VICTORIAN ALCOHOL AND DRUG ASSOCIATION

# Inquiry into crystal methamphetamine (ice)

June 2015

**VAADA Vision**

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

**VAADA Objectives**

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

# Contents

# The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

# VAADA's consultation process

VAADA regularly engages the membership on a range of issues, including methamphetamine and will, where possible, reflect on the views and experiences of the membership in the development of this submission.

VAADA has submitted feedback to the Victorian Parliamentary inquiry into the *Supply and Use of Methamphetamine* and more recently to the National Ice Taskforce and will reflect on these submissions in the development of this submission.

# Summary of Recommendations

1. **Enhance data capture and analysis tools which can broadly capture harms, rate of usage and unmet and met demand for treatment services**
2. **Additional resourcing should be provided for the establishment of three AOD residential rehabilitation facilities located in Gippsland, Loddon and Warrnambool. These 15 bed facilities would provide for up to six weeks of residential treatment and would each cost approximately $1.2 million to provide for 60 service users per annum, not including establishment costs. The total annual cost, not including establishment costs, would be $3.6 million per annum.**
3. **Additional resourcing should be provided to rural and regional AOD treatment services to provide for enhanced support for individuals in rural and regional areas experiencing methamphetamine related issues.**
4. **In order to address the treatment needs and associated access issues for CALD communities, additional resources should be directed into:**
    - **Initiatives aimed at improving access to culturally appropriate AOD treatment services for vulnerable CALD populations**
    - **Targeted (culturally specific) programs to raise awareness of the harms associated with methamphetamine use**
    - **Utilisation of cultural liaison positions and the use of outreach modalities to engage at risk CALD communities**
5. **The recommendation from the Victorian Parliamentary inquiry into the supply and use of methamphetamines to establish four new Drug Courts in Victoria should be implemented**
6. **Existing diversionary schemes should be enhanced and/or new schemes developed to divert individuals who have engaged in methamphetamine related offending behavior away from the justice system. Where appropriate, these schemes should link individuals into suitable treatment responses.**
7. **Build seamless pathways and referral points for at risk groups to AOD treatment services**
8. **Ensure that the AOD treatment sector is adequately supported and resourced to meet demand**
9. **Build the capacity of AOD treatment services to optimally respond to methamphetamine related presentations, and to assist and work with other associated service sectors in addressing related issues**
10. **Ensure that there are robust supports for the families of individuals experiencing dependency on methamphetamines**
11. **Ensure that well-resourced, evidence informed harm reduction messaging and activity is readily available for at risk populations**

12. **Address the treatment needs of at risk populations through building the capacity of required services to work with these populations**
13. **Support prevention-based activity which is evidence informed and ensure that agencies providing these services are appropriately remunerated**
14. **Re-visit the Victorian Parliamentary report into Methamphetamine as a blueprint for action**
15. **Enhance the capacity of emergency services to work with AOD affected populations, including activity related to harm reduction and referral**

# Introduction

The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity to contribute to this Parliamentary inquiry. We note the significant harms associated with methamphetamine - including crystal methamphetamine - use and also the considerable and mounting anxiety within the community.

Our submission will reflect on the available evidence regarding the most effective means of reducing the harms associated with methamphetamine (and crystal methamphetamine) use. As peak body for the Victorian alcohol and other drug (AOD) sector, we will largely reflect on the Victorian experience.

Our submission will largely reflect on the latter three TOR outlined by the Committee, being:

e. The nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities;

f. Strategies to reduce the high demand for methamphetamines in Australia; and

g. Other related issues.

There is a growing body of evidence which highlights the cost effectiveness of alcohol and other drug (AOD) treatment in addressing AOD related harms, including those related to crystal methamphetamine. Accessible AOD treatment has been shown to reduce the demand on acute health services (such as emergency departments) as well as justice related interventions.

VAADA maintains the position that there is likely a considerable increase in harms associated with methamphetamine but that there has not been any significant increase in usage.

We also note that although there has been a strong focus on ice, and a shift within amphetamine using populations toward ice, there is growing evidence that the purity of powder based methamphetamine is increasing significantly (Dietze 2015) and that many of the harms are similar to those related to the consumption of crystal methamphetamine (ice).

## e. The nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities

Official national data sources have indicated that the overall use of methamphetamines has declined from 2001 to 2013 (respectively from 3.4% to 2.1% of the general population (AIHW 2014)). However, within that declining cohort, there has been a significant shift in the type of methamphetamine consumed, with the portion consuming crystal methamphetamine more than doubling between 2010 and 2013 and a more than 40% reduction in the consumption of powder over that same period. Of concern, however, and indicative of the increase in harms, is the increase in those who consume methamphetamine at least weekly, doubling in the period between 2010 and 2013 from approximately 12.5% to 25% of all users.

The type of harms occurring are impacted by a wide range of variables, including specific vulnerabilities evident within populations of individuals which can exacerbate harms, as well as other factors such as poly-drug use. Kenny et al (2011) indicate that there are high levels of poly-drug use among methamphetamine using populations, with those substances which have a sedative effect (including but not limited to alcohol, cannabis and heroin) featuring prominently among these populations.

Many of the more prominent harms associated with methamphetamine appear to be acute in nature, with a significant increase in methamphetamine related ambulance attendances and methamphetamine related acute drug toxicity deaths occurring within Victoria. However, despite the significant increases in these measures (which indicate a significant increase in harm, rather than necessarily an increase in the number of individuals using), other substances, such as diazepam and heroin are contributing to more acute drug toxicity deaths than methamphetamine and alcohol being the largest contributor to AOD related ambulance attendances. Longer term harms, which include cardiac related issues, and illnesses associated with the use of unsterile injecting equipment, are discussed in further detail below. There are a range of reports which provide an indication that there is an increase in methamphetamine related crime, including trafficking and clandestine labs.

## AOD treatment attendances and Methamphetamines

AOD treatment services within Victoria have generally reported an increase in methamphetamine related treatment episodes which is supported by national data from the AIHW (2014a) that shows an increase from seven to 17 percent of all closed treatment episodes for amphetamine type substances from 2009/10 to 2013/14.

VAADA members have been surveyed (AOD treatment agencies) on methamphetamine with agencies indicating, conservatively, at least a two-fold increase in methamphetamine related treatment presentations since 2010. Notably, some have indicated that there has been an increase in treatment presentations where methamphetamine is the principle substance of concern and a decrease in those presentations where it has been a secondary substance of concern.

## Methamphetamines and the general population

Information on the impact of methamphetamine use in the community is not comprehensive. Aside from a number of the aforementioned measures which determine harms there are only broad indicators of population level consumption (through national surveys such as the National Drug Strategy Household Survey (AIHW 2014)). These indicators are revealing that there has not been a significant uptake of ice use among non-drug using populations, but rather a shift among methamphetamine users from powder or base to ice (Quinn 2015). Typically, with the exception of these population based measures, the data generally only provides for those experiencing serious dependence related issues or acute harms necessitating a health or justice related intervention. It does not provide any evidence of harms which may be occurring in a larger population of individuals who may be periodically using methamphetamine yet not engaging with justice or health services. A number of experts however, have recently indicated that a larger number (approximately 70 percent of methamphetamine users) are functional, continuing, for instance, to remain in employment (Lee 2015) and consume methamphetamine monthly or less. The remaining 30 percent of users consume methamphetamine at least monthly, with a smaller portion consuming at least weekly. The former

group are unlikely to access AOD treatment, and may not necessarily meet the criteria for entering the treatment system; they are more likely to be accessing primary care and therefore early intervention and harm reduction activity should occur at the primary health level. Reducing the likelihood of escalating consumption is a key consideration and strategies should target those health services which interface with this at risk cohort.

Some research is indicating that there are specific types of employment where there is a greater prevalence of methamphetamine use, particularly among males in 'fly in/fly out – drive in/drive out' forms of employment, involving extended ours of activity (Pidd 2015). It is difficult to find comprehensive data which robustly details the specifics on community level consumption and harms; a breakdown of consumption via region would be useful, as well as levels of use and harms within sub populations including but not limited to LGBTI, young people regularly attending night clubs and CALD communities.

From this, it is evident that considerable efforts should be made to enhance data capture and analysis and research to provide for the delivery of this information to properly and comprehensively inform policy development. This would better provide a complete picture regarding the harms associated with methamphetamine, not just for those consuming the substance, but more broadly within the community.

**Recommendation**

1. **Enhance data capture and analysis tools which can broadly capture harms, rate of usage and unmet and met demand for treatment services**

## Methamphetamines and rural and regional areas

The AIHW (2014) also note that those residing in remote and very remote areas are twice as likely to have used methamphetamine than those residing in metropolitan areas. Two rural based VAADA members were surveyed in 2014 on methamphetamine related issues. These results, which should be taken as indicative based on the limited number of subjects, support the notion that there has been an increase in methamphetamine related treatment demand. One agency indicated a threefold increase in demand from 2011/12 to 2012/13 (just under 20% of all treatment episodes as the principle substance of concern). This agency, however, experienced a decrease in methamphetamine related demand in 2013/14 with methamphetamine the principle substance of concern in just over 10% of all treatment episodes. With this agency, a similar amount of treatment presentations involved methamphetamines as a secondary substance of concern. Therefore in 2012/13, methamphetamine was either a principle or secondary substance in approximately 35% of all treatment episodes, decreasing to around 25% in 2013/14.

A separate rural provider indicated an increase of approximately 40% for methamphetamine related presentations with service users experiencing poly substance related issues. This data provides some support to the findings from AIHW, and of particular concern is that the increased demand for treatment is a likely indicator of an increase in harms. Individuals in rural and regional areas, particularly remote areas, experience less access to various health services, including both primary health and AOD. Regarding primary health, there are only 3.6 general practitioners per 10,000 head

of population in rural and regional areas of Australia compared to 7.6 in metropolitan areas (Buykx, Ward and Chisholm 2013). There are a range of additional barriers to AOD treatment for these individuals, including issues related to privacy, the challenges evident with the tyranny of distance as well as issues for services such as recruitment and retention of staff.

A recent survey of our membership (where 49 agencies were represented in the responses) identified issues with recruitment and retention as a common theme among many rural providers, with the challenges being further exacerbated as a result of the recommissioning of the Victorian AOD adult non-residential sector. Agencies experiencing these types of issues will encounter greater difficulties in general service delivery, which can impact upon outcomes. This is further exacerbated by the lack of weighting associated with rural service provision as well as the limitations on accessible treatment options. This includes, for many regions in Victoria, no immediate or ready access to a local residential rehabilitation facility. In line with this limitation, VAADA's (2015) state budget submission [2015/16] recommended the development of an additional three residential rehabilitation facilities in Victoria.

**Recommendations**

2. **Additional resourcing should be provided for the establishment of three AOD residential rehabilitation facilities located in Gippsland, Loddon and Warrnambool. These 15 bed facilities would provide for up to six weeks of residential treatment and would each cost approximately $1.2 million to provide for 60 service users per annum, not including establishment costs. The total annual cost, not including establishment costs, would be $3.6 million per annum.**

3. **Additional resourcing should be provided to rural and regional AOD treatment services to provide for enhanced support for individuals in rural and regional areas experiencing methamphetamine related issues.**

## Methamphetamines and Culturally and Linguistically Diverse communities

The CALD AOD Project, a two-year initiative currently being undertaken at VAADA, has included a number of activities which shed some light on the prevalence and impact of methamphetamine use within CALD communities in Australia.

A literature review undertaken as part of the project indicates that to date little attention has been paid to the use of methamphetamines within CALD communities in Australia. While there is much more data related to alcohol, cannabis and opiate use, the evidence remains limited. In broad terms the available data suggests that illicit drug use (including methamphetamines) is generally lower compared to the general population (Donato-Hunt, Munot & Copeland 2012; AIHW 2014). However, this situation is not universal.

Some CALD communities are at increased risk of experiencing AOD related harms as they are subject to multiple risk factors (including, but not limited to, low levels of health literacy, socio-economic disadvantage and pre- and post-migration stressors making it harder to adjust to a new cultural environment). Despite this situation CALD communities are significantly under-represented in the

AOD treatment system. This is further evidenced by the very limited usage of interpreter services in Victoria for AOD treatment, with less than 100 bookings made for onsite and telephone interpreter services during 2012-13. This is despite an estimated 29,319 individuals engaging in treatment, equating to 0.38% of service users over that period requiring interpreters.

Data specific to methamphetamine use within CALD communities is largely anecdotal, based on feedback obtained during stakeholder consultations. In a recent survey undertaken by VAADA from May – August 2014, the general consensus was that methamphetamine is an emerging problem, with most participants citing an increase in its use across a number of communities (affecting new and emerging as well as established migrant groups).

Due to the sensitivity of this material and the potential for reputational damage to those communities cited, we have opted not to report here on specific communities or cultural groups. VAADA is mindful of the impact of reinforcing negative stereotypes, especially related to illicit drug use and criminal activity. However upon request this information can be made available. Suffice to note that:

- Across all the communities that were identified the proportion of men presenting with AOD issues (including methamphetamines) was reported to be significantly higher than that for women, though it is generally acknowledged that AOD use amongst CALD women is more hidden
- Those reported to be experiencing methamphetamine-related problems are generally aged in their 20s and 30s, though in one community it is more of a multigenerational concern, also involving people aged in their 40s
- Methamphetamines were generally identified as a secondary drug of choice, used in combination with one or more other substances (e.g. in combination with cannabis and benzodiazepines, especially during the 'come down' or in combination with opiates to counter its sedative effects)
- In most cases smoking was put forward as the preferred method of administration, in no small part due to a cultural aversion to injecting, though in a number of migrant communities injecting is much more prevalent and well established
- Anecdotally, there has been an increase in the number of forensic referrals due to methamphetamine-related offences, mandating mostly young men aged 18 – 30 years into AOD treatment

As noted previously the proportion of AOD service users from CALD backgrounds is very low, with data showing only 14% of closed treatment episodes for Australia in 2012/13 applicable to clients who were born overseas (AIHW 2014a). When we look more deeply into the situation it is clear that AOD treatment services are underutilized, due to a range of service barriers and socio-cultural norms making it difficult for individuals and families affected by problematic AOD use to access treatment.

If 'at risk' CALD populations are to receive the support they require more needs to be done to improve the capacity of treatment providers to deliver culturally safe and responsive services.

**Recommendation**

4. **In order to address the treatment needs and associated access issues for CALD communities, additional resources should be directed into:**

- **Initiatives aimed at improving access to culturally appropriate AOD treatment services for vulnerable CALD populations**
- **Targeted (culturally specific) programs to raise awareness of the harms associated with methamphetamine use**
- **Utilisation of cultural liaison positions and the use of outreach modalities to engage at risk CALD communities**

## f. Strategies to reduce the high demand for methamphetamines in Australia

There are a range of initiatives which should be implemented and existing endeavours enhanced to reduce the harms associated with methamphetamines. There are specific initiatives which are related to addressing the harms associated with specific at risk populations. A key priority is reducing interaction with the justice system and to this end, there are a range of initiatives which aim to provide means to divert individuals from the justice system, including diversionary schemes and Drug Courts. The AOD treatment sector provides positive outcomes for both service users and the community more generally; however, there are a number of enhancements which should be considered in further finessing the sector to optimize its' capacity to cater for methamphetamine related presentations, such as increased flexibility and capacity in withdrawal services as well as residential rehabilitation.

### Diverting individuals from the justice system

Resourcing and support of treatment, harm reduction and prevention activities should be prioritized by all levels of government in order to address issues related to methamphetamine. To this end, VAADA supports harm minimization but notes that there is a disproportionate weighting towards supply reduction (primarily law and order responses) while there is an underinvestment in demand and harm reduction activities.

While an increasing focus from policing authorities has reduced the supply of methamphetamine, surveying from substance using populations in Victoria indicates that 86 percent of drug users report that crystal methamphetamine is very easy or easy to obtain (Cogger, Dietze and Lloyd 2014). Reflecting on this and the increasing harms occurring through methamphetamine use, it would appear that the increasing supply reduction efforts are doing little to hamper the availability of this substance. For instance, an Australian Institute of Criminology study (Coghlan and Goldsmid 2015) note that increased seizures of amphetamine related substances had no impact upon the frequency of amphetamine related emergency department attendances, and that any limitation in accessing these substances could result in diverting users to another illicit substance.

Furthermore, there is evidence indicating that law and order responses resulting in imprisonment do not confer effective general deterrence (Sentencing Advisory Council 2011; 2013) and with the increasing recidivism rate in Victoria, imprisonment is not effectively curtailing crime, including methamphetamine related crime. The Victorian Drug Court, and more broadly the range of Drug Court models both nationally and internationally, enjoy significant success in reducing AOD related

offending, including methamphetamine related offending. Specifically, over a two year period, the Victorian Drug Court was found to have saved 4492 prison days in Victoria, netting a saving of $1.2 million for Victoria. This saving does not account for the reduction in recidivism (34 percent lower than the control group), and other health related benefits (KPMG 2014). The Victorian Parliamentary Inquiry into the supply and use of methamphetamine (Victorian Government 2014) indicated that Victoria, which currently has one Drug Court, should look to implementing another four Drug Courts throughout the state. Ensuring that all regions of Australia maintain an accessible Drug Court is essential in responding to methamphetamine related offending.

**Recommendation**

5. **The recommendation from the Victorian Parliamentary inquiry into the supply and use of methamphetamines to establish four new Drug Courts in Victoria should be implemented**

For less serious cases, diversionary schemes should be available to divert offenders with low to moderate level AOD related offending. These options should be used in circumstances where a therapeutic intervention would clearly impact upon the offending behavior in a positive manner. These schemes should provide seamless access to the necessary treatment and/or other interventions, in a timely manner and minimize further interaction with the justice system. Justice related and programmatic responses to AOD related offending should enable adequate flexibility for a step up/step down model, allowing the system to provide for the needs of the offender.

**Recommendation**

6. **Existing diversionary schemes should be enhanced and/or new schemes developed to divert individuals who have engaged in methamphetamine related offending behavior away from the justice system. Where appropriate, these schemes should link individuals into suitable treatment responses.**

## AOD treatment and methamphetamines

AOD treatment provides a significant return on investment through reduced health and justice related expenditure, with international studies indicating that AOD treatment provides between a 2.5 to seven fold return on investment (National Health Service 2012; National Treatment Agency for Substance Abuse 2012; Office of National Drug Control Policy 2012). Ciketic et al (2014) provides an analysis of outpatient counselling for methamphetamine dependence and finds that this counselling leads to a reduction in societal costs and an improvement in overall wellbeing. Accessing AOD treatment should be prioritized.

There are, however some issues which need to be addressed to further optimize the AOD treatment system. Although there has been a significant increase in methamphetamine related AOD treatment episodes, research indicates that methamphetamine users are quite reluctant to engage in AOD treatment (Kenny et al 2011). There is evidence which indicates that some users may not engage in treatment until after 10 years of methamphetamine use, which is problematic as early engagement of treatment generally engenders better outcomes (Ezzard 2015). Individuals experiencing dependence on methamphetamines who do not engage in treatment are likely to experience greater acute harms at a later stage, necessitating an intervention from more expensive acute health

services or the justice system. In both cases, the individual is likely to be experiencing significantly worse health, will likely necessitate a more expensive intervention and is likely to have contributed to greater levels of harm to the community. It would be ideal for individuals in need of treatment to access it at the earliest possible time to minimise the harms associated with at risk AOD use and dependence, and reduce the burden on other service systems.

Seamless referral pathways should be in place to ensure that individuals with methamphetamine related issues can rapidly obtain access to the AOD treatment sector at the earliest opportunity. There is also a need for related service sectors to provide relevant information (including harm reduction related content) to individuals at risk of harm from consumption of methamphetamines, including crystal methamphetamine. An emphasis on collaboration in addressing methamphetamine related issues is crucial and to that end, relevant service sectors must have the necessary skill base to work with populations at risk of harms associated with methamphetamines. This includes 'first responders', and ensuring capacity to deal with high risk situations that may involve violence.

Kenny at al (2011) cited a number of barriers to treatment which should be addressed: stigma, perceptions regarding the effectiveness of treatment, accessibility and lengthy waiting periods. Addressing stigma towards methamphetamine users is a significant undertaking which should be prioritized by all levels of government. Stigma has a deep and lasting impact on an individual's capacity to contribute to society and to experience wellbeing. It contributes to, exacerbates and perpetuates the harms associated with AOD use.

**Recommendations**

7. **Build seamless pathways and referral points for at risk groups to AOD treatment services**
8. **Ensure that the AOD treatment sector is adequately supported and resourced to meet demand**
9. **Build the capacity of AOD treatment services to optimally respond to methamphetamine related presentations, and to assist and work with other associated service sectors in addressing related issues**

## Addressing the needs of families

There is a need to build in a range of supports for families with loved ones affected by methamphetamine (and other substances). These families are often facing a number of challenges and would benefit from a range of supports. Families can also play a key role in the successful application of AOD treatment, however in Victoria, there is only provision for minimal family sensitive practice. The AOD treatment sector should be adequately remunerated to provide family sensitive practice. Families should also have ready access to the necessary supports and helplines.

**Recommendation**

10. **Ensure that there are robust supports for the families of individuals experiencing dependency on methamphetamines**

### Harm reduction and methamphetamines

In line with the large populations in need of - but not accessing - treatment there is a need to ensure that adequate harm reduction measures and messaging are in place. This messaging must be evidence based and delivered in a manner and format which is accessible to at risk populations and AOD consumers. Credible messaging such as the least harmful means of consumption, highlighting potential risks associated with poly substance use, provision of sterile injecting equipment, hydration and reinforcing means of reducing harms through unsafe sexual practices must be accessible to all at risk populations. Ensuring that this messaging is available and accessible to at risk population is key to reducing the harms associated with this substance.

Harm reduction strategies should also address long term and chronic harms. Baker (2015) noted the increased risk of cardiovascular disease with regular stimulant consumption (including methamphetamine, cocaine and ecstasy) and highlighted the disturbing trend of a 20 year reduction in life expectancy for regular methamphetamine users. This is likely compounded by the very high rate of tobacco smoking among methamphetamine users. There would be some value in encouraging regular methamphetamine users to regularly check for cardiovascular disease.

**Recommendation**

11. **Ensure that well-resourced, evidence informed harm reduction messaging and activity is readily available for at risk populations**

## g. Other related issues

### Victorian Parliamentary inquiry into the supply and use of methamphetamines

The recent Victorian Parliamentary Inquiry into the supply and use methamphetamine provides a useful blueprint for action on methamphetamine related issues. The Inquiry provided 54 recommendations which should be considered by the Taskforce. There are specific activities which operate within the remit of states and territories which should be supported by an over-riding federal strategy and a number of initiatives which need to be actioned at a federal level. The Victorian inquiry usefully highlights the risks occurring with specific populations, including LGBTI communities, various CALD communities, Aboriginal communities, individuals engaged with the justice system and rural and regional communities. Young people are also identified as an at risk population, with one youth AOD treatment provider recently citing a three-fold increase in ice related presentations within their cohort (YSAS 2015). The inquiry also recommended enhancing the evidence base in treatment for methamphetamines. Various initiatives within Victoria are currently being undertaken to build on this evidence base. These initiatives should be adopted and resourced broadly throughout the sector to ensure that best practice treatment is readily available throughout Australia. This involves further building the capacity of the AOD workforce to respond to methamphetamine related treatment demand. Funding arrangements to provide for this should be developed with coordinated state and federal contributions to maximize the benefits of a highly skilled nation-wide AOD workforce.

**Recommendation**

12. **Address the treatment needs of at risk populations through building the capacity of required services to work with these populations**

The Parliamentary Inquiry refers to school based prevention activities. VAADA is broadly supportive of AOD prevention based activity within a school setting on the proviso that the activity is undertaken within an evidence informed framework. Furthermore, within the Victorian context, there is strong demand for AOD treatment agencies to provide prevention-based activities within a school setting. The approach to this is generally not coordinated, nor is it funded, taking away much needed treatment capacity from front line treatment providers. Prevention activities within school settings should be undertaken within an evidence informed manner and those delivering these activities should be appropriately remunerated.

**Recommendations**

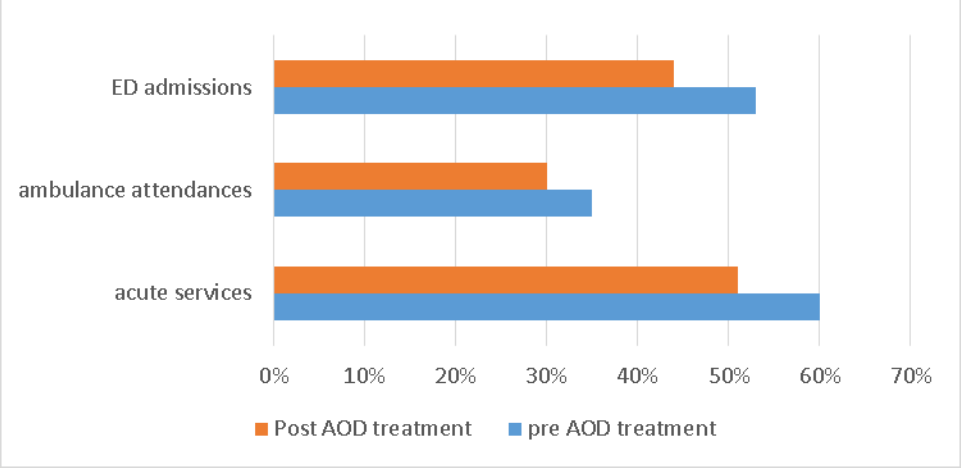
13. **Support prevention-based activity which is evidence informed and ensure that agencies providing these services are appropriately remunerated**
14. **Re-visit the Victorian Parliamentary report into Methamphetamine as a blueprint for action**

## Emergency Departments and methamphetamines

Within the hospital setting, a model which should be reflected on is that which is currently operating in St Vincents hospital in Sydney NSW. This model, broadly speaking, provides a referral point from emergency into AOD treatment, including withdrawal, enabling first responders to refer methamphetamine users into treatment. VAADA's (2015)2015/16 state budget submission call for three emergency departments in major Victorian hospitals to have capacity to respond to emergency department patients who frequently attend with AOD issues, by providing effective internal referral to AOD treatment with capacity for transitioning to the necessary level of care and intervention. Research undertaken by Manning (2014) indicates that AOD treatment reduces the frequency of emergency department presentations (see figure 1). This research assessed the acute health service demand for individuals in the year after AOD treatment in comparison to the year leading up to the treatment:

- Demand for acute services among those with AOD dependence issues decreased from 60 to 51 percent for those who have, in the past year, attended AOD treatment;
- For the same population, ambulance attendances decreased from 35 to 30 percent; and
- Hospital emergency admissions decrease from 53 to 44 percent (Manning 2014)

**Figure 1: impact of AOD treatment on acute health service demand**




More broadly, there is greater scope for Emergency Departments to better engage in harm reduction activities which should be explored.

**Recommendations**

15. **Enhance the capacity of emergency services to work with AOD affected populations, including activity related to harm reduction and referral**

Within Victoria, the Ice Action Plan has resourced an increase in roadside drug testing. Such an initiative may, as with roadside alcohol testing, reduce the harms associated with AOD use and traffic accidents. However, such an initiative must account for the likely increase in demand for drug driver education programs and more general AOD treatment programs. With only a small number of drug driver education programs in Victoria, the pending increase in demand may result in a significant bottle neck in accessing drug driver education programs, necessary for the reinstatement of ones driver's license. This may result in an increase in unlicensed driving, bereft of the benefits which would be accrued through attending this program, resulting in greater harms and potential net-widening through the exacerbation of harms resultant of a lack of treatment capacity. When boosting such initiatives as roadside drug testing, it is crucial that a commensurate increase in access to drug driver allocations and more broadly that increased capacity in AOD treatment is resourced. This strategy should provide overall guidance for states and territories on this issue. More broadly, this is indicative of the risks which can occur, and have in Victoria, where an increase in resourcing and subsequent activity occur within the justice setting without equal resourcing toward ancillary services, resulting in bottlenecks within the system which engender greater overall harm.

# References

AIHW 2014, *National drug strategy household survey detailed report 2013*, Australian Institute of Health and Welfare, Drug statistics series no. 28, Cat. No PHE 183, Canberra.

AIHW 2014a, *Alcohol and other drug treatment services in Australia 2012-13: Report on the National Minimum Data Set*, Drug treatment series no. 24, Australian Institute of Health & Welfare, Canberra.

Baker, A (2015), *Physical and Psychological effects of methamphetamine use*, NCETA, The National Methamphetamine Symposium: making research work in practice, Melbourne.

Buykx, P, Ward, B and Chisholm, M 2013, *Planning alcohol and other drug services in rural and remote areas: the role of spatial access*, DPMP, UNSW.

Ciketic, S, Hayatbakhsh, R, McKetin, R, Doran, CM and Najman JM 2014, 'Cost-effectiveness of counselling as a treatment option for methamphetamine dependence', *Substance Use*, early online, pp. 1 – 8.

Cogger, S, Dietze, P and Lloyd, B 2014, *Victorian Drug trends 2013,* Illicit Drug Reporting System, Australian Drug Trends Series no. 112, viewed 19 May 2015, https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/VIC_IDRS_2013.pdf

Coghlan, S and Goldsmid, S 2015, *Findings from the DUMA Program: impact of reduce supply of methamphetamine supply on consumption of illicit drugs and alcohol*, Australian Institute of Criminology, viewed 19 May 2015 http://aic.gov.au/publications/current%20series/rip/21-40/rip36.html

Dietze, P, 2015, *Trends in prevalence in use and harms: implications for harm reduction*, NCETA, The National Methamphetamine Symposium: making research work in practice, Melbourne.

Donato-Hunt, C, Munot, S & Copeland, J 2012, 'Alcohol, tobacco and illicit drug use among six culturally diverse communities in Sydney', *Drug and Alcohol Review*, vol. 31, no. 7, pp. 881-889.

Ezzard, N 2015, *Effective strategies to address methamphetamine problems in primary care, emergency departments and hospital settings,* NCETA, The National Methamphetamine Symposium: making research work in practice, Melbourne.

Kenny, P, Harney, A, Lee, NK and Pennay, A 2011, 'Treatment utilization and barriers to treatment: Results of a survey of dependent methamphetamine users', *Substance Abuse Treatment, Prevention and Policy*, vol 6, no 3.

KPMG 2014, *Evaluation of the Drug Court of Victoria, FINAL* REPORT, Magistrates Court of Victoria, viewed 17 April 2015, http://www.magistratescourt.vic.gov.au/sites/default/files/141218%20Evaluation%20of%20the%20Drug%20Court%20of%20Victoria.pdf

Lee, N 2015, *Treatment issues in dealing with methamphetamine clients*, NCETA, The National Methamphetamine Symposium: making research work in practice, Melbourne.

Manning, V, 2014, *Patient Pathways,* in proceedings of the 2014 Turning Point Annual Symposium, Melbourne, Turning Point, 13 August.

National Health Service 2012, *Estimating the crime reduction benefits of drug treatment and recovery*, National Treatment Agency for Substance Misuse, United Kingdom.

National Treatment Agency for Substance Abuse 2012, *Cost benefits of investing early in substance abuse treatment*, viewed 7 November 2014, http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf

Office of National Drug Control Policy 2012, *Alcohol and drugs prevention, treatment and recovery: why invest?*, Public Health England, viewed 7 November 2014, http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf

Pidd, K 2015, *Methamphetamine use in the workplace: options for prevention and intervention*, NCETA, The National Methamphetamine Symposium: making research work in practice, Melbourne.

Quinn, B 2015, 'Is Victoria facing an ice epidemic?', *Impact*, Burnet Institute, Autumn 2015, pp 8 – 9.

Sentencing Advisory Council 2011, *A review of the Evidence*, viewed 10 December 2014, https://www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Does%20Imprisonment%20Deter%20A%20Review%20of%20the%20Evidence.pdf

Sentencing Advisory Council 2013, *Reoffending following sentencing in the Magistrates' Court of Victoria*, viewed 10 December 2014, http://www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Reoffending%20Following%20Sentencing%20in%20the%20Magistrates%27%20Court%20of%20Victoria.pdf

VAADA 2015, *State Budget Submission 2015/16*, Victorian Alcohol and Drug Association, Collingwood.

Victorian Government 2014, *Inquiry into the supply and use of methamphetamine in Victoria*, 2 vols, Law Reform, Drugs and Crime Prevention Committee, Melbourne

YSAS 2015, *Methamphetamine (Ice) media factsheet*, Youth Support and Advocacy Service, viewed 18 May 2015, http://www.ysas.org.au/sites/default/files/YSAS_Methamphetamine%20Media%20Fact%20Sheet.pdf

The Victorian Alcohol and Drug Association Inc. acknowledges the support of the Victorian Government.