

Victorian amphetamine-type stimulants (ATS) and related drugs strategy 2007–2010

Discussion paper

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Introduction

The Victorian Government is developing an amphetamine-type stimulants (ATS) and related drugs strategy as one part of its comprehensive response to the use of ATS and related drugs in the Victorian community. An expert taskforce, chaired by the Minister for Mental Health, the Hon Lisa Neville MP, is overseeing development of the strategy. The terms of reference for the taskforce and a list of taskforce members are provided in Appendix 1.

In developing the strategy, the taskforce is identifying emerging trends in relation to ATS use in Victoria and providing advice on appropriate action to prevent and reduce use of these drugs, including:

- increasing public awareness of the patterns and harms of ATS use
- preventing the uptake and use of ATS
- minimising the harms associated with ATS use
- promoting treatment and support for ATS users and their families
- investigating the impact of ATS use on children and families
- supporting frontline services in dealing with people affected by ATS
- reducing the availability of ATS in Victoria
- improving the evidence base in relation to ATS.

The Victorian Government is committed to ensuring widespread stakeholder and public input into the development of the strategy. The Government and the taskforce are particularly keen to better understand the impact of these drugs on drug users, their families and affected children so that services can respond well to the needs of people whose lives are impacted by these drugs.

This discussion paper documents current Victorian Government activities, identifies a number of issues and poses a series of questions to stimulate responses. It provides members of the community with an opportunity to contribute their experience and insights through a written submission to the Department of Human Services. These submissions will help inform the development of the strategy.

You may wish to respond to the questions raised in this paper or to respond more generally on any matters that you think are relevant to the development of an ATS and related drugs strategy for Victoria.

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Due date: By 5 pm, 16 November 2007

If you have any queries in relation to this discussion paper or the ATS and related drugs strategy in general, please contact Dr Jeff Rich on 9096 5275.

Background

Amphetamine-type stimulants (ATS) are part of the psychostimulant group of drugs and include meth/amphetamine, ecstasy, cocaine and some pharmaceuticals (such as dexamphetamine and Ritalin). Methamphetamine comes in three common forms: powder (or 'speed'), methamphetamine base (or 'base') and crystal methamphetamine (or 'ice'). Detailed information regarding the nature of these drugs is provided in Appendix 2.

Who uses ATS?

While the use of ATS is low in the general community, these drugs are the second most commonly used illicit drugs after cannabis. The 2004 National Drug Strategy Household Survey (NDSHS) found that 3.2 per cent of the Australian population and 2.8 per cent of the Victorian population aged 14 years and over had used meth/amphetamine for non-medical purposes in the 12 months prior to the survey and 3.4 per cent of Australians and 3.1 per cent of Victorians had used ecstasy. Prevalence data and patterns of use of the three major forms of ATS are outlined in Appendix 2.

A wide range of people use ATS and related drugs for a variety of reasons. Evidence from the 2004 NDSHS suggests that ATS use is highest among young non-Indigenous males, with use highest in the 20–29 age group.

ATS and related drugs users generally include the following groups.

- People who use illicit drugs socially, often in association with attendance at a venue, party or event. These people are generally young and are likely to be employed or studying, and take ecstasy pills and/or other methamphetamine by snorting or smoking. Such use may be experimental, occasional, binge or regular. Poly drug use (using two or more drugs at the same time) is common among this group.
- Injecting drug users who also use a range of other drugs, including heroin. This group tends to be older than the social users, likely to be unemployed and are more likely to be in contact with harm-reduction services (such as needle and syringe programs).
- Occupational users, for example truck drivers who use methamphetamine to stay awake while driving (DCPC, 2005), shift workers and sex workers.

Where are ATS used?

Just as there is no typical ATS user, there is no typical venue of ATS use. The 2004 NDSHS found that the most common place of use of methamphetamines and cocaine was in a private home (friend's or own) (AIHW, 2005). Reported use of these drugs at private parties, public establishments and raves or dance parties was also common. The same survey found that the most commonly reported place of ecstasy use was at raves/dance parties, followed by use at a public establishment (such as nightclubs and bars). Ecstasy use at private parties and in private homes was also reported to be relatively common.

What are the risks and harms associated with ATS use?

ATS stimulate central nervous system activity, producing euphoria, a sense of wellbeing, wakefulness and alertness. ATS use is, however, associated with a range of potentially negative health consequences. ATS use results in increased heart rate, blood pressure and body temperature, sleeplessness and reduced appetite. The increases in blood pressure and heart rate can affect organs and can contribute to stroke, heart problems and kidney failure.

Particular risks associated with ATS use include:

- dependence
- mental health issues
- aggression and violence
- road accidents
- risk of unsafe sex
- risks associated with use during pregnancy
- impacts on families and children of users
- harms associated with the mode of administration
- risks associated with ATS as part of poly drug patterns of use.

Further information regarding these risks and harms is provided in Appendix 3.

The Victorian ATS and related drugs strategy

The Victorian ATS and related drugs strategy will seek to identify key issues and appropriate responses and set out a coordinated approach to responding to the use of ATS and related drugs. However, the strategy will recognise that patterns of drug use change over time and will have flexibility to be adapted to emerging issues.

The Ministerial Council on Drug Strategy (MCDS) has commissioned the development of a national strategy to coordinate efforts to prevent and minimise the harms of amphetamines and other psychostimulants. It is anticipated that the national strategy will be considered by MCDS in November 2007. The Victorian strategy will contribute to and complement the national strategy.

This discussion paper covers:

- prevention
- treatment
- targeting responses
- ATS use and families
- supply reduction
- data collection and dissemination.

The appendices detail:

- taskforce terms of reference and membership
- the nature and prevalence of ATS
- risks and harms associated with ATS use.

1. Prevention

The *National drug strategy 2004–2009* defines prevention as ‘measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug use and supply’ (MCDS, 2004).

There are three levels of prevention:

1. primary prevention: preventing drug uptake
2. secondary prevention: limiting harm at the early stages of use and preventing progression to dependent use
3. tertiary prevention (treatment): reducing harm among dependent users and helping them to reduce or discontinue use (DPEC, 2000).

Effective drug prevention involves the implementation of concurrent interventions at all of these levels. This section will focus on primary and secondary prevention in relation to ATS use. Treatment (tertiary prevention) is discussed in the next section.

Primary prevention efforts target the broader social and economic determinants of health and wellbeing. The Victorian Government has released several major social policy statements since 2001, including the broad policy and strategic statement on the future of the state in *Growing Victoria Together*, followed in 2005 with the release of *A Fairer Victoria*, the Government’s social policy action plan aimed at reducing disadvantage and creating opportunities. While harmful drugs have not been a discrete element of these policies, drug-related harm is a key factor in many other aspects including youth disengagement and family breakdown, and affects specific disadvantaged population groups in unequal ways. Importantly, these policies reflect the Government’s commitment to community strengthening as an approach to tackling complex social issues such as drugs.

There are particular issues associated with preventing or delaying the uptake of ATS. ATS are thought to be commonly used in association with attendance at parties, clubs and other dance events and their use is increasingly considered by some patrons at such events to be ‘normal’ and ‘socially acceptable’ in this context (Duff et al., 2007; NSW Health, 2005). The perceived ‘normality’ of ATS use leads many young people to overestimate the amount of drug use by their peers and may encourage experimentation (EMCDDA, 2006).

ATS are often used for their perceived performance and mood-enhancing effects. While there is a range of negative consequences associated with ATS use, many young ATS users may have knowledge of these harms but perceive the benefits to outweigh the potential costs. Both Australian and international research has pointed to limited awareness of the risks and harms associated with ecstasy and related drugs (ERDs) among many young people who use these drugs.

Lack of awareness or dismissed risks may influence both the uptake of ATS use and subsequent level of use. Offering young people and ATS users information enables them to make informed decisions about their drug use, including a decision not to experiment. To be effective, prevention messages need to be factual and credible. Users have expressed scepticism about prevention campaigns that use scare tactics or focus on rare or extreme harms (Duff et al., 2007).

There are a number of groups who have higher levels of ATS use including young people, users in the dance party/club scene and injecting drug users. Prevention activities that target groups at elevated risk of ATS use need to carefully consider the specific information needs of the target group and the appropriate communication channels to access the group (NSW Health, 2006b). For example, needle and syringe programs may provide an important interface for interacting with injecting drug users. However, non-injecting drug users will need to be targeted through different strategies, for instance peer-based interventions may be appropriate for young people attending raves and other events (Duff et al., 2007).

The need for prevention activities to be targeted at occasional users and infrequent regular users to prevent their transition to dependent use has previously been identified. Those using at such levels do not frequently come into contact with health services or law enforcement services and will therefore not access the standard health information points again through peer-based and new technologies (Duff et al., 2007; NSW Health, 2006b).

Many of the risks associated with ATS use may be increased by the route of administration. Thus, there is potential to reduce harm among current users by, for example, promoting safer injecting practices and informing users of the risks associated with smoking methamphetamine and poly drug use. Such initiatives do not condone drug use, but reflect the reality that drug users need strategies to reduce harms if cessation of use is unlikely or unrealistic.

Current Victorian Government prevention initiatives

The Victorian Government has implemented a broad range of responses to prevent ATS use in the Victorian community.

- The Government has announced plans to conduct a statewide public awareness campaign aimed at raising young people's awareness of the risks associated with methamphetamine use.
- The Victorian Government is progressing a whole-of-government alcohol and drug prevention strategy. Stage 1 of the strategy has already commenced, which consists of mapping current drug prevention activity across government

within an evidence-based framework. The strategy will be used to identify priorities for future investment in alcohol and drug prevention initiatives.

- The Department of Human Services (the department) funds RaveSafe, a peer education initiative that targets drug users who attend rave parties. RaveSafe attends a minimum of 12 raves/parties annually, distributing health-promotion resources to thousands of partygoers each year.
- The department also funds VIVAIDS to provide illicit drug overdose prevention and education for clients and workers.
- A code of practice between Government and promoters/operators of dance parties has been developed to minimise harm and increase safety for patrons. The code has been widely distributed to dance party promoters/operators and to licensed venues.
- The Victorian Government introduced voluntary guidelines to provide free or low-cost drinking water on licensed premises in 2004. This measure was considered necessary following concerns that the lack of available free or low-cost water on some licensed premises has been impacting on the health and welfare of patrons in Victoria.
- The department has funded the Australian Research Centre in Sex Health and Society at LaTrobe University to investigate patterns of crystal methamphetamine use amongst Melbourne's gay and lesbian community. The final report will provide a picture of the scale of harmful use in this community, the risk factors in relation to blood-borne viruses and an overview of the responses available.
- In 2004 the Victorian Government introduced random roadside saliva testing to detect drivers under the influence of cannabis and methamphetamines. Between December 2004 and August 2006, 21,170 tests were conducted, with 436 or 2 per cent of drivers testing positive to methamphetamine use.
- The sale of pipes used for smoking crystal methamphetamine ('ice') was banned in Victoria in 2004. Retailers or suppliers who sell ice pipes risk fines of up to \$60,000.

The taskforce is seeking views on the following issues:

- How can we prevent uptake of ATS by young people?
- What are the information needs of parents and the broader community in relation to ATS?
- What attitudes and beliefs inform ATS use among the diverse groups who use these drugs, and how might prevention efforts influence these attitudes and beliefs?
- How can we increase awareness of the risks associated with ATS use?
- How can prevention efforts be tailored and multifaceted?
- How can current drug prevention efforts in schools, local government and community agencies communicate key messages to target groups most effectively?
- How can initiatives be targeted to prevent users transitioning from occasional to dependent patterns of use?

2. Treatment

ATS users are a diverse group with a variety of patterns of use. Therefore it is important that a range of treatment options are available to allow individuals to access treatment that is most appropriate and effective for them. ATS users look for non-judgmental treatment options that allow for a range of goals including controlling use and stopping use (Queensland Health, 2004). In addition, it is important to recognise that many ATS users are poly drug users, who may have a range of treatment needs and problems including mental health concerns.

Victoria has funded agencies providing a broad range of community-based alcohol and other drug harm-reduction and treatment interventions. These include assessment, treatment planning, withdrawal, rehabilitation, and counselling and support services for people seeking assistance with harmful licit and illicit substance issues.

The Alcohol and Drug Information System 2005–06 reported that 7 per cent of treatment episodes in Victoria relate to amphetamines, 1.1 per cent relate to ecstasy and 0.2 per cent to cocaine. The main treatments for amphetamine use were counselling (45 per cent), withdrawal management (detoxification) (16 per cent) and outreach (11 per cent).

There is a substantial body of evidence that demonstrates the efficacy of cognitive behaviour therapy (CBT), motivational interviewing (MI) and other psychosocial therapies with ATS users (Topp, 2006). A stepped care approach to responding to ATS users has been identified as being appropriate. This approach first offers the least intensive intervention that is likely to be effective, then involves more intensive interventions if required (NSW Health, 2006).

Research into the effectiveness of pharmacotherapies, particularly in relation to methamphetamine use, is continuing. For example, Turning Point Alcohol & Drug Centre and the Western Hospital are currently conducting a clinical trial of modafinil (Turning Point, 2006). Results from international trials indicate that pharmacotherapy treatment is most effective when used in conjunction with psychosocial interventions (NSW Health, 2006c).

Withdrawal from ATS is much less understood than withdrawal from other drugs such as alcohol or heroin. There is evidence that symptoms from ATS may last longer than opiate withdrawal (NSW Health, 2005). Effective withdrawal management involves a supportive environment, information and reassurance. It may be more appropriately provided in outpatient settings, with ongoing monitoring and assessment than residential settings

Research has previously identified that many problematic ATS users do not present to traditional alcohol and other drug treatment services. It has been estimated that only 6–11 per cent of problematic ATS users in Victoria seek treatment each year (Lee et al., 2007). This may be for a range of reasons including that they do not identify as a drug user (particularly if they are a non-injector) or they believe that treatment facilities cater for heroin users and have little to offer stimulant users who cannot be prescribed a methadone equivalent (Topp, 2006). It has been identified that methamphetamine users seeking treatment from specialist agencies are more likely to have suffered from depression, experienced symptoms such as hallucinations and paranoia or experienced behavioural problems such as aggressive outbursts than those who have not sought specialist treatment. Depression is the main issue and can lead to relapse. Anxiety and somatic conditions (such as sleep problems) can also affect treatment outcomes (Lee et al., 2007).

In late 2006 the Australian Government announced that it will provide funding to Turning Point Alcohol & Drug Centre to establish two specialist methamphetamine treatment clinics in Melbourne (Ellison, 2006). These will be established in the City of Yarra and the City of Port Phillip. The program will establish clinical and referral pathways, employ and train specialist staff to undertake integrated best practice intervention and provide a range of tailored treatments for methamphetamine users. The New South Wales Government has also announced the establishment of two new clinics to treat methamphetamine users in that state (Hatzistergos, 2006).

While ATS users may be reluctant to present at alcohol and other drug treatment services, they do present in a range of other settings including GPs, emergency departments and psychiatric units. These settings can provide an important intervention and referral point. Other possible intervention points include telephone information services, sexual health services and needle and syringe programs as well as the use of innovative technologies. Brief interventions may be appropriate given the pattern of seeking advice or help on health concerns of most ATS users.

Dealing with ATS-affected people (particularly those exhibiting violent or challenging behaviour) may be stressful and resource-intensive for service providers, particularly those on the frontline such as police, ambulance, mental health crisis assistance teams (CAT), and emergency department workers (Nicholas, 2006). Generally the most severe cases will present to services such as the police or ambulance, while those experiencing milder symptoms will seek out other options. The Australian Government Department of Health and Ageing has developed national guidelines for GPs, police, emergency departments and ambulance services to help manage psychostimulant users. These guidelines provide clear protocols for managing ATS-intoxicated people. However the need for these guidelines to be more broadly disseminated and supported by training has been identified (NSW Health, 2006c).

In particular, it has been recognised that training in effective interventions, dual diagnosis, primary mental health assessment skills, de-escalation skills and risk management skills will enhance the capacity and confidence of frontline workers to respond to ATS users (NSW Health, 2005).

Responding effectively to ATS users requires service providers to work together to address the often complex needs of clients. In Victoria, the document *Dual diagnosis: key directions and priorities for service development* (2007) provides a framework for alcohol and other drugs, and mental health services to work together to improve outcomes for dual-diagnosis clients (those with both mental health and drug and alcohol problems). The benefits of collaboration include improved, flexible service delivery and better outcomes for clients and the community (NSW Health, 2005). An example of a collaborative approach is the *Clinical protocol for the management of delirium in the community setting* established by the Kirketon Road Centre in Sydney in collaboration with a range of frontline workers including community-based healthcare workers, needle and syringe program (NSP) workers and outreach workers, hospital staff and police.

A range of resources have been developed to assist workers in both the alcohol and other drug treatment sector as well as the broader health sector to respond to ATS users. These include:

- *The Australian government has funded the development and dissemination of national guidelines under the Psychostimulants Initiative.* The guidelines are targeted at providing management guidelines for general practitioners, police, ambulance services and staff of emergency departments as well as a general guide for behavioural interventions.
- *An amphetamine education resource developed by the department in collaboration with Queensland, New South Wales and South Australian state governments.* The resource includes topic-specific information cards to assist frontline workers conducting brief interventions with clients, a recovery guide for amphetamine users, and a manual for NSP workers and other health care professionals. The Commonwealth Department of Health and Ageing has funded Anex to implement the resources through train-the-trainer courses conducted across Australia.
- *A psychostimulant information resource for health care workers provides information on psychostimulants to assist health care professionals to provide appropriate and informed responses to psychostimulant users.* The resource was funded under the Ministerial Council on Drug Strategy (MCDS) Cost Shared Funding arrangements. Similar resources were also developed for customs and corrections officers.

- *National clinical guidelines for managing drug use during pregnancy, birth and the early development years of the newborn.* These guidelines have been developed to support a range of health care workers who care for women with drug and alcohol use issues and their infants and families. Funded under the MCDS Cost Shared Funding arrangements, the drugs covered include amphetamines and cocaine.

The Australian Government has also funded an evaluation of treatment outcomes for methamphetamine users, examining the effectiveness of treatment at a community level and the impact of mental health disorders on treatment outcomes. This project is due for completion in 2008 and its outcomes will provide a useful contribution to the evidence base in relation to treatment of ATS users.

Current Victorian Government treatment initiatives

In addition to the initiatives identified above, the Victorian Government has implemented a broad range of responses to reduce harm, facilitate entry to treatment and provide treatment and for ATS users in the Victorian community.

- *Clinical guidelines for the treatment of methamphetamine abuse and dependence developed by Turning Point Alcohol & Drug Centre, with funding from the department.* The guidelines were launched in March 2007 and provide a range of useful information for working with amphetamine users, including practical tools and strategies, information sheets and work sheets.
- *Primary health services are present in five ‘hotspot’ municipalities to address the health needs of injecting drug users.* An evaluation of the primary health services conducted by Turning Point Alcohol & Drug Centre found the services have been effective in improving the health and wellbeing of injecting drug users and to provide pathways into drug treatment. The Government has committed to extend the funding of primary health services in these areas – the City of Greater Dandenong, the City of Maribyrnong, the City of Melbourne, the City of Port Phillip and the City of Yarra – for a further four years.
- *A mobile overdose response service operates across Melbourne linking people who have experienced non-fatal overdose with treatment, and providing crisis support and intervention for users whose behaviour indicates the use of methamphetamines.* In addition, mobile drug safety workers have been appointed at 11 sites across Melbourne and rural Victoria to provide education on drug safety in areas of high drug use. Workers are trained in resuscitation and refer drug users to treatment and rehabilitation.

- *Turning Point Alcohol & Drug Centre has undertaken a training needs analysis for workers in the alcohol and other drug services field. Nine statewide professional development training courses on amphetamines were delivered to workers in the alcohol and other drug services field as part of the Victorian Government Workforce development strategy in 2003–04, nine ecstasy and related drugs training courses were delivered to this field in 2004–05, and a further six training courses were delivered in 2005–06.*
- *The Metropolitan Ambulance Service has adopted the national guidelines for ambulance services on the management of patients with acute psychostimulant toxicity. All paramedics in Victoria have been given education and are regularly updated about psychostimulant use.*
- *The Department of Human Services and Victoria Police have jointly developed an alcohol and drug treatment support service to prisoners in police cells across Victoria. This initiative is called the Custodial Health and Alcohol and Drug (CHAD) Nurses Project. CHAD nurses provide a timely and accessible health service to people held in police custody by undertaking health assessments of detainees within one working day of incarceration. Detainees with a demonstrable drug problem and who may be experiencing drug withdrawal are offered drug treatment or substitute pharmacotherapy services while in detention. CHAD nurses also refer detainees to alcohol and drug services within the community upon release or in prison if sentenced.*
- *A new initiative, the Court Integrated Services Program (CISP), has recently commenced to provide a holistic response to the needs of defendants. The initiative increases the number of alcohol and drug treatment and mental health specialists available and provides enhanced access to drug treatment services. Linkages have also been created with acquired brain injury services, mental health services and homelessness services. Phase one of CISP commenced operation in Melbourne’s Sunshine Magistrates Court and Latrobe Valley Court Complex in late November 2006. It is anticipated that, subject to evaluation, the CISP will be implemented statewide.*

The taskforce is seeking views on the following issues:

- What are the current gaps in our evidence base in relation to ATS treatment?
- How can information be provided to health services and the public to increase problem recognition and facilitate entry to treatment (abstinence or reduced/controlled use)?
- What are the particular issues for service delivery organisations in primary care, hospitals, mental health services, alcohol and drug agencies that present barriers to the effective treatment of people who use amphetamines?
- How can Government work more effectively with health care organisations and consumers to establish clear pathways and shared models of care for ATS users?

3. Targeting responses

A number of groups have been identified as having higher levels of ATS and related drugs use than the general population. These include:

- young people
- certain occupational groups (including transport and shift workers, and sex workers)
- injecting drug users
- people with pre-existing mental illness
- men who have sex with men
- Indigenous people
- detainees in the criminal justice system.

Evidence suggests that these groups tend to have higher than average levels of use of all drug types and thus general drug policy interventions are often targeted at these groups. While recognising the issues associated with ATS and related drugs use among these groups more broadly, the targeting of responses to these groups can usefully involve a consideration of the environmental and social aspects of ATS and related drug use. Two groups for whom ATS and related drug use is particularly problematic have been identified, namely users in the party/club scene and occupational groups.

In developing strategies and responses aimed at reducing ATS use and harm, careful consideration needs to be given to the target group, including appropriate messages, modes of communication and settings.

Users in the party/club scene

The Ecstasy and Related Drugs Reporting System, the NDSHS and Victorian Youth Alcohol and Drug Survey (VYADS) found that ATS are often used at private parties, clubs and entertainment venues. In these settings, poly drug use has been found to be high, particularly the use of different types of ATS in combination, and/or in conjunction with alcohol, cannabis, GHB or ketamine. Users in the party/club scene are generally young, well educated and in stable accommodation.

Occupational groups

The majority of Australians who use illicit drugs are in the paid workforce. The NDSHS found that 17.3 per cent of those in the paid workforce had used illicit drugs in the previous 12 months, compared with 11.8 per cent not in the paid workforce (NCETA, 2006). Almost 3 per cent of the workforce reported going to work under the influence of illicit drugs on at least one occasion in the previous 12 months.

There is particular concern about methamphetamine use by workers in some industries. There is evidence that methamphetamine is used with the intention of inhibiting sleep and fatigue and increasing or sustaining work performance. Analysis undertaken by the National Centre for Education and Training on Addiction estimates that 9.3 per cent of hospitality workers, 5.2 per cent of construction workers and 5.4 per cent of transport workers had used meth/amphetamine in the previous 12 months (NCETA, 2006). Amphetamine use is associated with poor work performance, increased work absenteeism and risk of workplace accidents (Nicholas, 2006). Further, there is evidence that truck drivers involved in crashes are more likely to have meth/amphetamine in their bodies than is the case with drivers of other vehicles, with many crashes appearing to be related to the withdrawal phase following methamphetamine use (Nicholas, 2006).

The workplace, therefore, represents a potential intervention point, with industry groups and trade unions being potential partners in interventions.

The taskforce is seeking views on the following issues:

- How can Government communicate effective drug prevention and harm minimisation messages to people attending rave parties, clubs and entertainment venues?
- How might the Government work in partnership with business, employees and community organisations to reduce exposure and risk of amphetamines use in different settings and industries?

4. ATS use and families

The Australian National Council on Drugs (ANCD) has recently published a report entitled *Drug use in the family: impacts and implications for children*. The report focuses on the impact of parental substance misuse, specifically alcohol and illicit drug use, on children aged between two and 12 years. While acknowledging the difficulty of accurately determining the extent of the problem, the report estimates that 0.8 per cent or 14,042 Australian children live in a household with an adult who uses methamphetamine at least monthly and reports doing so in their home.

The report highlights that families with parental substance abuse are also families who have many other complex life problems. These include mental illness, a history of abuse, neglect and poverty, and child behaviour problems. The report identifies that the way to improve the outcome of children living in these circumstances requires a range of interventions that help to improve parental mental health, parenting skills and child behaviour.

The ANCD recommends that policy on treatment and service delivery should, as a priority, identify the needs of children and young people affected by substance misuse, either by use themselves or by exposure to parental substance misuse. The ANCD also strongly recommends providing guidelines for drug and alcohol workers for the assessment of child protection issues. The report points to the importance of having interventions that involve a number of systems and address a range of aspects of family functioning.

It is important that the impacts of parental drug misuse on children and families are better understood and that service models are configured to maximise children's safety. Participation in treatment can have a positive impact on parenting. There is a need for family-centred models of treatment that take into account the parenting responsibilities of clients.

Family-centred models of treatment are also important for young people who misuse drugs. Ensuring families are engaged in the treatment of clients is an important therapeutic tool in responding to clients' needs and providing ongoing support to address their harmful substance use issues. Youth treatment services and interventions need to be able to connect young people with other family-related services including family counselling and support.

Families are important potential sources of support for many clients with harmful substance use concerns, and many also have support needs where there is alcohol and other drug misuse within the family. Recent taskforce consultations found that Victorian parents who were concerned about the risk posed to young people by crystal methamphetamine and other amphetamines did not always know where to turn for accurate advice. Families need support when dealing with drug issues and access to helpline services, support groups and information.

Current Victorian Government initiatives for families

To support families who are dealing with drug and alcohol issues, the Government funds a range of family support activities and programs available throughout Victoria, in metropolitan Melbourne and rural Victoria.

- The Family Counselling (Drug and Alcohol) Program provides assistance, counselling and support to families to promote, maintain and strengthen their independence and wellbeing, as well as strengthen their capacity to support their addicted family member.
- Family Drug Help (FDH) is a statewide service run by a consortium of parents and other family members with experience of alcohol and drug issues in their families and existing alcohol and drug counsellors. This service initiates and supports self-help groups for family members of drug users, and provides information, advice, counselling, referrals and other support to families and family members who have alcohol and drug issues.
- The Family Drug Information and Support Telephone Helpline (known as Family Drug Helpline) provides telephone information, advice, counselling and referrals to families of people with a drug problem. This is a 24-hour service provided by both professional counsellors from Directline and trained volunteers with relevant personal experience in support for family members.
- The Parent Support Program (PSP) is delivered to groups of parents rather than individuals. Drug and alcohol professionals facilitate the PSP in providing short-term therapeutic group programs for families of drug users. The program provides strategies for better communication between parents and children, as well as negotiation skills for setting guidelines on behaviour. It is also designed to help carers develop supportive relationships, which are held as a key factor in the remission of substance misuse problems, and to deal with the anxiety surrounding the misuse of drugs by their loved one.
- Alcohol and Other Drug Parenting Support Service is a pilot service being implemented in the department's North West Metropolitan Region and Southern Metropolitan Region. The service delivers family and parenting services to parents residing in alcohol and drug supported accommodation and, where necessary, supports their move back into the community.
- The *Families where a parent has a mental illness* (FaPMI) strategy encourages family focused practice through workforce training and networking to ensure timely identification and appropriate referrals to supportive services and so reduce the possible impact of parental mental illness on the family.

- Odyssey House Victoria's Residential Rehabilitation Service is funded to provide 30 beds specifically for families (15 beds for parents and 15 beds for children).
- A specialist antenatal and postnatal support service, based at the Royal Women's Hospital, provides treatment and support to pregnant women with a drug or alcohol problem.
- A parenting support toolkit has been developed by the Victorian Parenting Centre and Odyssey House to help alcohol and other drug workers to support parents with alcohol-and drug-related problems. The toolkit aims to help workers identify the needs of the whole family and address the vital role that parenting plays in a child's life. The toolkit guides workers in identifying and assessing parents' needs, talking to parents about their role within the family, offering support and guidance, and providing referrals to other professionals when required. The toolkit is available to all funded alcohol and other drug workers in Victoria.

In response to concerns specifically related to ATS, the Victorian Government has recently announced that it will provide a family help package for parents with funding to:

- provide parents of teenagers in Victoria with an information brochure outlining the risks of ice and where to get help
- train staff and volunteers of the Family Drug Helpline and the Drug Information Line on the latest up-to-date information on crystal methamphetamine
- train alcohol and drug workers in the use of the *Clinical guidelines for the treatment of methamphetamine addiction*.

The taskforce is seeking views on the following issues:

- What are the information needs of parents concerned about potential or actual drug use by their children?
- How can families be better engaged in the treatment of ATS users?
- How can treatment agencies better accommodate the parenting responsibilities of clients?
- How can drug and alcohol agencies respond more effectively to ensure the safety and wellbeing of children of their clients who use amphetamines?
- How can drug and alcohol, mental health services, child protection and justice services respond more effectively to the needs of families affected by amphetamines use?

5. Supply reduction

The Australian Government, through the Australian Customs Services and the Australian Federal Police, is responsible for detecting and preventing international drug trafficking. Victoria Police plays an important role in investigating the local manufacture of illegal drugs and disrupting drug supply by investigating and prosecuting crime more broadly and by eliminating clandestine laboratories. The illicit drug trade is in constant flux and it is important that law enforcement agencies keep up to date with drug manufacturing processes as the recipes and manufacture processes for various drugs change (Drabsch, 2006).

Recent changes to the *Drugs Poisons and Controlled Substances Act 1981* aim to ensure that drug penalties and offences remain relevant to the state and structure of the illicit drug trade. The amendments vary the quantity levels applicable to certain drugs that, in effect, increases the penalty for possession and trafficking offences by:

- reducing the threshold level at which a person may be charged for possession of illicit drugs
- reducing the threshold level at which a person is presumed to possess a drug for the purpose of trafficking
- creating an additional offence and penalty level for trafficking of drugs of dependence above a specified quantity.

These changes affect a range of drugs including methamphetamine precursors pseudoephedrine, ephedrine, and phenyl-2-propanone.

The amendments also expand the existing offence of supplying a drug to a child for the purpose of supply to another child, to include supplying a drug to a child for the purposes of that child then supplying it to an adult.

The amendments create an offence for possession of a tablet press without authorisation or other lawful excuse. The offence has a maximum penalty of five years' imprisonment or 600 penalty units, or both.

The amendments also introduce a new offence of possession of a prescribed precursor chemical (used in the manufacture of illicit substances such as ecstasy and 'crystal meth'), without authorisation or other lawful excuse. This offence also has a maximum penalty of five years' imprisonment or 600 penalty units, or both.

Regulations are being developed that prescribe the precursor chemicals and the relevant quantities for those chemicals to which the offence will apply. This new offence will become operational no later than 1 October 2007.

Victoria Police has a dedicated clandestine laboratory squad that provides training for police force members in the detection and safety management of clandestine laboratory sites.

A significant amount of work is being undertaken to reduce the supply of ATS in Victoria and Australia at a national level. This includes:

- reducing the availability of methamphetamines and other locally manufactured drugs – this involves Victoria Police detecting clandestine laboratories and preventing the diversion of precursor chemicals (including prescription medications). (In 2006, Victoria Police detected and dismantled 64 clandestine laboratories. The majority located in rented residential and commercial properties.)
- Victoria Police conducted an awareness program for rental property managers and landlords via a mailout to more than 2,300 real estate agencies and a seminar series
- the Victoria Police Drugs Taskforce has regular liaison with individual chemical companies and their associations to prevent chemicals being diverted into clandestine laboratories
- initiatives to prevent the diversion of pseudoephedrine (a precursor chemical) from community pharmacies, including providing training to pharmacists and rescheduling pseudoephedrine so that it must be stored behind the counter and only sold by a pharmacist
- establishing databases to track and monitor the legal movements of precursor chemicals and to provide nationwide information on clandestine laboratories.

The national ATS strategy currently under development will contain a law enforcement component.

The taskforce is seeking views on the following issues:

- How can the Government better engage pharmacists and health professionals in assisting to reduce the supply and diversion of precursor chemicals and pharmaceutical drugs?
- How can the Government better engage the broader community to obtain timely and accurate intelligence to assist in the detection of ATS?
- How can the Government better engage allied health sectors where legitimate health and medical products are diverted into the manufacture of ATS?

6. Data collection and dissemination

Building the evidence base

It is vital that policies and responses to ATS use are based on a sound evidence base. It is important that evidence gaps are identified and filled. In addition, new and emerging issues and trends need to be quickly identified and responded to.

A number of existing mechanisms provide a range of data on ATS use in Australia and Victoria. These include:

- National Drug Strategy Household Survey
- Australian Secondary School Students' Alcohol and Drugs Survey
- Victorian Youth Alcohol and Drug Survey
- Illicit Drug Reporting System
- Ecstasy and Related Drugs Reporting System
- *Australian illicit drug report*
- Drug use monitoring in Australia
- Australian Needle and Syringe Program Survey
- *Victorian drugs statistics handbook*
- National Aboriginal and Torres Strait Islander Health Survey.

The Department of Human Services is currently investigating the feasibility of an illicit tablet monitoring system in Victoria, a project initiated by the former Premier's Drug Prevention Council. In addition, the department, via Turning Point Alcohol & Drug Centre, has commenced developing a system that will enable earlier identification of drug harms. This aims to provide early warning of emerging drug patterns and harms and will provide important information to inform timely and appropriate responses to emerging issues.

ATS and the media

In recent months there has been a series of high-profile media stories focusing on ATS use, in particular methamphetamine. These have often focused on the violence or aggression and mental health problems associated with methamphetamine use and the perceived inability of service providers to effectively respond. Some media stories have created the impression of an 'ice epidemic' and have failed to report data that shows that levels of methamphetamine use is stable or decreasing. In general, the media reports have failed to reflect the diversity of methamphetamine users and the fact that there is a range of existing service responses.

There are concerns among drug and alcohol services and frontline services that this style of reporting may have unintentionally glamorised the use of these drugs, and has created concerns in the community without providing information on available help, advice and treatment. In areas such as mental health and suicide prevention,

government and service providers have developed responsible reporting protocols in partnership with the media. These protocols oblige media organisations to report issues accurately while being mindful of the impact of reporting on individuals and services.

The taskforce is seeking views on the following issues:

- What priorities should be set for research on amphetamine use and harms to inform better treatment, prevention and supply reduction?
- What further information would assist the media to report responsibly and accurately on ATS use in the community?

Conclusion

This paper provides background information to stimulate stakeholder input into the development of the Victorian ATS and related drugs strategy. It does not purport to be comprehensive, but rather aims to provide basic background information and pose questions.

Written submissions from interested parties are invited on the questions raised here or on any other aspect relevant to the development of an ATS and related drugs strategy in Victoria.

How to make a submission

Written submissions should be sent to

Dr Jeff Rich
Drugs Policy and Services Branch
Department of Human Services
GPO Box 4057
Melbourne 3000

Submissions may also be emailed to: jeff.rich@dhs.vic.gov.au

Due date: By 5 pm, 16 November 2007

If you have any queries in relation to this discussion paper or the ATS and related drugs strategy in general, please contact Dr Jeff Rich on 9096 5275.

Appendix 1: ATS and Related Drugs Strategy Taskforce terms of reference and membership

The Victorian Government is developing a long-term strategy to tackle methamphetamines and amphetamines in Victoria as one component of its comprehensive, cross-sectoral approach to addressing drug and alcohol issues in Victoria. The Minister for Mental Health has convened a taskforce of leading experts to guide the Government's strategy on methamphetamines and amphetamines. The role of the taskforce will be to provide high-level policy advice to the Government on the development of a strategy to prevent and to reduce use of amphetamines-type stimulants (ATS) in Victoria, and to respond effectively to problems related to the use of these drugs.

Specifically, the taskforce will:

- identify emerging trends in relation to ATS use in Victoria and provide advice to the Victorian Government about appropriate responses.
- provide expert advice and policy guidance to the Victorian Government on issues associated with the use of ATS and appropriate interventions and responses in relation to:
 - increasing public awareness of the patterns and harms of ATS use
 - preventing the use of ATS
 - preventing and minimising the harms associated with ATS use
 - promoting treatment and support for ATS users and their families
 - investigating the impact of ATS use on children and families
 - supporting frontline services in dealing with people affected by ATS
 - reducing the availability of ATS in Victoria
 - improving the evidence base in relation to ATS.

The taskforce members are:

- The Hon Lisa Neville MP, Minister for Mental Health (Chair)
- Professor Jon Currie, Director, Addictions Medicine, St Vincent's Health
- Professor Nick Crofts, Executive Director, Turning Point Alcohol & Drug Centre
- Dr Jennifer Johnston, Research Fellow, Turning Point Alcohol & Drug Centre
- Inspector Steve James, Manager, Drug & Alcohol Strategy Unit, Victoria Police
- Senior Sergeant Tom Ebinger, Victoria Police
- Mr John Ryan, CEO, Anex, the Association for Prevention and Harm Reduction Programs
- Mr Damon Brogan, Manager, VIVAIDS
- Mr Alan Eade, Ambulance Paramedic, Metropolitan Ambulance Service
- Dr Gail Gilchrist, Department of General Practice, University of Melbourne

- Mr Bernie Geary, Child Safety Commissioner
- Mr Paul Smith, Director, Drugs Policy and Services Branch, Department of Human Services
- Mr Bill MacDonald, Acting Manager Service System Development, Mental Health Branch, Department of Human Services.

Staff from the Department of Human Services' Drugs Policy and Services Branch support the taskforce.

Appendix 2: The nature and prevalence of ATS

Types of ATS

There are three main types of ATS. These are meth/amphetamine, ecstasy and cocaine. There is also a range of legally available pharmaceutical drugs that are considered to be ATS. This appendix outlines background information about each of these drugs and identifies other drugs that may be classed as ATS. It is intended that the strategy will also be relevant to other drugs that may be used in the same contexts as ATS, such as ketamine and GHB, although detailed information about these drugs is not included in the background information set out here.

Meth/amphetamine

Amphetamines are synthetic drugs originally produced as pharmaceuticals. There are two types of amphetamines: amphetamine and methamphetamine. Amphetamine is the sulphate of amphetamine that was widely available in Australia in the 1980s. However, due to legislative controls on precursor chemicals introduced in the 1990s, recipes for producing amphetamine were changed (COAG, 2006). Methamphetamine is now the most common form of amphetamine available on the illicit market in Australia.

There are three common forms of methamphetamine.

1. **Powder methamphetamine or 'speed'** is the salt or powder form of methamphetamine. It may be snorted, injected or swallowed. Speed is the most common form of methamphetamine available in Australia. It is typically of low quality and is usually adulterated with glucose.
2. **Base** is an oily, waxy or sticky moist paste or damp powder, with a higher purity than speed. Base is thought to be the product of an imperfect attempt at conversion from freebase into salt form. Base can be swallowed, smoked or injected.
3. **Crystal methamphetamine** is a high purity form of methamphetamine. It comes as crystals or as a crystalline powder, and is usually translucent or white. It is also known as ice, shabu, crystal, crystal meth or yaabaa. Crystal methamphetamine is made in much the same way as speed or base but it is more highly refined so that it turns into a pure crystalline form of the drug. Crystal methamphetamine can be up to 80 per cent pure (other methamphetamines are typically around 10–20 per cent pure) (Queensland Health, 2004). However, there is evidence that much of the methamphetamine sold in Victoria as 'ice' is of low purity (Sexton, 2007). Crystal methamphetamine can be snorted, swallowed, smoked or injected (Stafford et al., 2005).

Most speed and base available in Australia is produced domestically, commonly using the pharmaceutical precursor pseudoephedrine (Nicholas, 2006). Crystal methamphetamine is more likely to be imported, although there is some evidence that it is being domestically produced (NSW Health, 2006).

Methamphetamine is a synthetic stimulant that works by stimulating the release of various neurotransmitters (dopamine, noradrenaline, adrenaline and serotonin). The effects of methamphetamine can last between eight and 24 hours.

The Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) collect information about methamphetamine use among regular drug users. The majority of 2006 Victorian IDRS and EDRS participants who commented on drug purity reported the purity of speed, base and crystal to be medium or high and that the purity had remained stable in the six months preceding interview (Dunn et al., 2006).

Ecstasy

Ecstasy is the commonly used street name for pills or powder sold as the chemical methylenedioxyamphetamine (MDMA). It is also known as E, eccy and XTC.

MDMA has both stimulant and hallucinogenic effects. Users experience elevated mood, feelings of increased closeness with others and increased self-confidence. Negative effects of MDMA use include paranoia, anxiety and depression.

Ecstasy is sold most commonly in tablet form, with a small market for capsule or powder form. The most common form of ecstasy is tablets, which are usually swallowed. In its powder form, ecstasy can be snorted or injected. MDMA is rapidly absorbed, with its effects becoming apparent 20–60 minutes after swallowing and lasting four to six hours. Tolerance to MDMA develops rapidly when it is used repeatedly within a short time, meaning that the intensity of effect of the same dose is reduced.

Approximately half the tablets sold as ecstasy in Australia contain no MDMA (Nicholas, 2006b). Many tablets sold as ecstasy contain methamphetamines and/or a range of other drugs including ketamine, caffeine, aspirin, paracetamol and pseudoephedrine. Ecstasy pills containing MDMA are mainly imported, predominantly from South East Asia.

Cocaine

Cocaine is derived from the leaves of the coca plant. It is also known as coke, Charlie, blow, toot, C and crack. There are two main forms of cocaine: salt (powder) and freebase (crack). Virtually all cocaine in Australia is in powder form and is imported from South America. Powder cocaine can be snorted, swallowed or injected but not smoked as it is destroyed by burning. Freebase cocaine can be smoked, although its use is rarely seen in Australia (Queensland Health, 2004).

Similar to amphetamines, cocaine interferes with neurotransmitters, particularly affecting the uptake of dopamine. The effects of cocaine include intense pleasure, alertness, confidence and sexual arousal. However, these are very short lived.

Similar to previous years, the 2006 IDRS reported that cocaine was not widely available in Australia outside New South Wales (Black et al., 2006).

Pharmaceutical amphetamines

Some ATS are manufactured by pharmaceutical companies and are prescribed to treat a range of medical conditions. Drugs such as methylphenidate (Ritalin), diethylphenidate (Tenuate), and phentermine (Duramine) are used to treat attention deficiency hyperactivity disorder and weight loss and to combat narcolepsy. Ephedrine and pseudoephedrine are used in cold and flu medications that are sold over the counter.

Pharmaceutical drugs may be used non-medically and some prescription drugs also find their way on to the illicit drug market.

Prevalence and patterns of use

While the use of ATS is low in the general community, these drugs are the second most commonly used illicit drugs after cannabis. This section outlines prevalence data and patterns of use of the three major forms of ATS: meth/amphetamine, ecstasy and cocaine.

Meth/amphetamine

Most meth/amphetamine users do not use very often; the most common frequency of use was once or twice a year (43.9 per cent of recent users). One in ten who had used meth/amphetamine in the previous year reported using at least once a week, and one in six used about once a month.

The 2004 National Drug Strategy Household Survey (NDSHS) found that 3.2 per cent of the Australian population and 2.8 per cent of the Victorian population aged 14 years and over had used meth/amphetamine for non-medical purposes in the 12 months prior to the survey (AIHW, 2005).

The 2004 NDSHS found that 0.4 per cent or 63,000 Australians use meth/amphetamine on a daily or weekly basis (AIHW, 2005). However, research undertaken by the National Drug and Alcohol Research Centre found that this was likely to underestimate the number of users and concluded that there are approximately 103,000 regular methamphetamine users in Australia, including 73,000 dependent users (McKetin et al., 2005). New South Wales has a proportionally higher number of heavy methamphetamine users.

Males are more likely than females to have used meth/amphetamine. People aged 20–29 years were more likely than those in other age groups to have used meth/amphetamine (AIHW, 2005).

Young people are more likely to use amphetamines than the general population. The 2004 VYADS found that 10 per cent of Victorian 16–24 year olds had used amphetamines in the 12 months prior to the survey (PDPC, 2005).

The 2005 Australian Secondary Students' Alcohol and Drug Survey (ASSAD) found that 5 per cent of Victorian secondary school students aged 12–17 years had used amphetamines in their lifetime, with 4 per cent reporting use in the past year (White and Hayman, 2006). The reported use of amphetamines by secondary school students increases with age, with 8 per cent of 16-year-old males and 7 per cent of females reporting lifetime use. Use of amphetamines by Victorian students has remained fairly stable in the survey years between 1996 and 2005.

Of those who reported recent use of meth/amphetamines, 74.3 per cent reported using speed, 38.6 per cent reported using crystal methamphetamine and 25.8 per cent reported using base.

Methamphetamine is commonly used by illicit drug users. Seventy-nine per cent of Victorian injecting drug users (IDU) who participated in the 2005 IDRS reported using a form of methamphetamine in the preceding six months (Stafford et al., 2006b). This is similar to figures reported in previous years. Of the IDU reporting recent use of

methamphetamine, 75 per cent reported using speed, 13 per cent reported using base and 29 per cent reported using crystal methamphetamine in the previous six months.

The 2005 EDRS surveyed regular ecstasy users about their methamphetamine use. Eighty-five per cent of Victorian participants reported using methamphetamine powder (speed) in the prior six months, 42 per cent reported using crystal methamphetamine and 21 per cent reported using base (Johnston and Jenkinson, 2006).

Data from the Australian Needle and Syringe Program Survey 2001–2005 shows that there was a shift in the patterns of drug injection from heroin to amphetamine among needle and syringe program attendees during 2001–02 (NCHECR, 2006). Since that time the proportion of participants reporting heroin (38 per cent) or amphetamine (32 per cent) as the most recent drug injected has remained stable.

Ecstasy

The 2004 NDSHS found that 3.4 per cent of Australians and 3.1 per cent of Victorians reported using ecstasy in the previous 12 months (AIHW, 2005). This was an increase from 2.9 per cent nationally in 2001.

Males were more likely than females to have used ecstasy. People aged 20–29 years were more likely than those in other age groups to have used ecstasy, however those aged 14–19 had the highest level of weekly or daily use (12.1 per cent). Most ecstasy users do not use very often; of recent users, 6.3 per cent reported using at least once a week, 15 per cent reported using about once a month, 31.3 per cent reported using every few months and 47.5 per cent reported using once or twice a year.

The EDRS found that users typically reported first using ecstasy in their late teens, with regular use usually commencing in their early 20s (Stafford et al., 2006). The survey found that, compared with 2003, participants in the 2004, 2005 and 2006 samples were more likely to use more than one tablet in a ‘typical’ session (Dunn et al., 2006).

Twenty-six per cent of the national injecting drug users interviewed for the IDRS had used ecstasy in the six months preceding interview (Stafford et al., 2006b).

The 2004 Victorian Youth Alcohol and Drug Survey found that 18 per cent of Victorians aged 16–24 had used ecstasy in the 12 months prior to the survey (PDPC, 2005). ASSAD found that 4 per cent of Victorian 12–17-year-old students reported lifetime use of ecstasy (White and Hayman 2005). This was found to have remained relatively stable between 1996 and 2005.

Appendix 3: Risks and harms associated with ATS use

Cocaine

There is a low prevalence of cocaine use in Australia. The 2004 NDSHS found that 1 per cent of Australians and 1.2 per cent of Victorians reported using cocaine in the past 12 months (AIHW, 2005).

The 2004 VYADS found that 3 per cent of Victorian 16–24 year olds had used cocaine in the preceding 12 months (PDPC, 2005). This has remained fairly consistent over time. ASSAD found that 3 per cent of 12–17-year-old secondary students had used cocaine in their lifetime, with 2 per cent reporting use in the previous year (White and Hayman 2006).

Males were more likely to use cocaine than females and the highest level of recent use was reported in the 20–29 age bracket. Most people reporting cocaine use do not use very often; the majority who reported using in the preceding 12 months had used only once or twice a year (62.7 per cent). Of recent users, 93.7 per cent reported snorting cocaine and 7.6 per cent reported injecting it.

About 20 per cent of the injecting drug users interviewed for the 2006 IDRS national survey reported using cocaine in the previous six months, the majority of whom reported injecting it (Black et al., 2006). The survey found irregular, infrequent use of cocaine among IDU, suggesting opportunistic patterns of use. Victorian IDU reported that cocaine was difficult or very difficult to access.

Pharmaceutical amphetamines

There is limited data available on the misuse of pharmaceutical ATS.

The 2005 IDRS found that 20 per cent of injecting drug users nationally had used pharmaceutical stimulants in the preceding six months (Stafford et al., 2006b). In Victoria, this was somewhat lower, with 9 per cent reporting recent use and 39 per cent of these reporting having injected these drugs.

ATS use may be associated with a range of negative health consequences including increased heart rate, blood pressure and body temperature, sleeplessness and reduced appetite. The increases in blood pressure and heart rate can affect organs and can contribute to stroke, heart problems and kidney failure.

Particular risks associated with ATS are detailed below.

Dependence

Prolonged use of ATS may lead to the development of tolerance, where larger amounts are needed to achieve the same subjective effects, and dependence. The degree and severity of dependence is affected by type and potency of the drug used and the mode of administration (Lee et al., 2007). For example, crystal methamphetamine is generally more potent than methamphetamine base or powder and regular use may lead to dependence more quickly. Injecting is generally associated with higher levels of dependence and quicker developing of dependence, than other modes of administration.

Mental health issues

The use of ATS is associated with a range of mental health problems, including psychosis and mood and anxiety disorders. The risk of developing mental health problems is influenced by a range of factors including an individual's susceptibility or predisposition to mental illness, the dose taken, the method of administration and whether the individual is a dependent user (Anex, 2006). Methamphetamine use does not necessarily cause mental health issues but can exacerbate them.

In particular, there is concern about the link between methamphetamine use and mental health issues. Research has identified that dependent methamphetamine users are 11 times more likely than the general population to experience psychosis (McKetin et al., 2005b). The most common symptoms of methamphetamine psychosis are hallucinations, delusions, compulsive behaviour and anxiety (NSW Health, 2006). Symptoms of methamphetamine psychosis usually last for 2–3 hours but can last longer – even for days.

Aggression and violence

There has been widespread media reporting and community concern about aggression and violence associated with methamphetamine use (particularly crystal methamphetamine). The relationship between methamphetamine use and aggression is not straightforward (NDARC, 2006). Methamphetamine use may increase an individual's level of aggression, particularly in individuals who have a history of violent behaviour, but not all users become aggressive when they use methamphetamine. Sometimes violent behaviour is related to methamphetamine psychosis.

Road accidents

ATS use can make drivers feel more confident and increase risk-taking behaviour. Driving while withdrawing or coming down from ATS is also unsafe, with withdrawal associated with a range of symptoms that may affect driving such as fatigue, anxiety and irritability (Nicholas, 2006).

Risk of unsafe sex

The use of ATS may increase libido and reduce inhibition. Some studies have found a relationship between methamphetamine use and sexual risk taking, although there are many other factors that may also influence sexual risk taking, for example lifestyle (NDARC, 2006). Unsafe sex is associated with a range of risks such as unplanned pregnancy and HIV and blood-borne virus transmission.

Risks associated with pregnancy

Women who use ATS during pregnancy place the health of their child at risk. Methamphetamine use in pregnancy has been associated with increased risk of miscarriage and premature birth (NDARC, 2006). Women who use methamphetamine or cocaine during pregnancy are more likely to experience obstetric complications such as low birth weight of their babies. Little is known about the effects of ecstasy use during pregnancy.

Impacts on families and children

A recent ANCD report estimates that 0.8 per cent or 14,042 Australian children live in a household with an adult who uses methamphetamine at least monthly and reports doing so in their home. ATS use may impact adversely on the families and children of ATS users in a range of ways including unstable family and parenting patterns. Section 4 of the discussion paper provides further information in relation to ATS use and families.

Harms associated with the mode of administration

The mode of drug administration may also be associated with a range of harms. Risks associated with common modes of ATS administration include the following.

- Injecting is the most harmful method of administering ATS. Unsafe injecting is associated with a range of risks such as blood-borne virus infection, vein damage, bacterial infection and dependence.
- Smoking may result in lung damage as well as burns to the gums or mouth. There is also a risk of contracting hepatitis C from shared equipment. Many methamphetamine users believe that smoking is less harmful than injecting; however, smoking methamphetamine is associated with a high risk of dependence.
- Snorting ATS carries the risk of damage to the nasal passages as well as the risk of contracting hepatitis C from shared snorting equipment (NDARC, 2006).

Risks associated with poly drug use

Many ATS users are poly drug users, often using multiple ATS, sometimes in conjunction with other ATS or other drugs. Multiple drugs may be taken opportunistically or to enhance the effects of the first drug. In addition ATS users often self-medicate with other drugs such as alcohol, cannabis and benzodiazepines to reduce the negative effects of withdrawal (NCETA, 2006). There are a number of risks associated with using drugs in combination. One drug may mask the effects of another drug; for example, a person who has taken amphetamines and alcohol may not be aware of how much they have drunk and the effect it will have, such as the impact on driving. The effect of taking two drugs may be greater than the sum of the effects of the drugs if taken on their own. In addition, drug interactions may be uncertain, especially for illicit drugs where the purity and composition are often uncertain (Lee et al., 2007).

Morbidity and mortality associated with ATS use

Deaths directly associated with ATS use are relatively low. Data from the National Coroner's Information System shows that there were 44 amphetamine-related deaths in Victoria in 2005, down from 50 in 2004. There is a limited understanding of the role of amphetamine use in death and therefore mortality data may under-represent cases where amphetamine use contributes to death (Stafford et al., 2006b).

In the three years between 2001 and 2004 there were 112 ecstasy-related deaths in Australia, with nearly a third of these attributable to motor vehicle accidents. MDMA was the sole drug present in the body of the deceased in only 5 per cent of these ecstasy-related deaths, with ecstasy found to be the primary cause of death in 46 per cent of these cases (Nicholas, 2006b). There were three cocaine-related deaths in Victoria in 2004 (Stafford, 2006b).

From May 2005 to April 2006 the Metropolitan Ambulance Service attended 874 cases in the Melbourne metropolitan area in which there was evidence of stimulant use (DHS, 2006). This included 534 cases related to amphetamine use, 377 cases related to ecstasy use and 47 cases related to cocaine use. Ambulance attendances in relation to ATS use was higher than ambulance attendances in relation to heroin overdose. There were 558 non-fatal heroin overdose ambulance attendances in the 12 months to April 2006.

There were an estimated 470 inpatient hospitalisations in Victoria attributable to amphetamine, cocaine and ecstasy consumption during 2004–05 (DHS, 2006). This represents a 21 per cent decrease on the previous year's figures, and constitutes 7 per cent of all illicit drug hospitalisations. This compares with 1,015 heroin-related inpatient hospitalisations in Victoria in the same period.

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