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Submission to the Parliamentary Joint Committee  
on the Australian Crime Commission

Inquiry into Amphetamines and other Synthetic  
Drugs

June 2006

## **Executive Summary and Recommendations**

Anex notes that the Committee has been directed to inquire into the manufacture, importation and use of Amphetamines and Other Synthetic Drugs (AOSD) in Australia. This submission focuses on those terms of reference where Anex is best placed to provide comment. As such, Anex will address the following Terms of Reference:

- a. Trends in the production and consumption of AOSD in Australia and overseas;
- b. Strategies to reduce the AOSD market in Australia; and
- f. An assessment of the adequacy of the response by Australian law enforcement agencies, including the ACC.

In relation to Terms of Reference (a), the discussion will focus on consumption rather than production. Consideration will only be given to the Australian context. This submission will focus on issues related to injecting drug users.

### A. Trends in the consumption of amphetamines in Australia

Amphetamines are used by a wide cross-section of the Australian community. The 2004 National Drug Strategy Household Survey (NDSHS) identified that amphetamines were the most widely used illicit drug after marijuana/cannabis (Australian Institute of Health and Welfare 2005). Injecting drug users are but one population who use amphetamines.

According to the 2005 Illicit Drug Reporting System (IDRS), methamphetamine was second only to heroin, as the nominated drug of choice.

Practitioner feedback suggests that amphetamine (particularly methamphetamine) use among clients of Victorian Needle and Syringe Programs has increased markedly in recent years.

The harms associated with amphetamine use, particularly repeated or chronic use, are significant and can include seizures, cardiac arrest, stroke and psychosis. In particular, there are a number of harms associated with the intravenous use of amphetamines including the increased risk of blood-borne virus transmission through sharing of injecting equipment and the risk of serious vascular damage (Baker, Lee & Jenner 2004). Poor physical and mental health has also been reported among amphetamine users (McKetin, McLaren & Kelly 2005).

### B. Strategies to reduce the amphetamine market in Australia

The marked increase in amphetamines use in Australia in recent years has significant implications for the development and delivery of supply, demand and harm reduction strategies. Amphetamines are used by a wide cross-section of the Australian community. Indeed, it is particularly difficult to talk of amphetamine users as one monolithic group. As such, strategies to address the use and misuse of these substances must acknowledge the various groups who use amphetamines. Anex notes that the Committee has been requested to examine strategies to reduce the amphetamine (and other synthetic drug) market in Australia. Supply reduction strategies and law enforcement interventions are but one component of a comprehensive approach to reducing this market. Such an approach should include both demand and harm reduction strategies.

### *Needle and Syringe Programs*

The Australian Needle and Syringe Program is recognised internationally as a great success in reducing the spread of blood-borne viruses among people who inject drugs. However, NSPs provide a range of services to injecting drug users beyond the provision of sterile injecting equipment. The NSP sector provides a broad interface between the health service system and injecting drug users. The frequency of contact between NSPs and injecting drug users means NSPs often act as a gateway into other health services including primary health care, mental health services, drug treatment and a variety of social services. It is essential that NSPs are adequately resourced and have the organisational and staff capacity to provide appropriate referrals to a variety of other health services.

It is recommended that Needle and Syringe Programs throughout Australia continue to be supported and adequately resourced to ensure the harms associated with injecting drug use are minimised, including the harms associated with amphetamine use.

At present, many NSPs throughout Australia provide a variety of harm reduction initiatives including the provision of brief behavioural interventions. Such interventions have been recognised as an effective method for facilitating behaviour change (Baker, Lee & Jenner 2004). They have been deemed appropriate to individuals from a range of backgrounds and may be used in a variety of settings including NSPs (Baker, Lee & Jenner 2004; Tucker et al 2003).

However, the ability for services to respond to the needs of amphetamine users remains somewhat limited. Responding to changing drug use patterns and the associated harms is difficult in an environment where services have been largely oriented towards the needs of heroin users.

Challenging client presentations including erratic or unpredictable behaviour, restlessness and increased energy can make it difficult to provide interventions for this client group. Limited service capacity due to resource constraints is another challenge facing NSPs. Beyond this, practitioner feedback gathered by Anex suggests that frontline staff at NSPs may require further knowledge on the effects of amphetamine use – both physical and psychological – and how this impacts on client behavioural presentations. As such, Anex makes the following recommendation:

Anex recommends the continued investment in workforce development and training options for frontline staff at Needle and Syringe Programs, including the development of education and training resources to deal with amphetamine related issues. Such training should recognise the particular needs of amphetamine users and the complexities of working with this client group.

### F. An assessment of the adequacy of response by Australian law enforcement agencies

Clearly, the effectiveness of supply reduction strategies are limited if such interventions are implemented in isolation. A collaborative approach involving consideration of demand reduction and harm reduction strategies as well as supply reduction initiatives is required. There is a need for partnerships between health workers, in particular NSP service providers, and law enforcement agencies to facilitate opportunities for working together to implement Australia's drug policy of harm minimisation.

Anex believes there is an opportunity through this Inquiry to improve collaboration between law enforcement agencies and NSPs at all levels. Through cooperation and collaboration, law enforcement agencies can improve their knowledge and understanding of the social contexts of drug use, emerging drug use trends, poly-drug use, drug dependency and the complexity of many drug users' lives. Similarly, services such as NSPs will gain a better understanding of the police role and practices.

Anex recommends that opportunities to enhance formal collaboration between police and NSPs be investigated. This could include opportunities for the development of a dedicated liaison role in local areas, where deemed appropriate, to facilitate communication and information-sharing between police and NSPs.

Strict adherence to a traditional law enforcement approach can be problematic when dealing with drug users, including amphetamine users. Maher and Dixon (2001) showed that heavy policing of injecting drug users increases risk by dispersing the problem and resulting in clandestine and hurried injecting episodes (see also Southgate et al 2003).

Spooner, McPherson & Hall (2004) have identified a number of ways in which police can carry out their role in a manner consistent with harm minimisation. These include, but are not limited to:

- Harm reduction initiatives such as the use of discretion in attending drug overdoses and policing near harm-reduction services (including NSPs); encouraging safer drug-use practices; involvement in community drug education; strategies to manage drug-affected people
- Demand reduction strategies such as encouraging entry into drug treatment; utilisation of diversion schemes
- Community-based activities such as community-building and youth development programs and school based drug-education
- Supply reduction activities that are more focussed towards harm minimisation (Spooner, McPherson & Hall 2004).

In order to do this, police may require further training and workforce development. This may include a need for general training on harm minimisation approaches to police work coupled with appropriate organisational support for the implementation of harm minimisation activities. In addition, police officers may require specific information and education on the effects of amphetamine use on the individual drug user's behaviour (including drug induced psychosis).

Anex recommends that opportunities for further workforce development and training for law enforcement agencies on harm minimisation approaches (including harm reduction interventions) be considered. This could include specific harm minimisation approaches to working with amphetamine users which acknowledge and recognise the complexities of working with this client group.

The increased use of amphetamines among injecting drug users requires law enforcement agencies and health service providers and practitioners to reassess some of the traditional approaches to working with this population. Law enforcement agencies and health service providers need to work together to reduce the harms associated with such drug use for the individual drug user and the broader community.

## **The role of Anex (Association for Prevention and Harm Reduction Programs Australia)**

Anex is a non-government membership-based organisation working towards a society in which all individuals and communities enjoy good health and well-being, free from drug-related harm. It is committed to employing the best available evidence and to demonstrate compassion to improve individual and community health and well-being by supporting and strengthening policies and programs to prevent and reduce drug-related harm in Australia.

In particular, Anex supports Needle and Syringe Programs (NSPs) as a proven public health initiative, and is committed to ensuring that the NSP sector is a well-supported and adequately resourced to ensure they are recognised as an integral part of the solution to drug-related issues.

Anex is funded by the Victorian Department of Human Services. We also receive funding for projects from a range of sources, including the Australian Government Department of Health and Ageing.

Anex is governed by a Board of Management and has a membership that is comprised of community health centres, non-government organisations, hospitals and local governments across Australia, and individuals and organisations that support our aim.

### **Focus of this submission**

Anex notes that the Committee has been directed to inquire into the manufacture, importation and use of Amphetamines and Other Synthetic Drugs (AOSD) in Australia. This submission focuses on those terms of reference where Anex is best placed to provide comment. As such, Anex will address the following Terms of Reference:

- a** Trends in the production and consumption of AOSD in Australia and overseas;
- b** Strategies to reduce the AOSD market in Australia; and
- f** An assessment of the adequacy of the response by Australian law enforcement agencies, including the ACC.

In relation to Terms of Reference (a), the discussion will focus on consumption rather than production. Consideration will only be given to the Australian context.

As the Committee is aware, Amphetamines belong to a group of central nervous system stimulants that are often referred to as 'amphetamine type substances' and/or 'psychostimulants'. Drugs such as cocaine and ecstasy are included under these umbrella terms. Discussion in this submission is limited to those substances referred to as amphetamines (including methamphetamines).

Today, methamphetamine dominates the Australian amphetamine market (Stafford et al 2006). According to the national surveillance data such as the Illicit Drug Reporting System (IDRS) and the National Drug Strategy Household Survey (NDSHS), the main forms of methamphetamines available in Australia can be classified into three types – methamphetamine powder ('speed'), crystalline methamphetamine ('ice') and methamphetamine paste ('base').

## **A. Trends in the consumption of Amphetamines in Australia**

### Amphetamines (including methamphetamine)

This submission will focus on the consumption of amphetamines (including methamphetamine) in Australia with specific attention to the consumption of amphetamines among injecting drug users. The use of amphetamines has been a feature of the Australian drug market since the 1980s. However for much of the 1990s, the consumption of amphetamines was largely overshadowed by the use of heroin. The decline in the availability of heroin from 2001 was accompanied by a rise in the production and consumption of amphetamines, in particular methamphetamine.

The 2004 NDSHS identified that amphetamines were the most widely used illicit drug after marijuana/cannabis (Australian Institute of Health and Welfare 2005). Around 3% of the Australian population aged 14 years and over had used amphetamines in the 12 months preceding the survey (Australian Institute of Health and Welfare 2005), with approximately 9% of the Australian population reporting use of amphetamines in their lifetime.

Those aged 20-29 years were most likely to report using amphetamines with males more likely to report both lifetime use and use in the previous 12 months (Australian Institute of Health and Welfare 2005).

The majority of amphetamine users reported using only once or twice a year (43.9%) with 10.8% of users reporting frequency of use as once a week or more. Methamphetamine powder was the most commonly reported amphetamine in the 2004 NDSHS with 74.3% of amphetamine users reporting use of this form of amphetamine in the previous 12 months. Crystalline methamphetamine was the form reported by 38.6% of amphetamine users with 25.8% reporting use of methamphetamine base (Australian Institute of Health and Welfare 2005).

Data from the 2005 Illicit Drug Reporting System (IDRS) shows that 75% of the national sample had used some form of methamphetamine in the previous six months (Stafford et al 2006). This use varied across jurisdictions. Methamphetamine was nominated as the drug of choice by nearly one quarter (21%) of the national sample, second only to heroin. While heroin was reported as the last drug injected by 41% of the sample, methamphetamine rated second with 30% of the sample reporting methamphetamine as the last drug injected. Interestingly, 48% of the national sample reported that amphetamine was the first drug they had injected.

Practitioner feedback suggests that amphetamine (particularly methamphetamine) use among clients of Victorian Needle and Syringe Programs has increased markedly in recent years.

### **Harms associated with amphetamine use**

There are a number of potentially harmful consequences of amphetamine use, particularly when used in high doses or in problematic ways over long periods of time. These can be either short-term or long-term and include both physical and psychological harms such as seizures, cardiac arrest, stroke, psychosis and hypothermia. In particular, there are a number of harms associated with the intravenous use of amphetamines including the increased risk of blood-borne virus transmission through sharing of injecting equipment and the risk of serious vascular damage (Baker, Lee & Jenner 2004), abscesses and infection.

Poor physical and mental health has also been reported among amphetamine users (McKetin, McLaren & Kelly 2005). Common physical complaints include sleep disturbances and weight loss. Self-reported diagnoses of mental disorders suggest high levels of depression and psychotic disorders among this group. According to McKetin and colleagues (2005), rates of psychosis among regular amphetamine users were reported at 11 times higher than the general population.

## **B. Strategies to reduce the amphetamine market in Australia**

The marked increase in amphetamines use in Australia in recent years has significant implications for the delivery of supply, demand and harm reduction strategies. These substances are used by a wide cross-section of the Australian community. Indeed, it is particularly difficult to talk of amphetamine users as one monolithic group. As such, strategies to address the use and misuse of these substances must acknowledge the various groups who use amphetamine type substances. Anex notes that the Committee has been requested to examine strategies to reduce the amphetamine (and other synthetic drug) market in Australia. Supply reduction strategies and law enforcement interventions are but one component of a comprehensive approach to reducing this market in Australia. Such an approach should include both demand and harm reduction strategies.

As the Committee is aware, the principle of harm minimisation has underpinned the Australian Government's approach to alcohol and other drug issues for over 20 years and is the framework for the current National Drug Strategic Framework 2004-2009, the National Drug Strategy and the National Illicit Drug Strategy.

This approach involves a balance between the interconnected aspects of supply reduction, demand reduction and harm reduction. The complexity of illicit drug use and the associated harms requires a multi-faceted approach to the development and implementation of strategies including supply reduction strategies. Demand and harm reduction strategies are important components of any comprehensive approach to illicit drug use, including the use of amphetamines.

Harm reduction strategies do not condone drug use, but rather, seek to minimise the risks associated with such use - for both the individual drug user and the broader community. 'Harm reduction is often thought of only as needle and syringe programs, but many more strategies are used and, in many cases, have been shown to be effective' (Loxley et al 2004, p.236). Anex encourages the Committee to consider harm reduction strategies in this Inquiry.

While acknowledging that strategies and interventions targeting a variety of groups are needed, the discussion that follows will focus on injecting drug users.

### Needle and Syringe Programs

According to results from the 2004 NDSHS, 0.4% of Australians aged 14 years and older had injected drugs in the last 12 months (Australian Institute of Health and Welfare 2005). This included a range of amphetamines and other synthetic drugs.

The NSP in Australia was established in 1987 as a preventative strategy to contain the spread of HIV/AIDS among people who inject drugs and the broader community. Currently there are close to 850 NSP outlets based in a variety of health settings in all states and territories across metropolitan, rural and regional areas.

The NSP provides a range of services that includes access to:

- blood-borne virus prevention equipment;
- education and information on preventing and reducing drug-related harm;
- referral to drug treatment;
- referral to legal, health and social services;
- referral to medical care; and
- disposal and retrieval services.

NSPs not only provide sterile injecting equipment to people who inject drugs, they ‘...have been associated with decreased HIV infection, hepatitis C virus infection, changing risk behaviours related to injecting and increasing treatment contacts’ (Hudoba, Grenyer & O’Toole 2004, p.295)

The provision of sterile needles and syringes to this population has been successful in preventing the spread of HIV and, to a lesser extent, hepatitis C in Australia. It is estimated that from 1991 to 2000 a total of 25,000 cases of HIV and 21,000 cases of hepatitis C infection were prevented through the operation of Needle and Syringe Programs in Australia (Commonwealth of Australia 2002). Diagnoses of HIV among people who inject drugs in Australia are relatively low and stable at less than 1% (Dolan, Dillon & Silins 2005). The Australian NSP is recognised internationally as a great success in this regard.

An Australian Government analysis of return on investment in Needle and Syringe Programs in Australia shows the return on investment ‘...will exceed manyfold the original investment in NSPs, and that the original investment had been fully recouped and surpassed by the end of the investment period, before any future savings are taken into account’ (Commonwealth of Australia 2002, p.16).<sup>1</sup>

#### Beyond the provision of sterile injecting equipment – brief interventions and referrals

The role of NSPs has expanded a great deal since their initial establishment in the 1980s. Today, NSPs provide clients with a variety of health interventions including the provision of health promotion materials and advice, brief interventions and referrals to health and social services.

#### *Brief interventions*

Brief behavioural interventions have been recognised as an effective method for facilitating behaviour change (Baker, Lee & Jenner 2004). They have been deemed appropriate to individuals from a range of backgrounds and may be used in a variety of settings (Baker, Lee & Jenner 2004; Tucker et al 2003). In relation to NSPs, Conrad et al (2003) have identified a number of conditions that should exist to ensure brief behavioural interventions are effective:

- Ensuring a supportive and confidential environment;
- Establishing good relationships between NSP staff and clients so that staff are perceived as trusted sources of information;
- Staff motivation and willingness to assist clients; and

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<sup>1</sup> The assessment takes into account the ‘total investment by Government and consumers in NSPs during the 1990s, together with anticipated savings resulting from treatment costs avoided for persons who would otherwise have contracted HIV and HCV over their lifetime, were it not for the availability of NSPs during the decade under study’ (Commonwealth of Australia 2002, p.14).



- Clients being ready to engage in the brief intervention and consider new information (Conrad et al 2003).

While these conditions are currently met by many NSPs across Australia; the ability for services to respond to the needs of amphetamine users remains somewhat limited. Responding to changing drug use patterns and the associated harms is difficult in an environment where services have been largely oriented towards the needs of heroin users.

Challenging client presentations including erratic or unpredictable behaviour, restlessness and increased energy can make it difficult to provide interventions for this client group. Limited service capacity due to resource constraints is another challenge facing NSPs. Beyond this, practitioner feedback gathered by Anex suggests that frontline staff at NSPs may require further knowledge on the effects of amphetamine use – both physical and psychological – and how this impacts on client behavioural presentations and management of clients. As such, Anex makes the following recommendation:

Anex recommends the continued investment in workforce development and training options for frontline staff at Needle and Syringe Programs, including the development of education and training resources to deal with amphetamine related issues. Such training should recognise the particular needs of amphetamine users and the complexities of working with this client group.

#### *Referral capacity*

The NSP sector provides a broad interface between the health service system and injecting drug users. The frequency of contact with this population means NSPs often act as a gateway into other health services including primary health care, mental health services, drug treatment and a variety of other social services. It is essential that NSPs are adequately resourced and have the organisational and staff capacity to provide appropriate referrals to other services.

In particular, the ability for NSPs to provide appropriate referrals to mental health services for amphetamine users is critical given the significant psychological harms associated with some amphetamine use.

The promotion of mental health and the prevention of mental illness was the focus of a recent Anex Bulletin (Volume 4, edition 3, May 2006).<sup>2</sup> Evidence suggests that injecting drug users do experience higher rates of mental health disorders than their non-drug using counterparts and have been identified as having higher rates of depressive and anxiety disorders in combination with substance use problems (Anex 2006b).

Certainly, mental illness may present complex challenges for NSPs. We know that people who suffer from a mental illness and use drugs often fall ‘through the gaps’ of the health system. In this respect, NSPs provide a unique interface with a group of clients who are often unwilling or unable to access mainstream health services.

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<sup>2</sup> The Anex Bulletin is the Australian Needle and Syringe Program (NSP) sector’s quarterly magazine, published by Anex. The only magazine of its type in the world, the Anex Bulletin canvasses a range of NSP-related issues and keeps harm reduction workers up to date with new information, research findings and emerging issues for the sector. First published in December 2002, a total of 3000 copies of each edition are distributed across Australia.

However, the capacity for NSPs to provide interventions in this area is limited for a variety of reasons. The busy environment within which NSPs operate, coupled with limited resources and time constraints, make mental health issues difficult to address. More importantly, NSP service providers are unlikely to be qualified mental health workers. Nor should they be expected to provide a diagnosis in a brief intervention without the appropriate training and skills.

Amphetamine use may impact on an individual's mental health in a variety of ways. Some amphetamine users may present to services with a variety of complex mental health issues. Practitioner feedback indicates that some frontline NSP staff are concerned about their ability to provide services to amphetamine users presenting with complex mental health problems. In particular, service providers have identified the need to be able to differentiate between the effects of amphetamine intoxication, overdose and psychosis. The ability for NSPs to improve their referral capacity and links with mental health services would begin to address some of the complex needs of all people who inject drugs including those using amphetamines.

It is evident that NSPs have an important role to play in reducing the harms associated with amphetamine use. Moreover, through brief interventions and referrals to other health services, including mental health services and drug treatment, NSPs contribute to reducing the demand for amphetamines.

It is recommended that Needle and Syringe Programs throughout Australia continue to be supported and adequately resourced to ensure the harms associated with injecting drug use are minimised, including the harms associated with amphetamine use.

## **F. An assessment of the adequacy of the response by Australian law enforcement agencies**

### *The need for a collaborative approach*

Clearly, the effectiveness of supply reduction strategies are limited if such interventions are implemented in isolation. A collaborative approach involving consideration of demand reduction and harm reduction strategies as well as supply reduction initiatives is required. There is a need for partnerships between health workers, in particular NSP service providers, and law enforcement agencies to facilitate opportunities for working together to implement Australia's drug policy of harm minimisation.

There are examples of effective working relationships and collaboration between law enforcement agencies and NSPs in some districts. In others, however, the relationship between law enforcement agencies and NSPs could be improved. Anex believes there is an opportunity through this Inquiry to improve collaboration between law enforcement agencies and NSPs at all levels.<sup>3</sup> Through cooperation and collaboration, law enforcement agencies can improve their knowledge and understanding of the social contexts of drug use, emerging drug use trends, poly-drug use, drug dependency and the complexity of many drug users' lives. Similarly, services such as NSPs will gain a better understanding of the police role, responsibilities and practices.

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<sup>3</sup> A recent Anex Bulletin discussed this issue. For further information see attachment one.

Anex recommends that opportunities to enhance formal collaboration between police and NSPs be investigated. This could include opportunities for the development of a dedicated liaison role in local areas, where deemed appropriate, to facilitate communication and information-sharing between police and NSPs.

Managing amphetamine users who are behaving aggressively, erratically, or violently creates considerable pressure for workers including police and NSP staff. Furthermore, amphetamine users who are intoxicated in public can contribute to community concerns relating to safety. Police have a particularly important role to play in this context; however their ability to do so effectively is dependent on their understanding of amphetamines and their effects on users as well as police commitment to an overall harm minimisation approach.

Strict adherence to a traditional law enforcement approach can be problematic when dealing with drug users, including amphetamine users. As Spooner, McPherson and Hall (2004) argue, concentrated enforcement of use and possess laws in relation to heroin may contribute to lack of access to harm reduction services. In addition, it can lead to dispersal of the drug market, riskier injecting practices and inappropriate disposal of used injecting equipment in public places.

Similarly, Maher and Dixon (2001) showed that heavy policing of injecting drug users increases risk by dispersing the problem and resulting in clandestine and hurried injecting episodes (see also Southgate et al 2003).

Spooner, McPherson and Hall (2004) have identified a number of ways in which police can carry out their role in a manner consistent with harm minimisation. These include, but are not limited to:

- Harm reduction initiatives such as; utilising discretion in attending drug overdoses and policing near harm-reduction services (including NSPs); encouraging safer drug-use practices; involvement in community drug education; strategies to manage drug-affected people
- Demand reduction strategies such as encouraging entry into drug treatment; utilisation of diversion schemes
- Community-based activities such as community-building and youth development programs as well as school based drug-education; and
- Supply reduction activities that are more focused towards harm minimisation (Spooner, McPherson & Hall 2004).

Canty, Sutton & James (2000 cited in Spooner, McPherson & Hall 2004) recommend the adoption of a 'market regulation model' which is most likely to facilitate harm reduction. Under such a model police could employ methods which include:

'...[use of] discretionary powers to refer some drug offenders to welfare services. [Monitoring] impacts of their own work upon drug markets to ensure that they are not inadvertently moving users from less harmful substances, modes of consumption, or means of obtaining funds to ones which are more harmful [and working] cooperatively with other agencies to reshape markets and try to move users and dealers towards less harmful practices' (Canty, Sutton & James 2000, pp.17-18 cited in Spooner, McPherson & Hall 2004, p.15).

In order to undertake their duties within a harm minimisation framework, police may require further training and workforce development. This may include a need for general training on policing practices that are consistent with a harm minimisation approach, coupled with appropriate organisational support for the implementation of harm minimisation activities. In addition, police officers may require specific information and education on the effects of amphetamine use on the individual drug user's behaviour (including acute intoxication and drug induced psychosis) and the management of challenging behaviours.

Anex recommends that opportunities for further workforce development and training for law enforcement agencies on harm minimisation approaches (including harm reduction interventions) be considered. This could include specific harm minimisation approaches to working with amphetamine users which acknowledge and recognise the complexities of working with this client group.

The increased use of amphetamines among injecting drug users requires law enforcement agencies and health service providers and practitioners to reassess some of the traditional approaches to working with this population. Working with amphetamine users can be more complex relative to other injecting drug users. Law enforcement agencies and health service providers need to work together to reduce the harms associated with such drug use for the individual drug user and the broader community.

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