

National Ice Taskforce

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Friday 29 May 2015

Dear Taskforce Members,

St Vincent's Health Australia is witnessing the increasing impact of meth/amphetamine on individuals, families, and communities. This is because our two public hospitals, St Vincent's Hospital Sydney and St Vincent's Hospital Melbourne, see firsthand the health impacts of the use of this drug on a daily basis through the increasing presentations in our emergency departments and the growing number of individuals who attend our mental health and addiction medicine services.

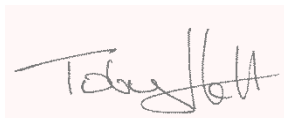
Our experience is not uncommon among health services, and reflects the fact that as a nation we have one of the highest rates of meth/amphetamine use in the world, and this in turn places increasing demand on an already stretched health system. This is because the community is desperately seeking access to treatment and intervention.

As one of Australia's pre-eminent health providers, we would like to impress on the Taskforce to take this opportunity to develop and strengthen strategies that will effectively reduce demand and minimise harm. Far more effective and well-resourced treatment and management responses are required to effectively minimise the harm to individuals and communities related to the use of this drug. These should focus on harm reduction strategies and in particular health services where most people ultimately end up. Reducing stigma, promoting early intervention, addressing barriers to drug treatment and ensuring that health and support services are adequately resourced is therefore vital to meeting the needs of meth/amphetamine and other drug users. This will also help reduce the impact drugs have on family, friends and members of the general community.

Finally, St Vincent's Health Australia would like to take this opportunity to offer any further assistance and support that may be required by the Taskforce in developing the national action strategy.

We would also welcome an opportunity to further discuss the recommendations identified in this paper and extend an invitation to the Taskforce Members to visit our two major tertiary public hospitals for a tour of our services and to speak directly with our specialist clinicians.

Yours sincerely,



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**ST VINCENT'S
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

**Submission to Department of the Prime Minister
and Cabinet's National Ice Taskforce**

on

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

Submission:

Friday 29 May 2015

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Terms of Reference

St Vincent's Health Australia understands that the National Ice Taskforce seeks respondents' views on the following matters:

1. What is the impact of people using ice on our community?
2. Where should federal, state and territory governments focus their efforts to combat the use of ice?
3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?
4. What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

About St Vincent's Health Australia

St Vincent's Health Australia is the nation's largest Catholic not-for-profit health and aged care provider. Our services comprise 27 facilities along the east coast of Australia including six public hospitals, eight private hospitals, 13 aged care facilities and four co-located research institutes Victor Chang Cardiac Institute, Garvan Institute of Medical Research, O'Brien Institute, and St Vincent's Institute of Medical Research.

From the health services established by the Sisters of Charity in 1857 at Woolloomooloo in Sydney, St Vincent's Health Australia has grown to encompass a diverse range of tertiary services including: acute medical and surgical services; emergency and critical care; drug and alcohol addiction; aged and sub-acute care; diagnostics; mental health; correctional health; palliative care; residential care; research and education.

St Vincent's Health Australia operates more than 2,500 hospital beds, 1,100 aged care places, employs over 17,000 staff, works with over 2,500 medical practitioners and draws on the talents of over 1,300 generous volunteers. Each year we provide care to more than 250,000 inpatients and over a million episodes of ambulatory care through our outpatient services.

We are a clinical and education leader and have a national and international reputation in various fields of medical research. Our areas of expertise crosses a large domain including: heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; HIV medicine; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health care and Aboriginal health.

We have significant University affiliations with the University of New South Wales, University of Melbourne, Australian Catholic University, University of Sydney, University of Southern Queensland, University of Wollongong, University of Tasmania, University of Notre Dame and others.

It is the intention of St Vincent's Health Australia to remain at the service of the Australian community well into the future, reaching out particularly to the most vulnerable people in the Australian community, and to continue our strong held belief that a society is only as healthy as the least healthy among us. Our shared responsibility for the society which privileges most, but cripples some, calls us to act.

St Vincent's Health Australia and Meth/amphetamine Services

St Vincent's Health Australia has two major tertiary public hospitals in New South Wales and Victoria that cater to the entire spectrum of alcohol and drugs and provide practical experience in the assessment and treatment of individuals who present with meth/amphetamine use disorder. Throughout this document we refer to meth/amphetamine as the term used to encompass all amphetamine and methamphetamine related compounds commonly used, including the potent crystalline form known as "Ice".

The Department of Addiction Medicine at St Vincent's Hospital Fitzroy, Melbourne, is a specialist service for the treatment of alcohol and drug dependence. The Department supports meth/amphetamine users by providing a number of services this includes: emergency department response; a community residential withdrawal unit, De Paul House; outpatient specialist care provided by consultant addiction specialists; medically led consultation liaison service including psychiatry that provide advice and treatment to hospital inpatients; and counselling services.

Similarly, the Sydney Alcohol & Drug Service at St Vincent's Hospital Darlinghurst, Sydney, provides specialist service for the treatment of alcohol and drug dependence and provides specialist support for those individuals using meth/amphetamine including: an emergency department response; a number of state-wide telephone services that provide education, information, support, referral and crisis counselling; face to face services through the Stimulant Treatment Program; a residential withdrawal unit, Gorman House; inpatient care for those individuals with severe drug withdrawal; medically led hospital liaison service that provides advice and treatment to hospital inpatients; and an outpatient Alcohol and Drug Service Specialist Clinic. In addition the emergency department and hospital provide treatment to people with acute severe mental health or physical health complications of methamphetamine use.

Presentations to both of our public hospital emergency departments, psychiatric services, residential withdrawal units and outpatient services all reflect an escalation in the number of presentations and the problems associated with meth/amphetamine use: these include presentations of acutely meth/amphetamine intoxicated individuals to the Emergency Department, increasing requests for treatment of meth/amphetamine withdrawal, and a growing number of psychiatric presentations with drug-induced psychosis.

Recommendations

St Vincent's Health Australia recommends that the National Ice Taskforce consider the following issues when developing a national action strategy.

1. That the Taskforce recommends the Federal Government develop a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes towards meth/amphetamine use and dependence, and enables affected individuals to seek treatment and help.

This could be achieved by developing guidelines, in liaison with media representatives, on the reporting of meth/amphetamine issues with a strong message that treatment works, and promoting the use of a single national telephone number and internet site for information, advice and referral.

2. That the Taskforce's *National Ice Action Strategy* identifies meth/amphetamine use and disorder as a major health issue, with a focus on the role of the medical specialist in contributing to the process of harm reduction.
3. That the Taskforce's *National Ice Action Strategy* strongly considers the broader social determinants of health and drug use, and seeks to reduce social inequality and lack of opportunity through whole of government partnerships and integrated services approach.
4. That the Taskforce's *National Ice Action Strategy* considers the evidence that states meth/amphetamine users are predominantly poly-drug users and that a single drug strategy may prove to be counterproductive from a supply, demand and harm reduction perspective.

That the Taskforce recommends that any social marketing campaign(s) developed are targeted to affected and at-risk communities, directed at reducing harm, minimising harm associated with meth/amphetamine use, include effective public health messages about other substances and not just meth/amphetamine, are consistent among all levels of government, and developed by and for targeted communities.

5. That the Taskforce recommends the Federal Government advocate for a national approach to funding for treatment research for meth/amphetamine use disorder. This should be done in collaboration with the appropriate levels of Government, national funding agencies, research bodies and private industry.

In particular, adequate research funds for pharmacotherapy for the treatment of methamphetamine dependence, including agonist pharmacotherapies that have been shown to have promise or are under investigation such as lisdexamfetamine at St Vincent's Hospital Sydney and Newcastle Hospital, Hunter New England.

6. Effective treatments are available, but there are insufficient treatment places. Given that significant barriers that exist in accessing specialist treatment places and outpatient services, that the Taskforce recommend the appropriate levels of government:
 - a. Counselling is effective and is the only evidence-based treatment approach. Greater funding for treatment places and training of generalist and specialist psychologists, social workers, and trained counsellors is required to expand treatment places.
 - b. Ensure General Practitioners have sufficient capacity for early detection, brief intervention and referral for severe substance use disorder. This includes training, referral networks, and financial incentives through Medicare rebates.
 - c. Adequate numbers of specialist medical practitioners are available for referral from primary care. This will require expansion of specialist treatment places, as well as specialist medical and nursing workforce capacity building, including a review of the current Medicare rebates for specialist addiction medicine practitioners.
 - d. Specialist outpatient treatment services are expanded to enable ready access to prompt treatment and to provide post-withdrawal care and support.
 - e. Ensure adequate funding for sufficient hospital inpatient and outpatient withdrawal services.
 - f. Adequate funding for longer term residential rehabilitation services.
7. That the Taskforce recommends support and funding from appropriate levels of government for evidence based early intervention programs such as St Vincent's Hospital Sydney's "S-Check", as well as, other innovative accessible services (including on-line technologies) to address problems associated with the use of methamphetamine and harm reduction.
8. That the Taskforce recommends continued Government support for the development of programs and resources that promote meth/amphetamine harm reduction through sexual health services, HIV services, drug user groups, Needle-Syringe Programs, primary care and general practice
9. That the Taskforce recommends the development of programs and resources for a single national 24 hour telephone number/website providing advice and encouraging harm minimisation for individuals, and concerned others, and that this is linked to the state and territory Alcohol and Drug Information Services.
10. That the Taskforce recommends the Federal Government work with the appropriate levels of government and experts to develop a national workforce strategy to address the capacity and capability of the generalist health workforce, and in particular, the alcohol and other drugs specialist workforce.

The national workforce development strategy should also consider the sourcing and commissioning for the delivery of education and training on meth/amphetamine use (and other drugs), to immediately upskill frontline service providers including those working in General Practice; Community health service staff; Ambulance Officers; Police Officers; Aboriginal community organisation staff including Aboriginal elders; Gay, Lesbian, Bisexual and Transgender community organisation staff; non-government organisations; rural and regional service providers; pharmacists and pharmacy workers; and, magistrates, judges and court workers.

11. That the Taskforce recommends the establishment of a national expert advisory group to guide best-practice/evidence-based care (and national guidelines) at population, service, and individual and affected others levels.
12. That the Taskforce recommends a systematic and coordinated national approach to inform the development of policy, interventions and the delivery of services and programs. One area of research focus should include high risk community groups that use meth/amphetamine, in particular young people, people from Gay Lesbian Bisexual and Transgender communities and Aboriginal and Torres Strait Islander peoples and people with mental health issues.
13. That the Taskforce recommends a national standardised approach to data collection measures to enable the collection, dissemination and sharing of information that is required to guide research, policy, evidence of best practice and current trends in the area of meth/amphetamine. As part of this recommendation, the Taskforce should examine the feasibility of contributing to a national database that would permit the monitoring of drug related hospital admissions.

1. What is the impact of people using ice on our community?

Frequency of meth/amphetamine use across Australia

Australia's primary national drug consumption patterns dataset, the National Drug Strategy Household Survey (NDSHS) records that meth/amphetamine use has remained stable over the last 20 years.

Figures from the latest survey¹, which collected data from 24 000 people in late 2013, showed no change in recent or lifetime population use rates in 'meth/amphetamine' since 2010. Rates of use by people aged 14 years or older in the past 12 months were stable at 2.1 per cent – the equal lowest figure recorded since the 1993 survey.

However, while there has been no recorded rise in meth/amphetamine, there has instead been a statistically significant change recorded in the type and frequency of meth/amphetamine use. Among meth/amphetamine users, the use of powder has fallen from 50.6 per cent in 2010 to 28.5 per cent in 2013 while the use of Ice (also known as crystal) has more than doubled, from 21.7 per cent to 50.6 per cent over the same period.

The NDSHS also reported that meth/amphetamine is also being used more frequently. In 2013, there was a significant increase in the proportion of at least weekly use and a slight increase in monthly use. For respondents where Ice was the main form of meth/amphetamine used those who used at least once a week doubled to 25.3 per cent while monthly use increased to 20.2 per cent from 17.5 per cent.

The NDSHS also reflected growing community concern over meth/amphetamine harm, with one in six ranking it the drug of most concern for the general community.

In addition to the NDSHS, other national datasets such as the Australian Crime Commission 2014, Ecstasy and Related Drugs Reporting System and the Illicit Drug Reporting System are also all showing similar stable or decreasing trends in overall methamphetamine use.

The shift in the use of meth/amphetamine reflects a number of factors including marketing decisions made by illicit operations, the ease of production of synthetic compounds compared to plant based drugs, the prevalence of local manufacture, the availability of other drugs, and the acceptance and normalisation of meth/amphetamine as a party drug among young people. This pattern is not dissimilar to previous illicit drug waves that as community we have experienced, and will again surface when new synthetic and designer psychoactive substances potentially substitute meth/amphetamine. It is therefore important that the National Taskforce be cognisant that a single-drug strategy can prove to be counterproductive in the long term implications in what is an ever-changing environment.

The Taskforce should focus particular efforts on the proportion of people from particular population cohorts that are using meth/amphetamine more frequently and using the more potent crystalline form of meth/amphetamine which is associated with growing health and social harms that needs to be addressed. Population cohorts that have particular issues include young people, Aboriginal and Torres Strait Islander and lesbian, gay, bisexual and transgendered communities, and rural and regional communities.

The impact of meth/amphetamine use on communities

The use of meth/amphetamine, particularly chronic use, can cause a broad range of physical, psychological and social harms. All of these issues are interconnected and related

¹ AIHW 2014. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
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and are felt by more than just the individual user of the drug, they impact upon the family unit, friends, co-workers and members of the general community.

It is our experience including users and their family members, that people with complex meth/amphetamine related health or mental health issues also have significant social impacts including involvement in criminal activity; loss of employment, income and productivity; loss of accommodation; increased reliance on health treatment and social welfare support; impaired family and other interpersonal relationships. The social impacts of the drug on family and friends can be devastating, including family trauma and violence and child endangerment. There also issues pertaining to the use of meth/amphetamine and driving (particularly amongst transport workers) and its contribution to road trauma. However, the available fatality data, but not injury data more generally, suggests that this is not a major problem when compared to alcohol. In addition, the environmental impacts of clandestine laboratories, largely associated with meth/amphetamine production, are another impact that is felt at a community level. The impact on tourism and business viability in towns reputed rightly or wrongly to be 'Ice hotspots' is also having an economic consequence of meth/amphetamine use at the community level. Even the recent figures from the Australian Crime Commission, which state that arrests have almost doubled in the past five years with 26,269 amphetamine arrests in 2013-14 compared to 13,914 in 2009-10, clearly indicate there is a growing problem within our community that needs addressing.

The increasing problems related to meth/amphetamine use in Aboriginal and Torres Strait Islander communities throughout Australia also needs to be highlighted, particularly the significant harms it causes when used with other drugs concurrently. According to available data on self-reported use of illicit substances, meth/amphetamine is the third most common illicit substance used in Aboriginal and Torres Strait Islander communities, with 5 per cent indicating amphetamines/speed use in the 12 months prior to survey.² Some of the adverse consequences stemming from drug use and dependency voiced from these communities include domestic violence, tensions from sourcing money for substance use, declining participation in community life, child neglect and sexual exploitation of young people.

The impact of meth/amphetamine use on the health sector

Information reported in the Illicit Drug Reporting System³ indicated that in 2011-12, the number of national meth/amphetamine-related inpatient hospital admissions was 250 admissions per million persons, the highest number ever recorded.

Increases in ambulance call-outs and treatment presentations have also been reported, the *Trends in Alcohol and Drug Related Ambulance Attendances in Victoria 2012-13* report showed a 198 per cent increase in Ice-related call-outs in regional Victoria; with 231 call-outs in 2012-13, compared to only 77 in 2011-12. In metropolitan Melbourne, there was an 88 per cent increase; with 1,112 ice-related call-outs in 2012-13 and just 592 call-outs in 2011-12.

In addition, Australian drug treatment episode figures show that amphetamine was the third most common principal drug of concern nationally in 2012-13, accounting for 1 in 7 (14 per cent) treatment episodes, an increase from 7 per cent in 2009-10 (AIHW 2014b)⁴. The proportion of episodes with amphetamine as the principal drug was higher than the national average in two jurisdictions: South Australia and Western Australia.

² Australian Institute of Health and Welfare (AIHW) 2011, *Substance use among Aboriginal and Torres Strait Islander people*, AIHW, Canberra, viewed 20 May 2013, <<http://www.aihw.gov.au/publication-detail/?id=10737418268>>.

³ Roxburgh, A. and Burns, L (2013). *Drug-related hospital stays in Australia, 1993-2012*; Sydney: National Drug and Alcohol Research Centre

⁴ Australian Institute of Health and Welfare 2014. *Alcohol and other drug treatment services in Australia 2012-13*. Drug treatment series 24. Cat. no. HSE 150. Canberra: AIHW.

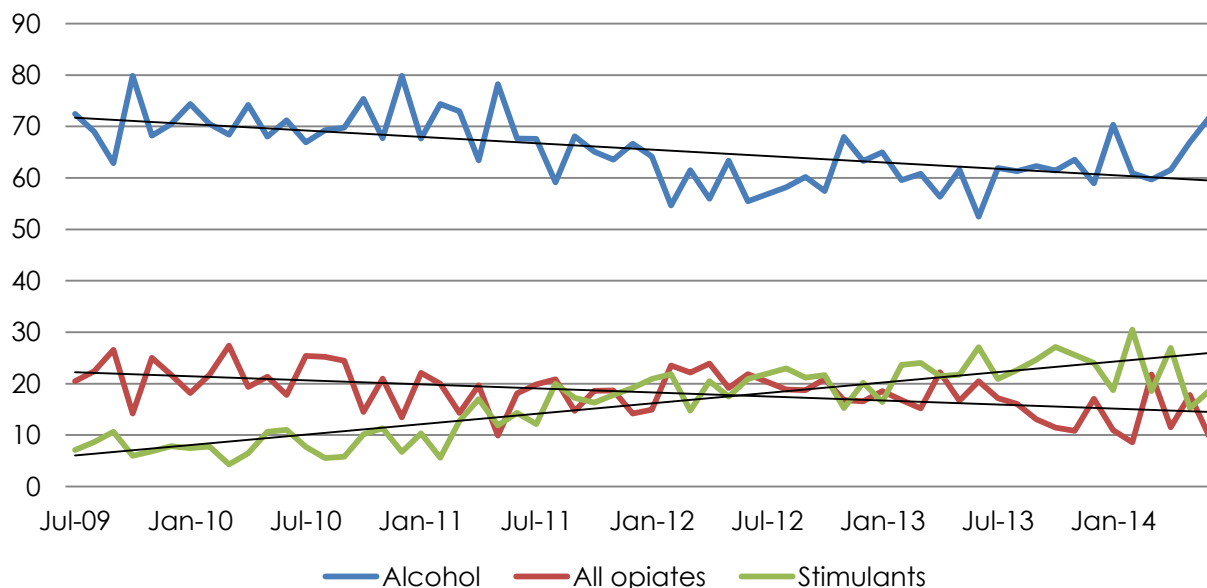
Information from both of our public hospitals, St Vincent's Hospital Sydney and St Vincent's Hospital Melbourne, show parallel trends in meth/amphetamine growth and an increase in demand for its treatment services and in meth/amphetamine-related hospital presentations.

Quite simply, meth/amphetamine users presenting for treatment are placing increasing demand on an already stretched health system. Greater investment in treatment and support for families is required. The demand and pressure on community-based, outpatient, inpatient and residential services will undoubtedly escalate, and will require resourcing, as well as, planning to ensure services are available where the demand is greatest.

Experiences from St Vincent's Health Australia - St Vincent's Hospital Sydney

St Vincent's Hospital Sydney is experiencing increased demand for treatment for meth/amphetamine-related problems. Since 2009, there has been an almost four fold increase in the proportion of admissions to our community residential withdrawal unit, Gorman House, for meth/amphetamine withdrawal as depicted in Figure 1 below.

Figure 1: Admissions to Gorman House Residential Withdrawal unit by month and principal drug of concern (%)



There has also been an increased demand for specialist outpatient care (one of only two specialist treatment programs in New South Wales) with the first quarter of 2015 recording 200 individuals in treatment and an additional 100 waiting for treatment.

In addition, unpublished data from NSW Ministry of Health indicates that since 2009 there has been increasing number of methamphetamine related hospital admissions. Of all the hospitals in Sydney, St Vincent's Hospital has recorded the highest number of these hospital admissions. Furthermore, there has been a seven fold increase in presentations to Emergency Departments across New South Wales. During this same period St Vincent's Hospital Sydney has experienced the greatest increase and the greatest number of presentations across New South Wales.

Experiences from St Vincent's Health Australia - St Vincent's Hospital Melbourne

Over the past 12 months, St Vincent's Hospital Melbourne has experienced an increased number of presentations for meth/amphetamine withdrawal to our community withdrawal unit, De Paul House.

Admissions to De Paul House for meth/amphetamine related conditions in the first 2 months of 2015 have actually doubled compared to admission rates for these conditions for the comparative period in 2014. In response, St Vincent's Hospital Melbourne has developed a post-withdrawal group therapy day program funded within current resources to manage the increasing demand from our community.

In 2014, 23 per cent of total admissions were for meth/amphetamines and this increased to 25 per cent of total admissions for the first 2 months of 2015.

Experiences from our Emergency Departments

Anecdotal information from both of our Emergency Department's at St Vincent's Hospital Melbourne and St Vincent's Hospital Sydney regarding presentations related to meth/amphetamine use, indicate a substantial increase in the number of presentations. Obtaining data on the treatment and surveillance of illicit (and licit) drug related presentations in our Emergency Departments, and indeed, across all Emergency Departments in Australia is currently difficult; this is because of the wide variety of diagnoses and complexity of acute presentations. For example, some presentations will receive a diagnosis of Poisoning whereas others receive Psychotic Episode, Acute Behavioural Disturbance, Delirium, and Suicidal Intent/Ideation. Furthermore, some patients may not admit to using drugs or are unable to state usage (e.g. unconscious, deceased).

Currently there is no national mandatory requirement to routinely collect Emergency Department data on illicit substances that have contributed to harms, injuries and assaults that present and/or are admitted and managed in the acute and sub-acute health care settings. This means that attempts to quantify such presentations through existing systems have to date provided gross underestimates. St Vincent's Health Australia is currently reviewing a systems solution approach across both of our public hospital Emergency Departments that will potentially see the introduction of mandatory screening questions on illicit and licit drugs upon triage. This would in turn be reliant on the ability and forthrightness of a patient; and, the impact of both managing such patients who can be highly agitated, aggressive and combative and may require a security response. In addition, consideration would also need to be given on the investment in time by Emergency Department staff to clinically obtain and verify such a presentation, as well as, offer brief early intervention.

Violence observed by emergency and health-care professionals

There is some association between meth/amphetamine use and violence. This violence has placed significant demands on the resources of the health care system which treats both users and victims of the violent behaviour.

In both our public hospitals, St Vincent's Hospital Sydney and St Vincent's Hospital Melbourne there have been increased volatile and aggressive interactions between patients who have used meth/amphetamine and our emergency and health-care professionals and co patients. Many of these assaults have been of a serious in nature and have resulted in staff requiring medical attention and lost time to recover from their psychological and physical injuries.

For example in 2014, St Vincent's Hospital Melbourne recorded 98 assaults with an important percentage associated with the use of illicit drugs (particularly meth/amphetamine) and alcohol. The frequency of these assaults has now prompted the need to undertake an analysis to clarify the involvement of illicit substances and/or alcohol in these incidents. In addition to this, other strategies have had to be put in place, or are currently being considered, in order to mitigate the risk of aggression and assault across our two public hospitals, some of which include:

- Requests for additional funding to section off areas within the emergency department and acute wards in order to better manage behaviourally disturbed patients who are a risk to themselves and a risk to others (including hospital staff) in a calm and safe environment. These reconfigurations may be in the form of a Psychiatry Alcohol and Drug Assessment Unit which would prevent incidents and permit rapid assessment and safe management of these individuals;
- The appointment of Clinical Nurse Specialist development positions across our addiction medicine and mental health services to assist nurses in acquiring specialist skills in alcohol and drug withdrawal and management and early intervention; and, advise on early warning signs and behaviours relating to substances;
- Regular staff training in the management of aggression; and,
- Seeking funding options to modify the rostering of the Early Response Team in order that they can offer support after hours and at weekends on practice improvement in alcohol and drug and mental health.

Poly drug use

Meth/amphetamine use is often in the context of other substance use, termed poly-drug use.

The most recent NDSHS administered in 2013 (AIHW 2014) found that the overwhelming majority of recent users of methamphetamine (92 per cent) had used at least one other illicit drug type in the past 12 months. The most commonly cited drug used in combination with methamphetamine was alcohol at 86 per cent⁵, followed by cannabis reported by 72.7 percent of recent methamphetamine users. This was then followed by ecstasy (53 per cent), cocaine (39.5 per cent) and pharmaceuticals for non-medical purposes (34.7 per cent).

There may be additive toxic effects of meth/amphetamine which need to be effectively addressed in health contexts. It is important, therefore that when trying to understand and implement strategies to manage the impact on the individual and the community, recognition needs to be given to other substances in addition to meth/amphetamine.⁶

Failure to recognise the prevalence and patterns of poly-drug use can have significant consequences for public health, law enforcement and community safety programs. A single-drug strategy can prove counterproductive if the use of one drug type is inextricably linked to the use of other drugs within the local drug market. The extent that meth/amphetamine users concomitantly use alcohol and cannabis at high rates may have implications for drug treatment interventions and programs targeting meth/amphetamine use. Similarly, the extent that other stimulant drugs, including new psychoactive substances, are potential substitutes or additives to meth/amphetamine has significant implications for health responses as well as the supply reduction and drug market interdiction activities of police. The concept of poly-drug use and its effects on the user and his or her community, must therefore, be factored into any discussion of meth/amphetamine use and its consequences.

Meth/amphetamine Use in Specific Populations

As stated earlier, there is a proportion of people from particular population cohorts that are using more frequently and using the more potent crystalline form of meth/amphetamine which is associated with growing health and social harms.

Meth/amphetamine users represent a diverse cross-section of society; however, the population cohorts that we have identified as being particularly affected are young people, Aboriginal and Torres Strait Islander and lesbian, gay, bisexual and transgendered

⁵ AIHW 2014, National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

⁶ McKetin R; Kelly E; McLaren J, 2006, 'The relationship between crystalline methamphetamine use and methamphetamine dependence.', *Drug and Alcohol Dependence*, vol. 85, no. 3, pp. 198 - 204, <http://dx.doi.org/10.1016/j.drugalcdep.2006.04.007>

communities and rural and regional communities. There is currently, however, little comprehensive research on the profiles of those who use meth/amphetamine in order to better understand the range of reasons why use is prevalent across a certain cohort population to then address treatment and support needs.

2. Where should federal, state and territory governments focus their efforts to combat the use of ice?

Harm Minimisation Approach

The National Drug Strategy 2010-2015 (NDS)⁷ provides the overarching national policy framework in Australia that takes a harm minimisation approach and is based on partnerships between the health, law enforcement and education sectors. It is aimed at improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in society.

The NDS harm minimisation approach encompasses three pillars of harm reduction, demand reduction, and supply reduction. The three pillars consider social inclusion, social disadvantage, unemployment, homelessness, Indigenous communities, income support, child protection, corrections, as well as culturally and linguistically diverse communities. The strategy acknowledges social causes and consequences of misuse. This is the real challenge, not so much the policies on a specific drug, but how, and how effectively, can our society and its human services interrupt the pathways to the risk of addiction and problematic drug use.

St Vincent's Health Australia supports this approach, and as health professionals recommend that the Federal Government ensure adequate resources are particularly put towards the harm reduction and demand reduction measures surrounding:

1. Developing a **sustained and comprehensive stigma reduction strategy** to improve community and service understanding and attitudes towards meth/amphetamine use and dependence and enable affected individuals to seek treatment and help.

Governments can play an important stewardship role in addressing stigmatising media reportage. The current media representation is promoting a climate of fear. The use of terms like 'scourge' and 'threat to society' are anti-public health and stigmatising, and may prevent people from seeking treatment. Furthermore, current media representations can influence people into thinking that more people use methamphetamine than is the case and can contribute to normalising and therefore potentially increasing methamphetamine use. These awareness and fear raising approaches are in any case unlikely to be effective in the absence of broader societal shifts arising in response to strategies that address the reasons for hazardous and harmful use of drugs (illicit and licit). Like the successes in media reporting of suicide, the Federal Government should broker media accords for responsible reporting that promotes treatment seeking.

2. **Addressing the Social Determinants.** While drug prevention and treatment have traditionally focused on changing individual behaviours, such efforts can have only limited impact when changes are not made to the environment, that is, to the social determinants of drug use. These include the social and cultural environment, the economic environment and the physical environment.

⁷ National Drug Strategy 2010-2015 A framework for action on alcohol, tobacco and other drugs. Ministerial Council on Drug Strategy, 2011
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The evidence between social determinants, such as unemployment, homelessness, poverty, family breakdown and drug use is strong, and demonstrates the need for a whole of government response that is grounded on strong partnerships and integrated service approaches. Improving links and coordination between health, education, employment, housing and other sectors will in turn expand the capacity to effectively link individuals from treatment to the support required for them to reconnect with the community.

On a daily basis, we witness the vicious cycles that influence the development of a substance use disorder. Many of the clients we treat require long term counselling because of their complex histories of multiple episodes of trauma, often from early childhood which have led to the cycle of unemployment, housing, social welfare dependence and poorer health outcomes.

Australia needs a systematic, integrated and coordinated long term approach to the prevention of drug problems that has at its centre a social determinants focus. For St Vincent's Health Australia, such an approach aligns with our Mission and also centres on Catholic Social Teachings, which reasons that all members of society should flourish to ensure the development of that society as a whole.

- 3. Education, awareness and health prevention.** There will always be individuals who will choose to engage in drug use (both licit and illicit) regardless of the policies and programs that are in place. What is therefore required is to encourage these individuals to do so as safely as possible, to prevent the transition to more harmful use patterns and ultimately cease their drug use.

This requires raising the communities understanding and awareness of the drugs being used, their effects, and the harms associated with their misuse and appropriate and available means for professional support, such as telephone and internet counselling DirectLine and Counselling Online, as well as, effective interventions and treatments. A single national 24 hour telephone number/website providing advice and encouraging harm minimisation for individuals is a priority initiative that should be considered urgently and should be linked to the state and territory Alcohol and Drug Information Services. It is important, when developing these types of interventions that families and significant others are also supported to receive education, support and practical assistance to help them understand the issues, improve their own wellbeing, and continue to provide positive source of support for meth/amphetamine users, this is particularly important when it comes to preventing the use of meth/amphetamine or related harm in order to enable them to facilitate contact with appropriate services.

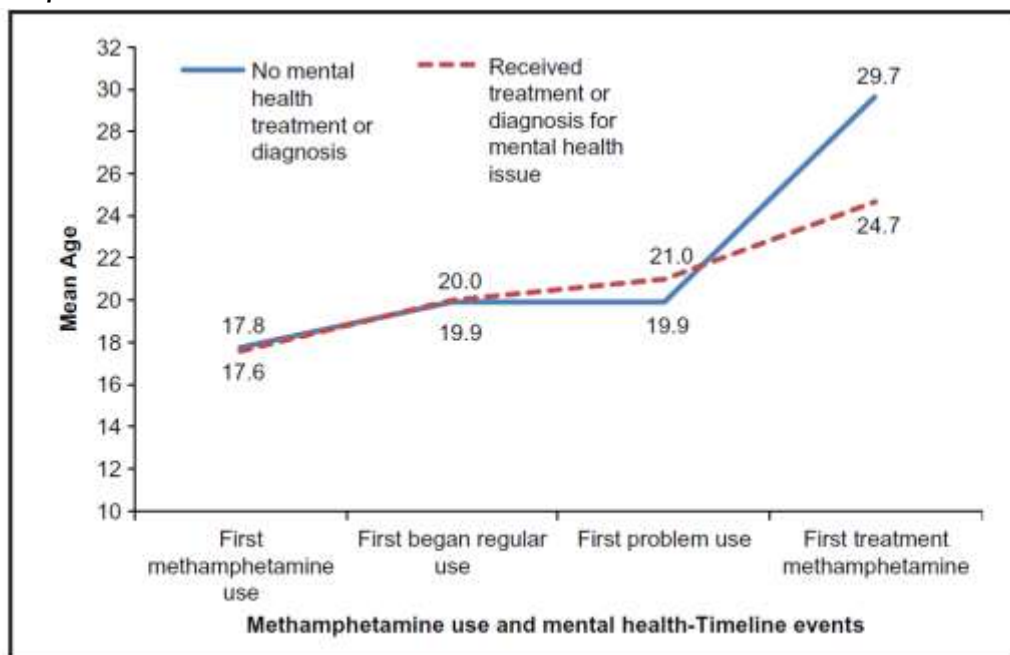
Equally important, is the provision of targeted and relevant harm reduction education and awareness strategies that ensure support is available to individuals who aren't yet ready, or who do not see a need, to use drug treatment, in order that they too do not transition to more harmful use patterns.

Controversial as it may be, there is evidence from Australia and international research that shows safe-injecting facilities provide public health benefits by reducing the array of harms particularly blood-borne virus transmission that is associated with injecting drug use. The Taskforce should therefore consider, as part of the wider harm minimisation approach, examining the implementation of such services in areas where there are significant injecting drug use problems such as "Ice".

4. Building on efforts to increase the range of, access to and links between **evidence-based treatment and early interventions**.

Early intervention is particularly crucial as there is an up to ten year treatment delay between first problem use and first treatment for meth/amphetamine use disorder, as indicated in Figure 2. Treatment outcomes are therefore better for those seeking treatment earlier and who use less frequently.

Figure 2: Timeline of appearance of problems related to methamphetamine use and treatment for methamphetamine



Ref: Lee, Harney & Pennay (2012) "Examining the temporal relationship between methamphetamine use and mental health comorbidity", *Advances in Dual Diagnosis*, 5(1):24

In response to the need for an early intervention and the growing demand for treatment and support, St Vincent's Hospital Sydney has opened a drop in clinic to reduce the time people seeking treatment wait to see a counsellor; in addition "S-Check" a Stimulant Check-up Clinic designed as an early and brief intervention for occasional users has been introduced with funding from the Commonwealth Government through the Substance Misuse Service Delivery Grants Fund (until June 2016). This pilot project is an initiative to fill the important gap in services to address the increasing number of people who are using meth/amphetamine in risky ways and, aiming to attract non-treatment seekers into contact with services. Preliminary data suggest that the majority of people who attend the "S-Check" (60 per cent) have never sought treatment before, suggesting that this model has real potential as an early intervention to be disseminated into primary care, sexual health services and rural and remote communities to manage prevention and early intervention of meth/amphetamine use.

St Vincent's Hospital Sydney canvassed the "S-Check" program recently at *The National Methamphetamine Symposium* on the 12 May, and presented the program at Australia's premier international scientific alcohol and drug conference, *Australasian Professional Society on Alcohol & other Drugs*, in Adelaide on 4 November 2014, where it drew immense support as an early intervention tool that could be easily adapted and used by the generalist health workforce.

5. **Improving access to screening and targeted interventions for at-risk groups** such as young people, people living in rural and remote communities, Aboriginal and Torres Strait Islander peoples and Gay Lesbian Bisexual and Transgender communities and people with mental illness. St Vincent's Hospital Sydney is working closely with its partner ACON to deliver the "S-check" service to lesbian, gay, bisexual and transgendered communities. To enable this to happen would require developing and disseminating targeted accessible multimedia information and identifying appropriate services. As noted earlier, one of the challenges in delivering this outcome is the fact that there is little comprehensive research on these cohort populations to understand why use is prevalent, and what responses are required to address treatment and support needs.

St Vincent Health Australia would like to direct the Taskforce to the Victorian Government's final report of the *Inquiry Into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria 2014*. In the report these at risk groups were canvassed in detail and a number of worthwhile recommendations were put forward regarding appropriate programs and resources that could be implemented to raise awareness of risks, minimise harm and provide appropriate responses.

6. Building the **capability of the generalist health workforce, and the alcohol and other drugs specialist workforce**, in order for them to detect meth/amphetamine use and respond appropriately by providing support and referral to relevant services.

An appropriately skilled and qualified generalist and specialist workforce is critical to achieving and sustaining effective responses to drug use. Being familiar and having up to date knowledge on the specific harms and risks associated with meth/amphetamine abuse and dependence (e.g. poly drug use, behavioural and psychological disturbances) is essential in order to provide targeted and relevant interventions.

A vibrant specialist alcohol and drug workforce is also essential to lead responses, develop research programs and provide leadership in education and governance. Currently, however, the specialist medical workforce (totalling around 200 across Australia) is ageing, and new recruits are falling in numbers. A concerted State and Federal program is required to provide supported training, specialist positions, and the allocation of Medicare item numbers to allow for medical remuneration which are currently lower than General Practitioners rebates and therefore allowing insufficient time to deliver complex high quality care.

It is recommended that the Federal Government consider drawing in experts to develop a national workforce development strategy to help address these challenges with a particular focus on building the capacity and capability of the alcohol and other drugs specialist workforce, including the generalist health workforce in order that they too are able to detect meth/amphetamine use and respond appropriately by providing support and referral to relevant services.

7. A **systematic and national approach to research and data** is necessary in order that: priority areas for research is identified and coordinated; the identification of emerging issues for research is facilitated; testing and validation of new interventions is encouraged; and, there is guidance on the best way to disseminate findings and assist the translation of those findings into practical policies and programs. From a data perspective, there is a need to standardise national measures in order make clear and qualified statements about drug use and harms. Currently, there is a multitude of monitoring systems and parameters that operate within Australia, all of which are rich sources of information, but equally, make it hard to definitively compare data or draw

conclusions. Building and improving the evidence base by introducing mandatory national measures that can be shared, is an important strategy to not only inform policy direction but also highlight research priorities.

3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

Increase access to early intervention and treatment

Treatment

Counselling is effective and is the only evidence-based treatment approach. Greater funding for treatment places and training of generalist and specialist psychologists, social workers, and trained counsellors is required to expand treatment places.

Treatment outcomes are poorer for those with severe methamphetamine dependence. Urgent high quality research is therefore required to explore the effectiveness of emerging candidate drugs for the treatment of severe dependence, particularly agonist pharmacotherapies which show promise.

St Vincent's Hospital Sydney and Newcastle Hospital, Hunter New England, are currently embarking on a small scale pilot study in NSW exploring the safety of a novel treatment, lisdexamfetamine, for meth/amphetamine dependence. This requires funding of \$1.4 million for a full randomised controlled trial that also includes a pilot site in South Australia.

St Vincent's Health Australia and Hunter New England would welcome an opportunity to provide further information regarding the lisdexamfetamine pilot study to the Taskforce.

To encourage identification of new and effective treatments it is recommended that the Federal Government provide investment in seed funding for intervention research into new pharmacotherapies such as lisdexamfetamine.

Early Intervention

In the absence of a pharmacological intervention, seeking early intervention is a key priority if we are to engage people who use meth/amphetamine and effect change in behaviour.

As such, it is necessary that we continue to expand and disseminate early intervention models such as the "S-Check", a Stimulant Check-up Clinic which is currently being piloted at St Vincent's Hospital Sydney and is effectively attracting and supporting new and occasional users.

St Vincent's Health Australia would welcome an opportunity to provide further information to the Taskforce on our early intervention model "S-Check" and the plan for its implementation, training and ongoing support into primary care, sexual health services and rural and remote communities, all of whom, are desperately seeking early intervention strategies and the confidence to be able manage and prevent harm from meth/amphetamine use from people that they are already seeing, or individuals that they are wanting to encourage to seek treatment early.

Specialist Stimulant Treatment Places

While there is a place - and an important one - in upskilling early detection/brief intervention such as "S-Check" through primary care, this is only going to be effective if there are adequate numbers of specialist stimulant treatment places to refer people to who need St Vincent's Health Australia – National Ice Taskforce Submission

treatment. There should be both specialist stimulant treatment programs (to take a leadership and training role), as well as, increased numbers of stimulant treatment places in all drug and alcohol services around the country.

In addition, research indicates that meth/amphetamine users are more likely to seek help from a specialist clinic that provides treatment unique to their dependence, rather than being treated in the broader alcohol and other drug system, which has been found to be a barrier in seeking treatment and retaining such clients⁸.

It is therefore recommended that an urgent planning review be undertaken to examine the current and future demand for specialist treatment places particularly in areas of high meth/amphetamine use, including treatment places for poly-drug use (e.g. co-existing opioid and stimulant use disorder); and to address co-existing psychiatric (e.g. depression, anxiety, psychosis, ADHD) and medical conditions (e.g. HIV infection).

Another area that would support the efforts to combat the harmful use of meth/amphetamine is the review and update of the Psychostimulant Clinical Guidelines to effectively and safely manage individuals who are experiencing, or suspected of experiencing psychostimulant toxicity and associated severe behavioural disturbance.

Promote health and reduce harm

Providing information about risks and strategies to reduce harms may be the most appropriate intervention for specific groups of meth/amphetamine users, particularly young people, people living in rural and remote communities, Aboriginal and Torres Strait Islander peoples and Gay Lesbian Bisexual and Transgender communities.

Harm reduction interventions that address high risk sexual activity, preventing transition to injecting, educating individuals with a pre-existing psychotic illness, such as schizophrenia, all need to be considered within the National Strategy Action for Ice. Therefore services and programs that promote HIV testing, sexual health, safe-substance use, Aboriginal Health Services, alcohol and drug services and sexual health services require enhanced funding and support, if as a community we are serious about reducing the potential harms associated with meth/amphetamine use.

In addition to this, and as noted earlier, given the reluctance of many meth/amphetamine users to attend traditional treatment services, their relatively young age and the patterns of use, it makes sense that 24 hour telephone and internet support services, as well as, technology-based interventions be considered as alternative early intervention priorities. Each state currently has a telephone information service – ready access to these services could be unified through a single national number and can facilitate anti-stigma reporting in the media and promote treatment seeking.

Primary Health Care's role in harm reduction and early intervention

It is important that harm reduction strategies be delivered by health care professionals that are also outside the alcohol and other drug (AOD) sector; this is because meth/amphetamine users often prefer to seek assistance from non-alcohol and other drug services such as primary health practitioners.

The role therefore of Primary Health Networks, primary health practitioners, and community health centres cannot be underestimated in their ability to promote harm reduction and provide education to clients. They are also pivotal partners for AOD treatment services because they act as points of engagement and entry into specialist treatment, as well as,

⁸ http://www.turningpoint.org.au/Media-Centre/Latest_News/-Methamphetamine-clinics-provide-new-hope-.aspx
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sources of aftercare and support to prevent relapse. In this sense, meth/amphetamine using clients are not left to navigate the system on their own, but the onus is on treating professionals and services to develop pathways and provide sources of harm reduction advice.

As indicated earlier, there is a need to upskill the generalist health workforce if we are to achieve and sustain effective responses to meth/amphetamine abuse and dependence (e.g. poly drug use, behavioural and psychological disturbances), as well as, provide them with early brief intervention tools (such as "S-Check") to be able manage and prevent harm from clients who use meth/amphetamine and/or other drugs.

Drug courts

Diverting drug offenders into treatment is an effective and less expensive option that offers the best chance of recovery when compared to the expensive option of incarceration, which does little to help the offenders' substance use problems and/or reduce drug use in the wider community.

In our opinion, there should be greater utilisation of treatment and rehabilitation programs for offenders with drug-related crimes; however, what is required is a long-term approach to ensure effectiveness. Currently, many individuals who are referred for treatment on short term orders are not provided the opportunity for the necessary extended support which is required when using drugs. As health professionals, it is our view that effective treatment of addictions can only be achieved when adequate resources enable relationships to be maintained long enough to make a difference psychologically, physiologically and socially.

In addition, it is also acknowledged that courts require research data to inform the most effective sentencing options for encouraging recovery or responses which do not require incarceration to rehabilitate drug users who interact with the justice system. This is why having a systematic and national approach to data measures would enable the right policies to be put in place.

4. What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

St Vincent's Health Australia recommends that the National Ice Taskforce consider the following issues when developing a national action strategy.

1. That the Taskforce recommends the Federal Government develop a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes towards meth/amphetamine use and dependence, and enables affected individuals to seek treatment and help.

This could be achieved by developing guidelines, in liaison with media representatives, on the reporting of meth/amphetamine issues with a strong message that treatment works, and promoting the use of a single national telephone number and internet site for information, advice and referral.

2. That the Taskforce's *National Ice Action Strategy* identifies meth/amphetamine use and disorder as a major health issue, with a focus on the role of the medical specialist in contributing to the process of harm reduction.
3. That the Taskforce's *National Ice Action Strategy* strongly considers the broader social determinants of health and drug use, and seeks to reduce social inequality and lack of opportunity through whole of government partnerships and integrated services approach.
4. That the Taskforce's *National Ice Action Strategy* considers the evidence that states meth/amphetamine users are predominantly poly-drug users and that a single drug strategy may prove to be counterproductive from a supply, demand and harm reduction perspective.

That the Taskforce recommends that any social marketing campaign(s) developed are targeted to affected and at-risk communities, directed at reducing harm, minimising harm associated with meth/amphetamine use, include effective public health messages about other substances and not just meth/amphetamine, are consistent among all levels of government, and developed by and for targeted communities. General public information campaigns have been shown to be ineffective, expensive, and possibly harmful.

5. That the Taskforce recommends the Federal Government advocate for a national approach to funding for treatment research for meth/amphetamine use disorder. This should be done in collaboration with the appropriate levels of Government, national funding agencies, research bodies and private industry.

In particular, adequate research funds for pharmacotherapy for the treatment of methamphetamine dependence, including agonist pharmacotherapies that have been shown to have promise or are under investigation such as lisdexamfetamine at St Vincent's Hospital Sydney and Newcastle Hospital, Hunter New England.

6. Effective treatments are available, but there are insufficient treatment places. Given that significant barriers that exist in accessing specialist treatment places and outpatient services, that the Taskforce recommend the appropriate levels of government:

- g. Counselling is effective and is the only evidence-based treatment approach. Greater funding for treatment places and training of generalist and specialist psychologists, social workers, and trained counsellors is required to expand treatment places.
 - h. Ensure General Practitioners have sufficient capacity for early detection, brief intervention and referral for severe substance use disorder. This includes training, referral networks, and financial incentives through Medicare rebates.
 - i. Adequate numbers of specialist medical practitioners are available for referral from primary care. This will require expansion of specialist treatment places, as well as specialist medical and nursing workforce capacity building, including a review of the current Medicare rebates for specialist addiction medicine practitioners.
 - j. Specialist outpatient treatment services are expanded to enable ready access to prompt treatment and to provide post-withdrawal care and support.
 - k. Ensure adequate funding for sufficient hospital inpatient and outpatient withdrawal services.
 - l. Adequate funding for longer term residential rehabilitation services.
7. That the Taskforce recommends support and funding from appropriate levels of government for evidence based early intervention programs such as St Vincent's Hospital Sydney's "S-Check", as well as, other innovative accessible services (including on-line technologies) to address problems associated with the use of methamphetamine and harm reduction.
 8. That the Taskforce recommends continued Government support for the development of programs and resources that promote meth/amphetamine harm reduction through sexual health services, HIV services, drug user groups, Needle-Syringe Programs, primary care and general practice
 9. That the Taskforce recommends the development of programs and resources for a single national 24 hour telephone number/website providing advice and encouraging harm minimisation for individuals, and concerned others, and that this is linked to the state and territory Alcohol and Drug Information Services.
 10. That the Taskforce recommends the Federal Government work with the appropriate levels of government and experts to develop a national workforce strategy to address the capacity and capability of the generalist health workforce, and in particular, the alcohol and other drugs specialist workforce.

The national workforce development strategy should also consider the sourcing and commissioning for the delivery of education and training on meth/amphetamine use (and other drugs), to immediately upskill frontline service providers including those working in General Practice; Community health service staff; Ambulance Officers; Police Officers; Aboriginal community organisation staff including Aboriginal elders; Gay, Lesbian, Bisexual and Transgender community organisation staff; non-government organisations; rural and regional service providers; pharmacists and pharmacy workers; and, magistrates, judges and court workers.

11. That the Taskforce recommends the establishment of a national expert advisory group to guide best-practice/evidence-based care (and national guidelines) at population, service, and individual and affected others levels.

12. That the Taskforce recommends a systematic and coordinated national approach to inform the development of policy, interventions and the delivery of services and programs. One area of research focus should include high risk community groups that use meth/amphetamine, in particular young people, people from Gay Lesbian Bisexual and Transgender communities and Aboriginal and Torres Strait Islander peoples and people with mental health issues.

13. That the Taskforce recommends a national standardised approach to data collection measures to enable the collection, dissemination and sharing of information that is required to guide research, policy, evidence of best practice and current trends in the area of meth/amphetamine. As part of this recommendation, the Taskforce should examine the feasibility of contributing to a national database that would permit the monitoring of drug related hospital admissions.

End.