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AMA submission to Joint Parliamentary Committee on Law Enforcement Inquiry into Crystal Methamphetamine

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The AMA is pleased to provide an additional submission to the Parliamentary Joint Committee on Law Enforcement's Inquiry into crystal methamphetamine. This submission complements the previous submission the AMA lodged with the Inquiry on 10 June 2015. The AMA continues to be very concerned about the health impacts crystal methamphetamine has on users, their families, and the health system.

The AMA understand that the Inquiry was re-initiated in order to take into account more recent developments relating to crystal methamphetamine, such as the National Ice Taskforce's Final report, the Government's response to this report, and the National Ice Action Strategy 2015 (as endorsed by the Council of Australian Governments (COAG)).

It is worth briefly reiterating the concerns raised by the AMA in its previous submission. Crystal methamphetamine is a particularly destructive and dangerous drug. It is now the most popular form of amphetamine in Australia. The growth in its use has severe and long lasting implications for users, particularly in relation to mental and physical health. Drug induced psychosis is a major concern for those who are consuming crystal methamphetamine. Users of crystal methamphetamine may also encounter serious and life-threatening cardiac, and central nervous system problems. This is in addition to the range of health problems that will be encountered as a result of impaired immune function. Due to life circumstances, crystal methamphetamine users may often have difficulty complying with medical treatment and advice that seeks to improve health.

The impacts of crystal methamphetamine are also felt across the health system more broadly. Emergency departments, psychiatric units and general practices encounter a growing number of people who are under the influence of crystal methamphetamine. Severely affected patients can be dangerous, unpredictable, and may require restraint, sedation, prolonged observation and admission. Both treating and non-clinical staff are at risk of injury and require additional support from security services, which is not always available.

It continues to be vitally important that treatment and support is available for crystal methamphetamine users who seek it. Treating medical practitioners must be able to confidentially refer their patients on for treatment and support, sometimes under short time frames. Effective treatment services recognise that crystal methamphetamine addiction is often accompanied by high rates of relapse and that support may be required for extended periods. The

AMA's previous submission voiced concerns that access to treatment services was grossly inadequate, and since that submission in June 2015, it does not appear that access to treatment has significantly improved.

In August 2015, the AMA released a position statement on Methamphetamine (attached). The statement makes a number of references to crystal methamphetamine, and a copy is attached to this submission for the Joint Committee's consideration.

More recently, the National Ice Taskforce released its final report, the Government issued a formal response and the National Ice Action Strategy was endorsed by the Council of Australian Governments. These documents lay the foundation of Australia's response to crystal methamphetamine and should be included in the Joint Committee's consideration. The AMA makes the following observations about these developments.

Funding for Addiction Medicine Medicare Benefits Schedule items
The AMA is very supportive of the $13 million funding that has been provided for the Addiction Medicine Medicare Benefits Schedule (MBS) items. These items were recommended by the Medical Services Advisory Committee back in August 2013, and were implemented recently on 1 November 2016. The funding of these dedicated MBS items, combined with efforts to develop and support the range of professionals who are deemed to be 'front line staff', including general practitioners, is welcomed. Given the complexities of patients who are using crystal methamphetamine it is vitally important that health care staff and other professionals are informed and well supported during their interactions.

Focus on Aboriginal and Torres Strait Islander workforce and dedicated treatment services
The AMA is also supportive of the commitments and funding that have been made to increase the Aboriginal and Torres Strait Islander drug and alcohol workforce. It is important that the investment in this specialised workforce is developed in a sustainable way. The workforce commitments are complemented by undertakings to work closely with Aboriginal Community Controlled Organisations to improve care for Aboriginal and Torres Strait Islander patients. Over one third of the funding that has been provided to treatment and support has been flagged for Aboriginal and Torres Strait Islander patients who are known to be more vulnerable to the impacts of crystal methamphetamine.

Despite the AMA's general support for measures relating to the health workforce and the provision of treatment and support to crystal methamphetamine users, there continues to be some areas of concern for the AMA.

Finalise and implement the National Drug Strategy
An updated National Drug Strategy is long overdue. The Strategy has been under review for some time. Organisations like the AMA have made considered submissions on priorities and draft versions of the document. This important Strategy is an overarching one, it has a key role in coordinating Australia's response to a range of drugs, including crystal methamphetamine. Further, a number of recommendations contained in the National Ice Taskforce report require operationalisation of the National Drug Strategy. The AMA believes that the National Drug Strategy should be finalised and implemented as a matter of priority.

Primary Health Networks, Drug and Alcohol Treatment Activity Work Plans and capacity
The largest commitment of funding was for treatment and support services. The majority of the $241.5 million will be directed to Primary Health Networks (PHNs) to commission further drug and alcohol treatment services in order to meet local needs. While many PHNs have been operational for over 12 months, this does not automatically result in these organisations operating at their full and intended capacity, including full execution of local responses to crystal methamphetamine.

A recent update from the Department of Health on the Implementation of action under the National Ice Action Strategy confirmed that the commissioning of services was scheduled for 1 January 2017, but noted that some PHNs were delayed in their responses. As of mid-November 2016, just over half of the 31 PHNs had their Drug and Alcohol Treatment Activity Work Plans finalised. Local communities should not be disadvantaged due to a lack of capacity in some PHNs. Funding for treatment and support is critical. Many families and communities have already waited some time for these services. Any delays in the roll out of this funding will be detrimental and should be addressed as a priority.

Coordination and collaboration across jurisdictions
One goal of the National Ice Taskforce is to foster learning, coordination and collaboration in State responses to crystal methamphetamine. It was understood that these efforts would identify 'best practice' approaches already being utilised by the various jurisdictions, and share that knowledge in a way that supported other jurisdictions to consider the adoption of these measures. This sharing and collaboration reduces duplication and waste.

Coordination and collaboration also affords all Australians with similar access to programs that seek to prevent the use of crystal methamphetamine, as well as treatment and support services for those who currently use crystal methamphetamine. Unfortunately, the National Ice Action Strategy, endorsed by the Council of Australian Governments, confirms that coordination and collaboration has not been a priority in the response to crystal methamphetamine. Rather, each jurisdiction appears to have its own, fairly unique focus. According to the Strategy:

- NSW has a significant focus on roadside drug testing with aims to triple the number of road side tests to identify those who are driving under the influence;
- Victoria also has a law and order focus, with considerable attention being given to the expansion of police powers to allow for the arrest of anyone suspected of being involved in the illicit drug trade;
- Conversely, the ACT is investing significantly in the training and development of 'front line workers';
- Tasmania's efforts have been directed to increasing access to Child Health and Parenting Services that seek to prevent drug use from early in life;
- South Australia is investing in waste water drug testing that seeks to identify how much crystal methamphetamine is being consumed, as well as potentially identifying hot spots of consumption; and
- Western Australia is targeting efforts on the road supply routes of crystal methamphetamine.

While each of these areas of focus has its merits, the importance and benefits of coordination and collaboration appears to have been largely overlooked. It is vital that the National Drug Strategy emphasises the importance of coordination and collaboration in responses to drugs.

Law and policing response must be balanced with health focused responses
Not long after his appointment as Head of the Government's National Ice Taskforce, Ken Ley APM, former Victorian Police Commissioner, confirmed that we could not arrest our way out of Australia's crystal methamphetamine problem. The AMA agrees with Commissioner Ley, criminalising and detaining those who are addicted to using crystal methamphetamine will not solve the problem. The AMA sees addiction as primarily a health issue, requiring treatment and support. While the National Ice Action Strategy contains rhetoric that recognises the health aspects of crystal methamphetamine use, the jurisdictional responses confirm that many jurisdictions are primarily focusing on policing and law enforcement. Under these initiatives there is a possibility users of crystal methamphetamine will be more likely to spend time in custodial settings, rather than in treatment. The AMA strongly advocates for a balanced approach; law and order responses to the supply and demand of crystal methamphetamine must be offset by efforts to reduce demand for the drug, and for the provision of appropriate health care including referral to treatment and support for users.

Delays in action
Finally, it is worth noting that some of the responses to crystal methamphetamine, outlined in the National Ice Action Strategy and recommended in the National Ice Taskforce final report, have been considerably delayed. The National Ice Action Strategy was agreed to at the meeting of COAG on 11 December 2015. A year later some of the most vital aspects, including expanded access to treatment and support for crystal methamphetamine users, has not progressed. While many PHNs will commence with their plans to expand treatment and support services on 1 January 2017, other PHNs have not finalised their plans and so will not be in a position to implement them. This is despite the commitment being made over a year ago.

The acute impacts of crystal methamphetamine are swift and devastating. Crystal methamphetamine is already placing many families and communities under significant strain. The government has thoroughly considered the issue and agreed to a set of actions and recommendations. Immediate and sustained action focused at addressing this problem must be a priority.

In summary, the use of crystal methamphetamine has a range of detrimental impacts on users and on the health system more broadly. The provision of health care to users can be complex and access to suitable treatment is poor. More recently the Government has canvassed the issues through a range of measures. The AMA is supportive of action around the Addiction Medicine items on the MBS, and the focus on the impacts crystal methamphetamine has on Aboriginal and Torres Strait Islanders, however there continues to be concerns about some aspects of the response. The National Drug Strategy is overdue and must be finalised. PHNs who do not have the capacity to coordinate local treatment and support services must be assisted to ensure that communities are not disadvantaged. Responses to crystal methamphetamine should be coordinated and collaborative, to ensure that we learn about approaches that work, and we reduce any potential waste in funding. One of the most important aspects for the AMA is the need to balance law and order responses to crystal methamphetamine, with those measures that recognise use and addiction as a health problem. Given the broad ranging impacts of crystal methamphetamine use on individuals, families, communities and on the health care system, it is time for immediate and sustained action.

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AMA Position Statement

Methamphetamine

2015

1. There is clear medical evidence that methamphetamine, and particularly crystal methamphetamine ('ice') is a very harmful drug at the individual, community and societal levels.
2. Methamphetamine is not a 'recreational', 'soft' or 'party' drug and should never be referred to as such. Every effort must be made to avoid normalising methamphetamine use or minimising its harmful effects.
3. Acute methamphetamine psychosis is one of the most damaging health consequences of methamphetamine use. Acutely, it presents a major safety issue for health care staff and the intoxicated patient and his or her family.
4. There is significant evidence that in Australia there is increased use of methamphetamines and particularly crystal methamphetamine from 2008 onwards. The perception from medical practitioners is that this has driven a damaging increase in severe, acute and chronic severe mental and medical illness in users.
5. Health impacts are often severe with physical illnesses, particularly major cardiovascular diseases, major infections and significant injuries commonly seen. Patients are often neglectful of their problems and difficult to engage or maintain in treatment.
6. Drug induced or exacerbated chronic psychotic illnesses are one of the most disabling features of methamphetamine use. The increasing prevalence related to increased crystal methamphetamine use places a severe strain on already overburdened and inadequately resourced acute and community psychiatry services.
7. Publicly funded programs are required to educate young people on the major problems with illicit drug use, including methamphetamines, and to promote resilience and increased confidence to reject peer pressure.
8. Education and training about amphetamine use and effects must be incorporated into the medical curricula, and should also be available to all practitioners as part of continuing professional development programs.
9. General practitioners are well placed to identify many early methamphetamine users. General practitioners should be supported and encouraged to screen for illicit drug use.
10. Treatment services should reflect the full range of methamphetamine users. This means services providing intensive inpatient support with collaboration between addiction medicine, psychiatric and other specialist oversight, through to less intensive support provided in the community via cognitive, behavioural and motivational interventions.
11. Emergency department staffing should include a specialist drug liaison officer, seven days a week with extended hours, to engage, support and intervene in patients with acute methamphetamine related illness.
12. All hospitals should have appropriate, rapidly responsive security arrangements and appropriate infrastructure.
13. Many methamphetamine patients arrive at emergency departments restrained by police. Quiet areas within an emergency department might help settle methamphetamine patients, however, due to the likelihood of physical complications, intoxicated patients often need to be managed in monitored, critical care bays. Adaptive negotiated clinical processes, security and tailored approaches are required for each patient.

14. Research on causation, prevention strategies and the best methods of treatment and rehabilitation for methamphetamine dependency should be a priority for funding.
15. Law and order responses to the supply and demand of methamphetamine should be properly balanced with the need to reduce demand for the drug and provide appropriate health care including referral to treatment services and support for users.
16. Health financing must include specific and increased funding for treatment, rehabilitation and support services for drug-addicted patients. Any increase in funding must improve referral systems for methamphetamine affected patients.
17. A comprehensive and sustained public health education program on the health and social consequences of methamphetamine use is needed to discourage experimentation, normalisation of use and induction of new users.

BACKGROUND

Methamphetamine

Methamphetamine is a synthetic stimulant drug that comes in a number of forms. The powder form, traditionally known as 'speed', is usually of relatively low purity and can be snorted, injected or taken orally. Methamphetamine base is a damp oily substance, is of higher purity and is typically injected. Crystalline methamphetamine, commonly referred to as 'ice', is methamphetamine in its purest form and is usually smoked or injected. In Australia, crystal methamphetamine is currently the favoured form of methamphetamine, followed by the powder form.[1]

Methamphetamine use often produces an initial sense of wellbeing and euphoria, increased feelings of alertness and decreased appetite. It can also heighten confidence but increasing doses often leads to agitation and paranoid beliefs.

Methamphetamine is a more potent form of the drug amphetamine. Dexamphetamine is a type of amphetamine that is prescribed for some illnesses, including Attention Deficient Hyperactivity Disorder and other learning related conditions, where it may improve a patient's ability to focus. However, in individuals without a prescription, there is potential for this medicine to be misused and there is an illegal market for it.

Use

While a recent change in preference to crystal methamphetamine has been observed, self-reported use of methamphetamine is relatively stable, with 2.1% of the population saying that they have used in the last 12 months. Users are however reporting more regular and frequent consumption.[2] The incidence of methamphetamine harms, particularly psychosis, increases sharply as a consequence of the quantity consumed.[3]

The national data on methamphetamine use is likely to under represent use because many heavy users are living chaotic lives, are suspicious of authorities and may be unable or unwilling to participate in surveys.

There was a 204% increase in methamphetamine abuse within the Aboriginal and Torres Strait Islander population in the 1994 to 2004 decade.[4] Aboriginal and Torres Strait Islander people suffering from substance related psychosis are admitted to hospital inpatient units at 3.7 times the rate expected of the overall population.[5]

In summary, more people are using more potent forms of methamphetamine more often, increasing the likelihood of associated health problems.

The experience of emergency department physicians is that users represent all walks of life and that smoking or injecting crystal methamphetamine appears to be associated with a significant likelihood of extreme and harmful usage and addiction.

Health

Mental illness

Methamphetamine users are at significantly increased risk of mental illness. Rates of mental illness in stimulant users have increased significantly and are likely associated with the increasing use of crystal methamphetamine. [6] Mental health problems from methamphetamine can occur from first usage but are more common in recurrent users. Over three quarters of dependent methamphetamine users experience significant mental health issues.[7]

The most common features are agitation or aggression, depression and anxiety, impaired concentration, emotional lability and psychosis. Users present with psychotic episodes featuring agitation and paranoid delusions. Others often have severe fixed delusions about insect and parasite infestations leading to significant skin lesions and infections.

Users of crystal methamphetamine are five times more likely to experience psychotic symptoms when using compared with periods of abstinence.[8] Approximately 30% of dependent users experience psychotic episodes each year. Psychotic episodes are probably more likely in those with pre-existing vulnerabilities,[9] but also occur in people who are psychologically robust. Repeated methamphetamine use can change the brain's chemical systems resulting in permanent brain damage. [10]

Physical illness

Physical illnesses are commonly seen in methamphetamine users. Physical illnesses are driven by direct consequences of the drug's actions, harms from drug routes (particularly intravenous use), effects from an addicted lifestyle and the consequences of social isolation, poor decision making or executive functioning, and loss of income and work.

Illness from crystal methamphetamine can affect any body system, but direct effects are mainly cardiovascular and neurological. Cardiac issues are particularly seen as tachy-arrhythmias, coronary ischaemia due to vessel spasm or dissection, hypertensive crises and cardiomyopathies or heart failure. Acute effects on the central nervous system include the expected agitation, hyper-arousal and anxiety, but also intracranial haemorrhages and seizures. Later issues in heavy users include accelerated atherosclerosis and increased risk of strokes, poor executive functioning, early onset dementia and structural abnormalities in the brain.

Liver and kidney problems have also been associated with both acute ingestion and longer term use. Regular users, particularly intravenous users, are prone to many infections due to poor skin hygiene (skin abscesses, infective endocarditis, osteomyelitis, and cerebral abscesses), blood borne viruses due to needle sharing, as well as sexually transmitted diseases from high risk behaviours and promiscuity. Severe skin infections also occur due to delusion induced skin picking and injection of particulate substances (such as crushed tablets and cotton wool fibres). Dental problems occur due to accelerated tooth decay and bruxism (tooth grinding) induced by amphetamines, poor surveillance and dental hygiene and reduced salivation. These acute and chronic medical conditions, related or not to drug use, can be difficult to manage due to poor compliance with medical advice, follow up or treatments.

Societal impact

There are likely to be a number of drivers for increased crystal methamphetamine consumption, including increased availability, competition, decreased price and normalisation in some groups. As methamphetamine is excreted quickly it may also appear to be an incentive for use, particularly for those who may encounter drug screening as part of their employment.

Due to the agitated behaviours, psychosis, poor decision making and high risk lifestyles associated with methamphetamine consumption, users can experience a range of social and legal problems. For example, amphetamine users are strongly over represented as perpetrators and victims of trauma, particularly interpersonal and road trauma.

Some methamphetamine users may represent particular management challenges due to social marginalisation or geographically remote habitation. However the widespread use, particularly in some well paid employee groups, and normalisation of methamphetamine use means that presentations for medical treatment reflect all backgrounds.[11]

Due to its potential role as a precursor, all pseudoephedrine based medication should continue to be scheduled to a minimum S3 (available from the pharmacist only), with strict control on quantities supplied, in accordance with therapeutic standards and professional guidelines.

Law and order responses to the supply and demand of methamphetamine should be properly balanced with the need to reduce demand for the drug and provide appropriate health care including referral to treatment services and support for users.

Impact on healthcare system

Data from the Victorian ambulance service confirms a recent dramatic increase in call outs relating to methamphetamine use, with a high proportion resulting in hospital admissions.[12] Hospital separations for methamphetamine related problems are the second highest among the four major illicit drug types (2,895 separations in 2011/12).[13] While the number of patients presenting to emergency departments for methamphetamine related problems is modest in terms of overall numbers (1-3% of attendances), the resulting impact is very significant with users having high acuity psychiatric and or medical issues requiring very high resource usage.[14]

Methamphetamine induced psychosis is of particular concern to the medical profession, given the impact it has on emergency departments and psychiatric services across Australia. Symptoms of acute drug induced psychosis are often very severe and or prolonged requiring restraint, sedation and prolonged observation or admission.[15] These problems are multiplied significantly when methamphetamine is combined with other substances including alcohol, which is a common occurrence.

Medical illnesses in these patients are often severe: users present late in the course of the illness and generally require prolonged treatments. Due to the underlying dysfunction in these patients' lives and their poor coping skills, relapse and non-compliance are common, increasing health care costs and resource use.

Treating staff are at high risk of injury from these patients who can require major use of security personnel and both physical and chemical restraints. An Australian study comparing the characteristics of individuals presenting to hospital emergency departments confirms that methamphetamine users are more aggressive, violent and dangerous than other patients.[16] The impact is felt in all emergency departments and psychiatric units, but aggressive amphetamine intoxicated patients pose a significant problem for regional hospitals with fewer clinical staff and poor access to security personnel.

In addition to the impacts on the health system, it is increasingly recognised that crimes and acts of violence are strongly associated with methamphetamine use and lifestyles. According to the Australian Crime Commission, crystal methamphetamine poses the highest current risk of harm to the Australian community.[17] There were 26,269 national consumer arrests for amphetamine type substances in 2013-14, an increase of over 18% on the previous year.[18] The number of police detainees testing positive for methamphetamine has also been steadily increasing in recent years (from 13% in 2009 to 26% in 2013).[19] Many dependent methamphetamine users will therefore spend periods of time in prison.

Treatment

Treatment episodes for injecting, smoking or inhaling of methamphetamine have increased significantly.[20] Long and intensive treatment is required to treat the addiction and associated mental and physical illnesses. This is not particularly suited to current treatment facilities available in emergency departments, general practices or even acute hospital admissions.

It has been estimated that there is currently a five year lag between problem use and treatment. [21] This occurs because methamphetamine related presentations with sleeping difficulties, anxiety, loss of appetite, mood disturbance, and relationship problems are often hidden from general practitioners and other clinicians. When methamphetamine users do present it can be quite late in the course of their illness which increases the likelihood of complications and difficulties in ensuring follow up or compliance.

Appropriate treatment and support services are grossly inadequate for methamphetamine users. Acute withdrawals may take significant resources and support with benzodiazepines. However there are currently no therapeutic agents that support methamphetamine abstinence, which is characterised by prolonged periods of symptoms and high rates of relapse. [22]

There should be a sustained investment in the training and support for all practitioners, but particularly general practitioners, to better identify and engage with methamphetamine users, provide brief interventions and increase referrals to community treatment or rehabilitation services. It is essential that adequate numbers of quality treatment and support services are available for practitioners who identify users to refer on to. Issues relating to methamphetamine use must be incorporated into the curriculum for medical students.

Due to severe complications and poor compliance with medical advice, methamphetamine users are often frequent attenders to emergency departments. It is essential that emergency departments are appropriately supported by acute drug and alcohol services who can provide brief interventions when patients are most receptive and guide them to appropriate treatment services. This means extended hours, seven days a week.[23]

Community based addiction, rehabilitation and mental health services are limited. Liaison with drug and alcohol services is often fragmented and methamphetamine users may not be considered a priority.

Treatment and rehabilitation services must reflect the spectrum of users via a 'step-up step-down' model. For severely dependent users with complex needs, treatment may initially be provided in an inpatient setting with intensive levels of support particularly through the initial withdrawal period. Given the likelihood of coexisting mental health problems, collaboration between drug and mental health specialists and services is important. These users may also require extended periods of assertive outreach and support. There is also a need to provided lower intensity treatment options for those who are less dependent or occasional users. Treatment may include sessions provided within the community that involve motivational, cognitive and behavioural interventions. A 'step-up step-down' model recognises that such sessions may not be sufficient for some users, so provision of support may need to be escalated.

The health financing system must include very specific funding for treatment, rehabilitation and support, if we are going to properly address the health and social consequences of methamphetamine use in Australia.

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