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GPO Box 2209, Canberra City, ACT 2601.

Ms Grace Concannon,
Committee Secretary,
Legislative Assembly.

Re: Inquiry into crystal meth use in the ACT.

Dear Ms Concannon,

I work in a large general practice in the centre of the ACT. My practice sees a lot of people with alcohol and drug problems. From the reports of my patients, I have been aware of the increasing use of stimulants in particular, crystal methamphetamine or ice in the last few years. While I have not done any surveys, reports from my patients suggest that this is now the most commonly-used injectable illicit drug in the ACT.

There are several health and social problems linked to the use of this drug. Because it is so pure, it has a strongly dysphoric effect. While not all users do so, patients have certainly described binges lasting days at a time when a person will ingest dose after dose every few hours to maintain the effect of the drug until he/she has run out of money. During this time, users can indulge in irresponsible behaviour eg frequent unprotected sexual intercourse. Users also have suppressed appetites and may eat very little during this period of time leading to weight loss and general debility. They may suffer lack of sleep, sometimes for days, hypertension, hyperthermia and convulsions. As the effect of the drug wears off, users can feel very depressed, anxious and irritable. This is when users may become very violent. As is well-documented, use of stimulants is related to the development of psychosis. While not all users develop paranoia and psychosis, a minority do and some of the people who develop schizophrenia end up requiring long-term treatment for their schizophrenia. Use of stimulants is now a factor in the development of psychotic illness in a very significant proportion of new patients.

Currently, there are no treatment facilities for crystal meth users in the ACT. This is partly due to the lack to evidence for the use of medications in the detoxification and/or maintenance treatment methamphetamine dependency. Nevertheless, given that the use of crystal meth is such a major problem in the ACT, I believe that ACT Health needs to explore ways to help people who want help.

Violence with methamphetamines happens mainly when someone is feeling depressed and anxious during the withdrawal phase of methamphetamine use. I believe that the ACT should investigate measures to support users during this phase to try to reduce violent behaviour. This would range from investigating the dispensing of medications either as substitutes or sedatives to the provision of safe environments for people to

withdraw. The provision of such facilities would increase interactions between health workers and users. This could mean that health workers could encourage users to explore ways of remaining abstinent, identifying current health problems and triggers for drug use, and identifying users who may be developing psychosis and encouraging them to seek treatment.

Secondly, while there is no recognised pharmacotherapy for the treatment of methamphetamine dependency, many drugs are being investigated for use in this way. The drugs under investigation range from the provision of dexamphetamine as a long-acting substitute for methamphetamine to the use of modafinil and bupropion. I believe that the ACT should explore these options.

Currently, most programs for the treatment of methamphetamine dependency rely on the use of various behavioural interventions eg cognitive behavioural therapy, contingency management etc. I believe the ACT should provide these options.

I believe that there is a lot that can be done in the ACT to address the problem of methamphetamine dependency. I believe the ACT government should be innovative and look to a collaboration between ACT Health and its agencies, NGOs, primary care and the private sector to provide the facilities that will be needed to the ACT to address this problem.

Dr Tuck Meng Soo
28 January 2007.