The use of crystal methamphetamine 'ice' in the ACT

APRIL 2008
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Resolution of Appointment

On 7 December 2004, the Legislative Assembly for the ACT resolved to establish the Standing Committee on Health and Disability to:

examine matters related to hospitals, community, public and mental health, health promotion and disease prevention, disability matters, drug and substance misuse, targeted health programs and community services, including services for older persons and women, housing, poverty, and multicultural and indigenous affairs.¹

Terms of Reference

To inquire into and report on the use of the drug crystal methamphetamine, also known as ‘ice’ within the ACT with particular reference to:

- information on the availability of using 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.

¹ Legislative Assembly for the ACT, Minutes of Proceedings No. 2, 7 December 2004, p 12
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THE USE OF CRYSTAL METHAMPHETAMINE ‘ICE’ IN THE ACT

Abbreviations

AOD  Alcohol and Other Drugs
AOSD Amphetamine and Other Synthetic Drugs
ADFACT Alcohol and Drug Foundation of the ACT
ANCD Australian National Council on Drugs
ASSAD ACT Secondary Student Alcohol and Drug Survey
ATS Amphetamine Type Substance
ADF Australian Drug Foundation
ERD Ecstasy and Related Drugs
EDRS Ecstasy and Related Drugs Reporting System
FFDLR Families and Friends for Drug Law Reform
HIV Human Immunodeficiency Virus
IDRS Illicit Drug Reporting System
IDU Intravenous Drug User
MCDS Ministerial Council on Drug Strategy
NDARC National Drug and Alcohol Research Centre
NDS National Drug Strategy
NDSHS National Drug Strategy Household Survey
NSP Needle and Syringe Program
NSDES National School Drug Education Strategy
REU Regular Ecstasy User
STI Sexually Transmitted Infection
WIRED Women Information, Education & Resources on Drugs & Dependency
Recommendations

RECOMMENDATION 1

2.31 The Committee recommends that ACT Health conduct a review of the family–inclusive services specialising in drug and alcohol issues offered in the ACT, to determine where the service delivery gaps are and to plan for the development of appropriate family–inclusive services.

RECOMMENDATION 2

2.44 The Committee recommends that the ACT Government recognise the special needs of grandchildren living with their grandparents as a result of parental substance abuse and the special needs of grandparents who become the primary carers of their grandchildren, and include strategies for this population group in future ACT Government planning.

RECOMMENDATION 3

2.45 The Committee recommends that the ACT Government ensures that children of drug affected parents have access to appropriately trained and specialised drug and alcohol counsellors.

RECOMMENDATION 4

3.43 The Committee recommends that the ACT Government supports the AIDS Action Council of the ACT to develop a community education program specifically for homosexually active men in the ACT about the potential dangers of using crystal methamphetamine and other psychostimulants.

RECOMMENDATION 5

3.55 The Committee recommends that information about the consequences and dangers of poly drug use be included in all future community education campaigns, funded by the ACT Government, dealing with licit and illicit drug abuse.

RECOMMENDATION 6

3.83 The Committee recommends that the ACT Government give due consideration to the ACTCOSS recommendation of allocating designated dual diagnosis funding to facilitate better policy and service coordination for people with a dual diagnosis.
RECOMMENDATION 7
3.84  The Committee recommends that the ACT government work with the ACT Alcohol and Other Drugs Executive Directors Group to establish a staff exchange program between alcohol and drug services and mental health services to enhance staff's understanding of dual diagnosis issues.

RECOMMENDATION 8
4.21  The Committee recommends that the ACT Department of Education and Training develop resilience building education programs for upper primary and early high school children.

RECOMMENDATION 9
4.25  The Committee recommends that the ACT Government fund a project position in the community sector to research, develop, design and implement a community education campaign for young people attending tertiary institutions in the ACT, to provide factual and relevant information about crystal methamphetamine and other licit and illicit drugs.

RECOMMENDATION 10
4.31  The Committee recommends that information about the dangers of drug use, health, safety and service options be included in all fit packs that are provided through vending machines and secondary outlets.

RECOMMENDATION 11
4.41  The Committee recommends that the ACT Government work with the ACT Alcohol and Other Drugs Executive Directors Group to plan the dissemination of community information about licit and illicit drugs to all stakeholder groups including health professionals, education professionals, community workers and community members, with a particular emphasis on publicising where the information is available and how to access it.

RECOMMENDATION 12
4.45  The Committee recommends that the ACT Government consider a separate budget item for the development of a comprehensive directory of alcohol and other drugs services.

RECOMMENDATION 13
5.10  The Committee recommends that the ACT Government make available and resource mental health first aid training for all workers in the alcohol and drug sector.
RECOMMENDATION 14
5.19 The Committee recommends that ACT Health monitor the trials of the psychostimulant services in NSW and Victoria, with a view to making the services of a psychostimulant specialist available in the ACT, if the trials prove successful.

RECOMMENDATION 15
5.43 The Committee recommends that the ACT Government provide one-off funding to upgrade the premises, fittings and furnishings at Ted Noffs Foundation.

RECOMMENDATION 16
5.46 The Committee recommends that there be no reduction in the number of residential detoxification beds in the ACT.

RECOMMENDATION 17
5.53 The Committee recommends that the ACT Government resource a short term drug rehabilitation residential program in the ACT, on a trial basis.

RECOMMENDATION 18
5.56 The Committee recommends that ACT Health work with the ACT Department of Disability, Housing and Community Services to create closer links between drug and alcohol agencies and youth services with a view to establishing specialised drug and alcohol workers in youth services, where appropriate.

RECOMMENDATION 19
5.61 The Committee recommends that ACT Health reassess and evaluate the program in light of its limited availability, as to the reasons why it is under utilised and how it can be tailored to better meet the needs of women and children.

RECOMMENDATION 20
5.65 The Committee recommends that ACT Health coordinate a consultation process, involving methamphetamine and other psychostimulant users, to determine their needs for treatment and other support services in the ACT.

RECOMMENDATION 21
6.22 The Committee recommends that the ACT Government work with, and assist, the ACT Pharmacy Guild to implement a joint awareness campaign about the misuse and dangers of pseudoephedrine.
RECOMMENDATION 22

6.33 The Committee recommends that the ACT Government give due consideration to the Ministerial Council on Drug Strategy discussion paper, and consult with the drug and alcohol sector and the local community, prior to any decision to ban the sale of glass pipes used to smoke 'ice' and other drug paraphernalia.

RECOMMENDATION 23

6.41 The Committee recommends that the ACT Government monitors the Victorian pill testing trial in the interests of harm reduction for all drug users, their families and the general community.
1 INTRODUCTION

1.1 The use of crystal methamphetamine in Australia, commonly referred to as 'ice', has been increasing over the last few years. The health and social consequences of heavy use of 'ice' not only impact on individuals but also impact on hospitals, crime rates, families, children, personal relationships and employment. As a relatively new drug in the Australian market it has been suggested that:

The nature and extent of these adverse effects have not yet been fully determined.2

1.2 The increase in availability and usage of crystal methamphetamine has coincided with an increase in public debate and media coverage of 'ice' use over the same period. While this is an important debate to have, much of the media coverage has highlighted the extreme consequences of 'ice' addiction, using emotive language and focusing on incidences of violence and methamphetamine-psychosis associated with the use of 'ice'.

1.3 An increased level of violence and methamphetamine-psychosis is one of the consequences of heavy 'ice' use. However, the Committee heard that there are various population groups within the ACT using 'ice' and other forms of methamphetamine with varying consequences. The Committee also heard that 'ice' is seldom used on its own and that poly drug use is common place in the ACT. These issues are discussed in Chapter 3 of this report.

1.4 Crystal methamphetamine is a part of the much broader group of drugs known as amphetamine or methamphetamine. Methamphetamine comes in a number of forms and crystal methamphetamine is the highest purity available. While the side-effects of methamphetamine (in its various forms) are the same, it is the purity level of 'ice' that intensifies the side effects and causes the greatest impact on individuals, the community and service providers. Chapter 2 provides an explanation of 'ice' and examines the consequences of 'ice' use.

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2 G. Fulde and A Wodack, Ice: cool drug or real problem?, MJA, Volume 186 Number 7, 2 April 2007, p 334
1.5 The Committee was advised early in the inquiry that focusing solely on crystal methamphetamine would omit the much larger group of methamphetamine users in the ACT. As a result the Committee has considered the broader implications of licit and illicit drug use in the ACT, throughout this report.

1.6 Crystal methamphetamine is one drug among many that presents problems in the ACT. The Committee considers that many of the current ACT Government initiatives operating within the ACT and community based drug and alcohol services are well equipped to deal with some of the issues related to the abuse of crystal methamphetamine and more generally methamphetamine.

1.7 Many of the associated problems with drug abuse are similar for methamphetamine users, however, there are effects and consequences of methamphetamine, and more specifically the heavy use of 'ice', that are unique. The Committee considers that specific strategies within the broader drug strategy, to address these effects, are required to reduce the harm for individuals, their families and the broader community, particularly in the longer term.

1.8 Information about 'ice' usage, as distinct from other forms of methamphetamine is limited. The data sources used in this report use the terms amphetamine and methamphetamine interchangeably and in other instances methamphetamine is broken down into the three common forms; crystal methamphetamine 'ice', speed and base. The drug ecstasy is also referred to throughout this report as ecstasy often has a high content of methamphetamine and research shows that regular ecstasy users (REU) also report high levels of crystal methamphetamine and methamphetamine usage. This is discussed in Chapter 3.

1.9 The Committee was advised that the matter of standardising the terms used to describe amphetamines and other synthetic drugs (AOSD), particularly for research and statistical purposes, has been considered by the Ministerial Council on Drug Strategy (MCDS) and is expected to be addressed within the
context of the development of the National Amphetamine Type Stimulants Strategy.³

**Conduct of Inquiry**

1.10 On 1 November 2006 the Committee resolved to conduct an inquiry into the use of crystal methamphetamine 'ice' in the ACT.⁴

1.11 The inquiry was subsequently advertised in *The Canberra Times* on Saturday 25 November 2006 and in *The Chronicle* on Tuesday 28 November 2006 and invitations were sent to relevant stakeholders inviting submissions.

1.12 A community forum addressing this topic was also held on 21 March 2007. The forum was attended by over 100 community members indicating to Committee members to level of community concern regarding the use of 'ice' in the ACT. The forum was informed by guest speakers from various professional and expert backgrounds. The speakers included:

- Dr Alex Wodak, Director of Drug and Alcohol Services at St Vincent's Hospital;
- Ms Audrey Fagan, the late Chief Police Officer of the ACT;
- Ms Christine Waller, acting Director of ACT Mental Health; and
- Ms Tina Vaan Ray, Board Member of Directions ACT.

1.13 The Committee received 13 submissions and public hearings were held on 9 May 2007 and 16 May 2007. A full list of witnesses is at Appendix A. The list of submissions is at Appendix B.

1.14 As part of the inquiry the Committee also visited a number of drug and alcohol services in the ACT. These were:

- The Karralika Program on 22 January 2008;
- Ted Noffs Foundation on 30 January 2008;
- Arcadia House Withdrawal and Detox Centre on 24 January 2008;

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³ ACT Minister for Health, Question on Notice, received by the Standing Committee on Health and Disability on 22 June 2007
⁴ Standing Committee on Health and Disability, Minutes of Meeting, No 44, 1 November 2006
- The Sobering Up Facility on 30 January 2008; and
- The Needle and Syringe Program primary outlet in Philip on 22 January 2008.
2 WHAT IS 'ICE'?

2.1 Crystal methamphetamine is a powerful form of methamphetamine. It goes by the street names of ‘crystal’, ‘crystal meth’ or ‘ice’ due to its crystal granules and ice like appearance. Crystal methamphetamine can be smoked, swallowed, snorted or injected. A glass pipe is commonly used to smoke ‘ice’ but it can also be heated on aluminium foil and the vapours inhaled.

2.2 Methamphetamine, the more potent form of amphetamine, became more popular in the 1990s after changes in legislation and a reduction in the availability of chemicals used to manufacture amphetamines. There is little, if any, amphetamine sold on the streets today.

2.3 Methamphetamine is available in many forms. The three main forms of methamphetamine are:
- speed—a powder form around 10 percent purity;
- base—a sticky moist paste around 40 per cent purity; and
- crystal methamphetamine—a crystalline form resembling crystals or ice up to 83 per cent purity.

2.4 Methamphetamine falls into the category of drugs known as psychostimulants. Psychostimulants are chemical substances that stimulate the central nervous system by speeding up the messages to the brain. This in turn increases alertness, accelerates physiological functions such as enhanced

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6 Photos source NDARC, cited in Submission no. 9, ACT Government, p 6
reflexes and physical strength, and can also produce euphoric effects. Negative effects can include irritability, suspiciousness, aggressiveness and a tendency towards violence in some users.

2.5 Ecstasy is another psychostimulant drug that often comes with methamphetamine content. The 2006 Ecstasy and Related Drugs Reporting System (EDRS) found poly drug use to be universal among the sample group with more than half of respondents (55 per cent) reported ever having used crystal methamphetamine and 37 per cent reported having recently used crystal methamphetamine.

2.6 The increasing use of crystal methamphetamine has been the cause of significant community concern, particularly as it has been associated with a range of anti-social behaviours, including increased violence and aggression and methamphetamine-psychosis.

'Ice' supply in Australia

2.7 Most of the amphetamine type substances available in Australia are produced locally in clandestine laboratories. As noted by Commander Connelly from ACT Policing:

Methamphetamine is reported as the most common amphetamine type stimulant to be processed in Australia, due to easier accessibility to the precursor chemical pseudoephedrine compared with amphetamine type substance precursors which are more complex.

2.8 The most common forms of methamphetamine produced at the domestic level are speed and base. The production of crystal methamphetamine in Australia is less popular, as the process of converting methamphetamine into crystalline form is time consuming, complex and less profitable. While a small amount of

\[\text{source}\]

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crystal methamphetamine is produced in Australia it is generally considered that most of the crystal methamphetamine available is imported from South East Asia and East Asia.\textsuperscript{11}

2.9 The Committee heard that there had been few clandestine laboratories detected in the ACT. Commander Connelly advised the Committee that:

Over the past two years, only three have been detected, with one classed as category C—that is, a clandestine laboratory where the equipment is there but it is not being used—and two as category A—that is, laboratories that are active.\textsuperscript{12}

2.10 The Committee’s attention was also brought to the dangers involved in the manufacturing of amphetamine type stimulants, not only to those manufacturing the drugs but those living near the clandestine laboratories. Commander Connelly explained:

It is a toxic substance, it is a heavy pollutant and it is highly volatile and dangerous. Due to the highly toxic and volatile nature of the chemicals used in production, these laboratories present a considerable risk to the public. The larger the laboratory, the larger is the risk.\textsuperscript{13}

2.11 The Committee notes the formation of the ACT Policing Clandestine Laboratory Investigation Team and is pleased that appropriate training and resources have been provided by the ACT Government to ensure the safe entry, investigation and dismantling of clandestine laboratories in the ACT.\textsuperscript{14}

**Consequences of using 'ice'**

2.12 The effect of any drug on an individual will vary from person to person depending on a number of circumstances such as; weight, health, how much of


\textsuperscript{12} Transcript of Evidence, 9 May 2007, p 24

\textsuperscript{13} Transcript of Evidence, 9 May 2007, p 24

\textsuperscript{14} Submission no 9, ACT Government, p 10
a particular drug is consumed and how the drug is taken, as well as the environment in which the drug is taken such as at the person’s home, a party or at a nightclub. Similarly the consequences of using crystal methamphetamine will vary among individuals depending on the frequency of use and the demographic profile of the user.

2.13 As noted earlier the side effects of using all forms of methamphetamine are the same, however, the purity of ‘ice’ not only increases the ‘high’ experienced by users but impacts significantly on the ‘low’ or when coming off the drug. The high grade purity also makes crystal methamphetamine highly addictive and users are more likely to experience all or most of the side effects. The main side-effects of methamphetamine withdrawal are:

- dependence on the drug;
- sleep disturbances;
- weight loss;
- feeling scattered or agitated; and
- depression and anxiety.\(^{15}\)

2.14 More serious side effects include increased violence and methamphetamine-psychosis.\(^{16}\)

2.15 The effects of crystal methamphetamine are not limited to the physical impacts of the drug. Users high on ‘ice’ have also been associated with being more at-risk to participate in unsafe behaviour such as unprotected sexual activity which can lead to unwanted pregnancies and sexually transmitted infections (STI). For those people who inject ‘ice’ it can lead to unsafe injecting practices leading to increased risks of contracting blood borne viruses such as Hepatitis C and HIV.\(^{17}\)

\(^{15}\) National Drug and Alcohol Research Centre, NDARC Fact Sheet, ICE/CRYSTAL

\(^{16}\) Psychosis is a condition in which a person loses contact with reality. Symptoms include seeing or hearing things or people that are not there (hallucinations), feeling everyone is against them (paranoia), and having beliefs that are not based in reality (delusions). Drug-induced psychosis refers to psychotic symptoms associated with the use or withdrawal from drugs.

\(^{17}\) See Submission no 2, Dr Took Meng Soo, Submission no 3, AIDS Action Council of the ACT, Submission no 5, Directions ACT and Submission no 6, Anex (the Association for Prevention and Harm Reduction Programs Australia).
2.16 The 2006 EDRS highlighted sexual risk-taking as a particular concern with a significant proportion of respondents reported having had unsafe sex with a ‘regular’ partner while under the influence of ecstasy and related drugs. The report stated:

STI rates continue to rise in Australia, and–given that the majority of REUs had multiple sexual partners in the past six months–this group appears to be at increased risk of contracting sexually transmitted infections.¹⁸

2.17 Another concern raised by the 2006 findings of the EDRS was the number of participants that reported driving a motor vehicle while under the influence of ecstasy and related drugs.¹⁹ The Committee notes that this issue is currently being debated in the Legislative Assembly.

2.18 Other social consequences can include serious employment, relationship and financial problems. These problems are not limited to ‘ice’ addiction but can be a side effect of any problematic use of alcohol or other drugs.

Impact on families

2.19 For families, the impact of drug abuse can be devastating. The impact will vary depending on who in the family is using drugs, the type of licit and illicit drugs being used and the severity of the drug use. In its submission to the House of Representatives Standing Committee on Family and Human Services’ inquiry into the impact of illicit drug use on families, the Australian Institute of Family Studies noted that a young person’s drug-taking behaviour could impact on siblings, parents, the family as-a-whole, and relationships with the extended family. Where the drug-affected family member was the parent or adult partner the drug-taking behaviour could affect the children (discussed later in this chapter), the partner, the family as-a-whole and the extended family.²⁰

²⁰ Australian Institute of Family Studies, submission no 103, p 3 to House of Representatives Standing Committee on Family and Human Services inquiry into the impact of illicit drug use on families,
Families and individual family members can also experience a range of social, personal and financial problems when dealing with a family member with an illicit drug problem. These problems can include:

- social isolation;
- emotional responses such as feelings of shock, shame, grief, anger and guilt;
- financial pressures; and
- impacts on personal health.\(^{21}\)

While drug abuse can have devastating effects for all families the Committee heard that the problems for family members of a heavy user of 'ice' can be compounded by increased anxiety, aggression and violence as well as depression and severe mood swings. Directions ACT noted:

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.\(^{22}\)

Despite the negative effects on a family with a drug affected member, in many cases families also play a significant role in the rehabilitation of the drug user. Often it can be the support of families and friends or in the case of a parent, their child/ren that provide the motivation and help that enables users of illicit drugs to get off and stay off drugs.

The Committee heard confidential evidence\(^{23}\) from a family that had provided support to their daughter who was addicted to 'ice'. From this family’s perspective the availability of a suitable rehabilitation service in the ACT was cited in The Parliament of the Commonwealth of Australia, House of Representatives Standing Committee on Family and Human Services, *The winnable war on drugs The impact of illicit drug use on families*, September 2007, p 226


\(^{22}\) Submission no 5, Directions ACT, p 2

\(^{23}\) The Committee took in-camera evidence from witnesses on 16 May 2007. The in-camera evidence has not been authorised for publication to protect the confidentiality of the family.
not available when required and the only option was to attend a service outside of the ACT. This was not an option for this person as they had a child of their own and their parents provided a significant amount of support.

2.24 The Committee also considers that sending people to rehabilitation services outside of the ACT is not always appropriate for recovering addicts as parents and other family members can often play a vital support role in assisting the person to stay off drugs, as noted earlier.

2.25 The Committee supports the involvement of families in the treatment of drug users as research has found recovering drug users have higher success rates if they are supported by their family. The Committee noted that there are limited family inclusive treatment services in the ACT that specialise in drug and alcohol problems. Current options include:

- the live-in rehabilitation service provided by Karralika that caters for parents and their children;
- family counselling through Ted Noffs Foundation; and
- support groups for family members offered though Directions ACT.

2.26 The Committee noted that family-inclusive services would not be appropriate for all individuals, but supports the operation and increased availability of family-inclusive treatment services to assist those families that would benefit from such an approach.

2.27 The Commonwealth inquiry into the impact of illicit drug use on families also strongly supported family-inclusive treatment options for drug users and recommended that:

The Australian Institute of Health and Welfare work with relevant government and non-government agencies to include in the Alcohol and Other Drug Treatment Services National Minimum Data Set measures relating to the use of family inclusive services to treat illicit drug use.24

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24 The Parliament of the Commonwealth of Australia, House of Representatives Standing Committee on Family and Human Services, The winnable war on drugs The impact of illicit drug use on families, September 2007, p 197
2.28 The Committee supports this recommendation and considers that this information would be useful in enhancing service delivery for families in the ACT with a drug-affected member and is consistent with the action plan of the *ACT Alcohol, Tobacco and other Drug Strategy 2004–2008* that states:

Families and friends are in the best position to offer timely intervention but they need to be supported and skilled to act. Service providers must have the capacity to work with families and friends and strengthen relationships to benefit the AOD affected person.\(^{25}\)

2.29 Directions ACT advised the Committee of an increasing demand by family members seeking support through their service. Due to this demand a support group for parents and families of people with drug and alcohol issues has been developed.\(^{26}\)

2.30 Given the significant impact experienced by all family members when a family member is abusing licit and illicit drugs the Committee considers that an increased availability of family-inclusive treatment options in the ACT is warranted.

**RECOMMENDATION 1**

2.31 The Committee recommends that ACT Health conduct a review of the family-inclusive services specialising in drug and alcohol issues offered in the ACT, to determine where the service delivery gaps are and to plan for the development of appropriate family-inclusive services.

**Impact on children**

2.32 While the Committee did not hear any concrete evidence to suggest that risks to children have increased because of increasing use of ‘ice’, some commentators have been examining the potential link due, in part, to the increased violence and aggression associated with the excessive use of methamphetamine. We do know, for example, that high rates of child abuse

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\(^{26}\) Transcript of Evidence, 16 May 2007, p 72
and neglect are found in families with substance abuse problems. It has also been noted that substance misuse is often accompanied by mental health problems, severe financial stress and domestic violence. Parental alcohol and other drug problems are found in approximately half of all substantiated cases of child abuse or neglect.

2.33 According to the Child and Family Welfare Association of Australia the current trend of increasing parental drug use will result in increased numbers of children requiring specialised and long-term support.

2.34 In its submission to the inquiry, the ACT Government noted that:

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.

2.35 According to a newspaper article in the Courier Mail there had been a 65 per cent increase in the number of at-risk children in care throughout the state of Queensland. It was reported that the Queensland Child Safety Minister blamed the ‘ice’ epidemic, and drug and alcohol addictions in general, and domestic violence for the sharp rise in children needing care.

2.36 Children of drug using parents are a group that is often overlooked. The impact on children who have a parent with an illicit drug problem can be traumatic. The child may be required to take on the caring role, not only looking after themselves and their parents but also any younger siblings.


30 Submission no 9, ACT Government, p 34

31 The Courier Mail, Ice curse blamed for increase in risk to kids, 28 September 2007

Children may miss school, may become isolated and in extreme circumstances will end up in kinship care (most often with their grandparents) or in foster care.

2.37 Parental drug abuse is a significant factor in the way that children come into the care of their grandparents. Figures from the Australian Bureau of Statistics, in 2003 show there were 22 500 grandparent families with 31 100 children aged 0–17 years in Australia, representing around one per cent of all families with children aged 0–17 years.33

2.38 Statistics also show that people between 18–35 years of age are the group most likely to use drugs and the age group most likely to have young children. A research project looking at grandparents parenting grandchildren because of alcohol and other drugs conducted by Canberra Mother Craft found that:

There has been little recognition of the needs of their children. In the ACT there is a lack of systemic identification of the parental role of many adult alcohol and other drug users and the complex needs of these families and possible risks for their children. Effective treatment of the parent’s drug misuse can enhance parenting capacity but it is not enough. Services must see the children behind the client and recognise their responsibility to ensuring the child’s well being. Substance misuse services must become family-focused and child friendly. By working together services can take many practical steps to engage parents in their parenting role and enhance the health and well being of children.34

2.39 Grandparents who find themselves, often unexpectedly, in the parenting role of their grandchild or grandchildren are faced with a number challenges. Issues for grandparents may include: diminishing physical capabilities associated with ageing; emotional and social pressures such as isolation and stress; and financial issues related to raising a grandchild. Despite the increase in the number of grandparents caring for their grandchildren there are few services in Australia dedicated to assist them.

Specific services for grandparents in the ACT are provided through Grandparents ACT & Region and the grandparenting support group held at Marymead. There are other services in the ACT that provide indirect services for grandparents who are parenting their grandchildren such as Carers ACT, ParentLine and alcohol and drug services. The consultations for the Canberra Mothercraft research project found that most service providers were not aware of the grandparent specific services operating in the ACT but were able to:

…identify other service providers that might be available or useful to grandparents parenting grandchildren however they did not specifically target grandparent families and typically knew very little about them.

The Committee heard confidential evidence from a family who were caring for their grandchild as a direct result of their adult child’s ‘ice’ addiction. They raised a number of concerns in relation to their grandchild including the availability of specialised counselling for children who have a parent with a drug problem.

The issue of specialised counselling for children who come into the care of grandparents has also been raised by Families Australia, the national peak organisation for family services, in a report addressing present and future concerns of grandparents. The report noted that children who come into the care of their grandparents often have unresolved traumas associated with parental substance abuse, such as abuse and/or neglect, family violence (as a direct victim or witness) or the death of a parent. The report also noted that ongoing contact visits with the natural parent could present further complications for children, particularly when the visits did not go smoothly. The report further highlighted the difficulties faced by grandparents as a result of not having timely access to appropriate information and/or support services.

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35 Canberra Mothercraft Society, *Grandparents parenting grandchildren because of alcohol and other drugs*: p 20–21
36 The Committee took in-camera evidence from witnesses on 16 May 2007. The in-camera evidence has not been authorised for publication to protect the confidentiality of the family.
2.43 The Committee is concerned that the needs of grandparents as primary carers and the grandchildren they care for are being overlooked. Specialised counselling for children who have a family member—and in particular a parent with a drug problem—is an area that the Committee considers should be expanded as a matter of urgency. This would not only be of benefit to children who are living in an out-of-home care arrangement (either kinship or foster) but also for children who are living with parents with substance abuse issues.

**RECOMMENDATION 2**

2.44 The Committee recommends that the ACT Government recognise the special needs of grandchildren living with their grandparents as a result of parental substance abuse and the special needs of grandparents who become the primary carers of their grandchildren, and include strategies for this population group in future ACT Government planning.

**RECOMMENDATION 3**

2.45 The Committee recommends that the ACT Government ensures that children of drug affected parents have access to appropriately trained and specialised drug and alcohol counsellors.
3 'ICE' USE IN THE ACT

Who is using what?

3.1 The National Drug Strategy Household Survey (NDSHS) conducted by the Australian Institute of Health and Welfare provides national drug statistics on a three yearly basis. Results from the 2004 NDSHS show that 9.1 per cent (1,497,000) of Australians over the age of 14 had reported using methamphetamine in their lifetime. The figures reduce significantly for frequency of use as follows:

- use in the last 12 months 3.2 per cent (532,100);
- use in the last month 1.3 per cent (214,400); and
- use in the last week 0.6 per cent (97,000).\(^{38}\)

3.2 While most people use methamphetamine infrequently it has been estimated that there are approximately 73,000 dependent methamphetamine users in Australia.\(^{39}\) Of those using methamphetamine, 38.6 percent reported using crystal methamphetamine. However, 74.3 per cent reported using the less pure form of the drug.\(^{40}\)

3.3 NDSHS also provides state and territory information. The overall percentage of the population aged 14 years and over in the ACT that used illicit drugs was 17.6 per cent.\(^{41}\) Of that 17.6 per cent 4.3 per cent reported the use of meth/amphetamine (speed).\(^{42}\) The figures for the ACT are higher than all other states and territories except Western Australia where the figure was 4.5 per cent. Tasmania recorded the lowest methamphetamine use at 1.8 per cent. The

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\(^{39}\) McKetin cited in Australian National Council on Drugs, Methamphetamines Position Paper, p 1


\(^{42}\) Figures are not available separately for crystal methamphetamine.
ACT also recorded 6 per cent for ecstasy use, again the highest in the country.\textsuperscript{43} It is important to note that these figures are based on recent use—meaning within the last 12 months. One could expect a similar reduction in figures as the national figures reported from the NDSHS, if frequency of use was measured. Table 3.1 shows the percentage of illicit drug use (used in the past 12 months), for the proportion of the population aged 14 years and over, across all Australian states and territories.

Table 3.1

<table>
<thead>
<tr>
<th>Substance/Behaviour</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>AUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meth/amphetamine</td>
<td>3.1</td>
<td>2.8</td>
<td>3.0</td>
<td>4.5</td>
<td>4.1</td>
<td>1.8</td>
<td>4.3</td>
<td>3.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3.5</td>
<td>3.1</td>
<td>3.4</td>
<td>4.1</td>
<td>2.8</td>
<td>1.6</td>
<td>6.0</td>
<td>3.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1</td>
<td>0.3</td>
<td>0.1\textsuperscript{*}</td>
<td>0.2\textsuperscript{*}</td>
<td>0.2\textsuperscript{*}</td>
<td>&lt;0.1\textsuperscript{*}</td>
<td>&lt;0.1\textsuperscript{*}</td>
<td>&lt;0.1\textsuperscript{*}</td>
<td>0.2</td>
</tr>
<tr>
<td>Injected Drugs</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
<td>0.9</td>
<td>0.6</td>
<td>0.5\textsuperscript{*}</td>
<td>0.3\textsuperscript{*}</td>
<td>0.6\textsuperscript{*}</td>
<td>0.4</td>
</tr>
</tbody>
</table>

3.4 As the table shows the figure provided by NDSHS for heroin use in the ACT was less than 0.1 per cent, with a relative standard of error of 50 per cent. The figure for those who had injected drugs in the previous 12 months was also extremely low at 0.3 per cent, with a relative standard error of 50 per cent. As the figures are based on such small samples it is difficult to ascertain an accurate understanding of injecting drug use in the ACT, but the figure would suggest that as a proportion of the population aged 14 years and over it is a very small percentage.


\textsuperscript{45} The * denotes a relative standard error greater than 50 per cent. This means that the figures are based on very few persons and as such, are unreliable and should be used with caution.
3.5 While these figures may be alarming on some levels the Committee considers the comparative figures for alcohol consumption are also a major cause for concern. Indeed, as has been noted by a number of submitters, alcohol is still the biggest problem drug confronting communities throughout Australia.46

3.6 The NDSHS figures for the ACT revealed that the proportion of the population over 14 years of age that consumed alcohol were:

- 10.9 per cent daily;
- 55.8 per cent weekly; and
- 23.7 per cent less than weekly.47

When combined these figures show that 90.4 per cent of the ACT population over 14 years of age has consumed alcohol within the last 12 months and 66.7 per cent had consumed alcohol within, at least, the last week. Not all of this is problematic use of alcohol, but as the Committee was advised the same applies to the use of methamphetamine, that it is not all problematic use (apart from the illegality). The occasional user of methamphetamine is discussed later in this chapter.

Availability and purity of 'ice'

3.7 The Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) are ongoing projects funded by the Australian Government Department of Health and Ageing and conducted each year in every state and territory.48 Conducted by the National Drug and Alcohol Research Centre (NDARC), they provide a coordinated approach to the

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46 See for example; Transcript of Evidence, 9 May 2007, p 6 (ACT Health Minister for Health), Transcript of Evidence, 16 May 2007, p 54 (Clinical Coordinator ACT Ambulance Service), Transcript of Evidence 9 May 2007, p 30 (ACT Policing)
48 This report uses the figures from the 2006 IDRS and EDRS surveys as results for the 2007 surveys were not available at the time of writing. While the 2007 figures show a slight decline in methamphetamine use nationally and in the ACT the reported figures for the ACT remain dangerously high (IDRS reporting recent of crystal methamphetamine down from 88 per cent to 80 per cent). The availability of methamphetamine remained relatively stable, with similar numbers of respondents reporting it as being ‘easy’ to ‘very easy’ to obtain. G. Campbell and L. Degenhardt, ACT Drug Trends 2007, Findings from the Illicit Drug Reporting System (IDRS), Australian Drug Trends Series No. 3, p xi
monitoring of data associated with illicit drugs in Australia. Both surveys rely on information obtained through 100 drug users (Injecting Drug Users for the IDRS and Regular Ecstasy Users for the EDRS) and key experts working in the drug and alcohol sector. The surveys are extremely comprehensive and although the data is based on a small sample group the surveys provide the most accurate picture of the drug market in the ACT.

3.8 The results from the surveys show that crystal methamphetamine ‘ice’ and methamphetamine in the form of speed or powder and base appear to be readily available in the ACT for those in the drug scene. Findings from the 2006 EDRS showed 74 per cent of respondents reported crystal methamphetamine as being easy to obtain compared with only 21 per cent who reported it being difficult to obtain. The ease of availability also extended to other forms of methamphetamine with 81 per cent of respondents reporting speed as being easy to obtain and 79 per cent of respondents reporting base as being easy to obtain (the table of results is at Appendix D).

3.9 Similar findings from the 2006 IDRS also showed high levels of availability of methamphetamine in the ACT. Of those respondents 92 per cent considered crystal methamphetamine ‘ice’ to be easy to obtain compared with only 7 per cent who thought it difficult to obtain. Figures for speed were 85 per cent compared with 10 per cent and for base it was 68 per cent compared with 18 per cent. Comparative figures for 2005 also showed the vast majority reported availability as being ‘easy’ to ‘very easy’ (the table of results is at Appendix E).

3.10 Levels of purity were also reported as being moderate to high. Results of the 2006 EDRS found 66 per cent of respondents reported the purity of crystal methamphetamine as being medium to high with approximately one-third of respondents believing that the purity had remained stable in the preceding six months. Speed was reported as being of medium to high purity by 65 per cent of respondents and 75 per cent of respondents reported medium to high purity


for base. Results for the 2006 IDRS found 43 per cent of respondents reported the purity of crystal methamphetamine to be high, down from 53 per cent in 2005. A further 27 per cent considered the purity level to be medium. Just over one-quarter reported that purity was decreasing and a further 29 per cent reported that the purity had fluctuated over the preceding six months. Only 14 per cent believed that the purity of crystal methamphetamine had increased compared with 21 per cent in 2005.

3.11 While it is difficult to determine the increased levels of usage from the available data, anecdotal evidence would suggest that the use of 'ice' is increasing in the ACT, particularly among established user groups who are using a variety of drugs. The community based drug and alcohol service Directions ACT, reported that:

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.

3.12 While findings from the surveys suggest that high grade crystal methamphetamine is readily available in the ACT, the Committee was warned that self reporting of 'ice' use was not always an accurate measure of purity as the term 'ice' had been adopted as the street name for methamphetamine related substances and is not always of the highest purity. As discussed earlier crystal methamphetamine can be up to 80 per cent purity, however much of the 'ice' sold on the street is of a lesser purity. As noted by ACT Policing:

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53 G. Campbell and L. Degenhardt, ACT Drug Trends ACT 2006, IDRS Findings from the Illicit Drug Reporting System (IDRS), NDARC technical Report No. 269, p 45

54 Submission no 5, Directions ACT, p 1
...although there has been an increase in amphetamine-type stimulant seizures over the last few years, it is clear, that based on purity analysis, methylamphetamine is more widely used, rather than the crystal methamphetamine.\(^{55}\)

3.13 Commander Connelly of ACT Policing advised the Committee that crystal methamphetamine manufactured in Australia was of a lower purity than imported crystal methamphetamine and reported that fluctuations in the purity of 'ice' was a cause of concern as:

This may lead to individuals increasing the dosage. They take a lower purity of this ice-like substance and then get the true crystal methamphetamine; that can cause substantial health problems or, in some cases, death.\(^{56}\)

**User populations**

3.14 There is no one demographic of 'ice' user in the ACT. People use 'ice' and other drugs for a variety of reasons such as in social settings with friends on the weekend, on their own in private homes, or they may be shift workers working in a variety of industries, such as in the baking industry or in the hospitality sector. The Committee also heard anecdotal evidence to suggest that drug use including 'ice' was popular in the building and construction industry. Another group of drug users are those that are dependent and/or addicted to the drug.

3.15 The method of ingestion, that is, injecting or smoking reflects on the demographic profile of the user. According to the ACT Government submission:

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

\(^{55}\) ACT Policing Annual Report 2006–2007, p 41

\(^{56}\) Transcript of Evidence, 9 May 2007, p 23
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.57

3.16 The following section looks at particular groups of drug users including intravenous drug users, regular ecstasy users, young people and homosexually active men and draws on statistics where available.

**Intravenous drug users**

3.17 The Committee heard that there has been an increase in the number of heroin users who are now using crystal methamphetamine. There is no concrete evidence to explain the reason for this, particularly given that heroin is a depressant drug (downer) that slows messages to the brain and central nervous system and crystal methamphetamine ‘ice’ is a stimulant drug (upper) that speeds up messages to the brain and the central nervous system. However, it has been put down to the reduction in the supply of heroin in the ACT in 2000.58

3.18 Since 2002 the IDRS has made the distinction between methamphetamine powder (speed), methamphetamine base, and crystal methamphetamine (‘ice’ or crystal). Differentiating between the forms of methamphetamine has allowed for the individual observation and monitoring of price, purity and availability.

3.19 In the 2006 survey, 98 per cent of IDU reported using some form of methamphetamine in their lifetime and 92 per cent reported using some form of methamphetamine in the six months preceding the interview, up from seventy-four per cent in 2005.

3.20 Methamphetamine replaced heroin as the drug injected by first time intravenous drug users in 2006 by 49 per cent to 42 per cent. Figures reported for 2005 were 50 per cent for heroin and 46 per cent for methamphetamine. Crystal methamphetamine was reported as the drug of choice by 26 per cent of

57 Submission no 9, ACT Government, p 8
58 Transcript of Evidence, 16 May 2007, p 73
respondents—up from 11 per cent in 2005. However, this figure increased to 34 per cent when combining the results for the three forms of methamphetamine (speed, base and crystal). While heroin was still the drug of choice for 46 per cent of respondents in 2006 it was down from 67 per cent in 2005. The drug injected most often in the preceding month of the survey saw heroin and crystal methamphetamine equal on 33 per cent. However, when combining the three forms of methamphetamine, 47 per cent reported it as the drug most often injected in the last month. This is an increase from 28 per cent in 2005 for methamphetamine and a decrease from 65 per cent for heroin. Similar figures were reported for the most recent drug injected. Methamphetamine increased from 27 per cent in 2005 to 44 per cent in 2006. For crystal methamphetamine the increase was more than doubled, from 13 per cent to 32 per cent.\footnote{G. Campbell and L. Degenhardt, ACT Drug Trends ACT 2006, IDRS Findings from the Illicit Drug Reporting System (IDRS), NDARC Technical Report No. 269, p 9}

3.21 While heroin remains the drug of choice for IDU in the ACT the 2006 figures suggest that the availability of methamphetamine and 'ice' is responsible for the higher figures of use. IDU reported that while heroin was easy to obtain the current purity of heroin was low and was decreasing.\footnote{G. Campbell and L. Degenhardt, ACT Drug Trends ACT 2006, IDRS Findings from the Illicit Drug Reporting System (IDRS), NDARC Technical Report No. 269, p xii. Based on the experience of the NSP Primary outlet in Civic, the Committee notes that the availability of heroin in the ACT has been increasing over recent months.}

3.22 The 2006 findings did indicate a substantial increase in IDU reporting recent (in the preceding six months to the survey) use of 'ice' in the ACT from 62 per cent in 2005 to 88 per cent in 2006. The report warned however, that:

> Although findings point to a trend towards an increase in the use of crystal among IDU in the ACT, it is important to monitor this trend to see if it continues in the future or whether it is just a fluctuation in the market. Nonetheless, use of methamphetamine remains at sufficient levels to warrant concern.\footnote{G. Campbell and L. Degenhardt, ACT Trends in Ecstasy and Related Drug Markets 2006, EDRS, Findings from the Ecstasy and Related Drugs Reporting System, NDARC Technical Report No. 276, p 106}

3.23 The figures from the IDRS show a shift in drug usage from one drug to another among a particular group of established drug users, and does not
indicate any major increase in the number of people using methamphetamine and other illegal drugs.

**Young People**

3.24 The Youth Coalition of the ACT advised the Committee that the most common time when young people start experimenting with drugs is when they leave school, and when formal drug education ceases.\(^{62}\)

3.25 For the purposes of this report young people will be discussed in two categories: school age young people up to 18 years of age; and those aged between 18–25 years of age.

3.26 Also of significance are the young people who leave school before years 10 or 12. It is often these young people that are more at-risk of drug related problems. It must also be noted that the experience of these young people is not reflected in the ACT Secondary Student Alcohol and Drug (ASSAD) survey discussed below.

3.27 The Youth Coalition advised the Committee that, in their view, young people receive age appropriate education during their school years in relation to alcohol, tobacco and cannabis. However, once young people leave school, usually around 18 or 19 years of age (but sometimes much earlier), they may begin to experiment with illicit drugs.\(^{63}\) The EDRS found that ecstasy was the most common illicit drug that young people began to experiment with and that the mean age of a person’s first usage was consistent at 19 and 20, and as noted earlier, ecstasy often has a high methamphetamine content.\(^{64}\)

3.28 The IDRS findings also showed that the median age a person first injected drugs remained constant at 18 years of age between 2005 and 2006.\(^{65}\)

\(^{62}\) Transcript of Evidence, 16 May 2007, p 64

\(^{63}\) Transcript of Evidence, 16 May 2007, p 64


3.29 Young people from 12–17 years of age surveyed for the ACT Secondary Student Alcohol and Drug (ASSAD) survey, conducted every three years, found a decline in the use of amphetamines and ecstasy in the years from 1996–2005. Table 3.2 reflects these results.

Table 3.2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>1999</td>
<td>2002</td>
<td>2005</td>
</tr>
<tr>
<td>Used at least one illicit substance in lifetime</td>
<td>37.5</td>
<td>35.5</td>
<td>29.6</td>
</tr>
<tr>
<td>Used amphetamines at least once in lifetime</td>
<td>6.1</td>
<td>7.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Used Ecstasy at least once in lifetime</td>
<td>4.5</td>
<td>4.5</td>
<td>5.3</td>
</tr>
<tr>
<td>Current (used in last 7 days) users of any illicit substance</td>
<td>11.6</td>
<td>9.7</td>
<td>7.8</td>
</tr>
</tbody>
</table>

3.30 Figures from the NDSHS found that the greatest number of methamphetamine users were in the 20–29 year age group. The figures show that 6.6 per cent of the 14–19 year age group had used methamphetamine in their lifetime compared with 21.1 percent in the 20–29 year age group, 16.0 per cent in the 30–39 age group and down to 3.6 per cent for those aged over 40. Males were also reported as being more likely than females to have used methamphetamine. However, the figures for all age groups declined sharply when frequency of usage is compared from use in lifetime, to use in the last week. Table 3.3 reflects these figures.

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Table 3.3

<table>
<thead>
<tr>
<th></th>
<th>Age group</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14–19</td>
<td>20–29</td>
<td>30–39</td>
<td>40+</td>
</tr>
<tr>
<td>In lifetime</td>
<td>6.6</td>
<td>21.1</td>
<td>16.0</td>
<td>3.6</td>
</tr>
<tr>
<td>In the last 12 months</td>
<td>4.4</td>
<td>10.7</td>
<td>4.1</td>
<td>0.4</td>
</tr>
<tr>
<td>In the last month</td>
<td>1.8</td>
<td>4.2</td>
<td>1.7</td>
<td>0.2</td>
</tr>
<tr>
<td>In the last week</td>
<td>0.8</td>
<td>1.8</td>
<td>0.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Homosexually active men

3.31 The AIDS Action Council of the ACT provided a submission to the inquiry drawing the Committee’s attention to the particular needs of homosexually active men in the ACT.

3.32 The AIDS Action Council was particularly concerned that increasing use of crystal methamphetamine could have a negative impact on the Council’s stated mission of ‘reducing HIV transmission rates in the ACT’.68

3.33 Of particular concern to the Council were reports that the use of crystal methamphetamine could lower sexual inhibitions and increase sexual desire. While this is also the case for heterosexual people, it is particularly significant for homosexually active men, as it is this population group in Australia that is most at risk of HIV infection. This is further exacerbated for this population group because methamphetamine use, while increasing sexual desire can also cause erectile dysfunction. As a result of this problem the Council noted that:

…users are more likely to be receptive partners in anal sex, or use drugs to counter erectile dysfunction. Unsurprisingly, unprotected receptive anal sex is a primary sexual risk for HIV seroconversion.69

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68 Submission no 3, AIDS Action Council of the ACT Inc, p 1
69 Submission no 3, AIDS Action Council of the ACT Inc, p 1
3.34 Furthermore, the AIDS Council noted that according to research presented to the 2006 Sixteenth International AIDS Conference in Toronto, gay men who use methamphetamine recreationally increased their risk of contracting HIV by 50 per cent.\(^\text{70}\)

3.35 The Canberra Gay Community Periodic Survey, funded by ACT Health, is a cross-sectional survey of gay and homosexually active men recruited through a range of gay community sites in Canberra. The major aim of the survey is to provide data on levels of safe and unsafe sexual practice in a broad cross-sectional sample of gay and homosexually active men.

3.36 In relation to drug use the 2006 survey found that in the six months prior to the survey almost half of the men had used one or more illicit drugs. The proportions of men who reported having used particular drugs was unchanged from 2003–2006. Table 3.4 shows the psychostimulant drugs used by respondents in the six months prior to the survey.

Table 3.4

<table>
<thead>
<tr>
<th>Drug use in the six months prior to the survey(^\text{71})</th>
<th>2003 n (%)</th>
<th>2006 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=255</td>
<td>n=282</td>
<td></td>
</tr>
<tr>
<td>ecstasy</td>
<td>58 (22.7)</td>
<td>48 (17.0)</td>
</tr>
<tr>
<td>speed</td>
<td>37 (14.5)</td>
<td>30 (10.6)</td>
</tr>
<tr>
<td>crystal methamphetamine</td>
<td>12 (4.7)</td>
<td>21 (7.4)</td>
</tr>
<tr>
<td>cocaine</td>
<td>18 (7.1)</td>
<td>21 (7.4)</td>
</tr>
</tbody>
</table>

3.37 Heroin was the least used drug amongst this group, reported at 1.2 percent in 2003 and 0.4 per cent in 2006. Very few respondents reported injecting any drugs, 1.6 percent in 2003 and 1.8 per cent in 2006.\(^\text{72}\)

\(^{70}\) Submission no 3, AIDS Action Council of the ACT Inc, p 1
\(^{71}\) Zablotska and others, Gay Community Periodic Survey: Canberra 2006, p 27
\(^{72}\) Zablotska and others, Gay Community Periodic Survey: Canberra 2006, p 27
3.38 Despite the findings of the survey that injecting drug use was very low for this population group and that injecting drug use only represented a small percentage of the total number of HIV infections recorded, the Council was still of the view that the use of crystal methamphetamine could lead to unsafe injecting practices, leading to the spread of HIV infection and Hepatitis C.73

3.39 The demographic profile of respondents to the survey included a median age of 37 years, living in the Canberra area, predominantly Anglo-Australian background, in professional/managerial or white-collar occupations and well educated. Most of the participants also identified as gay or homosexual and reported being quite involved socially in the gay community, with high levels of gay friendship and free time spent with gay men.74

3.40 The Committee noted that the demographic profile of survey respondents potentially masked some of the problems experienced by younger men, not represented in the survey, in the ‘party scene’, who may also be homosexually active but may not openly identify as homosexual.

3.41 As noted the AIDS Council is concerned about the potential increase of HIV infection among homosexually active men in the ACT particularly in relation to unsafe sexual activity and unsafe injecting practices and expressed their support for:

...initiatives to improve education and awareness of the risks of HIV and other infections arising from crystal methamphetamine use, along with education about potential risky behaviour that may eventuate for users under the influence of the drug.75

3.42 The Committee considers that this group of users of crystal methamphetamine would benefit from further information about the effects of crystal methamphetamine and the potentially damaging behaviours that can be associated with the use of this drug, particularly in relation to unsafe sexual practices as they pertain to homosexually active men. The Committee is committed to raising awareness about all aspects of the use of

73 Submission no 3, AIDS Action Council of the ACT, p 2
74 Zablotska and others, Gay Community Periodic Survey: Canberra 2006, p 28
75 Submission no 3, Aids Action Council of the ACT, p 2
methamphetamine and community education campaigns are discussed in the Chapter 4.

RECOMMENDATION 4

3.43 The Committee recommends that the ACT Government supports the AIDS Action Council of the ACT to develop a community education program specifically for homosexually active men in the ACT about the potential dangers of using crystal methamphetamine and other psychostimulants.

Occasional users

3.44 The Committee heard that not all methamphetamine use will develop into an addiction or even problematic use. An inner city general practitioner, Dr Took Meng Soo, experienced in treating a range of drug users advised the Committee that there would be many occasional users who would:

...hold down their jobs and perform reasonably well and would not develop any problems with their use. It is used as a weekend drug where people go out and have a good time. While it may take a day or two to recover from the experience it is not unlike a binge on alcohol.

However, despite the apparent perception that occasional use of methamphetamine was okay the perception of Dr Soo was that:

...even occasional use of methamphetamine can be associated with the development of psychosis and other deleterious health effects.76

3.45 As the figures from NDSHS show, only 0.6 per cent of the Australian population reported using methamphetamine in the last week (see page 17) which does not indicate daily use or indeed problematic use.

3.46 People use methamphetamine in a variety of settings. The most common place where methamphetamine is reported to be consumed, by both males and females, is in private homes (their own or a friend’s). High numbers of people

76 Transcript of Evidence, 16 May 2007, p 46
also reported using methamphetamine at private parties, public establishments and rave/dance parties.  

These places are consistent with the view that many users of methamphetamine are doing so in a social setting. Also in this social setting is the occurrence of poly drug use that the Committee heard is becoming increasingly common.

### Poly drug use

Poly drug use refers to drug users who combine a variety of drugs on any one occasion, most commonly legal drugs, alcohol and tobacco, with a range of illicit drugs. The Committee heard that the drug 'ice' is seldom used in isolation and is most often used in conjunction with alcohol and cannabis.

Poly drug use was raised with the Committee as a significant concern that required urgent attention, with ACT Policing reporting that poly drug use is becoming increasingly common among drug users and would present further challenges for ACT policing if it continued to increase. ACT Policing also expressed concern about the high number of people using a combination of illicit and licit drugs. Commander Connelly expressed particular concern about:

…the amount of poly drug use; that is where they take anything that they can get their hands on. And–I reinforce this; I will say this till I go blue–it is the alcohol as well.

Poly drug use also raised other issues. As Commander Connelly explained:

I do not want to compare 'ice' to heroin, but in many ways, with a person who has died of a heroin overdose, it is easier from a toxicology and post-mortem perspective to determine what they died of. With 'ice' it is not quite that easy, particularly when you get into the realms of poly drug

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78 Transcript of Evidence, 9 May 2007, p 24
79 ACT Policing Annual Report 2006–2007, p 41
80 Transcript of Evidence, 9 May 2007, p 30
use, where they may have a cocktail of drugs and alcohol that may have subsequently caused their death.\(^{81}\)

3.51 Further evidence from Dr Soo informed the Committee that:

The commonest context in which I tend to come across it [‘ice’ use] is with poly drug abusers, people who use methamphetamines as part of a range of drugs, and people like that often seek help for lots of different reasons.\(^{82}\)

3.52 A recent research project conducted by the Youth Coalition of the ACT to educate young people using ecstasy and related drugs (ERDs) found poly drug use to be the norm among the young drug users surveyed. Cannabis and alcohol were cited as the most common drugs taken in conjunction with ecstasy and other methamphetamine type substances.\(^{83}\)

3.53 The prevalence of poly drug use among young people is further supported by findings from the 2005 ACT Secondary Students Alcohol and Drug Survey that found that over 76 per cent of the students who had reported amphetamine use in the previous 12 months also reported using at least one other substance on the same occasion.\(^{84}\)

3.54 The Youth Coalition considered that information regarding the effects of poly drug use should be included in drug education campaigns for young people. The Committee is concerned at the levels of poly drug use in the ACT and considers that information about the consequences and dangers of poly drug use should be included in community education campaigns not just for young people, but for all user population groups and the general community.

**RECOMMENDATION 5**

3.55 The Committee recommends that information about the consequences and dangers of poly drug use be included in all future community education campaigns, funded by the ACT Government, dealing with licit and illicit drug abuse.

\(^{81}\) Transcript of Evidence, 9 May 2007, p 29

\(^{82}\) Transcript of Evidence, 16 May 2007, p 48

\(^{83}\) Youth Coalition of the ACT, *Young People and Drug Education in the ACT: Some Key Learnings*, April 2007, Version1, p 5

\(^{84}\) Submission no 9, ACT Government, p 16
Perception of 'ice' among drug users and community groups

3.56 People's attitudes and perceptions about drugs, drug taking and 'ice' use specifically are influenced by a number of factors. Attitudes to drug taking vary widely between drug takers and non-drug takers. For those who take drugs, the type of drug, method of ingestion, socio economic factors and the social context in which the drug is taken are all likely to impact on an individual's view. For non-drug takers attitudes will be influenced by the media, experiences of friends or family members taking drugs, personal experiences of drug takers either positive or negative, and being the victim of a drug related crime.

3.57 While some drug users do not consider drug taking to be morally wrong that is not the perception of the general community. As illicit drug use is illegal it cannot be condoned. The criminal actions involved in selling, purchasing and consuming illicit drugs, coupled with associated violent and promiscuous behaviour and other anti-social behaviours makes it difficult for most people to accept.

3.58 Community attitudes shaped by the media are not without problems. The media focus on the stereotypical drug user with criminal links does little to alleviate community attitudes and to enable a health focused approach to the drug user. In particular, recent media attention focusing on the violence associated with 'ice' use has created a climate of fear that can alienate users and their families and friends from seeking appropriate supports. It is not surprising that the sensationalised nature of the reporting of 'ice' over the last 12–18 months has caused alarm within some sectors of the community. Headlines such as: Ice, amphetamines 'killing babies';85 Ice users more violent;86 Head butted to death Grandmother dies after attack by 'ice' addict87 help to perpetuate the stereotype and further stigmatise people who may be using the drug.

85 The Australian, 17 July 2007
86 The Canberra Times, 19 November 2007
87 The Canberra Times, 24 August 2007
3.59 This representation by the media can also influence the view of service providers who may come into contact with a person under the influence of 'ice'. Responding to the media representation of 'ice' one alcohol and drug worker stated:

   It turns us to panic—“People are using ice; maybe it is not okay to treat this person.”88

3.60 There also appears to be varying views among drug users about certain drugs and methods of ingestion. The Committee heard that 'ice' was a more socially accepted drug, among drug users, than heroin.89 As noted by one witness:

   They ['ice' users] don't see themselves as junkies; heroin users are junkies.90

3.61 A 2004 research study conducted by Sean Slavin, funded by the National Health and Medical Research Council, exploring crystal methamphetamine use among gay men in Sydney reported that participants in the study who used a range of party drugs91 did not regard drugs to be 'morally' wrong, but 'simply against the law'. However, despite these views towards illicit drug use:

   Social reprobation by gay men continues to apply to injecting and heroin.92

3.62 The attitude of these particular methamphetamine users towards their drug use in comparison to the stereotypical heroin 'junkie' was considered, by the author, to help them to rationalise their own behaviour. The author further observed that the distinction the participants made between themselves as the 'recreational' drug user and the other as the 'junkie' was a cultural boundary used by these men in order to exercise control over themselves and the drugs they used. The report concluded:

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88 Transcript of Evidence, 9 May 2007, p 43
89 Transcript of Evidence, 16 May 2007, p 42
90 Transcript of Evidence, 16 May 2007, p 13 [in camera]
91 The term party drugs in this study refers to psycho-stimulants such as amphetamines and methamphetamine (speed, base, crystal methamphetamine, 'ice' ecstasy, MDA), ketamine (special K), cocaine and GBH (gammahydroxybutyrate).
92 S. Salvin, Crystal Methamphetamine use among gay men in Sydney, Contemporary Drug Problems, Fall 2004, Volume 31 Issue 3, p 436
Such a distinction does not merely express a personal enmity but draws on powerful cultural symbols of order and discipline versus, disorder, pollution and loss of control. Despite the discomfort that such pejorative language brings, this distinction works in some ways to reduce drug-related harms for these men and keep them “functional”.

3.63 The Committee heard that there is a lot of misinformation about the effects of methamphetamine among drug users. Women interviewed for the inquiry by Women’s Information, Education and Resources on Drugs and Dependency (WIREDD) reported having access to minimal information about ‘ice’; not being aware of the long term side effects; and not being aware of the possible link to drug induced psychosis. It was reported that even though women thought there could be negative consequences of using ‘ice’ they still considered ‘ice’ to be less addictive and not as dangerous as other drugs.

3.64 The Youth Coalition of the ACT also reported that many young people held views about drugs that were inaccurate and had received misinformation about drugs and believed many things that were not true, such as ecstasy being a safe drug.

3.65 The ‘glamorisation’ of drugs by some sectors of the media has been highly criticised. It has been argued that the commonly used terms to describe methamphetamine and ecstasy and other psychostimulant drugs as ‘recreational’ and ‘party drugs’ provided mixed messages to the community, including the message that drugs are safe.

3.66 The Committee considers that the media has an important role in educating the public about issues to do with licit and illicit drugs and welcomes the development of a set of guidelines, on the most appropriate way for the media...
to report on drug and alcohol issues, being considered by the Australian National Council on Drugs (ANCD).97

3.67 The Committee was advised that the Ministerial Council on Drug Strategy (MCDS) agreed at its meeting in December 2006, to adopt a strategy aimed at reducing the use of 'glamorous' terms by government agencies and government funded community organisations, in public statements, correspondence and reports.98

3.68 The legal sale of drug paraphernalia such as glass pipes for smoking 'ice' and bongs has also been criticised for sending the wrong message to the community about the acceptability of drug use. Banning the sale of 'ice' pipes and other drug paraphernalia is discussed in Chapter 6.

3.69 ACT secondary school students seem to be aware of the dangers involved with taking drugs. Of the young people surveyed for ASSAD, 61.7 per cent considered that trying amphetamines occasionally was 'very dangerous'.99 More females than males considered amphetamine use to be 'very dangerous'. 64.3 per cent of 16-17 year olds compared with 60.6 per cent of those 12–15 years of age also held this view. Table 3.6 reflects these results.


Table 3.6

<table>
<thead>
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<th>age group</th>
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<td>males</td>
<td>females</td>
<td>persons</td>
<td>12-15 years</td>
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<tr>
<td>trying amphetamines occasionally</td>
<td>59.3</td>
<td>64.2</td>
<td>61.7</td>
<td>60.6</td>
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<tr>
<td>using ecstasy/designer drugs</td>
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<td>71.6</td>
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<td>using ecstasy/designer drugs</td>
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</tr>
<tr>
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<td>79.4</td>
<td>85.1</td>
<td>82.2</td>
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</tr>
<tr>
<td>mixing a number of drugs (including alcohol)</td>
<td>77.2</td>
<td>85.9</td>
<td>81.4</td>
<td>81.6</td>
</tr>
</tbody>
</table>

3.70 The Committee is pleased that the available figures indicate that school age young people seem to be getting the message. Regular illicit drug use is at an all time low and the majority of young people consider most illicit drug use to be very dangerous.

**Dual diagnosis**

3.71 The term 'dual diagnosis' refers to the diagnosis of a mental illness along side a diagnosis of substance abuse and/or dependency. Research has found that people with mental health problems are more likely to be affected by drug and alcohol problems. It is estimated that up to 80 per cent of people with a diagnosed mental illness also have a diagnosis of problematic substance use. In alcohol and drug services, up to 20 per cent of people presenting, are estimated to have a co-existing mental illness.\(^{101}\)

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\(^{100}\) ACT Health, The Results of the 2005 ACT Secondary Student Drug and Health Risk Survey, Health Series Number 39, Population Health Research Centre, February 2007, p 17

\(^{101}\) L. Cupitt and others, Stopping the merry-go-round, 1999
3.72 Over the last few years some service providers in the ACT have perceived an increase in the number of people with a dual diagnosis accessing services, in part, due to the increased use of crystal methamphetamine.\textsuperscript{102}

3.73 Recent research conducted by Turning Point Alcohol and Drug Centre in Victoria for the Australian Government has confirmed a strong association between 'ice' use and mental health problems. According to the lead researcher on the study, Dr Nicole Lee, other studies have found that around 80 per cent of regular methamphetamine users will have some kind of mental health problem, primarily depression. Dr Lee went on to say that:

Help seeking is low among methamphetamine users and we need to identify ways to attract users who may be having mental health or other problems into treatment sooner. GPs and others need somewhere to refer people when methamphetamine use has been identified.\textsuperscript{103}

3.74 The ACT Government Dual Diagnosis Project conducted in 1999 examined treatment options in the ACT. The project found, among other things:

….the absence of a coordinated and shared case management approach with people being shunted between services.\textsuperscript{104}

3.75 Despite these findings, a 2007 policy paper developed by ACTCOSS in consultation with the community sector found that people with a dual diagnosis were still being 'shunted' between services and this population group still constituted an area of unmet need.\textsuperscript{105}

3.76 The ACT Mental Health Strategy and Action Plan 2003–2008 prioritised the development of measures to enhance management of people with a dual diagnosis. Problems for this group are compounded by the limited understanding of alcohol and other drugs within the mental health system and limited understanding of mental health issues in the drug and alcohol sector.

\textsuperscript{102} ACTCOSS, No Wrong Doors Towards an integrated mental health service system in the ACT, June 2007, p 26
\textsuperscript{103} Turning Point Alcohol and Drug Centre, Media Release, Hold the 'ice', thanks - the link between mental health and methamphetamine, 7 November 2007
\textsuperscript{104} L. Cupitt and others, Stopping the merry-go-round, 1999
\textsuperscript{105} ACTCOSS, No Wrong Doors Towards an integrated mental health service system in the ACT, June 2007, p 26
While the establishment of a liaison service between the two sectors has gone some way towards bridging the gap between the services; training across services, closer working relations and guidelines for case management are still required.

3.77 The strategy concluded that while responses to people with a dual diagnosis had progressed:

…increasing the knowledge and understanding of staff in mental health, drug and alcohol, and disability services was identified as a priority for development.106

3.78 The Committee notes that the *ACT Mental Health Strategy and Action Plan 2003–2008* is currently being evaluated and will monitor the outcomes of the evaluation, with particular regard to dual diagnosis.

3.79 The *ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006–2008* identified people at risk of abusing alcohol and drugs as a priority group. The plan called for enhanced strategies in community education and training that consider both mental health illness and drug and alcohol abuse together taking into account the interaction of the two. The plan also called for strengthening collaboration between the drug and alcohol sector and mental health services on care and prevention for people with a dual diagnosis.107

3.80 Despite these aims, meeting the needs of people with a dual diagnosis was identified as a priority by participants in the recent ACTCOSS 2008–2009 Budget consultation. ACTCOSS reported:

…low levels of coordination and integration between mental health and alcohol and drug services.108

108 ACTCOSS, *Investing in our social capital*, ACTCOSS Submission to the ACT Budget 2008–09, September 2007, p 55
3.81 The Committee supports the recommendation made by ACTCOSS to:

Allocate designated dual diagnosis funding, to facilitate better policy and service coordination and to support community collaboration.\(^{109}\)

3.82 In light of the strong connection between crystal methamphetamine and poor mental health the Committee considers that progress in the area of coordinated service delivery across the mental health and drug and alcohol sectors to be a priority.

**RECOMMENDATION 6**

3.83 The Committee recommends that the ACT Government give due consideration to the ACTCOSS recommendation of allocating designated dual diagnosis funding to facilitate better policy and service coordination for people with a dual diagnosis.

**RECOMMENDATION 7**

3.84 The Committee recommends that the ACT government work with the ACT Alcohol and Other Drugs Executive Directors Group to establish a staff exchange program between alcohol and drug services and mental health services to enhance staff’s understanding of dual diagnosis issues.

3.85 The Committee was pleased to note the recent announcement of a $945 000 Commonwealth grant awarded to the University of Canberra to establish a headspace centre in the ACT. headspace is the National Youth Mental Health Foundation and the headspace service is a youth friendly community based service for young people and their families. headspace ACT will be staffed by GPs, allied health, mental health, youth workers and drug and alcohol workers with specific expertise in working with young people and will be a welcome addition to services for young people in the ACT. headspace is funded by the

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\(^{109}\) ACTCOSS, *Investing in our social capital*, ACTCOSS Submission to the ACT Budget 2008–09, September 2007, p 56
Australian Government under the *Promoting Better Mental Health - Youth Mental Health Initiative.*

3.86 While this will improve service delivery for young people with a dual diagnosis the Committee is of the view that there is a direct need for adult service responses in the ACT.

3.87 Despite the availability of a significant amount of literature available on the links between methamphetamine use and mental health problems, drug users themselves were often unaware of the dangers associated with the use of crystal methamphetamine. As discussed earlier, women interviewed by WIRED for this inquiry, reported having no information on the possible mental health effects. In its submission, WIRED reported on a woman who experienced three psychotic episodes before realising that is was a consequence of her 'ice' use.

3.88 Despite the public campaigns and a wide range of publicly available information on the effects of drug abuse, there are still many people within the community that the information does not reach.

3.89 The Committee is keen to ensure that accurate and relevant information about the dangers of crystal methamphetamine is readily available to the different user groups as well as community members and health professionals. The Committee considers that access to this information is fundamental to harm minimisation. The next Chapter explores community education programs in detail and makes recommendations in this area.

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111 Submission no 1, WIRED, p 2
4 COMMUNITY EDUCATION

4.1 Comprehensive and appropriate information is an important tool in educating
the community about illicit drug use, and also educating drug users on the
dangers and consequences of excessive use of drugs, to combat and minimise
the harm caused by the drugs in our community.

4.2 The provision of appropriate information about crystal methamphetamine was
a key issue raised by a number of submitters to the inquiry. Many of them
expressed the view that the available information on crystal
methamphetamine was limited, and urged the Committee to look at the
development of a community education campaign.\(^\text{112}\)

4.3 It was further stressed that for the community education campaign to be
successful, it must be specifically targeted to the intended audience, whether
that be a specific user group or non-user groups such as families, friends and
the general community. As described by Families and Friends for Drug Law
Reform:

The needs of the injecting poly drug user who may prefer heroin but who
has turned to ice because of the scarcity of high-purity injectable heroin
are not the same as those of the secondary school student who pops a
couple of ecstasy pills containing mostly methamphetamine every month
or so at a party. In particular, we urge the committee to pay particular
attention to the distinct needs of a number of separate and specific
groups.\(^\text{113}\)

4.4 The main groups identified for targeted information provision included:

- drug users;
- families and friends of drug users;
- young people who have left secondary school; and

\(^{112}\) Transcript of Evidence, 16 May 2007, Dr Took Meng Soo, p 47, Transcript of Evidence, 16 May 2007,
Youth Coalition of the ACT, p 64, Submission no. 1, WIREDD, Submission no. 6 Anex, and
Submission no. 11, ACTCOSS

\(^{113}\) Transcript of Evidence, 9 May 2007, p 11
general practitioners, health professionals and drug and alcohol workers.

**Peer education**

4.5 Peer education is being increasingly recognised as an effective way of educating marginalised groups such as drug users, as it provides a direct avenue to groups of people that are often missed through traditional outreach and other community education campaigns. The *ACT Alcohol, Tobacco and Other Drug Strategy*, includes as a priority action area:

…to increase and improve support for peer-based models of service delivery, support, advocacy and community development.\(^{114}\)

4.6 Peer education can be defined as:

…involving people from a similar societal group or age group or social status or shared cultural experience who educate each other informally and formally about a variety of issues or specific concerns.\(^{115}\)

4.7 While peer education is used in many areas of public health and social welfare including family planning, workers’ rights, sex education, teenage motherhood, gambling, and violence prevention, in Australia in recent years, it has been most widely used in the areas of HIV/AIDS, hepatitis C and illicit drug use.\(^{116}\)

4.8 The Youth Coalition of the ACT recently reported on a peer based project for young people in the ACT. The aim of the project was to educate ecstasy and related drug (ERD) users by training volunteers to deliver peer education at various music events in the ACT. Over the four months of the project, drug education was provided to about 300 young people.

4.9 The project found that the best results of peer education were from those peers with shared experiences. Young people are not peers by virtue of their age. It is the shared experiences that foster the peer relationship. While the project aimed to recruit young people with connections to the ERD subculture and


\(^{115}\) The Centre for Harm Reduction, Burnett Institute, *The value of peer education*, Fact Sheet, p 1

\(^{116}\) Submission no 8, Canberra Alliance for Harm Minimisation and Advocacy, p 2
who had used or were using drugs only 50 per cent of those recruited to the project were in this category. The other 50 per cent were young people who were interested in providing drug education to other young people for their safety but were not part of the subculture. While both groups of volunteers were committed to the project the young people with no links to the ERD culture reported feeling out of their depth. This also presented challenges:

...as their individual and personal feelings about drugs, drug use and drug users sometimes became a barrier to effectively delivering peer education.117

4.10 The project found that young people using drugs wanted information that was evidence based. The example cited in the report was that young people were not satisfied with a simple message such as ‘don’t mix drugs’ but were satisfied when further information was provided:

For example if you were to mix heroin and alcohol you would dramatically increase your likelihood of having an overdose because both substances are depressants.118

4.11 The project further found that young people often had a range of complex questions and concluded that:

- young people considered their drug use within broader contexts, such as health, legal issues and rights;
- young people wanted specific harm minimisation information; and
- young people wanted credible information that was appropriate and relevant to their own / their peers’ drug use.119

4.12 The Committee was pleased to note the ACT Government commitment to provide $150 000 new annual recurrent funding allocated for peer education programs to prevent and reduce the uptake of drugs.120

117 Youth Coalition of the ACT, *Young People and Drug Education in the ACT: Some Key Learnings*, (version 1), April 2007, p 7
118 Youth Coalition of the ACT, *Young People and Drug Education in the ACT: Some Key Learnings*, (version 1), April 2007, p 8
119 Youth Coalition of the ACT, *Young People and Drug Education in the ACT: Some Key Learnings*, (version 1), April 2007, p 8
120 Submission no 9, ACT Government, p 5
4.13 The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) is a peer based organisation in the ACT run by and for illicit drug users of all age groups. The Committee heard that CAHMA had been operating in a limited capacity since reduced funding in June 2006.

4.14 The Committee considers that getting targeted information to drug users is a key priority. The Committee heard that often it is the drug users themselves that have the least amount of knowledge about the dangers and long term effects of particular drugs. The Committee further considers that peer education is an important avenue for reaching these people.

Young people

4.15 Drug education in ACT Government funded schools is guided by the Drug Education Framework for ACT Government Schools. Provision for drug education is included in the Health and Physical Education Curriculum Framework, as part of the new curriculum framework to come into effect in 2008.

4.16 The Youth Coalition of the ACT considered the education in schools to be appropriate for school aged children. FFDLR noted that the ACT Government Alcohol, Tobacco and Other Drugs Strategy 2004–2008 recognised a deficiency in school based education by including the action item:

Identify and implement evidence based school education programs that are aimed at reducing drug use delaying uptake of drugs and developing resilience in school children, young people, families and communities.121

4.17 Early intervention and building resilience in children at a young age is a growing theme aimed at developing strong, healthy young people armed with the confidence and knowledge to make their own decisions and choices. The Committee heard that a new strategy being considered by Directions ACT was to educate younger children at the primary level to prevent the onset of drug taking by building resilience in young people. In reassessing their education model, Directions ACT stated:

121 ACT Government, Alcohol, Tobacco and other Drugs Strategy 2004–2008, p 32
... we need to build resilience in young people in upper primary or lower high school to help them deal with some life issues and so that perhaps we can stop them experimenting with illicit drugs. Often by the time we get into high school they are quite resistant; certainly talking to a bunch of 16-year-olds with all their peers around is a problem. They often do not listen because the peers are far more important.122

4.18 While the Committee supports harm minimisation strategies (see Chapter 5) for existing drug users, the Committee is firmly of the view that the best way to tackle drug and alcohol problems is to prevent them from occurring in the first instance. The Committee acknowledges that there will always be some people in the community who engage in substance abuse, but strategies of building resilience in children from a young age, with a particular focus on more vulnerable children from disadvantaged or abusive homes, may at least, give children the skills and knowledge to make informed choices as the grow into young adults.

4.19 The ACT Government advised the Committee of an extensive range of education initiatives aimed at preventing and reducing the uptake of licit and illicit drugs by ACT school children. The ACT Government Department of Education and Training has developed a new curriculum framework that requires all ACT Government schools to include drug education as part of the school curriculum. The Department also provides government school teachers with professional development on drug education.123 Australian Government programs available to ACT school students include the National Drug Education Strategy and the Drug Education Forums Program.124

4.20 Drug education must be relevant accurate and credible. The Committee heard that the abstinence message simply does not work, particularly for young people. The Youth Coalition of the ACT noted:

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122 Transcript of Evidence, 16 May 2007, p 74
123 Submission no 9, ACT Government, p 34
124 Submission no 9, ACT Government, p 34
Young people ultimately make their own decisions about whether or not to use drugs. Therefore drug education should seek to assist young people to make informed decisions, not to make decisions for them.\textsuperscript{125}

**RECOMMENDATION 8**

4.21 The Committee recommends that the ACT Department of Education and Training develop resilience building education programs for upper primary and early high school children.

4.22 As discussed earlier, drug use in young people does not usually start until after secondary school where they may begin to experiment with a range of licit and illicit drugs. For this reason the Youth Coalition of the ACT identified tertiary institutions as a good place for drug education for young people particularly as the provision of support services and health campaigns, for students on campus has been cut back in recent years.

4.23 The Committee considers that tertiary institutions provide an ideal opportunity to reach large numbers of young people between 18–30 years of age, the group most susceptible to drug use, and supports the development and implementation of a targeted drug education campaign to be run throughout all ACT tertiary institutions. The success of such a campaign would require a coordinator to work with drug and alcohol agencies, youth services and student support services at tertiary institutions in the ACT to research, develop, design and implement the campaign.

4.24 The Committee considers this age group to be a priority to receive drug education.

**RECOMMENDATION 9**

4.25 The Committee recommends that the ACT Government fund a project position in the community sector to research, develop, design and implement a community education campaign for young people attending tertiary institutions in the ACT, to provide factual and

\textsuperscript{125} Youth Coalition of the ACT, *Young People and Drug Education in the ACT: Some Key Learnings*, April 2007, p 4
relevant information about crystal methamphetamine and other licit and illicit drugs.

**Needle and syringe program**

4.26 The Needle and Syringe Program (NSP) outlets provide information to a particular population group—that of injecting drug users.

4.27 The NSP was established in 1986 as a preventative strategy to stop the spread of HIV/AIDS among injecting drug users and the broader community. The program now serves as a preventive measure against the spread of other blood-borne viruses, such as Hepatitis C, and provides a range of other services. Apart from providing clean injecting equipment to prevent the spread of blood born viruses NSPs also provide:

- 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 of used injecting equipment.\(^{126}\)

4.28 The NSP is not without its critics who argue that the availability of injecting equipment sends the wrong message to the community about drug use. However, those in favour of the program argue that NSPs contribute to efforts to address the harms associated with drug use in line with the national drug strategy.

4.29 The NSP in the ACT is managed by Directions ACT. There are two primary NSP outlets, five secondary outlets and around 30 pharmacies that sell the 'fit packs'. The ACT also has four syringe vending machines for after hours access.

4.30 The Committee acknowledges the importance of having needles and syringes available after hours as a harm reduction strategy however, the Committee is concerned that this group of injecting drug users could be missing out on vital

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\(^{126}\) Submission no 6, Anex (Association for Prevention and Harm Reduction Programs Australia), p 1
health and safety information that is only available through contact with a worker at an NSP outlet. Likewise, injecting drug users who purchase their syringe packs through pharmacies and other outlets, again are not receiving important health and safety information. The Committee considers that it would be of benefit to include information about health, safety and service options in all ‘fit packs’ that are provided through vending machines and secondary outlets.

**RECOMMENDATION 10**

4.31 The Committee recommends that information about the dangers of drug use, health, safety and service options be included in all fit packs that are provided through vending machines and secondary outlets.

**Community Information**

4.32 The major source of community information about crystal methamphetamine ‘ice’ comes through various media such as television, newspapers, and radio. As discussed earlier, the perception and attitudes of the community are shaped by this information. As noted by FFDLR:

> Media campaigns employed to educate the community about drugs are often more scare campaigns that focus on the most severe drug use outcomes. They are rarely balanced to provide information to the user of the drug to minimise the harm from the drug despite evidence that shows young people heed such advice. ¹²⁸

4.33 A number of Commonwealth Government campaigns over recent years have seen information booklets distributed to households throughout Australia, coupled with advertisements promoting families to talk about drugs, to the more extreme advertisements of showing the horrors of serious drug abuse and addiction. FFDLR argued that the effectiveness of such campaigns in

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¹²⁷ Anecdotal evidence to the Committee from the Manager of the NSP in the ACT suggested that people accessing the vending machines were the more recreational users as opposed to the regular injectors who would not be bothered to pay for the syringes.

¹²⁸ Submission no 4, FFDLR, p 11
reducing demand for the drug have not been fully evaluated and therefore it is
difficult to determine the success.129

4.34 Various information brochures and fact sheets produced by drug and alcohol
services and research centres are also available. One such information booklet,
*on thin 'ice' a users guide*130 produced by the NDARC, was described by the
Executive Director of Directions ACT as being 'very useful and very succinct'
particularly for 'ice' users and family members.131 There are many more factual
and informative documents in the form of booklets, factsheets, brochures etc
that can be downloaded through the internet or picked up in hard copy at
some community locations such as doctor's surgeries, community health
centres and drug and alcohol services. While this is very useful for people who
actively seek information about a particular drug, it does not reach the general
public.

4.35 The Pharmacy Guild advised the Committee that the local pharmacy was still
primarily considered a supply portal rather than a primary health care
provider. The Pharmacy Guild considered that pharmacies are under utilised
and could be more effectively used for primary health care purposes and also
to raise consumer awareness, given the location of pharmacies and proximity
to the community.132

4.36 The Committee considers that pharmacies provide an opportunity to educate
the general public about health related matters or topics of current concern.
Information brochures described above could be readily displayed in
pharmacies for general use, but that would be a matter for individual
pharmacies. The Committee's recommendation in Chapter 6, referring to a
joint awareness raising campaign between the ACT Government and the
Pharmacy Guild, is an example of how the local pharmacy can be used to raise
public awareness about a particular topic of concern.

129 Submission no 4, FFDLR, p 11
130 available at:
131 Transcript of Evidence, 16 May 2007, p 73
132 Transcript of Evidence, 9 May 2007, p 18
While there is a considerable amount of information available about ‘ice’ and other forms of methamphetamine it does not always reach those that need it most. The Committee considers that a coordinated approach to community education in the ACT is required, to ensure that appropriate information is made available to the intended audience.

The Committee further considers that the ACT Government has a role in ensuring that accurate information about crystal methamphetamine ‘ice’ and other drugs and alcohol is readily made available to the community, often in direct response to inaccurate information that may be portrayed through the mainstream media outlets. This is consistent with the *ACT Alcohol, Tobacco and other Drug Strategy 2004–2008* harm reduction actions. Action item number 36 of the strategy states:

Influence and challenge community attitudes towards people who use drugs, to reduce the stigmatisation of drug users.\(^{133}\)

With the changing nature of drug use and wide spread poly drug use, the Committee does not consider that a campaign focusing on a specific drug would be the most beneficial. The Committee considers that as considerable information is widely available, regarding the consequences and effects of crystal methamphetamine and the full range of other licit and illicit drugs, the community would best be serviced by community announcements publicising the availability of information and how to access it. This type of information on local radio, local TV, community newsletters distributed through opportunities such as *Drug Awareness Week* would maximise publicity and increasing the number of people that receive the information.

Although there is no peak body for the AOD sector in the ACT, the Committee was pleased to note the AOD ACT Executive Directors Group that meets monthly to share information about the changing needs of the ACT community, service development priorities and opportunities for resource

initiatives. The Committee considers this group to be best positioned to coordinate targeted community education.

**RECOMMENDATION 11**

4.41 The Committee recommends that the ACT Government work with the ACT Alcohol and Other Drugs Executive Directors Group to plan the dissemination of community information about licit and illicit drugs to all stakeholder groups including health professionals, education professionals, community workers and community members, with a particular emphasis on publicising where the information is available and how to access it.

4.42 The Committee notes the recently released *External Review of the ACT Alcohol and Other Drug Service System*, conducted for ACT Health by Siggins Millar. Recommendation 5 of the review calls for improved AOD literacy and information to be made widely available through the development and dissemination of a comprehensive directory of AOD Services (developed through the redirection of existing funds from health programs providing AOD education in schools) and provision of an evidence informed community education program for targeted audiences.

4.43 The Committee supports both parts of this recommendation but is particularly supportive of the development of a comprehensive directory of AOD services and considers that such a directory would complement the Committee’s recommendation of ensuring all community members have timely access to appropriate drug and alcohol information.

4.44 The Committee is concerned about the implications of the redirection of existing funds from health programs that provide AOD education in schools as these groups are often the ones, best placed to provide drug and alcohol education to school aged children.

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RECOMMENDATION 12

4.45 The Committee recommends that the ACT Government consider a separate budget item for the development of a comprehensive directory of alcohol and other drugs services.
5 WORKING WITH 'ICE' USERS

5.1 Drug policy in the ACT is governed by the *ACT Alcohol, Tobacco and Other Drug Strategy 2004–2008* and is consistent with the *National Drug Strategy–Australia’s Integrated Framework 2004–2009* both of which are guided by the principle of harm minimisation. The ACT Drug Strategy states:

Harm minimisation represents a philosophical and practical approach that aims to improve health, social and economic outcomes for the community and individuals by encompassing a wide range of approaches.

5.2 Harm minimisation does not condone drug use and is achieved through:

- Supply–reduction strategies designed to disrupt the production and 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.

5.3 Increased aggression and potential methamphetamine-psychosis associated with 'ice' use exacerbates the problems for front-line workers such as police, ambulance and emergency department staff, drug and alcohol workers, staff in NSP outlets and mental health workers, when dealing with drug affected people.

5.4 Some service providers reported a need to adapt their strategies to deal with the growing numbers of 'ice' users accessing their services. Directions ACT reported:

With heroin injecting, we used to encourage them to come and nod off, go to sleep, have a nap, in our NSP lounge area. We cannot do that with 'ice' users...

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because they tend to be very aggressive with each other, so we are moving them on faster than we would have normally moved them on.\textsuperscript{138}

5.5 The concerns of the community sector in attracting and maintaining staff has been well documented in the 2006 report of the Community Sector Taskforce, \textit{Towards a Sustainable Community Services Sector in the ACT}.\textsuperscript{139} This concern is exacerbated for the alcohol and drug sector.

5.6 ACTCOSS has recently estimated staff turnover in the community sector to be around 26 per cent with anecdotal evidence suggesting that the figure in the alcohol and drug sector could be higher, as workers are prone to higher levels of stress and are susceptible to 'burn-out'.\textsuperscript{140}

5.7 The Committee welcomes the ACT Government's commitment to providing one-off funding to enable staff from all community based alcohol and drug services to be training in the Certificate IV Alcohol and Other Drug Work.\textsuperscript{141} The Committee understands that training has begun and is expected to be completed in 2008.

5.8 ACTCOSS also welcomed this initiative, but noted that as training is only being provided in the short term, this raises concerns about the availability of and need for training in the longer term.\textsuperscript{142}

5.9 It was also suggested to the Committee that alcohol and drug workers should be provided with Mental Health First Aid training or a similar training program.\textsuperscript{143} Given the significant links between methamphetamine and mental health and the high levels of dual diagnosis the Committee considers that this would be of benefit for the AOD workforce but also considers that more comprehensive mental health training is required particularly in light of the high percentage of clients with dual diagnosis accessing both alcohol and drug services and mental health services (see page 37).

\textsuperscript{138} Transcript of Evidence, 16 May 2007, p 73
\textsuperscript{139} available at: \texttt{<http://www.psm.act.gov.au/publications/TowardsSustainableCommunityServicesSectorACT.pdf>}
\textsuperscript{140} Submission no 11, ACTCOSS, p 38
\textsuperscript{141} Submission no 9, ACT Government, p 5
\textsuperscript{142} Submission no 11, ACTCOSS, p 38
\textsuperscript{143} Submission no 8, Canberra Alliance for Harm Minimisation and Advocacy, p 6
RECOMMENDATION 13

5.10 The Committee recommends that the ACT Government make available and resource mental health first aid training for all workers in the alcohol and drug sector.

5.11 The issue of training however, goes beyond the alcohol and drug and mental health sector. There are many other workers in the human services field that are likely to come into contact with intoxicated or drug dependent people as often drug dependency is associated with a range of other social problems. These services include, but are not limited to, homeless workers, youth workers, bus drivers, police, ambulance staff, general practitioners and pharmacists. ACTCOSS noted:

It is essential that service providers across the health and human services are equipped to deal with the presentation of ‘ice’ users, not only for services designed to respond to problem drug use, but other services that assist people with managing their everyday lives. By ensuring that other needs can continue to be catered for, it is likely that problem ‘ice’ users will be able to reach a point where they can confront problem drug use, while the health and social impacts continue to be minimised.144

5.12 The Committee notes that it would be an unrealistic expectation on any government to provide training to the entire service delivery industry and that it is the responsibility of employers, who have a duty-of-care to ensure their employees are properly trained and skilled to carry out their duties.

5.13 The Committee was pleased to learn of a new psychostimulant training program that has recently been made available to health professionals in the ACT. The program from GO to WHOA was commissioned by the Australian Government Department of Health and Ageing and developed by Turning Point Alcohol and Drug Centre. The training program is designed to assist health professionals such as medical practitioners, nurses, mental health

144 Submission no 11, ACTCOSS, p 37
workers and alcohol and other drug workers to manage and treat users of psychostimulants (including speed, base ‘ice’ MDMA, and cocaine).¹⁴⁵

**Treatment options**

5.14 The Committee heard that methamphetamine users rarely seek support for their drug problem. It was suggested that they do not identify their drug use as problematic. Another reason suggested was that the withdrawal from ‘ice’ was so extreme that people tended to either delay the process or self medicate their withdrawal with cannabis and other prescription drugs such as benzodiazepine. However, as Dr Wodak explains:

> Existing alcohol and drug treatment services attract and retain few methamphetamine users, but services that specialise in patients with stimulant problem seem more successful in attracting a higher proportion.¹⁴⁶

5.15 There is currently no pharmacological treatment for ‘ice’ addicts. Unlike withdrawal from opiates that is clinically understood and has a range of replacement therapies, such as methadone, and other pharmacological agents such as buprenorphine and naltraxone, withdrawal from methamphetamines is not as clearly understood. It is not just a lack of pharmacology but many of the currently available therapies may also be insufficient. As explained by Dr Wodak:

> Psychosocial interventions (such as cognitive behaviour therapy, contingency management and motivational interviewing) may be sufficient for the many patients with milder problems. But these interventions are unlikely to be sufficient for those who consume substantial quantities of methamphetamine and have severe problems.¹⁴⁷

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¹⁴⁶ G. Fulde and A. Wodack, *Ice: cool drug or real problem?*, MJA, Volume 186 Number 7, 2 April 2007, p 334

¹⁴⁷ G. Fulde and A. Wodack, *Ice: cool drug or real problem?*, MJA, Volume 186 Number 7, 2 April 2007, p 334
5.16 The NSW Government announced funding for two specialist psychostimulant clinics to boost emergency departments and improve coordination between drug and alcohol services and mental health services, as well as providing peer support, education programs and referral services. The clinics would operate at St Vincent’s Hospital in Sydney and Royal Newcastle Centre.\textsuperscript{148}

5.17 Turning Point in Victoria, in collaboration with Access Health, has also received Commonwealth funding through the Proceeds of Crime Act to establish and evaluate specialist services for methamphetamine users. The clinics will provide specialist services for methamphetamine and other stimulant users including best practice psychological and medical treatment for dependence, brief interventions, assessment and referral and information and harm reduction advice. Results from this project are not expected until 2010.\textsuperscript{149}

5.18 The Committee is concerned about the increase in use of methamphetamine and other psychostimulants in the ACT and considers that a specialised service for psychostimulant users would go some way to attracting and treating long term methamphetamine users. The Committee does not intend that this would be a new service, given that trends in drug usage can rapidly change, but could be achieved by having a psychostimulant specialist placed in an existing service.

**RECOMMENDATION 14**

5.19 The Committee recommends that ACT Health monitor the trials of the psychostimulant services in NSW and Victoria, with a view to making the services of a psychostimulant specialist available in the ACT, if the trials prove successful.

5.20 The Committee heard that there are various medications that can be used to ease the symptoms of withdrawal from methamphetamine such as dexamphetamine and benzodiazepine, but as mentioned earlier no

\textsuperscript{148} The Sydney Morning Herald, *Ice clinic to open in Sydney*, 28 September 2006

\textsuperscript{149} Turning Point Alcohol and Drug Centre, Victoria, viewed 12 December 2007, [http://www.turningpoint.org.au/research/si_research_cr_proj.htm](http://www.turningpoint.org.au/research/si_research_cr_proj.htm)
pharmacological treatments are available as yet. There are however, a number of national trials currently being conducted.

5.21 The Committee was pleased to note the results from the first major Australian drug trial for methamphetamine withdrawal, funded by the Australian Government Department of Health and Ageing, released in December 2007. The study tested the drug modafinil, available in Australia, to treat narcolepsy and other sleep related disorders, against a placebo in 80 dependent methamphetamine users in Sydney. The results found that people who took the drug cut their methamphetamine use by more than half. Modafinil appeared to be safe, is non-addictive and with no serious side effects. The researchers hope the positive results will lead to further funding from the Commonwealth Government for larger clinical trials. The researcher claimed that:

Modafinil is the first medication to show a demonstrable positive effect in heavy methamphetamine users and represents a major breakthrough achieved in Australia.\(^{150}\)

5.22 It was suggested to the Committee that similar trials should be conducted in the ACT. The Committee considered that the size of the ACT does not make it feasible to conduct a trial in the ACT. Furthermore, the Committee was advised by ACT Health that:

There is no intention that the ACT would conduct its own clinical trials in this area, but certainly we will be watching very closely for the outcomes of those trials, to look at the implications for the programs here in the ACT.\(^{151}\)

5.23 The Committee is pleased that progress has been made towards developing a medicated treatment for methamphetamine users and expects that the ACT Government will continue to closely monitor future trials conducted throughout Australia and internationally.

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\(^{151}\) Transcript of Evidence, 9 May 2007, p 5
5.24 With no specific services for methamphetamine withdrawal in the ACT there are a number of treatment options and services available for people with a broad range of drug and alcohol problems. These include:
- case management and counselling;
- education information;
- needle and syringe program (NSP);
- pharmacotherapy;
- withdrawal and detoxification programs;
- residential rehabilitation; and
- supported accommodation.\(^\text{152}\)

5.25 The harms caused by excessive drug use are wide-spread. Health professionals, pharmacists, youth workers and dentists would be among some of the services that are coming into contact with illicit and licit drug users on a daily basis.

5.26 Findings from the National Minimum Data Set\(^\text{153}\) 2005–2006 for the ACT provide a snapshot of the number of people seeking treatment for drug and alcohol related problems and the drugs of concern that account for those treatments.

5.27 In 2005–2006 there were 4,634 closed treatment episodes\(^\text{154}\) in alcohol and drug treatment services recorded in the ACT.

5.28 The principal drug of concern that led clients to seek treatment in the ACT for the year 2005–2006 was alcohol. Amphetamines were the principal drug of concern for only eight per cent of those seeking treatment, less than the national average of 11 per cent. Table 5.1 shows the number of closed treatment episodes by principal drug of concern in the ACT from 2001-2006 and comparative figures with Australia as a whole for 2005–2006.

\(^{152}\) A full list of ACT Government funded drug and alcohol services is attached at Appendix C.

\(^{153}\) The Alcohol and Other Drug Treatment Services Minimum Data Set is a nationally agreed set of common data items collected by government-funded service providers of clients of alcohol and other drug treatment services.

\(^{154}\) A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency.
Table 5.1

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<td>29.5</td>
<td>18.6</td>
<td>15.4</td>
<td>24.6</td>
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<tr>
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<td>20.7</td>
<td>20.2</td>
<td>27.4</td>
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<td>82.1</td>
<td>89.5</td>
<td>96.9</td>
<td>95.6</td>
<td>87.9</td>
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<tr>
<td>Total number</td>
<td>4 446</td>
<td>127 423</td>
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5.29 Withdrawal management or detoxification was the most common treatment recorded after assessment, accounting for 22 per cent of all treatment episodes. The majority of those treatments, 88 per cent, took place in a residential treatment facility. Alcohol was reported as the most common principal drug of concern by 45.4 per cent of respondents followed by heroin at 26.5 per cent.157

5.30 While the figures indicate that not many methamphetamine and ‘ice’ users are seeking treatment it is important to note that methamphetamine users in the ACT only make up 4.3 per cent of illicit drug users and many of them would also be poly drug users, that may not identify methamphetamine as their principal drug of concern. Of the ACT population 14 years of age and over illicit drug users make up 17 per cent.158

5.31 While it has been noted that methamphetamine users are less likely to seek support for their drug problem, evidence to the committee from CAHMA

155 Australian Institute of Health and Welfare, Alcohol and other drug treatment services in the Australian Capital Territory, Findings from the National Minimum Data Set (NMDS) 2005–06, p 3
156 Drugs not shown on this table include benzodiazepines, cocaine, ecstasy, nicotine, methadone, morphine and other drugs of concern coded according to the Australian Standard Classification of Drugs of Concern.
157 Australian Institute of Health and Welfare, Alcohol and other drug treatment services in the Australian Capital Territory, Findings from the National Minimum Data Set (NMDS) 2005–06, p 7
158 AIHW, 2004 National drug Strategy Household Survey, Sate and territory supplement, June 2005 AIHW cat. no. PHE 61, p 7
suggested that while drug users may not necessarily admit their drug use is problematic, they do recognise that there are health implications for many of the side-effects such as not eating, not sleeping or feelings of paranoia. Ms Wiggins of CAHMA stated:

People who are injecting, particularly, are well aware of the harms associated with injecting and the blood-borne virus risk. We are convening a group next week of 10 amphetamine users to discuss developing an education message and poster, and they were really quite easy to round up. They are very interested in being part of developing that education message.159

5.32 The Committee also heard that the lack of access to treatment services and in particular replacement pharmacotherapy is a significant issue for methamphetamine users. Other barriers that limit drug users’ access to services have been highlighted in a number of reports. Such barriers include lack of information about available treatment options and lack of information on availability of local service providers, discrimination faced by drug users and lack of understanding by service providers of the needs of drug users.160

Detoxification

5.33 One of the first steps in recovery for users with drug dependence is the detoxification process or withdrawal from the drug. Some drug users may manage on their own while others may require assistance through a detoxification service.

5.34 There are three voluntary residential detoxification programs operating in the ACT:

- Ted Noffs Foundation provides a medicated or non-medicated program for young people 14–18 years of age;
- Arcadia House provides a non-medicated program for people over the age of 18; and
- ACT Health - Alcohol and Drug Program at The Canberra Hospital provides

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159 Transcript of Evidence, 9 May 2007, p 38
160 Submission no 8, Canberra Alliance for Harm Minimisation and Advocacy, p 4
a medicated program for people over 18 years of age.

5.35 Through informal discussion with service managers at Arcadia House and Ted Noffs the Committee heard that the level of service was adequate to meet the current demand, with both services catering for people outside the ACT. The Committee understands that this is reciprocated, with many ACT residents using detoxification and rehabilitation services outside the ACT.

5.36 Arcadia House Withdrawal and Detox Centre is a program of Directions ACT. It offers a residential program aimed to provide residents with the physical and personal resources to withdraw from alcohol and/or other drugs. The program is based on seven days with an option to extend if required. The Committee was advised that 30–50 per cent of clients will move to a residential rehabilitation program on completion of their detoxification.

5.37 The service is well equipped with modern decor and furniture, and has a comfortable and peaceful setting.

> Arcadia is a Greek word meaning pastoral, rural and tranquil and reflects both Arcadia’s atmosphere and the bush surrounds of the centre.161

5.38 The Committee was advised that Arcadia House is the main detoxification centre for adult ‘ice’ users in the ACT. TCH does not take clients with methamphetamine dependence as there is no suitable medication available. Arcadia House has the capacity for 10 clients at any one time.

5.39 Arcadia House reported an increase in the number of clients who identify ‘ice’ as their main drug of concern. The drug of concern identified by clients entering Arcadia House during the 2006–2007 financial year were:

- 29.09 percent – speed/methamphetamine /‘ice’;
- 25.90 per cent – alcohol;
- 25.45 per cent – cannabis; and
- 19.54 per cent – heroin.162

161 Arcadia House Withdrawal and Detox Centre, Brochure, January 2007
162 Directions ACT, Annual Report 2006/07, p 19
Ted Noffs Foundation is also in a rural setting and provides a withdrawal program and a three month residential rehabilitation program for young people 14–18 years of age. The staff, the programs and services on offer are excellent. However, the Committee on visiting the facility found the physical environment and the state of the buildings, the furniture and the facilities to be in poor condition. The individual rooms in the withdrawal unit were small and cramped. The Committee was advised that young people had commented that the rooms at Quamby were better.

The Committee was pleased to note that the counselling area at Ted Noffs provided a more therapeutic environment with freshly painted walls and modern furniture. The Committee heard that young people respected this area and the Committee was advised that this area had not been subjected to the same level of vandalism that had occurred throughout the rest of the building.

The Committee considers that the physical environment of the residential detoxification program and residential rehabilitation contributes to the overall success of the therapeutic program for a recovering addict. The Committee is concerned that the physical environment at Tedd Noffs is not conducive to the therapeutic process and considers that a refurbish would be of benefit to the service and the clients it caters for.

RECOMMENDATION 15

The Committee recommends that the ACT Government provide one-off funding to upgrade the premises, fittings and furnishings at Ted Noffs Foundation.

The Committee was advised that ACT Health was conducting a clinical review of detoxification/withdrawal management service as the 2005–2006 Alcohol and Other Drug Treatment Services –National Minimum Data Set highlighted that the proportion of treatment episodes in the ACT that were residential, was almost twice the national average.163

163 Correspondence to the Health and Disability Committee from Minister for Health, Ms Katy Gallagher, 6 March 2008. Also referred to Siggins Millar, Review of the ACT Alcohol and Drug Service System, September 2008, p 37
The Committee considers any reduction in the number of residential detoxification beds would have a negative impact on treatment services for drug affected people in the ACT.

**RECOMMENDATION 16**

The Committee recommends that there be no reduction in the number of residential detoxification beds in the ACT.

**Rehabilitation**

Following a detoxification program some clients may choose to enter a residential rehabilitation program. The transition from a detoxification program to a residential rehabilitation program can require careful management to ensure a bed is available on completion of the detoxification program. The Committee was advised that if a bed is not available the client could end up relapsing. One option is to stall beginning the detoxification program until a bed is secured at the rehabilitation service.

While the Committee can understand the need for this, it is of great concern that people cannot access a service when required. The Committee noted that waiting times to enter Karralika could be up to three months.

Options are limited if a place is not available on request. Some drug users will choose a residential service outside the ACT as their preferred option. However, for others having the support of their family and friends may be an important part of their recovery. For people with children either living with them or being cared for by others, leaving the ACT may not be an option, particularly as Karralika offers one of the few family residential programs in Australia.

The Committee heard that there was a gap in service delivery for young people between 18–25 years of age. In terms of a residential program and detoxification service, young people will attend the Ted Noffs Foundation, but once they turn 18 they must attend adult services. The Committee heard that adult services tend to cater for older, more hardened drug users and may see young people being housed with 40 year old 'junkies'. The Committee was
advised that the effects of this on young people could cause more harm and has been referred to as the 'contamination effect'.

5.51 The Karralika therapeutic community model is based on an adult model with a residential program of 12–18 months. The Committee was advised that young adults may not want to commit to a residential program of that length.

5.52 ACTCOSS also identified short term rehabilitation programs as a service delivery gap in the ACT, as there are currently no short term programs available for those unable to commit to a long term program or who may not need a long term program. While ACTCOSS was not referring to this gap for young adults this type of service could be extremely beneficial for young adults. The Committee supports ACTCOSS’s budget recommendation to resource a short term residential program in the ACT.

RECOMMENDATION 17

5.53 The Committee recommends that the ACT Government resource a short term drug rehabilitation residential program in the ACT, on a trial basis.

5.54 Youth services in the ACT cater for young people up to 25 years of age. While youth workers provide generalist drug and alcohol support there is a lack of expertise that is offered by drug and alcohol services.

5.55 The Committee considers that partnerships between youth services and drug and alcohol services to complement expertise could go some way to meeting the needs of this group of drug users.

RECOMMENDATION 18

5.56 The Committee recommends that ACT Health work with the ACT Department of Disability, Housing and Community Services to create closer links between drug and alcohol agencies and youth services with a view to establishing specialised drug and alcohol workers in youth services, where appropriate.

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5.57 Directions ACT reported being limited in the treatment options that they could provide to 'ice' users.

The only effective service we can offer to assist with 'ice' withdrawal is Cognitive Behaviour Therapy (CBT)\(^\text{165}\) 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.\(^\text{166}\)

5.58 In treatment for drug and alcohol dependence, it is important to ensure that there is a capacity within the service system for different population groups. It was brought to the Committee’s attention that there was no specific detoxification program for women. Lesley’s house provides safe supported accommodation for women and their children after they have been through detoxification. The women that access WIREDD had expressed a desire for a women’s only safe place to detoxify. While the current options were considered to be safe, WIREDD reported that women had expressed a preference for a women only space as:

Some of the women who access us do not go to the other services because sometimes their partners or their ex-partners are there.\(^\text{167}\)

5.59 The Committee supports the availability of specific services for different client groups and notes the ACT Government's commitment of $209,000 over four years for a residential detoxification and withdrawal program for women and children.\(^\text{168}\) The Committee was advised that this is a two-week program that will be offered through Arcadia House at specific times throughout the year.

\(^\text{165}\) Cognitive Behaviour Therapy (CBT) is a relatively short term, focused approach to the treatment of many types of emotional, behavioural and psychiatric problems. It is a collaborative and individualised program that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn healthier skills and habits. CBT has been practised widely for more than 30 years. It has been researched extensively, and has demonstrated effectiveness with a variety of emotional difficulties. Australian Association for Cognitive Behaviour Therapy, viewed 2 December 2007, <http://www.gtp.com.au/gtpnews/getstory.jsp?owner=aacbt&disp=28&id=2459>

\(^\text{166}\) Submission no 5, Directions ACT, p 4

\(^\text{167}\) Transcript of Evidence, 9 May 2007, p 45

The Committee considers this to be short term solution, as timely availability of services can be crucial in the road to recovery for drug dependent people.

The Siggins Millar Review found that the trial of this service had been under utilised despite intensive promotion of the service. While this may be the case, the Committee considers that the expectation of a drug dependent woman, with a child or children, to time her detoxification to coincide with the two week 'window of opportunity' is an unrealistic expectation and would be disappointed to see the service discontinued.

RECOMMENDATION 19

The Committee recommends that ACT Health reassess and evaluate the program in light of its limited availability, as to the reasons why it is under utilised and how it can be tailored to better meet the needs of women and children.

The Committee was also pleased to note the ACT Government's commitment to building a specific residential drug and alcohol rehabilitation facility for Aboriginal and Torres Strait Islander people in the ACT.

There is no one size fits all for treatment for excessive methamphetamine use. While there has been significant discussion about how to deal with methamphetamine users, it was drawn to the Committee's attention that the voice of the user has been largely silent in this debate. A number of submitters suggested seeking input from methamphetamine users in the ACT, to ascertain their needs.

The Committee sought input to the inquiry from 'ice' users at the Community forum that was held on 9 May 2007, but found it difficult to find someone willing to openly discuss their circumstances in such a public forum.

\[169\] Siggins Millar, Review of the ACT Alcohol and Drug Service System, September 2007, p 39
\[170\] Legislative Assembly for the ACT, Hansard Transcript, 13 November 2007, p 3217
\[171\] See for example: Submission no 2, Dr Tuck Meng Soo, and Submission no 8, Canberra Alliance for Harm Minimisation and Advocacy
RECOMMENDATION 20

5.65 The Committee recommends that ACT Health coordinate a consultation process, involving methamphetamine and other psychostimulant users, to determine their needs for treatment and other support services in the ACT.

ACT Ambulance Service

5.66 ACT Ambulance Service reported that responding to overdoses of crystal methamphetamine or amphetamine type substances (ATS) was only a small percentage of the annual call outs. Service data over the last four years had shown that ATS accounted for 5.5 per cent of all of the overdoses attended and that crystal methamphetamine was only 25 per cent of that 5.5 per cent. Mr Doug Wright, the Clinical Coordinator of the ACT Ambulance Service went on to say:

To put this into perspective, alcohol on its own accounts for 30 per cent of our overdoses, year after year. You can see that crystal meth or ATS are quite a small amount. Also, looking at our data on this, we discovered that over the last four years we have had a downward trend in the use of amphetamine type substances in overdoses—from a 6.2 per cent average down to now, in the first quarter of this year, only 4 per cent of the cases that we attend.\(^\text{172}\)

5.67 While the actual number of overdoses that ambulance officers are required to attend are low, the difficulty associated with responding to clients in a state of increased agitation and methamphetamine psychosis requires careful management.

5.68 The Committee was advised that the figures on methamphetamine are based on information provided to the paramedics from the patient, friends or others and not based by toxicology. Consistent with the earlier discussion of poly

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\(^{172}\) Transcript of Evidence, 16 May 2007, p 54
drug use, the cases often attended to by paramedics revolve around a 'poly pharmaceutical overdose or a mix with alcohol, or both'.

Some of the medical complications that may be experienced by a patient with a methamphetamine overdose include:

- hyperthermia;
- seizures;
- high temperature;
- hypoxia (decreased oxygen supply); and
- hypoglycaemia (low blood sugars).

The Committee heard that on a call out where crystal methamphetamine is involved, paramedic crews may be faced with a patient who is suffering with an acute psychotic event. The patient may be hallucinating and exhibit a high degree of suspicion about the people around them which can be exacerbated when the paramedic crew arrives:

Patients are agitated; they are often showing overreacting behaviour; they have a rapid speech pattern; they are shifting in conversations; they cannot hold a conversation straight. The patients become aggressive towards everyone and may need to be sedated.

As a result of these difficulties the Committee was advised that the ACT has clinical management guidelines for dealing with combative and agitated patients. The guidelines read in part:

- Use in situations where the patient cannot be managed due to agitation or combativeness.
- If concerned about safety call the police for assistance.
- Speak quietly—do not shout.
- Do not leave the patient alone.
- Attempt quiet reassurance in an attempt to persuade the patient to accept treatment.

173 Transcript of Evidence, 16 May 2007, p 54
174 Transcript of Evidence, 16 May 2007, p 54
If reassurance and persuasion are ineffective or impractical, move to pharmacological management.\footnote{Transcript of Evidence, 16 May 2007, p 54}

5.72 Pharmacological management is the last resort. The Committee was advised that physical restraints have also been introduced for these clients to protect the clients from harm and to protect the paramedics who are treating them.\footnote{Transcript of Evidence, 16 May 2007, p 55}


5.75 While patients suffering from methamphetamine overdose are among the most difficult for paramedics to manage, challenging behaviours are not limited to this patient group. The Committee considers that the occupational health and safety of paramedics is of paramount importance.

ACT Hospitals

5.76 There is little evidence to determine the impact that ‘ice’ and other methamphetamines are having on the emergency departments of Canberra hospitals.

5.77 The Committee was advised that although data collections and reporting systems do not separately identify methamphetamine use, the ACT

\begin{footnotesize}\ootnotesize
Government was able to ascertain that presentations to emergency department admissions to ACT hospitals of people experiencing problems relating to psychostimulant use have increased slightly with:

- 11 separations in 2003–2004;
- 16 separations in 2004–2005; and

The majority of those clients was aged between 19–24 years of age.\textsuperscript{179}

5.78 Results from a study conducted in 2005 at the Royal Perth Hospital (RPH) highlighted the impact of amphetamines on the health system, especially emergency departments.

5.79 The study was undertaken over a 3-month period from 3 August 2005 to 2 November 2005 at the RPH, an adult, inner-city, tertiary referral hospital. A diagnostic prompt in the emergency department (ED) computerised data information system (inserted for the purpose of the study) ensured that each presenting patient was assessed for amphetamine use.

5.80 The main findings from the report were:

…that amphetamine-related presentations are of high acuity, result in prolonged length of stay in the ED and consume considerable resources. A third of patients required sedation, which correlates with a high prehospital, nursing, medical and security load to manage these patients safely. Further contributing to the impact are the high rates of repeat attendance and the large proportion of patients with underlying psychiatric illness and a history of drug dependence. Amphetamine use is associated with violence, antisocial behaviour and risk-taking. Twenty per cent of all amphetamine-related presentations to our ED involved the police at some stage.\textsuperscript{180}

\textsuperscript{179} Submission no 9, ACT Government, p 30
\textsuperscript{180} S. Gray and others, eMJA, The Medical Journal of Australia, Amphetamine-related presentations to an inner-city tertiary emergency department: a prospective evaluation, MJA 2007, 186 (7), p 4–5
5.81 Complications from methamphetamine use are far reaching. Table 5.2 shows the principal reasons for presentations to the RPH ED after amphetamine use during the study period.

Table 5.2

<table>
<thead>
<tr>
<th>Principal reasons for presentations to the Royal Perth Hospital Emergency Department after amphetamine use181</th>
<th>Number (%) of patients (n=156)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sympathomimetic agitated delirium</td>
<td>31 (19.9)</td>
</tr>
<tr>
<td>Acute psychosis</td>
<td>19 (12.2)</td>
</tr>
<tr>
<td>Assault</td>
<td>13 (8.3)</td>
</tr>
<tr>
<td>Injury</td>
<td>12 (7.7)</td>
</tr>
<tr>
<td>Suicidal thoughts or action</td>
<td>10 (6.4)</td>
</tr>
<tr>
<td>Chest pain</td>
<td>7 (4.5)</td>
</tr>
<tr>
<td>Polysubstance overdose</td>
<td>6 (3.8)</td>
</tr>
<tr>
<td>Seizures</td>
<td>6 (3.8)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>6 (3.8)</td>
</tr>
<tr>
<td>Palpitations</td>
<td>5 (3.2)</td>
</tr>
<tr>
<td>Motor vehicle accident</td>
<td>5 (3.2)</td>
</tr>
<tr>
<td>Miscellaneous*</td>
<td>27 (17.3)</td>
</tr>
</tbody>
</table>

*This includes general unwellness, headache, collapse, self-harm, depression, numbness, rigors, thirst, abdominal pain

5.82 This is the first study of its kind in Australia. The amphetamine related presentations comprised 1.2 per cent of all attendances but had a major impact on the emergency department. The report concluded that:

With increasing availability and use of amphetamines, the burden on emergency services will continue to grow\textsuperscript{182}

Another research project that is being monitored by the ACT Government is The Designer Drug Early Warning System (D2EWS) that is being run out of the Royal Adelaide Hospital. D2EWS is a:

…clinically based, prospective monitoring system, in which blood analysis of intoxicated patients provides precise identification of the intoxicating substances as well as the levels of these drugs in the patients’ blood. This information is then able to be correlated with the patients’ clinical and demographic details to provide a unique data-set\textsuperscript{183}

**ACT Policing**

ACT Policing is increasingly required to manage violent behaviour and crime related to excessive use of licit and illicit drugs.

ACT Policing has a *Drug and Alcohol Policy Team* that coordinates the implementation and identification of strategies dealing with the misuse of both licit and illicit drugs in the ACT.

The total number of drug offences reported by ACT Policing for the 2006–2007 financial year was 465, a four per cent increase on the previous year. These figures are broken down as follows:

- possession or use of drugs 372–up 9 per cent on previous year;
- deal and traffic in drugs 56–down 21 percent on previous year;
- manufacture and grow drugs 27–down four per cent on previous year; and
- other drug offences 10–up 25 per cent on previous year\textsuperscript{184}

The *Drug Intelligence Team* collects, collates and analyses information relating to the supply and distribution of illicit drugs in the ACT such as heroin,


\textsuperscript{183} Royal Adelaide Hospital Emergency Department, Designer Drug Early Warning System (D2EWS), 12-month Technical Report, DASSA Research Monograph No.19 Research Series, p xvi

\textsuperscript{184} ACT Policing Annual Report 2006–2007, p 41
cannabis, cocaine and ATS. In the 2006–2007 Drug Intelligence assisted police in major operations including:

- Operation Salvor – an investigation to disrupt members of a suspect Outlaw Motorcycle Gang suspected of distributing amphetamine type stimulants; and
- Operation Roundel – an investigation targeting street level crystal methamphetamine dealers in the ACT.\textsuperscript{185}

5.88 The figures of crimes and prosecutions only show one side of the story. The use of drugs and drug dependence is associated with a range of other criminal matters that the figures do not reflect.

5.89 Police are also on the front line to deal with violent incidences as they occur with over 2,000 offences of assault reported in the 2006–2007 year.\textsuperscript{186} In its submission the ACT Government stated that:

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.\textsuperscript{187}

5.90 ACT Policing also reported being concerned about the increasing trend in poly drug use involving methamphetamine, MDMA (Ecstasy), cannabis and/or other drugs. The ACT Policing Annual Report states:

Poly drug use often carries with it more risk than use of a single drug, due to an increase in side effects, and unique chemical interactions. Should this trend increase, it is likely to present further challenges for ACT Policing.\textsuperscript{188}

5.91 The Committee acknowledges the work of ACT Policing in relation to illicit drugs.

\textsuperscript{185} ACT Policing Annual Report 2006–2007, p 90
\textsuperscript{186} ACT Policing Annual Report 2006–2007, p 155
\textsuperscript{187} Submission no 9, ACT Government, p 31
\textsuperscript{188} ACT Policing Annual Report 2006–2007, p 41
Law enforcement

5.92 Drug law enforcement plays an important role in combating the problem of illicit drug use. As discussed earlier, drug policy in the ACT and Australia is guided by the ‘three pillars’ (see page 55), of supply reduction, demand reduction, and harm reduction. Supply reduction is primarily the responsibility of law enforcement agencies. Professor Wodak argues that despite decades of trying to tackle illicit drug use through the criminal justice system, illicit drug use and consequential problems have continued to increase throughout the world. He goes on to say:

The evidence for effectiveness and cost-effectiveness of health interventions for illicit drug use is far more impressive than the evidence for law enforcement. It is time that Australia regraded illicit drugs in general, and methamphetamine in particular, as primarily a matter for health and social interventions.189

5.93 In submissions to the inquiry, both ACTCOSS and FFDLR argued that ACT Government funding for problematic alcohol and drug use is skewed in favour of law enforcement.

5.94 A study of ACT Government expenditure on problematic alcohol and drug use across the health, justice, police and emergency services, estimated that of $85 million expended, $65 million (77 per cent of the total) was spent on police and criminal justice.190

5.95 FFDLR argued that despite the significant spending on law enforcement there had been no indication of a reduction in supply. Despite recent reports of increased methamphetamine seizures, FFDLR argued that this did not equate to supply reduction and hypothesised that increased seizures indicated that large quantities of methamphetamine were entering Australia. FFDLR further argued that an indication of supply reduction would be an increase in price, decrease in purity and decrease in availability. However, based on results of the 2006 IDRS price, purity and availability indicate that the supply of

189 G. Fulde and A. Wodak, Ice: cool drug or real problem, MJA, Volume 186 Number 7, April 2007, p 334
190 D. McDonald 2006, cited in Submission no 11, ACTCOSS, p 28 and Submission no 4, FFDLR, p 6
methamphetamine is unchanged in the ACT and nationally, suggesting a growth in the market.\textsuperscript{191}

5.96 ACTCOSS also supported a more balanced approach to drug policy:

\textit{…with a greater proportion of resources being directed at demand reduction and harm minimisation, much of which would reduce the need for interventions by the police and justice system.}\textsuperscript{192}

5.97 The Committee notes that a similar trend in drug strategy expenditure is evident at the national level.

**Diversion programs in the ACT**

5.98 The Committee considers that for many drug users, particularly young people experimenting with drugs, being caught up in the criminal justice system would do more damage in the long term. FFDLR was also opposed to imposing criminal sanctions on young people experimenting with drugs and the future consequences of receiving a criminal record.

5.99 FFDLR also raised concerns over changes made to the Model Criminal Code in 2004. They argued that these changes had the capacity to increase net harm as what were previously considered minor offences were moved back into the criminal sanctions arena and severe penalties were introduced for other minor infringements.\textsuperscript{193}

5.100 The amendments to the \textit{Criminal Code 2002} were made through the \textit{Criminal Code (Serious Drug Offences) Amendment Bill 2004} and were passed in the ACT Legislative Assembly on 17 August 2004. While the Bill was directed against the illegal drug trade, those that opposed the passage argued that the amendments did not address issues of harm minimisation and opened up the possibility of heavy criminal sanctions for minor drug offences.\textsuperscript{194}

\textsuperscript{191} Submission no 4, FFDLR, pp 6–8
\textsuperscript{192} Submission no 11, ACTCOSS, p 28
\textsuperscript{193} Submission no 4, FFDLR, p 10
\textsuperscript{194} Legislative Assembly for the ACT, Hansard Transcript, 17 August 2004, pp 3682–3699 and pp 3748–3752
5.101 In its submission to this inquiry FFDLR recommended an examination of the Model Criminal Code changes to the law for minor infringements to determine whether the provisions had been used, and if so, what had been the social and health impact.195

5.102 While the Committee notes the concerns raised by FFDLR, it does not consider that the changes to the Model Criminal Code have impacted negatively on minor drug offenders. The Committee is satisfied that the ACT diversion programs, aimed to increase incentives for drug users to identify and treat their illicit drug use early, provide a suitable avenue for minor drug offenders to stay out of the criminal justice system. According to the ACT Government these programs:

...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.196

5.103 These programs include:

- The Police Early Intervention and Diversion Program–a program allowing people caught with small amounts of illicit and licit drugs for personal use to be referred to drug education, counselling and treatment services as an alternative to the criminal justice system.

- The Court Alcohol and Drug Assessment Service–a pre-sentencing treatment option for people charged with alcohol and other drug related offences and is designed as a short term intervention for first Court appearances.

- The Treatment Referral Panel Program–a program offering 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. A treatment order may be included to reduce custodial time.197

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195 Submission no 4, FFDLR, p 10
196 Submission no 9, ACT Government, p 38
197 Submission no 9, ACT Government, pp 38–39
5.104 The Committee supports programs that keep people out of the criminal justice system but was concerned to hear that this is not always the preferred option for the offender. For some offenders, having to attend compulsory drug and alcohol program and having to face their problems can be more daunting than 'doing the time' in a 'familiar' environment.

5.105 The link between the abuse of licit and illicit drugs and inmates in correctional facilities is well established and is one of the major issues confronting the criminal justice system.\textsuperscript{198} The Committee considers drug and alcohol programs such as drug education, detoxification and rehabilitation programs to be an important component of prison rehabilitation and is pleased to note that they are included, in the recently released, ACT Health, \textit{Adult Corrections Health Services Plan 2008–2012}.

5.106 The Committee further notes the considerable efforts of the ACT Government in the development of drug and alcohol services for inmates in the ACT through the \textit{Adult Corrections Health Services Plan 2008–2012}. The plan recognises that there is a high number of prisoners that will have or have had drug and alcohol problems and states:

A range of services will be offered to prevent the uptake of harmful drug use, to treat those with drug use problems and reduce drug related harm to individuals. Such a service would be consistent with the \textit{ACT Corrective Services Drug, Alcohol and Tobacco Strategy 2006–2008}. The service, recognising that drug and alcohol addiction is a health issue, will be tailored towards harm minimisation, demand reduction and effective clinical management for substance misusers.\textsuperscript{199}

\begin{itemize}
\item[\textsuperscript{199}] ACT Health, \textit{Adult Corrections Health Services Plan 2008–2012}, March 2008, p 19
\end{itemize}
6 NATIONAL STATE AND TERRITORY INITIATIVES

6.1 To combat growing concerns about the problems associated with the increasing use of crystal methamphetamine and other AOSD many initiatives have emerged at the national, state and territory levels.

National strategies

6.2 The Ministerial Council on Drug Strategy (MCDS) is the peak national decision-making body for licit and illicit drugs, and comprises the Australian Government, State and Territory Health and Law Enforcement Ministers, including Justice and Police Ministers and the Federal Minister for Education.

6.3 In December 2006 MCDS passed resolutions related to the:
- use of drug terminology such as ‘party’ and ‘recreational’ to describe illicit drugs;
- development of a national law enforcement amphetamine type stimulants (ATS) strategy;200 and
- endorsement of a national clandestine laboratory database.

6.4 The National Psychostimulant Initiative was commissioned by MCDS and provides funding for training and the dissemination of training resources to assist workers to deal with people affected by psychostimulants.201 Under this initiative national guidelines have been developed for ambulance services and emergency departments on psychostimulant toxicity: Management of Patients with Psychostimulant Toxicity: Guidelines for Emergency Departments; 202 and

200 The draft strategy has been developed and will be considered at the next MCDS meeting scheduled for May 2008.
201 Submission no 9, ACT Government, p 25
**Management of Patients with Psychostimulant Toxicity: Guidelines for Ambulance Services.**

6.5 The National Co-morbidity Initiative is aimed at improving service coordination and treatment outcomes for people with dual diagnosis i.e., co-occurring substance use and mental health problems.

6.6 The Australian Government National Drugs Campaign, part of the National Illicit Drug Strategy was specifically aimed to reduce young Australians' motivation to use illicit drugs by increasing their knowledge about the potential negative consequences of drug use. As part of this strategy an information booklet about illicit drugs and guidance for parents on how to talk about the issue with their children was sent to all Australian households during August–September 2007. Similar booklets were sent out in 2001 and 2005. A number of television commercials featuring 'ice', speed and ecstasy and print media advertising accompanied the campaign.

**Victoria**

6.7 The Victorian Government launched a campaign Ice: It’s a Dirty Drug, in November 2007 to run through until March 2008. The campaign, targeted at 15–25 year-olds, aimed to highlight the damaging effects of 'ice' through youth specific media, street press, social and music websites, outdoor sites, pubs, clubs, bars and dance or music festivals. A brochure on the dangers of 'ice' will also be distributed to parents with teenage children.

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204 Since the change of Government at the Commonwealth level in November 2007 the National Drug Campaign is being reviewed.


Tasmania

6.8 The Tasmanian Psychostimulants Action Plan 2007 was launched in December 2007 due to growing concern over the increasing use of psychostimulants in Tasmania. The aims of the action plan are to:

- Reduce the supply and availability of illicit drugs and precursors;
- Work with the dance party industry to develop guidelines for safer environments;
- Build resilience in young people;
- Develop information resources for young people, the community, police and health professionals; and
- Provide timely and appropriate intervention and linking of people to health services.207

Queensland

6.9 The Queensland Government’s ‘Ice–Breaker’ Strategy includes a range of initiatives to reduce the harms related to amphetamine-type substances including:

- the development of a state-wide education campaign for young people on the dangers of ‘ice’;
- state-wide assessment of drug treatment facilities to improve responses for people with ATS use and dependence;
- legislative amendments to ensure prohibition of retail sale of ‘ice’ pipes; and
- pseudoephedrine education and enforcement aimed at reducing the prescription and distribution of precursors by general practitioners and pharmacists.208

6.10 Queensland Health has recently funded 13 new dual diagnosis workers to increase the capacity of mental health and drug and alcohol services to respond to people with a dual diagnosis.

6.11 Other initiatives include peer education programs such as the Amphetamine Peer Outreach Education Project and the Ravesafe Initiative and a community awareness project, Putting the Brakes on Speed.\(^{209}\)

**Western Australia**

6.12 The Community Drug Service Teams provide treatment services including an outpatient residential detoxification service for amphetamine users and their families.

6.13 The State Dual Diagnosis Planning Group is facilitating the development, implementation and evaluation of services for people with dual diagnosis and developing formal links between alcohol and drug and mental health services.

6.14 The resource and training package *Psychostimulants–Management of Acute Behavioural Disturbances* has been made available to Western Australian police.\(^{210}\)

**NSW**

6.15 NSW has a number of programs aimed at young people and families that include:

- “Club Drugs” Campaign – a program aimed at young ecstasy users who also engage in poly drug use which often includes ‘ice’;
- Getting it Together – a program for young people between the ages of 12–18 years with problematic alcohol or drug use who are also homeless or at risk of becoming homeless;


- Gateways is a program aimed at secondary students at risk of drug use;
- Family Drug Support provides a 24 hour telephone helpline and other resources for family and carers of drug affected people; and
- The Stepping Stones is a program that guides families through process of dealing with drugs.\textsuperscript{211}

South Australia

6.16 The Designer Drug Early Warning System (see page 75) is a collaborative project between the Royal Adelaide Hospital Emergency department, the Drug and Alcohol Services of South Australian and Forensic Science South Australia.

6.17 Drug and Alcohol Services South Australia is also conducting a literature review investigating the relationship between substance abuse and psychiatric illness.\textsuperscript{212}

Project STOP

6.18 Project STOP was developed by the Queensland Branch of the Pharmacy Guild of Australia in collaboration with the Queensland Police and Queensland Department of Health. Project STOP uses the Guilds epothecary\textsuperscript{213} database to track sales of pseudoephedrine, the precursor drug used for the illicit manufacture of methamphetamines.

6.19 The pilot project in Queensland proved to be successful and funding was secured through the Australian Government Attorney General’s Department


\textsuperscript{213} Epothecary was developed specifically for pharmacists as an online pharmacy manager that provides a range of business tools for administrative functions <https://www.epothecary.com.au/>
for a national roll-out over two years, with the aim of making the tracking tool available to the estimated 5,000 pharmacies in Australia.\textsuperscript{214}

6.20 The Committee was pleased to note that the ACT Health Minister, Katy Gallagher, introduced a regulation making it mandatory for pharmacies to record personal information about the purchaser when they sell an over-the-counter pseudoephedrine product. The regulation addressed privacy issues associated with a pharmacist requesting and recording identification in the sale of pseudoephedrine products to allow the roll-out of Project STOP in the ACT. The regulatory changes were made to the \textit{Poisons Act 1933} and commenced on 4 October 2007.

6.21 ACT pharmacies have been quick to embrace Project Stop with all Guild pharmacy members signed up for the project. Now that photo identification is required for all purchases of over-the-counter medications containing pseudoephedrine preliminary reports from the ACT Pharmacy Guild suggest that most customers are happy to provide their personal details once they know why they are required. However, it is a time consuming exercise for pharmacy staff, to explain why personal details are required, that could be supported by an education campaign.

\textbf{RECOMMENDATION 21}

6.22 The Committee recommends that the ACT Government work with, and assist, the ACT Pharmacy Guild to implement a joint awareness campaign about the misuse and dangers of pseudoephedrine.

6.23 The Committee heard that pharmacies were also concerned about the increased risk of burglary and theft by would-be drug manufacturers due to limited access to pseudoephedrine. Also of concern to the Guild is the increased risk of aggression to pharmacy staff when asking for photo identification from some customers. The Committee was advised that the ACT Pharmacy Guild is developing strategies to ensure that pharmacy staff are safe and that pharmacy property is secured and protected.

\textsuperscript{214} The Pharmacy Guild of Australia, Submission to the Parliamentary Joint Committee on the Australia Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs (AOSD), May 2006, pp 7–8
6.24 The Committee considers Project Stop to be an important tool for minimising the production of methamphetamine in the ACT and congratulates ACT pharmacies for taking responsible measures to limit the supply of pseudoephedrine for illegitimate purposes in the ACT.

Banning 'ice' pipes

6.25 Banning the sale of glass pipes used to smoke 'ice' was raised at the MCDS national forum on 'ice' in December 2006. As smoking 'ice' is the most common method of ingestion, the banning of 'ice' pipes has been widely debated. The ACT is one of the few jurisdictions that has not banned the sale of 'ice' pipes at this stage.

6.26 It has been argued that banning the sale of pipes would reduce the number of people using crystal methamphetamine. A further argument for banning the sale of drug equipment such as bongs and glass pipes is that the legal sale and display of such paraphernalia can send contradictory messages about illicit drug use and its consequences.

6.27 However, a number of submitters did not support the banning of 'ice' pipes in the ACT, arguing that this would only lead to the more harmful methods of ingestions.\textsuperscript{215} Directions ACT argued that such a move would further exacerbate the problems without addressing the longer term problems of 'ice' use in the community and could turn existing smokers into injectors or lead users to partake in more dangerous ways of administration. In its submission to the inquiry, Directions ACT reported drug users as saying that if they did not have access to an 'ice' pipe they would find alternative methods of ingestion such as:

\textellipsis convert light globes into pipes or they would take up injecting.\textsuperscript{216}

6.28 ACTCOSS was also not convinced that banning the implement used to smoke 'ice' would lead to fewer people smoking 'ice', suggesting that people would

\textsuperscript{215} Submission no 5, Directions ACT, p 2; Submission no 11, ACTCOSS, pp 42–43; Transcript of Evidence, 9 May 2007, FFDLR, p 12

\textsuperscript{216} Submission no 5, Directions ACT, p 2
simply find another way of smoking it or that it could lead to more people injecting it.217

6.29 Figures from the IDRS, provided by FFDLR showed an increase between 2003 and 2006 of the number of survey respondents injecting crystal methamphetamine. This increase occurred at a time when the 'ice' pipes were available so it is hard to conclude that banning the sale of 'ice' pipes would lead to a further increase in injecting 'ice', given the current trend.

6.30 The Committee considers that banning the sale of 'ice' pipes would most likely not deter current users of 'ice' who would find alternative methods of ingestion. The Committee does, however, consider that the ban on sales could deter some first time drug users as injecting drugs is less socially acceptable in some drug using circles, as discussed earlier in Chapter 3.

6.31 The Committee noted the MCDS agreed that the Commonwealth prepare a discussion paper on banning or regulating the importation, sale and advertisement of equipment for the use of cannabis (including bongs and glass pipes) for consideration by the MCDS.218

6.32 The Committee is concerned by the conflicting messages that the legal sale of drug paraphernalia has on the community, and in particular young first time users or those experimenting with illicit substances for the first time. The Committee is not convinced that banning the sale of 'ice' pipes would lead to an increase in the number of people injecting 'ice' or lead to a reduction in the number of people using crystal methamphetamine.

**RECOMMENDATION 22**

6.33 The Committee recommends that the ACT Government give due consideration to the Ministerial Council on Drug Strategy discussion paper, and consult with the drug and alcohol sector and the local community, prior to any decision to ban the sale of glass pipes used to smoke 'ice' and other drug paraphernalia.

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217 Transcript of Evidence, 16 May 2007, p 68

Pill testing

6.34 The availability of pill testing in the ACT was raised with the Committee by ACTCOSS and FFDLR. While this is not strictly related to methamphetamine use, the Committee is concerned by reports that ecstasy tablets contain methamphetamine and other dangerous substances that have unexpected side effects.

6.35 Pill testing is a highly controversial approach to minimising the harm caused to drug users. The testing is largely based on colour-test kits that critics argue lack sophistication and accuracy. Through a chemical reaction and colour change the test kits provide an indication of active chemicals contained within a pill. However, the kits are limited as they are unable to determine purity, quantity, and may not be able to identify all active substances.

6.36 As noted by FFDLR the uncertainty of what drugs contain is of concern to drug users. The 2006 EDRS survey found that 71 per cent of participants had actively sought information (through a variety of methods) about ecstasy pills prior to taking them.

6.37 ACTCOSS supported the availability of pill testing in the ACT and argued that:

The availability of pill testing would allow people considering using pills to ascertain what substances they were actually using, and then make an informed decision about whether to use the drug or not, with the ability to ensure that they have access to appropriate precautions depending on the substance they possessed.

6.38 FFDLR also supported the availability of pill testing in the ACT, not only as a harm reduction strategy but also as a source of information on the composition

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219 Commonwealth of Australia, Parliamentary Joint Committee on The Australian Crime Commission, Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia, February 2007, p 51


221 G. Campbell and L. Degenhardt, ACT Trends In Ecstasy And Related Drug Markets 2006 Findings from the Ecstasy and Related Drugs Reporting System, NDARC Technical Report No. 276, p 89

222 Submission no 11, ACTCOSS, p 33
of illicit drugs. FFDLR further argued that the ACT Government should analyse and regularly publish the contents of synthetic drugs and prompt public warnings of drugs being passed off as less dangerous ones.223

6.39 The Parliamentary Joint Committee on the Australian Crimes Commission inquiring into the manufacture, importation and use of amphetamines and other synthetic drugs in Australia examined the pros and cons of pill testing. The reported stated:

There are concerns that such schemes equate to condoning drug taking, could expose pill testing authorities or practitioners to civil or criminal liability, and could endanger users of such services.224

6.40 Despite the negatives, some witnesses to that inquiry supported pill testing as a harm reduction strategy. The inquiry was advised of a feasibility study for the development and implementation of an illicit tablet information and monitoring service, and without endorsing and or otherwise approving pill-testing the Committee recommended that:

…the Victorian feasibility study for an illicit tablet monitoring and information service be monitored and, as appropriate, the outcomes independently evaluated by the appropriate Commonwealth agency.225

RECOMMENDATION 23

6.41 The Committee recommends that the ACT Government monitors the Victorian pill testing trial in the interests of harm reduction for all drug users, their families and the general community.

223 Submission no 12, FFDLR (Supplement), p 10
224 Commonwealth of Australia, Parliamentary Joint Committee on The Australian Crime Commission, Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia, February 2007, p 51
225 Commonwealth of Australia, Parliamentary Joint Committee on The Australian Crime Commission, Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia, February 2007, p 53
7 CONCLUSION

7.1 The issues surrounding illicit and licit drug use are far reaching and cannot be reduced to strategies surrounding the use of a single drug. Furthermore, the incidence of poly-drug use, often combining licit and illicit drugs is wide spread, highlighting the need for an overall drug strategy.

7.2 While crystal methamphetamine is a dangerous drug that is having a significant impact on individuals and the community, it represents a small percentage of problems associated with drug use and abuse in the ACT.

7.3 The Committee has made a number of recommendations to enhance the capacity of the alcohol and drug sector in the ACT to deal specifically with the impact of methamphetamine and crystal methamphetamine on individuals, without compromising the programs and strategies that currently operate within the ACT.

7.4 The Committee commends the strategies at the national level and the work occurring in the ACT to combat the concerns and challenges presented by the increased use of crystal methamphetamine.

7.5 The Committee considers that a comprehensive drug strategy including holistic treatments for individuals and the community is the best tool, to not only combat current drug problems but to be prepared for the next 'new' drug that may bring with it, a whole set of new challenges.

Ms Karin MacDonald
Chair
23 April 2008
APPENDIX A: Public Hearings

9 May 2007

ACT Government
Ms Katy Gallagher – Minister for Health
Ms Helene Delany – Manager, Alcohol and Other Drug Policy, Policy Division, ACT Health
Ms Linda Trompf – Acting Executive Director, Policy Division, ACT Health

Families and Friends for Drug Law Reform
Mr John Ley – Vice President
Mr Bill Bush – Member

The Pharmacy Guild ACT Branch
Mr Patrick Reid – President

ACT Policing
Commander Shane Connelly – Deputy Chief Police Officer, Investigations and Support

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
Ms Nicole Wiggins – Coordinator
Women’s Information Resources and Education on Drugs and Dependency (WIREDD)

Ms Paulina Hellec – Coordinator

Lesley’s Place

Ms Branca Trajkovski – Coordinator

16 May 2007

Interchange General Practice

Dr Took Meng Soo – General Practitioner

ACT Ambulance Service

Mr Doug Wright – Clinical Coordinator

ACTCOSS

Ms Ara Creswell – Director

Mr Llewellyn Reynders – Manager, Policy and Communications

Youth Coalition of the ACT

Ms Carrie Fowler – Deputy Director

Directions

Ms Carol Mead – Executive Director
APPENDIX B: Submissions

1. Women’s Information Resources and Education on Drugs and Dependency (WIRED)
2. Dr Tuck Meng Soo – Interchange General Practice
3. AIDS Action Council of the ACT
4. Families and Friends for Drug Law Reform (FFDLR)
5. Directions ACT
6. The Association for Prevention and Harm Reduction Programs Australia (Anex)
7. Confidential
8. Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
9. ACT Government
10. The Pharmacy Guild of Australia
11. ACT Council of Social Service ACTCOSS
12. Families and Friends for Drug Law Reform (Supplement)
13. Maggie Rowlands
APPENDIX C: ACT Health funded alcohol and other drug agencies
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Organisation</th>
<th>Program</th>
<th>Client Focus</th>
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</thead>
<tbody>
<tr>
<td>Residential Rehabilitation</td>
<td>Ted Noffs Inc.</td>
<td>Program for Adolescent Life Management &amp; Aftercare (PALM)</td>
<td>14-18 years</td>
</tr>
<tr>
<td></td>
<td>Alcohol &amp; Drug Foundation ACT Inc (ADFACT)</td>
<td>Karralika Rehabilitation Program</td>
<td>Adults and families</td>
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<tr>
<td></td>
<td>The Salvation Army</td>
<td>The Canberra Recovery Service</td>
<td>Men</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Ted Noffs Inc.</td>
<td>Adolescent Drug Withdrawal Unit</td>
<td>14 – 18 Years</td>
</tr>
<tr>
<td></td>
<td>Directions ACT</td>
<td>Arcadia House</td>
<td>Adults</td>
</tr>
<tr>
<td></td>
<td>ACT Health - Alcohol and Drug Program (ADP)</td>
<td>Alcohol &amp; Drug Program Withdrawal Unit</td>
<td>Adults</td>
</tr>
<tr>
<td></td>
<td>ACT Division of General Practice</td>
<td>The Opiate Program (TOP) support for community-based withdrawal</td>
<td>Adults. Aboriginal &amp; Torres Strait Islander people over the age of 13 yrs.</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>Alcohol &amp; Drug Foundation ACT Inc (ADFACT)</td>
<td>Half-way house</td>
<td>Men</td>
</tr>
<tr>
<td></td>
<td>Alcohol &amp; Drug Foundation ACT Inc (ADFACT)</td>
<td>Transitional houses (residential support and aftercare)</td>
<td>Adults and families</td>
</tr>
<tr>
<td></td>
<td>Toora Women Inc.</td>
<td>Marzenna and Lesley's Place- half-way houses</td>
<td>Women and children</td>
</tr>
<tr>
<td>Case Management/ Counselling</td>
<td>ACT Division of General Practice</td>
<td>The Opiate Program (TOP)</td>
<td>Adults. Aboriginal &amp; Torres Strait Islander people over the age of 13 yrs.</td>
</tr>
<tr>
<td></td>
<td>Directions</td>
<td>Lifeskills Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gugan Gulvan Youth Aboriginal Corporation (Gugan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wimmungu Nimmityjah Aboriginal Health Service (Wimmunga)</td>
<td></td>
<td>Aborigional &amp; Torres Strait Islander people</td>
</tr>
<tr>
<td></td>
<td>Alcohol &amp; Drug Foundation ACT Inc. (ADFACT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toora Women Inc.</td>
<td>Women's Information, Resources, Education on Drug Dependency (WIREDD)</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>Ted Noffs Inc.</td>
<td>The Aftercare Program</td>
<td>14-18 years</td>
</tr>
</tbody>
</table>

* Information provided by the ACT Government. Submission no 9, ACT Government, pp 41-43
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Organisation</th>
<th>Program</th>
<th>Client Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management/ Counselling (cont.)</td>
<td>The Salvation Army</td>
<td>The Bridge Oasis Network</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACT Health - Alcohol and Drug Program (ADP)</td>
<td>ADP Counselling and Treatment Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACT Cancer Council</td>
<td>Smoking Cessation Program - counselling, support and guidance</td>
<td></td>
</tr>
<tr>
<td>Education/ Information (including direct work with clients and community education)</td>
<td>Directions</td>
<td>Directions @ Colleges</td>
<td>Young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV/AIDS/HEP C Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Late Night Directions</td>
<td>Young people</td>
</tr>
<tr>
<td></td>
<td>The Salvation Army</td>
<td>The Oasis Bridge Network</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toora Women Inc.</td>
<td>Women's Information, Resources, Education on Drug Dependency (WIREDD)</td>
<td>Women and community members</td>
</tr>
<tr>
<td></td>
<td>ACT Health - Alcohol and Drug Program (ADP)</td>
<td>Relapse Prevention and Family Programs. Education and information via 24 hour HelpLine</td>
<td>Adults</td>
</tr>
<tr>
<td></td>
<td>Gugan Gulwan</td>
<td>Youth Detox Support Service and the Dual Diagnosis Support Service</td>
<td>Young (up to 25 years) Aboriginal &amp; Torres Strait Islander People and community members</td>
</tr>
<tr>
<td></td>
<td>Winnunga</td>
<td>Youth Detox Support Service and the Dual Diagnosis Support Service</td>
<td>Aboriginal &amp; Torres Strait Islander People</td>
</tr>
<tr>
<td></td>
<td>Alcohol &amp; Drug Foundation ACT Inc (ADFACT)</td>
<td>Sober Driver Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centacare</td>
<td>The Sobering Up Facility- overnight accommodation for intoxicated people</td>
<td>18 years and over</td>
</tr>
<tr>
<td></td>
<td>ACT Division of General Practice</td>
<td>The Opiate Program (TOP)</td>
<td>General practitioners and TOP clients</td>
</tr>
<tr>
<td></td>
<td>The ACT Cancer Council</td>
<td>Smoking Cessation Program and Outline Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ted Noffs Inc.</td>
<td>The Community Outreach Out-Client Program</td>
<td>14-18 years</td>
</tr>
<tr>
<td>Pharmacotherapy</td>
<td>ACT Health - Alcohol and Drug Program (ADP)</td>
<td>The Opioid Treatment Service</td>
<td>Opioid dependent people</td>
</tr>
<tr>
<td></td>
<td>Winnunga</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacies</td>
<td></td>
<td></td>
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<tr>
<td>Service Type</td>
<td>Organisation</td>
<td>Program</td>
<td>Client Focus</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Needle &amp; Syringe</td>
<td>Directions ACT</td>
<td>The ACT Needle &amp; Syringe Program (includes over 40 outlets across pharmacies, Health centres, syringe vending machines)</td>
<td>Injecting drug users</td>
</tr>
</tbody>
</table>
APPENDIX D: Availability of methamphetamine in the ACT 2006 EDRS results
Table 19: Current availability of methamphetamine forms, ACT, 2003-2006

<table>
<thead>
<tr>
<th></th>
<th>2003 (N=66)</th>
<th>2004 (N=110)</th>
<th>2005 (N=120)</th>
<th>2006 (N=100)</th>
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<tbody>
<tr>
<td><strong>Speed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did not respond (%)</td>
<td>48</td>
<td>53</td>
<td>50</td>
<td>39</td>
</tr>
<tr>
<td>Did respond (%)</td>
<td>52</td>
<td>47</td>
<td>50</td>
<td>61</td>
</tr>
<tr>
<td>Of those that responded (%)</td>
<td>n=34</td>
<td>n=55</td>
<td>n=63</td>
<td>n=61</td>
</tr>
<tr>
<td>% Very easy (% of entire sample)</td>
<td>20 (11)</td>
<td>36 (17)</td>
<td>30 (15)</td>
<td>28 (17)</td>
</tr>
<tr>
<td>% Easy* (% of entire sample)</td>
<td>62 (32)</td>
<td>49 (23)</td>
<td>50 (25)</td>
<td>53 (32)</td>
</tr>
<tr>
<td>% Difficult (% of entire sample)</td>
<td>9 (5)</td>
<td>11 (5)</td>
<td>16 (8)</td>
<td>16 (10)</td>
</tr>
<tr>
<td>% Very difficult (% of entire sample)</td>
<td>6 (3)</td>
<td>0 (0)</td>
<td>2 (1)</td>
<td>3 (2)</td>
</tr>
<tr>
<td>% Don’t know (% of entire sample)</td>
<td>3 (2)</td>
<td>4 (2)</td>
<td>2 (1)</td>
<td>0 (0)</td>
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<tr>
<td><strong>Base</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did not respond (%)</td>
<td>77</td>
<td>78</td>
<td>83</td>
<td>76</td>
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<tr>
<td>Did respond (%)</td>
<td>23</td>
<td>22</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Of those that responded (%)</td>
<td>n=15</td>
<td>n=25</td>
<td>n=21</td>
<td>n=24</td>
</tr>
<tr>
<td>% Very easy (% of entire sample)</td>
<td>13 (3)</td>
<td>32 (7)</td>
<td>33 (6)</td>
<td>25 (6)</td>
</tr>
<tr>
<td>% Easy* (% of entire sample)</td>
<td>33 (8)</td>
<td>44 (10)</td>
<td>38 (6)</td>
<td>54 (15)</td>
</tr>
<tr>
<td>% Difficult (% of entire sample)</td>
<td>27 (6)</td>
<td>16 (3)</td>
<td>29 (5)</td>
<td>13 (3)</td>
</tr>
<tr>
<td>% Very difficult (% of entire sample)</td>
<td>7 (2)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>% Don’t know (% of entire sample)</td>
<td>20 (5)</td>
<td>8 (2)</td>
<td>0 (0)</td>
<td>8 (2)</td>
</tr>
<tr>
<td><strong>Crystal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not respond (%)</td>
<td>50</td>
<td>75</td>
<td>83</td>
<td>62</td>
</tr>
<tr>
<td>Did respond (%)</td>
<td>50</td>
<td>25</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Of those that responded (%)</td>
<td>n=33</td>
<td>n=29</td>
<td>n=21</td>
<td>n=38</td>
</tr>
<tr>
<td>% Very easy (% of entire sample)</td>
<td>12 (6)</td>
<td>24 (6)</td>
<td>38 (6)</td>
<td>29 (11)</td>
</tr>
<tr>
<td>% Easy* (% of entire sample)</td>
<td>52 (26)</td>
<td>34 (9)</td>
<td>38 (9)</td>
<td>45 (17)</td>
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<tr>
<td>% Difficult (% of entire sample)</td>
<td>27 (14)</td>
<td>28 (7)</td>
<td>24 (4)</td>
<td>16 (6)</td>
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<tr>
<td>% Very difficult (% of entire sample)</td>
<td>3 (2)</td>
<td>7 (2)</td>
<td>0 (0)</td>
<td>5 (2)</td>
</tr>
<tr>
<td>% Don’t know (% of entire sample)</td>
<td>6 (3)</td>
<td>7 (2)</td>
<td>0 (0)</td>
<td>5 (2)</td>
</tr>
</tbody>
</table>

Source: EDRS regular ecstasy user interviews; 2003-2006
* combined 'Moderately easy' and 'Easy' for 2003 data,
APPENDIX E: Availability of methamphetamine in the ACT 2006 IDRS results
Table 17: Participants' reports of methamphetamine availability in the past six months, 2005-2006

<table>
<thead>
<tr>
<th></th>
<th>Powder</th>
<th>Base</th>
<th>Crystal</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2005 (N=125)</td>
<td>2006 (N=100)</td>
<td>2005 (N=125)</td>
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<tr>
<td><strong>Current availability</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Did not respond (%)</td>
<td>47</td>
<td>38</td>
<td>83</td>
</tr>
<tr>
<td>Did respond (%)</td>
<td>53</td>
<td>62</td>
<td>17</td>
</tr>
<tr>
<td><strong>Of those who responded:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Easy (%)</td>
<td>46 (24% entire sample)</td>
<td>32 (20% entire sample)</td>
<td>23 (4% entire sample)</td>
</tr>
<tr>
<td>Easy (%)</td>
<td>41 (22% entire sample)</td>
<td>53 (33% entire sample)</td>
<td>41 (7% entire sample)</td>
</tr>
<tr>
<td>Difficult (%)</td>
<td>8 (4% entire sample)</td>
<td>7 (4% entire sample)</td>
<td>32 (0% entire sample)</td>
</tr>
<tr>
<td>Very Difficult (%)</td>
<td>0 (0% entire sample)</td>
<td>3 (2% entire sample)</td>
<td>0 (0% entire sample)</td>
</tr>
<tr>
<td>Don't know (%)</td>
<td>6 (3% entire sample)</td>
<td>5 (3% entire sample)</td>
<td>5 (1% entire sample)</td>
</tr>
<tr>
<td><strong>Availability change over the last six months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not respond (%)</td>
<td>47</td>
<td>38</td>
<td>83</td>
</tr>
<tr>
<td>Did respond (%)</td>
<td>53</td>
<td>62</td>
<td>17</td>
</tr>
<tr>
<td><strong>Of those who responded:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More difficult (%)</td>
<td>11 (6% entire sample)</td>
<td>7 (4% entire sample)</td>
<td>14 (2% entire sample)</td>
</tr>
<tr>
<td>Stable (%)</td>
<td>68 (36% entire sample)</td>
<td>58 (36% entire sample)</td>
<td>68 (12% entire sample)</td>
</tr>
<tr>
<td>Easier (%)</td>
<td>11 (6% entire sample)</td>
<td>16 (10% entire sample)</td>
<td>5 (1% entire sample)</td>
</tr>
<tr>
<td>Fluctuates (%)</td>
<td>3 (2% entire sample)</td>
<td>8 (5% entire sample)</td>
<td>9 (2% entire sample)</td>
</tr>
<tr>
<td>Don't know (%)</td>
<td>8 (4% entire sample)</td>
<td>11 (7% entire sample)</td>
<td>5 (1% entire sample)</td>
</tr>
</tbody>
</table>

Source: ACT IDRS IDU interviews, 2005-2006
* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items
  * 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

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