Methamphetamine Use and Treatment in SA
SANDAS Position Paper No. 8

Methamphetamine prevalence in SA

Methamphetamine is a drug and like all drugs it is used by people, at least initially, to improve or enable them to cope with their lives. Drug users indicate that the initial gains from using drugs include:

- to improve or enable them to cope with their lives
- to manage unhappy feelings or emotions
- social acceptability (e.g., peer group/family)
- militate pain, anxiety or depression
- relieve boredom

Methamphetamine is a stimulant drug that generally comes in three forms:

- a powder, known as speed
- a paste-like form, known as base
- a crystalline form, known as crystal meth or ice

The chemical make up of these are the same, it's the purity that differs, with crystal methamphetamine being the most potent. The most recent household survey data suggests that the number of people who use methamphetamine has remained stable since 2010 at around 2% of the population (see Appendix 1). The National Minimum Data Set (which does not distinguish between different forms of amphetamine) reports a stable number of treatment episodes where amphetamines are the primary drug of concern over the past 10 years. Wastewater sampling in SA appears to suggest that higher quantities are being used, though this may related to the increased purity of the substance used and not reflect an increase in the number of users. The most recent data suggests that use, reflected in the amount detectable in the waste water supply, has plateaued (School of Pharmacy and Medical Sciences, 2014) (White, 2015).

The marked and concerning change is the form of amphetamine being used from speed, base and other forms of amphetamine, to crystal methamphetamine (Lee, 2015). Household data suggests that from 2010 to 2013, the percentage of meth/amphetamine users who use the crystalline form of the drug rose from 38% to 64%. Crystal methamphetamine is a purer form of the drug, and so its effects are more powerful. Because of its potency crystal meth gives an intense and lasting high. This is followed by an intense low. More crystal methamphetamine is used to reverse the low. As the body builds tolerance more drug is needed to achieve the same effect. Increased doses lead to a significant increase in harms. (Lee, 2015)

Most or nearly all drug users use a number of drugs, depending on their availability cost and the effect the user is seeking. Apocryphally, SANDAS member organisations who work with young people are observing a transition from cannabis use to crystal methamphetamine which was not previously apparent. This transition may be facilitated because where other forms of amphetamine are usually injected, and injecting drug use often carries a stigma, or is seen as harder drug use, both cannabis and crystal methamphetamine can be smoked. The transition from a drug such as cannabis that is smoked, to crystal methamphetamine which is used in the same way may be an easier process for young people. Anecdotally the availability of crystal methamphetamine seems to be increasing. The possibility that crystal methamphetamine is being distributed through common networks may also lead to increased uptake. Shortages of the supply of one drug may lead uses to experiment with other substances. Very few drug users are single substance users, with the combination of drugs used being dependent on availability, costs, effects and perceived gains.

A number of SANDAS member organisations have observed that the smoking of crystal methamphetamine is viewed by some users as recreational drug, similar to MDMA. However, they also observed that people had become regular users, and dependent on the drug in a much shorter period of time than with other drugs. This has ramifications for any kind of intervention treatments being considered for implementation. This includes the need to be able to offer treatment early in the client's engagement with the drug, before significant harms occur and preferably before addiction becomes severe and entrenched. This requires that treatment services are well resourced and able to provide accessible and timely services. Reducing the amount of time clients remain on waiting lists will reduce the length of their engagement with the drug, shortening and increasing the likelihood of their recovery and limiting the possible harm associated with use.

Availability

It is important to consider that drugs are a commodity that are marketed like any other product. Whilst some are sold legally and others are illicit, there is little distinction on the market mechanisms that drive sales. In the case of crystal methamphetamine some issues for consideration are:

- It is produced both locally and imported, supply seems difficult to interrupt completely.
- Its production can be undertaken with quite basic equipment and many of the chemicals used to make it are easy to acquire. Small scale production can be undertaken almost anywhere. Disrupting one supplier may open opportunities for others.
- Many users seem to be people transitioning from similar products (base or powder) which are less engaging, meaning there is a pre-existing client group. Once using crystal meth users engagement increases rapidly. This is borne out by the NHDS for 2013 that suggest that there has been no rise in the number of users of methamphetamines but a significant proportion of users have change from base or powder to crystal meth.
- For producers there seems to be a high return for limited investment. As users of crystal meth seem to move from occasional use to daily use quite rapidly a small numbers of users constitute a viable market. This may explain the rapid rural penetration.
- It is getting a lot of free publicity which may strengthen its appeal to potential users. Many experts and commentators consider the media's focus on the extreme effects of this drug to be unhelpful and exaggerated. (Lee, 2015) (Trimmingham, 2015)

Impacts

2013 data from the Illicit Drug Reporting system report that hospital admissions with amphetamines as a primary diagnosis increased sharply in 2011/12; from 122 per million in 2010/11 to 170 per million. This continues an upward trend that has been observed from 2009/10 onwards. However, this figure does not include amphetamine-related psychosis or withdrawal admissions.

Again, anecdotally SANDAS members are reporting marked increases in clients seeking assistance who identify methamphetamine as their primary drug of concern. The 2015 SANDAS SA AOD sector survey identified a need for training and professional development within the sector to build the capacity of clinicians and workers to respond to the needs of clients affected by amphetamine (and more specifically crystal methamphetamine) use. Although the effective therapies and treatments for clients using methamphetamine do not differ greatly from those using other drug, there is concern about responding to the particular behaviours, use patterns and external impacts that appear to be associated with the use of this drug.

In 2014 SANDAS conducted a survey of its member organisations, specifically into their experiences with clients' use of methamphetamine. There was universal agreement that regular methamphetamine usage has the following impacts on clients:

- Difficulty in obtaining and maintaining housing
- Difficulty in obtaining and maintaining employment
- Negatively affects family and social relationships
- Negatively affects physical health
- Negatively affects mental health

Other impacts specifically noted include:

- Involvement in or exposure to criminal activity, either for the purposes of funding the drug use; behaviours triggered by meth use (e.g. high speed driving) or via association with other users.
- Psychosis is a common experience
- Care of children is compromised
- Coming down from a meth high is so difficult that clients will tend to use other drugs to deal with the withdrawals or sleep issues, thus contributing to poly-substance misuse
- Violent and aggressive behaviours triggered by meth use can lead to being excluded from services in the interests of staff safety
- Communication can be impaired as the drug makes users 'foggy'
- Lack of insight into their own situation and how the meth use is affecting them
- Poor oral health
- Heightened vulnerability and exposure to risky situations
- Financial hardship for clients and their families as available funds are diverted to drug use
- Chaotic lives – difficulty in engaging with services or following through with appointments
- For young people, school attendance is compromised
- Meth use impacts the entire family, with one service in particular noting that they routinely provide family counselling despite not being funded to do so

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 on drug charges 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 with their substance use. 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 turnaway 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
- 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.

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.

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 and appropriate ongoing professional development for workers, Australia will continue to struggle with the impact of this drug on individuals, families and communities.

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Appendix 1 – South Australians & Drug Use (National Drug Strategy Household Survey 2013)