

The ACT has long been a leader in the field of harm reduction. The NSP program is one very successful model of reducing harm to the individual and the community based on sound evidence gained since the 1980s. I would urge the ACT Legislative Assembly not to ban any paraphernalia (ice pipes) as they will only go underground, users will find more dangerous alternative methods of administration and turn existing smokers into injectors, thereby creating higher risks of long term health problems.

Heavy Ice use and Psychosis

Some regular ice users suffer brief to long term psychotic reactions. They have unusual and implausible beliefs about things such as 'people are spying on me, out to get me", visual disturbances (seeing things that aren't there), repetitive compulsive behaviour and tactile hallucinations (feelings of having bugs under the skin).

Ice use, violence and the impact on families

Anxiety, aggression and violence as well as depression and severe mood swings can have devastating effects on relationships, employment and financial security. Not all Ice users become aggressive and some are more prone to violence than others but because of its adrenaline-like properties, many heavy ice users undergo small to very serious personality changes. Many families find it too problematic to share a house with a heavy ice user; parents and spouses are often forced into moving away from the user or having the user forcibly evicted from their home. With unpredictable mood swings, often exacerbated by feelings of paranoia and aggression, families and spouses are often at risk of the user returning to the house with violent results. For all the reasons

stated above, many ice users lose their jobs and friendships. Even when mixing with other ice users, friendships are difficult to maintain.

> *"Pretty much everyone in the house was using ice, dealing ice and getting high on their own supply. At first it was fun and party, party, party but eventually we all started getting really screwed up, psychologically and emotionally, and we just, we just couldn't trust each other. That was due to the paranoia and the head-f…ing going on with everyone, and you couldn't trust your friends, and felt like you were all alone."*

Employment Issues

There are many reasons why ice is increasingly used in the workplace, especially in the construction, hospitality and transport industries.

High mortgages with house affordability at an all time high, expensive child care, high rents, workplace changes and many other modern factors have increased the pressure on young families to take on second jobs, work very long hours and/or undertake shift work. Demands by the transport industry to have goods delivered 'on time" and the long hours demanded of the hospitality and construction industry are all contributing factors to many workers taking methamphetamines in order to increase stamina and levels of alertness. The drug does assist with keeping workers alert so that they can work and party hard as well. It is not long after using on a casual basis that the worker needs more and more of the drug to achieve the same affect and then addiction comes into the picture. The irony is that the very reasons for working such long hours (financial security) are counteracted by the need to satisfy the addiction. These industries also tolerate a strong culture of imbibing alcohol which, when mixed with ice can magnify the effects to a great extent.

The issue of ice and alcohol and their effects are of increasing concern to employers and unions as workers become more 'confident' but more at risk of accident and/or injury to themselves and others, especially when operating machinery or driving vehicles.

Interagency Cooperation

With the increase in aggressive and violent behaviour occurring in private and public places coupled with the increasing mental health problems suffered by many ice users, it has become imperative for agencies to work closer together. We recognise that often those in the front line in dealing with these behaviours are the police. Many clients who had never encountered any police attention in the past were now facing charges relating to their aggressive and violent behaviours. They are often arrested and charged. Many of these users certainly need to be removed from the community for their own and others' safety but we would also suggest that both an AOD counsellor and a mental health practitioner be on call following the arrest to make assessments and recommendations for possible treatments. Too many users are placed in remand awaiting trial only to be found 'unfit to plead' because of mental health issues.

Many of these users may end up in incarceration at the new Alexander McConachie Centre and many will be in need of AOD and mental health support.

Closer working relationships between the police, mental health, Corrective Services and Alcohol and Other Drug agencies is vital if we are to tackle this growing problem.

Service Delivery Issues

Our Needle and Syringe Programs have experienced major increases in the demand for clean injecting equipment and paraphernalia for the administration of ice. The staff at our outlets have

experienced a marked increase in aggressive and antisocial/violent behaviour from clients of the service. Staff have undergone special training to deal with these behaviours and we have modified our premises and services to allow for this change. Instead of encouraging drug users to spend time in a safe place together, we now have to encourage them to move on so as to avoid confrontations with each other. We have provided relaxing environments (burning calming oils and playing calming music) to support the environment. Our crisis counsellors at the NSP outlet have double the number of clients needing assistance and this assistance invariably involves the breakdown of family, meaningful relationships, financial stress and/or justice issues.

The counselling section at the centre in Woden is also experiencing an increase in client numbers who are experiencing similar problems. Our Outreach service often involves assisting families who have reached the end of their tether in dealing with a family member on ice.

Although we have a new Treatment Support Program assisting those on opioids to take on and maintain pharmacotherapy alternatives to illicit drugs, this service cannot assist Ice users as there are no pharmacotherapy treatments for methamphetamine use.
Our day program, *Skating on Thin Ice* is geared towards ice users and their families. It aims to inform users of the risks and offer as much support for less harmful alternatives as possible but is limited in its impact on those who are in active addiction.

Much of our education program, especially that aimed at young people, endeavours to address the problem by giving as much information as possible and focuses on providing scenarios that they may encounter, at school, at play and in the workforce.

Arcadia House, our withdrawal and detox unit, does not attract as many ice users as we would those using alcohol, cannabis and opioids. This is largely because heavy ice users are not generally highly motivated to deal with their addiction and a knowledge that the withdrawal will be extremely demanding. Unlike cannabis, alcohol or opioids, the craving for ice is extreme and ongoing, sometimes for many months after the last hit. Because Ice often damages the chemical balance in the body which becomes accustomed to not producing any seratonin (the chemical that keeps one happy) a withdrawing ice user can experience many months of severe depression and anxiety while the craving is still active. Our experience has shown that it is, without a doubt, the most difficult drug to withdraw from. The clients that do present at Arcadia House are often those that suffer mental health problems and require a great deal more attention from staff.

The only effective service we can offer to assist with ice withdrawal is Cognitive Behaviour Therapy (CBT) and as much ongoing support as possible through Arcadia House, our counselling and Life Skills day programs. We also refer many clients on a regular basis to the mental health team for assessment and crisis treatment. It does not seem enough.

Many ice users try to self medicate by taking cannabis to assist with the ‘coming down’. This behaviour unfortunately only hastens the likelihood of the development of psychosis. Doctors have prescribed sedatives (which can sometimes help for a short while) and anti-depressants which can help some, but not all.

There is a great deal of research going into possible treatments for ice withdrawal but so far, no effective pharmacotherapies are on the horizon.

It is not possible to draw absolute correlations between heavily dependent ice use and suicide but anecdotal evidence suggests that there is a relationship. Many of these drug users suffer guilt and remorse when faced with what the drug is doing to them and their loved ones but also fear the effects of stopping the use of the drug and often feel powerless to stop. With depleted or no seratonin levels to assist with the long term depression, we are aware of some users taking their own lives in their despair.

Where to from here

Although the press has sensationalised the use of ice by referring to it as an “epidemic’, the good news is that it is nowhere near becoming that prolific in use. The bad news is that there are no encouraging solutions to the problems of those who do use heavily and use in conjunction with alcohol and other drugs.

One thing is certain and that is that AOD and mental health agencies must work together to provide coordinated responses to the growing problem. It is irrelevant to our clients whether or not they had a pre-existing mental health condition which has been worsened by ice use or that a mental health problem resulted from ice use (co-morbidity or dual diagnosis). The effect is the same. These clients need long term support and joint case management from both AOD counsellors and mental health workers.

Until such time as a solution is found to assist with the reconstruction of the chemical and brain damage that is incurred by using ice heavily, we can only persevere with the CBT, counselling and ongoing support. This has placed a high level of extra stress on the workers in AOD agencies as these clients need much more concerted attention and for a longer term.

In summary

- Ice use has increased since the supply of heroin and cocaine dropped (From 15% of IDUs (injecting Drug Users) in 2000 to 85% in 2006.)
- Heroin in this same timeframe reduced from 90% of IDUs in 2000 to 70% in 2006. Cocaine has also seen a reduction since 2000 (40% of IDUs in 2000 and 10% in 2006.)
- Although not in the epidemic proportions reported by the press, ice use has taken over heroin and cocaine use and impacted negatively on many families and the general community.
- Counselling, Education, Life Skills, NSP, Withdrawal and Detox programs have all been affected and modified to respond to the needs of ice users and their families in the community. Demands on every aspect of our service has increased.
- Unlike many other illicit and licit drug, withdrawal from methamphetamines is highly problematic and requires medical responses to assist with the process.
- Interagency responses are required to deal with the growing social, mental health and general health issues that have emerged as a result of increased ice use.

Tina van Raay

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