



# AIVL National Network

## Submission to the National Ice Taskforce

The Australian Injecting & Illicit Drug Users League (AIVL) is the peer based national peak body representing issues of national significance for people who are/have been injecting drug users and draws its membership from the state/territory based drug user organisations (DUO). This submission is made as part of the work of the AIVL National Network Methamphetamine Working Group which aims to ensure a consistent approach is taken by all drug user organisations in Australia, and to respond in a timely manner to new issues as they arise.

As the number of people who are using the crystalline form of methamphetamine, commonly referred to as 'Ice', appears to be increasing as well as greater government focus on the issue including through this "National Ice Taskforce", the working group felt it important that drug users voices are heard through this submission process. We believe that those directly affected by methamphetamine must be key in any discussions and we hope that the taskforce will identify peer based drug user organisations as a key stakeholder in *all* efforts moving forward to address the impact of methamphetamine use in Australia.

### **The Impact of Media and Terminology on Methamphetamine Users**

The AIVL National Network has great concern with the terminology currently being utilised in current media and other reporting of methamphetamine use in Australia. We believe the tone of the discourse needs to be changed to reflect more balanced views, and remove the 'hysteria' and blame which is currently dominating the subject. We believe that addressing the issue of language will go a long way towards ensuring a balanced and evidence based approach is taken with this issue. We are especially concerned that the PM's 'National Ice Taskforce' is also utilising inaccurate and inappropriate language including use of slang terminology (i.e. using the slang term for methamphetamine "Ice" throughout its publications) and aggressive language such as "combat" instead of leading this discussion in an inclusive manner.

One such example of a recent media article was titled "Street knowledge needed in war against ice" (23/05/15)<sup>1</sup> by John Silvester, and is a prime example of the way language is currently being used in the media to blame, stigmatise, generalise and perpetuate the hysteria against *ALL* people who use methamphetamine. While the article is littered with inaccurate generalisations, including all ice users are mentally unstable, of more major concern is how it concludes with a quote from a father of a methamphetamine user (to his son's friends seeking advice), "The best thing you can do is think that he is already dead."<sup>2</sup> The actual (implied) message this gives readers is that we should just discard anyone who

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<sup>1</sup> <http://www.theage.com.au/victoria/street-knowledge-needed-to-temper-alarmist-approach-to-ice-and-other-drug-trends-20150522-gh6pz4.html> accessed 26/5/2015

<sup>2</sup> *ibid*

uses methamphetamine, that they are no longer useful contributing members of society. We should in fact be supporting anyone who experiences concern around their use of methamphetamine, and no one should be given a message that they do not deserve help or that they are worthless as this will only heighten any feelings of isolation and loneliness currently experienced by users who read such articles.

When the dominant discourse is filled with discrimination, blame and generalisations, it is no surprise that many methamphetamine users that the AIVL National Network has contact with say they will not seek support from 'professionals' about their methamphetamine use because their previous experience shows this can frequently result in significantly negative outcomes. The impact of discrimination has been repeatedly reported via AIVL's Online Notification Form for Discriminatory Action which asked what impact the experience of discrimination in such settings had on them. Below are just two of many responses showing the long term impact of discrimination on the respondent's willingness to seek help:

*"I decided that I would deal with my addiction problems by myself and without medical assistance."*

*"Have come to expect discrimination whenever I attend a health service which has led me to delay seeking health treatment until a condition becomes chronic."*

We believe discrimination is a key reason why we are seeing increases in problematic behaviour associated with an extended period of use, as many will only seek help or come in contact with health services when experiencing a crisis. Instead we should be doing everything to ensure access to early interventions before an acute crisis unfolds such as counselling, family support, harm reduction services (like needle and syringe programs), peer support provided by drug user organisation and drug treatment support.

### **The Value and Potential Harms Associated with Social Marketing Campaigns**

While we acknowledge and applaud the effort of the Australian Government to address the issue of methamphetamine use in the community we believe more effort needs to be made to adequately invest in allied support services and not just social marketing campaigns that have been shown to be ineffective. The Montana Meth Project (MMP) is a well-known American fear campaign created in 2005 when they were experiencing an increase in negative side effects from methamphetamine use. The MMP has been cited as a model prevention campaign by the White House and expanded across the country due to its apparent success at reducing teen methamphetamine use. However what has been shown is that these very expensive campaigns do little to reduce actual rates of use and can in fact act as an enabler and normalise use because they rarely portray realistic and relatable scenarios.

When people, especially young people, cannot relate to a campaign because it does not fit with their experiences the message loses credibility and all future attempts are viewed with suspicion and disbelief. A study on the effect of the MMP by Mark Anderson in 2010 showed that, when you take into account a downward trend in use prior to the start of the MMP that, the "effects on meth use are statistically indistinguishable from zero"<sup>3</sup>. These results are echoed in many similar studies of analogous campaigns over the past few decades.

Considering that these campaigns regularly run into the millions of dollars, and we live in a time of tight budgets with reduced funding, we believe that this spending should be refocused towards harm reduction initiatives, such as needle and syringe programs (NSP), drug user organisations and peer support that have been shown to be extremely cost effective at engaging hard to reach populations of drug users. History has

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<sup>3</sup> Anderson, MD. (2010). Does Information Matter? The Effect of the Meth Project on Meth Use among Youths. Seattle, Department of Economics, University of Washington USA.

shown, for example through the HIV epidemic, that campaigns engaging those most at risk are far more productive and effective than broadly targeted campaigns.

### **The Social Determinants of Health**

*“The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries” (WHO, 2010)*

While the issue of how to address the negative impact of methamphetamine use is a complex area, the AIVL National Network feel that there is a lack of acknowledgment of the social determinants of health and their subsequent impact on the use of drugs. Poor social and economic backgrounds, higher rates of mental health concerns, and increased rates of homelessness have all been shown to contribute towards problematic drug use and increased likelihood of contact with the police. We are of the opinion that across the spectrum, from information and support to treatment and law enforcement, the current focus on methamphetamine use appears unbalanced and rarely tries to address the variety of underlying issues a person may be experiencing. Instead the focus on the person’s methamphetamine use as the problem at the expense of other areas. For an effective response we need to incorporate a holistic approach that is evidenced based and not driven by moral ideology and hysteria.

A rarely spoken about area related to drug use is the positive effects that users get from illicit drugs and this needs to be considered when discussing the use of methamphetamine. Given that we live in a world that is fast paced, energetic, 24 hours a day with expectations on society continually increasing is it any wonder that people look towards a substance that can assist with stamina and endurance when societies have for centuries been doing the same thing with caffeine, coca leaf and other stimulants?

There are many people who report use of methamphetamine over extended periods of time with little negative impact on their lives or health and believe that media reporting of the issue using phrases like “one shot and your addicted” are unhelpful and untrue. While many users will never experience the acute harms and situations currently portrayed in the media, it’s important to acknowledge that the majority of harms are experienced by the small percent of users who are often marginalised in many other areas of their life.

Current statistics around methamphetamine use in Australia supports the above assertion that it is a minority of users who are dependent and likely to experience harm from their use. The most recent IDRS Australian Drug Trends 2013 report shows that the majority of users of methamphetamine (crystal/ice) in their study did not use daily or even weekly, but in fact the majority (96%) of people who reported recent use (in the past 6 months) of methamphetamine (ice/crystal) indicated a median of 12 days<sup>4</sup> - that equates to approximately once every fortnight. Daily use of any form of methamphetamine (speed, base, crystal/ice and liquid) was only reported by 5% of the national sample<sup>5</sup>, and it is this 5% that will experience the majority of harms.

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<sup>4</sup> Stafford, J. and Burns, L. (2014). Australian Drug Trends 2013. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series No. 109. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

<sup>5</sup> ibid

It's also important to consider the Australian research that's shown there is typically a 5 year time lag between a casual user graduating to dependent use or beginning to experience other problems, and when they first seek help for these problems.<sup>6</sup> Engaging effectively with casual users through effective harm reduction messages and education may help to encourage people to seek assistance in a more timely fashion.

We believe there needs to be an increase in funding towards those services that work with drug users and their families to assist in areas that are negatively impacting on social determinants of health. This would include harm reduction and peer education, skills development to enhance employment opportunities, mental health services that will treat mental health issues (whether the person is or isn't using methamphetamine), and housing support to reduce homelessness.

### **Law Enforcement and the Criminal Justice System**

Ken Lay Chair of the National Ice Taskforce was widely quoted in the media as saying:

*"For social problems like these, law enforcement isn't the answer."*

*"...unless you stop the problem occurring you simply won't arrest your way out of this."*

*"Ice has been on the scene for over a decade and we've had a really strong law enforcement approach and it hasn't resolved the problem. The time's right now to look at the other options."*<sup>7</sup>

The AIVL National Network welcomes the acknowledgment from the Chair regarding the limitations of a narrow law enforcement approach and the benefits of exploring other options to address the issue of methamphetamine use in Australia effectively. Law enforcement approaches must be balanced with other initiatives that assist methamphetamine users to stay safe, healthy and limiting their drug uses' impact on themselves, their communities and their families lives. We have long known that when you increase penalties and direct the law enforcement focus towards arresting and incarcerating drug users that this acts as a catalyst to drive people underground and away from services that can be immensely beneficial to the individual and wider community.

The AIVL National Network does not believe imprisonment works as an effective deterrent either to prevent the uptake/use or low level supply of illicit drugs (including methamphetamines) or to prevent reoffending. Our position on this issue is supported by available evidence including that it is well acknowledged there are high levels of illicit drug use in all Australian prisons and high recidivism rates among people sentenced for illicit drug related crimes.<sup>8</sup> Because of this the AIVL National Network does not believe custodial sentencing is an effective or appropriate option for people convicted of offences deemed to be associated with methamphetamine use or for those experiencing serious problems associated with methamphetamine use. In the interest of reducing the numbers of people incarcerated for drug related offences we do support the use of both police and court-based diversionary schemes for individuals at all stages of their contact with the criminal justice system including at pre-arrest, pre-trial, pre-sentencing, post-sentencing and pre-release stages. Although Australia has made some steps in the right direction with the decision to formally introduce police and court-based diversionary schemes over the past 15 years, the AIVL National Network continues to have a range of concerns about the philosophies, models, operating protocols, implementation and monitoring and evaluation of the approaches currently in use. In this

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<sup>6</sup>Nicole K. Lee, Angela M. Harney, Amy E. Pennay, (2012) "Examining the temporal relationship between methamphetamine use and mental health comorbidity", *Advances in Dual Diagnosis*, Vol. 5 Iss: 1, pp.23 - 31

<sup>7</sup> <http://www.abc.net.au/news/2015-04-08/tony-abbott-announces-war-on-drug-ice/6376492> accessed 27/5/2015

<sup>8</sup> Payne, J. (2007). *Recidivism in Australia: Findings and Future Research*. Research and Public Policy Series No. 88. Canberra, Australian Institute of Criminology, Australia

context, although AIVL would support consideration being given to an expanded range of schemes to support the diversion of people convicted of drug-related (including methamphetamine-related) offences away from the criminal justice system these would need to differ from the approaches and models currently in operation or previously adopted including (but not limited to):

- Should not require individuals to plead guilty in order to have access to the program - as AIVL believes this undermines principles of natural justice and possibly reverses the onus of proof;
- Should not automatically exclude individuals who have been convicted of offences involving violence or those with a prior history of violent offending from accessing diversionary options;
- Ensuring the programs are flexible and able to be responsive to the needs of the individuals concerned;
- Are 'attractive' and not based on overly punitive models that effectively 'set individuals up to fail' before they even commence the program if they are assessed as 'failing' their court-mandated treatment program for the type of minor breaches that are common place in treatment programs in the community. This type of approach too often results in individuals opting to accept a prison term in the first instance to avoid the potential of having to serve a 'double sentence' - in a compulsory treatment facility followed by a term in prison should they be deemed as 'failing' treatment.

There are a range of other issues particularly relating to police diversion and discretionary powers including the possibility of expanded capacity for on-the-spot fines and notification systems although these too would need more detailed consideration of the possible advantages and disadvantages of such systems particularly for people who can often already be in considerable financial hardship. AIVL remains very open to discuss these issues and various options for diverting methamphetamine and other illicit drug users away from the criminal justice system with the Taskforce should this be of interest to members.

### **Harm Reduction, Blood Borne Viruses & Peer Support**

The AIVL National Network would like to see an increased focus on harm reduction services for methamphetamine users, namely needle and syringe programs and peer support provided by drug user organisations. From our investigations for this submission we found a distinct lack of focus on those methamphetamine users who inject, as opposed to those who only smoke the drug. People who inject methamphetamine, as with any drug, are at an increased risk of blood borne viruses (BBV) including hepatitis C and HIV, and a variety of injecting related problems such as abscesses, vein collapse and localised infections. While harm reduction services exist in all major Australian cities, these have historically been targeted more towards opioid users; but now is the time to increase their capacity to address the issues related to methamphetamines.

Harm reduction, one of three prongs of Australia's current drug policy under the banner of harm minimisation, unfortunately receives very little funding when compared to the two other prongs of demand reduction and supply reduction. A report published in 2013 by the Drug Policy Modelling Program (DPMP) on Australian Government drug policy expenditure shows that of the \$1.7 billion spent in 2009/2010 on illicit drugs, harm reduction expenditure was a tiny fraction of that spent on law enforcement (2% on harm reduction compared with 65% on law enforcement). The report also shows that there has been close to a 50% reduction in the Australian Government's investment in harm reduction since 2002/2003 (harm reduction equates almost exclusively to investment in NSP).<sup>9</sup> Unfortunately since the report was published governments across Australia (federal & local) have argued that they have not reduced expenditure on NSP but neglect to add that neither has spending kept pace with indexation/general increases in cost of purchasing injecting equipment, wage increases, service costs, etc. which means we have seen a reduction in expenditure over time in 'real' terms.

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<sup>9</sup> Ritter, A., McLeod, R., & Shanahan, M. (2013). Monograph No. 24: Government drug policy expenditure in Australia – 2009/10. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

Investment in appropriate workforce development and equipment provision for the NSP sector and in drug user organisations would allow these services to better meet the needs of methamphetamine users, and for peer based drug user organisations to begin integrating peer support into the many health and social services that methamphetamine users may come into contact with including emergency departments, housing support and drug treatment services. However, as we stated above, if the current rate of funding for harm reduction continues as it has these initiatives will not be adequate and effective at reducing harms and transmission of blood borne viruses.

NSP has long been shown to be an important intervention for all people who inject drugs, however as has been outlined above, it is the minority of users who will experience the vast majority of harms. NSP can be a pivotal part of ensuring that the majority of injectors of methamphetamine have access to appropriate information and equipment necessary to keep themselves healthy and blood borne virus free until/if they decide to stop using. Evidence has shown that with greater access to harm reduction services that this would reduce the number of people from experiencing a crisis related to their methamphetamine use as they would have access to support services currently limited or unavailable.

The AIVL National Network would also recommend further research be undertaken into the legal and free provision of meth pipes and foil for smoking methamphetamines from NSPs. While The AIVL National Network is only aware of meth pipe provision occurring in legal grey areas by underground activist NSP providers in the US, the provision of foil (and crack stems) through NSPs has been occurring for over a decade in many European countries<sup>10</sup>. This has been instigated as a way to attract drug users who do not inject into the services that provide information and support for all users, no matter the form of drug administration. Another benefit of providing free smoking implements through NSPs is the opportunity for people to reduce their injecting episodes by switching to smoking and therefore reduce the number of episodes where blood borne viruses can be transmitted. The National Network would not support the provision of smoking implements if its only intent is to switch peoples' administration method from injecting (a very complicated area not fixed by simple initiatives), however we do recognise and support the provision of smoking equipment through NSPs as a positive step towards blood borne virus prevention.

### **Treatment for Methamphetamine Use & Dependence**

Treatment for methamphetamine dependence is an important area that needs further research and investigation to identify the most effective means of treating individuals who are experiencing problematic methamphetamine use, or who would like assistance with cutting down or better controlling their use. Unfortunately the current focus is being dominated by the idea of needing a replacement pharmacotherapy (similar to methadone and buprenorphine for opioid dependence) as the golden bullet for methamphetamine users. While the AIVL National Network supports this in principle and can see the benefits from such a treatment approach, replacement pharmacotherapy with drugs like dexamphetamine is generally only effective for a small proportion of those with severe dependency. Of importance to note is that services in Australia which do provide limited replacement pharmacotherapy for methamphetamine users are only available in a very few locations and believe that unless this is expanded across the nation it will remain only available to the few who reside close to them.

We believe that more focus and resourcing needs to be placed on harm reduction and withdraw support services and peer education programs (such as WASUA's Project Amped) to assist people with their use before it becomes so problematic that traditional psychological approaches such as Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) are no longer an effective option. There is also important symptomatic relief (such as mild sedatives) for people who are trying to reduce or stop their use, or who may just need a break from their use of methamphetamine. This approach is being underutilised across Australia however If more adequately funded and supported outpatient services existed this would

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<sup>10</sup> <http://www.thestranger.com/features/feature/2015/03/11/21914591/why-is-this-rogue-needle-exchange-handing-out-meth-pipes> accessed 28/5/2015

ease the burden on costly in-patient detox services who would be freed up to treat the more severe end of the spectrum of methamphetamine dependence.

### **Recommendations**

The AIVL National Network has set out key recommendations below based on our submission that we believe the Taskforce must consider in drafting the National Methamphetamine Strategy and other initiatives to address methamphetamine use in Australia. We would welcome the opportunity to have further discussions with the Taskforce to clarify and expand on the issues outlined above and the recommendations below.

**Recommendation #1 - Funding is identified for drug user organisation to run workforce development training (for NSP, treatment and support services) in providing best practice harm reduction initiatives.**

**Recommendation #2 – Appropriate levels of funding be provided to undertake research and clinical trials to assess the best treatment options for methamphetamine dependence and use. This must include adequately funding services to provide the full range of evidenced based treatment options throughout Australia.**

**Recommendation #3 – Appropriate services are properly funded to provide the full range of education, support and referral for all methamphetamine users, including providing peer support to methamphetamine users who are navigating other services.**

**Recommendation #4 – That services who come in contact with methamphetamine users engage peer support workers employed by drug user organisations in their service model. This includes in emergency departments, drug treatment services, court diversion and crisis support.**

**Recommendation #5 – The Australian Government and/or state/territory governments will not redirect existing funding to address issues related to methamphetamine use, but instead negotiate (through COAG) to equally share the funding needed for all new initiatives.**

**Recommendation #6 - The Taskforce meet with drug users, AIVL and our member organisations and the AIVL National Methamphetamine Working Group to better understand the range of issues from the perspective of those who use methamphetamines prior to drafting the strategy.**

**Recommendation #7 – Funding is provided to appropriate organisations to undertake targeted social marketing campaigns for methamphetamine users, rather than broad based social messaging campaigns.**

**Recommendation #8 – Primary focus is put on the extreme levels of stigma and discrimination against people who use methamphetamines including the language used, criminalisation and the harms it causes including human rights violations, and ensuring a health & criminal justice system that respects basic human rights and is fair and just.**

**Recommendation #9 – Given the high levels of injecting reflected in the evidence there needs to be a specific and much greater focus on harm reduction and in particular BBV and hepatitis C prevention, management and treatment.**

**Recommendation #10 – That the AIVL National Network is given the opportunity to read and provide appropriate feedback to the draft strategy before sign-off from COAG is sort.**