



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE)
AMENDMENT BILL 2021

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Submission Cover Sheet

Inquiry into the Drugs of Dependence
(Personal Use) Amendment Bill 2021

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Submission to the Drugs of Dependence (Personal Use) Amendment Bill 2021

In this response, we specifically respond to question 'e' as it relates to methamphetamine use and treatment needs within the Australian Capital Territory.

e) issues specific to the drug rehabilitation and service sector (covering alcohol and other drug services) including the following:

i) identifying current strengths and weaknesses in the sector;

ii) assessing current and future demands; and

iii) recommending services, referral pathways and funding models that will better meet people's needs;

Crystal methamphetamine (also known as Ice) is a regularly consumed substance within the Australian Capital Territory (ACT), as well as across Australia. It is associated with significant harms to individuals and the community, including but not limited to physical, psychological, and financial. Based on the 2020 Australian Capital Territory Drug Trends key findings as well as the 2019 National Drug Strategy Household Survey, there has been a shift from lower potency methamphetamine forms (powder/base forms) to higher potency crystal methamphetamine; the most common route of administration being intravenously. Since 2011, the reported recent use of crystal methamphetamine continued to increase until an unexpected decline in 2020. This may be explained by temporary supply interruption due to the covid-19 pandemic and the associated increase in cost of crystal methamphetamine (*Upurova et al., 2020*) (*AIHW 2019*).

It has been estimated that there are 2,200 people in the ACT who are dependent methamphetamine users (*McKetin, Voce, & Burns, 2017*). In a 2016-17 survey of methamphetamine users, participants reported a low engagement in specialist treatment services (7% in the past 12 months) and many reported a desire to keep using methamphetamine. It is not clear whether users would engage more in treatment if alternative treatment models were available. According to ATODA, there was a 36% increase in demand for non-government drug treatment services from 2010-2014 associated in a large part to a rise in people presenting with amphetamines as their drug of concern (*ATODA, 2015*). Considering that methamphetamine is typically used concurrently with other drugs, combining treatment episodes where methamphetamine was identified as an issue (even when not the primary drug of concern), ATODA (2015) found that amphetamines accounted for 29% of all drug treatment episodes in 2013-14 in the ACT. However, there is no established treatment, including pharmacotherapy treatment, for methamphetamine dependence and novel responses are need.

Currently in the ACT, the standard of care for methamphetamine dependant users – psychosocial interventions – are offered by CatholicCare and ACT Health. Evidence suggests that these treatment models are modestly effective (*Lee & Rawson, 2008*). However, there can be poor engagement in these interventions by heavier users and cognitive impairment from methamphetamine use can limit effectiveness (*Lee & Rawson, 2008*). Indeed, recent research in the ACT suggests that there is poor engagement in psychosocial interventions (*McKetin et al., 2017*).

Due to the overall increasing regular use of methamphetamine and the limited programs available for managing methamphetamine use disorder in the ACT, a small scoping study was conducted between 2018-2020 to investigate current treatment services available for people living with methamphetamine dependence. Chief investigators included Dr Clara Tuck Meng Soo (General Practitioner with extensive experience in Addiction Medicine), Associate Professor Anna Olsen (Medical School ANU), Dr William Huang (Addiction Medicine Staff Specialist) and Dr Erika Unsworth (General Practitioner and Addiction Medicine Advanced Trainee).

Key stakeholders from across the ACT were involved in knowledge exchange meetings in order to collate information about what services are currently offered in the ACT and what service providers believe could improve treatment for methamphetamine users. Regular users of methamphetamine were also invited to participate in interviews about their experiences of treatment services and what they perceive to be strengths and weaknesses in the sector.

We identified several key strengths in the ACT AOD sector, including:

1. Despite being a small jurisdiction, we offer a range of treatment services, including a withdrawal unit, outpatient drug and alcohol services (specialist, general practice, counselling etc.) and rehabilitation services.
2. Compared to other states and territories, our AOD services work in a more unified way, including with some other health and social services.
3. The small size of the ACT makes it an ideal location to trial a new treatment model for methamphetamine. Due to the size of the territory, the program could be implemented to cover the whole of the territory.

Several weaknesses were also identified:

1. Although there are a good range of AOD services in the ACT, due to under-resourcing, these services often have long waitlists to access. This is particularly relevant in relation to inpatient rehabilitation beds and outpatient drug and alcohol counselling services.
2. There appears to be poor integration between certain medical departments and drug and alcohol services. Mental Health and Emergency services were identified as key services who would benefit from better integration with drug and alcohol services.
3. Limited access to walk-in services and outreach services for crisis care.
4. Limited availability of rehabilitation services to users who are unable to take time off work to attend inpatient programs.
5. There is a lack of specific treatment programs for methamphetamine, including pharmacotherapy treatment options. Most programs available are for general substance dependency treatment and may have components more targeted to other substances such as alcohol and opiates.
6. Ongoing stigmatisation for those accessing drug and alcohol services.

Based on this scoping work, we make several key recommendations to allow for better treatment of methamphetamine dependency within the ACT:

1. The ACT would benefit from increased funding to under-resourced drug and alcohol services such as rehabilitation and drug and alcohol counselling to reduce wait times. Funding for more non-residential rehabilitation options for working consumers would also be of great benefit so that consumers are able to maintain employment while receiving treatment from these services.
2. Improved communication and collaboration between drug and alcohol services and mental health and emergency services.
3. Consideration of methamphetamine pharmacotherapy provision. Pharmacotherapies for methamphetamine dependency are being trialled in other states, and the ACT could join an ongoing trial or develop a new trial. A combination of pharmacotherapy with non-medicated therapy would allow for a greater range of treatment options for those seeking assistance with methamphetamine dependency.

Methamphetamine dependence is a growing issue in the ACT and our drug and alcohol sector is significantly under-resourced. Without adequate funding to boost current resources and for implementation of novel programs, the ongoing burden of methamphetamine use will continue in our community.

Please don't hesitate to contact us if any further information could be helpful.

References:

Alcohol Tobacco and Other Drug Association ACT (ATODA) (2016). *Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT*. ATODA Monograph Series, No.4. Canberra: ATODA.

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