



SANDAS submission to:

**The National Ice Taskforce to develop a National Ice
Action Strategy**

***Improving the efforts of the federal, state and territory
governments to combat the growing use of ice in our community***

May 2015

*SANDAS is the peak organisation for the non-government alcohol and other drugs sector in South
Australia.*

*SANDAS works to lead and strengthen community responses to the harms caused by alcohol and
other drugs.*

*SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and
policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our
members at national and state levels.*

INTRODUCTION

SANDAS is the peak organisation for the nongovernment alcohol and other drugs sector in SA.

SANDAS represents over 30 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout South Australia. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

SANDAS's vision is to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.

SANDAS is governed by a Board of Directors primarily elected from the SANDAS membership

Further information about SANDAS, its programs and services is available on the SANDAS website at www.sandas.org.au.

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RESPONSE TO THE NATIONAL ICE TASKFORCE TO DEVELOP A NATIONAL ICE ACTION STRATEGY

1. WHAT IS THE IMPACT OF PEOPLE USING ICE ON OUR COMMUNITY?

This section highlights the impact of methamphetamine on SA communities through the experiences of NGO AOD treatment and harm reduction services.

Illicit use of drugs in Australia is a cause of significant social harms. However the use of these drugs has remained stable for some time suggesting that in general, treatment strategies being implemented are working.

There was no change in recent use of most illicit drugs in from previous years to 2013, and use of any illicit drug remained stable between 2010 and 2013. However, there was a significant change for a few specific drugs. The proportion of people who had misused a pharmaceutical rose from 4.2% in 2010 to 4.7% in 2013, whereas there were falls in the use of ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and gamma hydroxybutyrate (GHB).

While there was no significant rise in meth/amphetamine use in 2013 (stable at around 2.1%), there was a change in the main form of the drug used. Among meth/amphetamine users, use of powder fell, from 51% to 29%, while the use of ice (or crystal methamphetamine) more than doubled, from 22% in 2010 to 50% in 2013. The use of crystal methamphetamine over other forms is likely to cause higher levels of harms for a number of reasons:

- Crystal methamphetamine tends to be a purer form of the drug, meaning that purchasers get a higher level of intoxication for a fixed price
- Users tend to use more of the substance, as crystal meth is usually smoked which leads to increased/less controlled amounts ingested at any one time, resulting in higher levels of intoxication related harms (falls, assaults, family violence) and increased incidence of acute mental health presentations (anxiety, psychosis).

In South Australia it is estimated that there are estimated to be more than 36, 890 meth/amphetamine users. This compares to over 184, 000 cannabis users, 58, 600 people who use prescription drugs illicitly, over 46,000 ecstasy users, 26,800 hallucinogen users, 20, 000 cocaine users and just over 1600 heroin users.

Table 1: Closed episodes provided for own drug use where amphetamines was a principal drug of concern, by main treatment type, SA 2012–13

2012–13	Main Treatment Type	SA	National
	Counselling	444	9,934
	Withdrawal management	195	2,681
	Assessment only	1,807	4,591
	Support and case management only	12	2,140
	Rehabilitation	167	1,720
	Pharmacotherapy	19	42
	Information and education only	24	977
	Other	25	180
	Total	2,693	22,265

From AIHW Alcohol and other drug treatment services in Australia 2012-13 Table S5.64:

2. WHERE SHOULD FEDERAL, STATE AND TERRITORY GOVERNMENTS FOCUS THEIR EFFORTS TO COMBAT THE USE OF ICE?

Treatment, treatment, treatment

Currently, the main treatment for methamphetamine dependence is cognitive behaviour therapy (CBT). Studies have shown CBT to be effective with those experiencing methamphetamine addiction, even in brief interventions of two to four sessions (Lee & Rawson, 2008) (Baker, et al., 2005). Currently there is no known pharmaceutical treatment for methamphetamine addiction.

Funding for Alcohol and Drug treatment services at a Commonwealth level is inadequate and uncertain. Individuals who are not able to receive treatment create a further cost burden on health, policing and correctional systems. Of particular concern is the lack of local services for those living in regional and remote areas who often experience little to no access to services such as inpatient withdrawal, residential treatment or counselling services, as reported by SANDAS members. There are also areas of high need, such as the northern suburbs of Adelaide, where services are unable to meet demand (University of Adelaide, 2015).

We know that for every dollar spent on drug treatment we save the community \$7 (Lee, 2015). Treatment must be a strong part of any proposed strategic planning to deal with the problems that are being created by the changing patterns of drug use. Research into the cost-effectiveness of providing counselling for methamphetamine dependence, shows that greater investment in counselling services will produce significant cost-savings and improve health outcomes as well as improve outcomes in other issues associated with drug use such as offending (Ciketic, Hayatbakhsh, McKetin, Doran, & Najman, 2015).

Drug Use Monitoring in Australia (DUMA) data suggests 21% of police detainees in 2011 tested positive for methamphetamines, an increase from 17% two years before. Around 75 per cent of prison entrants in South Australia have a substance misuse history, and Aboriginal Australians are disproportionately represented (Koori Mail, 2015) (SANDAS, 2014). There is an immediate need to establish systems within correctional institutions that will address incarcerated drug users treatment needs. A period of incarceration for offences related to drug use should provide the individual the opportunity to address drug issues in a safe and supported setting. By creating connections between treatment services (health, government and non-government treatment services) there is an opportunity to assist inmates to address substance misuse. There are currently very few programs that seek to do this.

A Justice Reinvestment approach could see money invested into a greater number of evidence based alcohol and drug treatment programs in the community including specialist services for Aboriginal and Torres Strait Islander people, appropriate and affordable housing options and general community based alternatives for prevention and early intervention as well as cross sector capacity building to deal with comorbidity as a risk factor in offending (SANDAS, 2014). The costs of incarcerating an individual are significantly higher than treatment, especially when the unintended consequences of incarceration are taken into account. These include prison acquired disease, family breakdown, the placing of the children of offenders in out of home care and the possible trauma that these children may experience.

Many services that responded to the SANDAS Methamphetamine Survey in 2014, rated themselves either poorly or reasonably equipped to respond to methamphetamine using clients. The barriers identified were poor resourcing, inadequate infrastructure and number of staff to provide required number of treatment places required to prevent clients being placed on waiting lists. Where more

specialised treatment or support is needed, referrals are most often made to detox and/or residential rehab facilities. There are no services specifically for methamphetamine users; general AOD treatment services are utilised. Referrals in general are perceived to be quite successful, however some of the issues noted that need improvement include:

- Lack of regional services requires that clients travel to the city for detox or residential rehab. This creates a major barrier for most clients due to financial constraints or reluctance to leave their own community.
- Lack of post-rehab services. Clients most often simply return to their community of origin without follow-up support.
- Lack of feedback from treatment services following referral
- Limited capacity within treatment services can lead to lengthy waitlists, which reduces clients' motivation to engage
- Poor client motivation in general

Other issues connected with methamphetamine usage were identified as follows:

- Access to mental health services is problematic due to:
 - Clients not having a mental health diagnosis but experiencing emerging mental health issues
 - Getting a psychiatric review through the public system currently takes several months and is continuing to push out even further
 - AOD use can prohibit access to some mental health services
- Whilst turn away rates from services are currently low, there is a lack of capacity to provide service at adequate levels due to insufficient funding.
- Regional areas struggle with the lack of local services combined with the fact that many clients will relocate to the country as an escape from their issues in the city.
- Reduction of DASSA Outreach services due to budget savings measures and a change in their Model of Care
- Lack of public awareness of the issues associated with methamphetamine use. One service noted that their younger clients are electing to smoke meth, thinking that the harm to them is reduced as compared with other drugs.
- Concerns around the future capacity of services to cope with the increasing levels of meth use.

3. ARE THERE ANY CURRENT EFFORTS TO COMBAT THE USE OF ICE THAT ARE PARTICULARLY EFFECTIVE OR THAT COULD BE IMPROVED?

The brain changes that occur as a result of methamphetamine use can last for months or years after stopping use, which is one of the reasons that recovery can take a long time, with many relapses along the way. It can take 12 months or more for a methamphetamine user to start to feel "normal" again (Lee, 2014). This requires that treatments are provided over extended periods of time, rather than short interventions.

The most effective treatments are psychological interventions. These are effective in addressing methamphetamine use and dependence. Cognitive behavioural therapy and contingency management are two accessible interventions that are implemented easily within current AOD services. There is still more work to conduct in improving methamphetamine treatment, however, and further research into cognitive –behavioural and behavioural treatments for methamphetamine users is required, with a focus on improving longevity of the effect of intervention and improving effectiveness among more complex presentations [Lee NK, Rawson RA. *A systematic review of cognitive and behavioural therapies for methamphetamine dependence*. Drug Alcohol

Rev 2008;27:309–317]. To achieve improved outcomes it is essential that NGO AOD services, who provide the majority of psychological treatments to clients with alcohol and other drug issues are provided with:

- Effective training in psychological treatment provision (including CBT, motivational interviewing, contingency management and related strategies).
- That the workforce is provided with skills training in crisis intervention and conflict resolution to enhance their capacity to deal with substance affected clients in crisis situations.
- Ongoing professional development in the area of co- and multi-morbidity and poly-drug use as most clients using methamphetamine are poly drug users and many require treatment for mental health and a range of other issues, especially trauma issues at the same time as they are treated for methamphetamine use.
- Enhance collaboration is required between services dealing with complex clients. Collaboration should be resourced in real terms with training and support, dedicated collaboration project funding, clear government policy establishing an authorising environment for collaboration, and projects that actively seek to eliminate the barriers to collaboration.

There are several organisations operating in South Australia that are currently utilising best practice approaches and providing good quality treatment for methamphetamine users. These services and their workers are achieving significant change in the lives of individuals, families and communities. The outcomes and community impact achieved by these services could be further improved if adequately resourced to provide;

- an increased number of treatment places,
- early intervention programs,
- consistent, longer term care,
- meaningful after-care and support, and
- collaborative approaches that enable holistic care for clients and address co-occurring problem complexity.

The provision of ongoing professional development for the staff of these services, as well as the staff of other health and community services, about the complexities of methamphetamine use and effective responses is vital. Investment in capacity building for existing organisations and services utilises the wealth of existing skills, knowledge and experience within the sector, fosters innovation and growth, and recognises and responds to the complex nature of poly-drug misuse and co-morbid conditions, as opposed to the establishment of “specialist methamphetamine” facilities.

4. WHAT ARE THE TOP ISSUES THAT THE NATIONAL ICE TASKFORCE SHOULD CONSIDER WHEN DEVELOPING THE NATIONAL ICE ACTION STRATEGY?

Current funding for treatment and capacity building programs at federal level is very insecure. Organisations in the non-government sector, whilst providing the majority of treatment services to methamphetamine using clients, have little security of funding. This makes it difficult to engage client’s long term, to plan services to address whole of community need, to retain and upskill staff and to develop strong and coherent relationships with other service providers in the wider health and community services sectors.

Many of the reports and government pronouncements on and strategies for addressing methamphetamine (and other drugs) underplay the role of NGO’s in working with substance using clients. The current taskforce is reflective of this with limited or no representation of NGO services

on the task force or working groups. Whilst consultations with 'experts' seek input from police, border control and the medical profession, these are in fact a last line of intervention. It is critical that government recognises that the frontline respondents to the issues caused by methamphetamine and its use as one of a number of significant causes of harm used by poly-drug users are NGO staff who provide counselling, psychosocial support, family support, referral to housing, family violence, child support and disability services.

Conclusions

Drug and alcohol use in Australia is a complex problem. It constitutes what some researchers call a wicked problem as it is complex at the individual, community, government, policy response and moral and ethical levels. No one institution is capable of solving it alone. It is not a problem that can be 'fixed' but how we deal with it can be improved by increments. Each change must be considered not only in light of the good it intends to deliver but with a realistic awareness of the perverse consequences that may arise from such a change. Rather than knee-jerk reactions or rhetoric, dealing with such problems requires engagement of experts from all levels. In this case that means not only government services, but the NGO sector who deliver most of the on the ground support, communities affected by drug use, specific cultural groups who are effected in unique ways, substance users' families who are often experts in managing behaviour and engaging users in change, and the users themselves who often know what would work for them but sometimes just can't get it.

It is also critical that the work of researchers and clinicians, with rigorous evidence based understanding of the issues is given appropriate weight in designing responses to alcohol and drug issues in Australia (including methamphetamine use). Too often policy is developed from populist narratives that whilst valuable in informing us about the experience of individuals do not bring the science of the issue to bear on future planning.

Whilst education around the harmful effects of methamphetamine is vital, the message that most researchers, practitioners and experts wish to convey is that treatment for this drug is available. And when it is properly resourced and accessible, it works (Lee, 2015) (Trimmingham, 2015). Any discussion of a coordinated, strategic response to the issue of crystal methamphetamine prevalence, use and impact in Australia, must include planning for ways to properly resource the treatment sector. Without adequate resources for treatment, appropriate ongoing professional development for workers and capacity building for organisations, Australia will continue to struggle with the impact of this drug on individuals, families and communities.

Key Works Cited

- Baker, A., Lee, N., Claire, M., Lewin, T., Grant, T., Pohlman, S., et al. (2005). Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction. *Addiction*.
- Ciketic, S., Hayatbakhsh, R., McKetin, R., Doran, C., & Najman, J. (2015). Cost-effectiveness of counselling as a treatment option for methamphetamine dependence. *Journal of Substance Use*, 1-8.
- Koori Mail. (2015, January 28). Lawyer warns over high jail rates. *Koori Mail*.
- Lee, N. (2015, April 8). Are we in the midst of an ice epidemic? *The Conversation*.
- Lee, N., & Rawson, R. (2008). A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug & Alcohol Review*.

SANDAS. (2014). *SANDAS Position Papers*. Retrieved from SANDAS.

Trimmingham, T. (2015, April 10). Families need to be at centre of ice strategy. *Sydney Morning Herald*.

University of Adelaide. (2015, April). *Mental Health and Substance Services Poor in the North*. Retrieved from University of Adelaide.