



**ADCA**

*Alcohol and other Drugs Council of Australia*

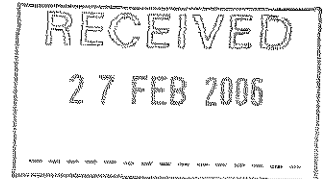
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**Submission to the  
Parliamentary Joint Committee  
on the Australian Crime  
Commission  
Inquiry into Amphetamines  
and Other Synthetic Drugs  
(AOSD)**

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## THE ROLE OF ADCA

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The Alcohol and other Drugs Council of Australia (ADCA) is the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, *providing a national voice for people working to reduce the harm caused by alcohol and other drugs.*

ADCA works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just, approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

ADCA's membership includes organisations, services, agencies and individual professionals and practitioners engaged in alcohol and other drug services throughout Australia. ADCA's membership also includes: major university research centres; tertiary institutions that offer courses in addiction studies and other programs for alcohol and other drugs workers; officers of the law and criminal justice system; policy analysts; and administrators.

The collective wisdom and expertise of ADCA's broad and diverse membership is drawn upon through ADCA's structure, which provides mechanisms for obtaining input on key strategic issues from members in each Australian State and Territory, through their participation on ADCA's Reference Groups.

ADCA bases its work on the available evidence, drawn from research and practice, and ensures collaboration and cooperation with a wide range of partners. ADCA realises the importance of building effective partnerships both within and outside of the alcohol and other drugs sector.

ADCA has over 300 organisational, associate organizational and individual members. ADCA's member organizations employ almost 10 000 staff Australia wide, of which approximately 2 500 are specifically employed within the alcohol and other drugs sector.



## INTRODUCTION

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ADCA has been invited to provide a written submission to the Inquiry into Amphetamines and Other Synthetic Drugs (AOSD) by the Parliamentary Joint Committee on Australian Crime Commission, addressing any or all of the terms of reference. We note that the Committee "will inquire into the *manufacture, importation and use* of AOSD in Australia". The ADCA submission focuses principally on the use of AOSD.

## SUMMARY

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There is significant evidence that the availability and use of AOSD has increased in Australia in recent years. The prevalence and frequency of ecstasy use and the emergence of more potent forms of methamphetamine such as 'crystal meth' and 'base' are of particular concern.

AOSD users cut across all sectors of society and come from a variety of backgrounds. Users may range from well-educated professionals who, for example, use ecstasy and methamphetamine at dance parties, through to marginalised injecting drug users who inject methamphetamine and/or cocaine.

While death from AOSD use is uncommon, some users report significant physical, emotional, financial and social harms associated with consuming AOSD. AOSD use can also precipitate the development of mental problems such as anxiety, depression and psychosis and can trigger an increased propensity toward violent behaviour. Increasing rates and frequency of injection makes users at risk of blood borne viral infections.

The increased use and injection of AOSD, in particular methamphetamine, has significant health and social implications for drug users, alcohol and other drug services and the broader community. There are currently few treatment models available for AOSD users and unfortunately there is limited research investigating effective treatments. Also of concern is that AOSD users don't commonly access treatment.

As AOSD are often used in social settings by young people, there is a need for the targeted dissemination of culturally appropriate and credible information on the different types of AOSD and the range of harms associated with their use, particularly the considerable risks associated with frequent use and use by injection.

There is a need for further research to identify appropriate models of care for AOSD users including the trialing of treatment models and approaches. Australia should also invest in the development of a skilled and sustainable workforce to meet the inevitable demand for services which will arise from the increased use of AOSD.



## **PATTERNS OF USE AND OTHER TRENDS**

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Data from the 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2005) shows that at the time of the survey amphetamines were the most widely used illicit drug after cannabis. About 9% of the Australian population aged 14 years and over had used amphetamines at some time in their life and around 3% had used them in the 12 months preceding the survey. Those aged 20-29 years were most likely to have ever used amphetamines with a higher proportion of 20-29 year old males than females reporting both lifetime use (24% versus 18%) and use in the previous 12-months (12% versus 9%). Amphetamines were reported as the most common first drug injected by injecting drug users who participated in the survey and 84% of this group reported recently injecting amphetamines (Australian Institute of Health and Welfare 2005).

A 1999 survey of Australian secondary school students found that around 6% of those surveyed reported use of amphetamines in the preceding 12 months, with the proportion increasing with age to a peak of almost 10% of those aged 17 years. Of those students who reported using amphetamines in the preceding 12 months, 42% of boys and 51% of girls had used them only once or twice and 16% of boys and 20% of girls had used them three to five times (White 2001).

While there was no statistically significant increase in amphetamine use indicated by the 2004 National Drug Strategy Household Survey data, other data suggests that use of AOSD is increasing. The Illicit Drug Reporting System figures from 2001 (Topp et al. 2002) showed that the prevalence and frequency of recent methamphetamine use increased in every jurisdiction between 2000 and 2001 and methamphetamine was described as easy to obtain in all states/territories. The increased use of methamphetamine appears to be related to the heroin shortage which began in 2000, although some jurisdictions such as Queensland have been reporting increased use for a number of years.

Nationally, methamphetamine was described as the drug of choice by 25% of the Illicit Drug Reporting System cohort, second only to heroin at 48%. It was most frequently described as the drug of choice in Western Australia (42%), Queensland (39%) and South Australia (37%). The proportion of the overall sample that nominated methamphetamine as their drug of choice increased from 16% in 2000 to 25% in 2001 (Topp et al. 2002).

The results of the 2004 National Drug Strategy Household Survey indicate that ecstasy is the third most widely used illicit drug after cannabis and amphetamines (Australian Institute of Health and Welfare 2005). Lifetime ecstasy use increased from 2001 to 2004, rising from 6% to 7.5%.

In 2004, 22% of those aged 20-29 reported lifetime use of ecstasy and around 12% reported use in the preceding 12 months. A higher proportion of 20-29 year old males than females reported both lifetime (26% versus 18%) and past 12-month (15% versus 9%) use of ecstasy (Australian Institute of Health and Welfare 2002).

A 1999 survey found that around 4% of secondary school students reported having ever used ecstasy, with the highest use being among 16-17 year olds (6%). Nearly 50% of students who had used ecstasy in the past year had used it only once or twice (White 2001).

The frequency and quantity of ecstasy use varies widely from a few times per year to four or five days per week. Generally, studies have found that substantial proportions of ecstasy users report recent bingeing, which is defined as continuous use of the drug for 48 hours or more (Topp et al. 1999).



The detailed findings from the 2004 National Drug Strategy Household Survey show that approximately 6% of ecstasy users consumed ecstasy every day or every week and a higher proportion of those aged 14-19 used ecstasy every day or every week (12.1%) compared to other age groups. Of those who had used ecstasy in the 12 months preceding the 2004 survey, 63% usually consumed ecstasy at raves/dance parties and almost 53% usually consumed ecstasy at private parties (respondents could select more than one response) (Australian Institute of Health and Welfare 2005b).

Australian studies have shown that ecstasy users tend to be young (late teens and early 20s), relatively well educated (with most having completed high school and many possessing post-school qualifications), and either employed or studying (Topp et al. 1999).

Although the types of pills available change frequently, at the time of writing (2006), pills sold as ecstasy are widely available throughout most of Australia. Pills that actually contain MDMA are less available. In fact an estimated 80% of so-called ecstasy tablets seized in Australia don't contain any MDMA at all but instead contain other amphetamine-type substances such as methamphetamine mixed with any of a range of other things including MDA, ketamine, PMA, ephedrine, pseudoephedrine, caffeine, glucose or bicarbonate soda (Australian Bureau of Criminal Intelligence 2002).

The 2004 National Drug Strategy Household Survey found that the proportion of the Australian population aged 14 years and over who have used cocaine at some time in their life is 4.7%, with just 1% reporting use of cocaine in the preceding 12 months (Australian Institute of Health and Welfare 2002). Cocaine use is most common among people in the 20-39 year age group. In 2004, approximately 9% of Australians aged 20-29 reported having used cocaine in their lifetime with 3% of this age group using the substance in the preceding year (Australian Institute of Health and Welfare 2005b).

There appears to be two main groups of cocaine users. The first consists of casual, recreational users of middle to high socioeconomic status who snort the substance. The second group consists of injecting drug users who inject the substance (Australian Bureau of Criminal Intelligence 2001).

## **GOOD PRACTICE STRATEGIES FOR HARM REDUCTION**

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The increasing use of AOSD is concerning, particularly in light of evidence that suggests that young people are using ecstasy more frequently, in greater quantities and for longer periods. It is also concerning that there has been a significant increase in the use of methamphetamine.

### **PREVENTION AND HARM REDUCTION**

As AOSD users cut across all sectors of society and come from a variety of backgrounds, there is a need for a variety of prevention and harm reduction strategies that target both the traditional injecting drug use networks as well as other users who take pills at parties and who don't necessarily see themselves as 'drug users'. There is growing recognition that governments and the alcohol and other drugs sector need to maintain credibility with AOSD users through the provision of accurate, culturally appropriate and credible information. This includes acknowledging the relatively low risk associated with the infrequent use of low doses of AOSD, while at the same time emphasising the well-established risks associated with frequent use of high doses, particularly through injecting or smoking.



Deaths from AOSD use are relatively uncommon when considered in the context of their widespread use. Distribution of scare-tactic messages touting AOSD as 'deadly designer drugs' only serves to reinforce misconceptions and alienate users from believing credible and important information, particularly in regard to very dangerous newer drugs on the market. There are an increasing number of resources produced by agencies that provide illicit drug users with appropriate information that will allow them to make well-informed decisions about their drug use.

## **PEER EDUCATION**

A common approach to responding to the use of AOSD is peer education. Peer education in this context usually involves the use of peers who are credible, influential and have received training to help them to support and educate users to reduce the potential harms of AOSD use to themselves and others.

There is limited information that specifically addresses the effectiveness of peer education in regard to AOSD use. However, it has generally been found that peer education can have a positive influence on knowledge and, to a lesser extent, attitudes, skills and behaviour (McDonald et al. 2003). There is also evidence to suggest that peer education may be more effective than adult-led education. This could be because peer initiatives are more interactive and often occur outside formal settings. It may also be due in part to peer educators receiving more training and monitoring than adults (McDonald et al. 2003). While the evidence in regard to the effectiveness of peer education is variable, it has been concluded that peer education initiatives that are well designed and sufficiently supported can be effective in reducing drug use and harm (McDonald et al. 2003).

As noted above, injecting is one of the ways that users may consume some AOSD. While there is strong support for the use of peer education with injecting drug users to prevent overdose and the transmission of blood borne viruses, there is very little discussion in the research literature as to why and how peer education works (Dowsett et al. 1999). That said, peer education and support have been shown to be effective, both overseas and in Australia, as risk reduction strategies to prevent infection with HIV in injecting drug user communities (Dowsett et al. 1999). Further, it has been asserted that peer education can be effective in increasing knowledge about hepatitis C, preventing further transmission of hepatitis C and encouraging behaviour change (Sansom 2001).

Users who take AOSD at dance events are the target of organisations such as Ravesafe. Ravesafe is an international initiative with a number of groups operating in Australian states and territories. It is an organisation of volunteers that generally provides basic first aid, distributes information about street/dance drugs and safer raving and provides a place at parties where people can feel safe and secure, often referred to as a 'chill out' area (Ravesafe South Australia n.d.).

## **NEEDLE AND SYRINGE PROGRAMS**

The reported increase in the amount and frequency of AOSD injecting puts users at risk of contracting blood borne infections such as hepatitis B and C and HIV. Tertiary prevention initiatives such as needle and syringe programs have made a significant contribution to preventing the spread of infections and have been directly responsible for the reduction in needle sharing amongst Australian injecting drug users (Dolan, Topp & MacDonald 2000; Hurley, Jolley & Kaldor 1997). It is therefore essential that needle and syringe programs continue to be supported and adequately resourced to help maintain the health of injecting drug users and meet the likely rising demand for needles and syringes.



## **PILL TESTING**

The testing of pills for consumers occurs unofficially in Australia, both by harm reduction groups who test pills for people attending dance parties and privately by individuals. Broadly, pill testing aims to warn users of the presence of very harmful substances contained within a pill. Results may be provided at the site of testing or through the internet and this point of contact is an opportunity to offer information and advice to potential consumers of AOSD. Pill testing kits are legally available in most Australian states and territories, although it is actually against the law to use the kits to test illicit substances. Such testing kits are limited in what substances they can detect and do not indicate the actual quantities of substances present in a pill. There is concern that home-based testing kits can provide a false sense of security to users (Concar 2002). A review of on-site pill testing interventions in the European Union concluded that while there is a lack of evidence demonstrating the protective impact of on-site pill testing, there is also no evidence that such interventions promote drug use (Burkhart 2001).

Alternatively, the Drug Information and Monitoring System (DIMS) in the Netherlands is a government controlled program whereby pills on the market are laboratory tested to determine their content. The essence of this project is that consumers are given the option of knowing the composition and dosage of their drugs. The system also provides policymakers with a good understanding of the unstable synthetic drug market (Kort 2000). Research in the Netherlands found that pill testing neither encourages nor discourages use but has been successful in alerting users to avoid certain pills on the market and in the monitoring of high risk substances found in pills (Concar 2002).

The Victorian Forensic Science Centre has established a database compiling the chemical content, appearance and size of pills seized in Australia. At the time of writing, the information on this database is not publicly available.

## **TREATMENT**

A 1998 review (Kamieniecki et al. 1998) found that, compared with heroin users, amphetamine users sampled were much less likely to have been in treatment. Of those who had accessed treatment the most common form was seeing a general practitioner. The review also found that drug workers 'acknowledge that treatment services were ill-equipped to deal with amphetamine users, who often required more effort than heroin users'. A common goal of presentation to a health professional is to reduce the side effects associated with drug use rather than to reduce drug use itself (Topp et al. 1999). This has significant implications for treatment and prevention services in terms of attracting and retaining primary amphetamine users into treatment.

The link between AOSD use and mental health problems, violence and aggression also has major implications for frontline workers. There is a need for improved protocols between the alcohol and other drugs and mental health sectors regarding the management and follow-up of clients admitted with drug induced psychosis. As with all illicit drug users, non-judgmental, empathic and knowledgeable health professionals who seek to engage the client and retain contact are essential in seeking to reduce the harms associated with AOSD use.

There are few treatment models currently available for AOSD users and limited research specifically investigating treatments for users of these substances. Most of the literature focuses on treatment for cocaine dependency, where cognitive behavioural therapy (CBT) appears more effective at moderating cocaine use than equivalent time spent in therapeutic activities (Gowing et al. 2001). In a review of psychosocial interventions for amphetamine use, Baker and Lee (2003)



have found that despite the limited number of well-conducted, controlled studies, the evidence does suggest that a CBT approach does appear to be best practice. Motivational interviewing has been recommended as a strategy to reduce ambivalence to treatment and encourage engagement in treatment. Baker et al (2005), reporting on a pilot study to test the feasibility of conducting and evaluating brief CBT among regular amphetamine users, have found that brief CBT does appear feasible among regular amphetamine users and that significantly more people in the CBT condition abstained from amphetamine use at the 6 month follow-up compared to the control condition. A large randomized control trial of treatments for methamphetamine dependence in the USA has compared the Matrix Model, a manualised treatment method, with treatment as usual in eight community outpatient settings in the Western United States (Rawson et al, 2004). Study results indicate that the Matrix model has resulted in some positive outcomes. Although the superiority of the approach over treatment as usual was not maintained at the post-treatment follow-up points, in-treatment benefit is considered by the authors to be an important demonstration of empirical support for this psychosocial treatment approach.

The use of pharmacotherapies has shown some limited benefits for amphetamine dependence. Fluoxetine may decrease craving in the short-term and imipramine may assist individuals to adhere to treatment in the medium term. However there is currently no effective pharmacotherapy treatment for amphetamine dependence, with very few controlled trials being conducted in this area (Srisurapanont, Jarusuraisin & Kittirattanapaiboon 2003). A preliminary study conducted in Sydney using dexamphetamine substitution for amphetamine dependent people found that dexamphetamine therapy reduced amphetamine use in the short term and users appeared to be attracted and retained in treatment. This study provided a good argument for a randomised controlled trial of dexamphetamine substitution (Shearer et al. 2001).

## **GOVERNMENT ACTIVITIES**

The Commonwealth has commissioned a number of projects under the National Drug Strategy aimed at addressing AOSD use, including:

- an update of the National Drug Strategy monograph *Models of intervention and care for psychostimulant users*
- the development of management guidelines for accident and emergency workers, ambulance officers and police officers on the management of acute AOSD presentations
- a trial of cognitive behavioural therapy for AOSD dependence following a pilot study that indicated this may be an effective intervention.

## **RECOMMENDATIONS**

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ADCA recommends:

1. training for health and welfare professionals and criminal justice professionals (such as GPs, mental health professionals, drug treatment workers, needle and syringe program workers, welfare workers, crisis accommodation workers, ambulance officers, police, probation officers) to allow them to identify problematic AOSD users and to provide appropriate responses and referral
2. investment in the development of a skilled and sustainable alcohol and other drugs workforce to meet the inevitable demand for services which will arise from the use of AOSD





3. further research to identify appropriate models of prevention and care for AOSD users including the trialing of both pharmacological and non-pharmacological treatment interventions that show promise
4. the provision of accurate, culturally appropriate and credible information on AOSD and the harms associated with their use through a range of strategies which recognise the diversity of groups who consume AOSD

ADCA is pleased to have had the opportunity to provide this submission to the Parliamentary Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs. For further discussion of any of the comments outlined in this document please contact Ms Donna Bull, Chief Executive Officer, on (02) 6281 0686.



## REFERENCES

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- Australian Bureau of Criminal Intelligence 2001, *Australian illicit drug report 1999-2000*, Australian Bureau of Criminal Intelligence, Canberra.
- Australian Institute of Health and Welfare 2005, *2004 National Drug Strategy Household Survey: first results*, Australian Institute of Health and Welfare, Canberra.
- Australian Institute of Health and Welfare 2005b, *2004 National Drug Strategy Household Survey: detailed findings*, Australian Institute of Health and Welfare, Canberra.
- Baker, A and Lee, NK 2003, *A review of psychosocial interventions for amphetamine use*, Drug and Alcohol Review, 22, 323-335
- Baker A, Lee NK, Claire M, Lewin TJ, Grant T, Pohlman S, Saunders JB, Kay-Lambkin F, Constable P, Jenner L, and Carr VJ 2005, *Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction*, Addiction, 100, 367-378
- Burkhart G 2001, *On-site pill-testing interventions in the European Union: executive summary*, European Monitoring Centre for Drugs and Drug Addiction, Vienna, viewed 14 August 2003.  
[http://www.emcdda.org/responses/themes/outreach\\_pilltesting.shtml](http://www.emcdda.org/responses/themes/outreach_pilltesting.shtml)
- Concar D 2002, 'Ecstasy on the brain', *New Scientist Magazine*, vol. 174, iss. 2339, pp. 26.
- Dolan K, Topp L & MacDonald M 2000, *Needle and syringe programs: a review of the evidence*, Australian National Council on AIDS, Hepatitis C and Related Diseases, Canberra.
- Dowsett, GW, Turney, L, Woolcock, G, Rance, A & Thomson N 1999, *Hepatitis C prevention education for injecting drug users in Australia*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, viewed 30 March 2003.  
[http://www.health.gov.au/pubhlth/publicat/document/hepc\\_idu.pdf](http://www.health.gov.au/pubhlth/publicat/document/hepc_idu.pdf)
- Gowing L, Proudfoot H, Henry-Edwards S & Teesson M 2001, *Evidence supporting treatment: the effectiveness of interventions for illicit drug use*, ANCD research paper no. 3, Australian National Council on Drugs, Canberra.
- Home Sydney NiteClub 2002, *Home Sydney harm minimisation plan*, Big Beat Australia, Sydney.
- Hurley SF, Jolley DJ & Kaldor JM 1997, 'Effectiveness of needle-exchange programmes for prevention of HIV infection', *Lancet*, vol. 349, no. 9068, 21 June, pp. 1797-1800.
- Kamieniecki G, Vincent N, Allsop S & Lintzeris N 1998, *Models of intervention and care for psychostimulant users*, National Drug Strategy monograph series no. 32, Commonwealth Department of Health and Family Services, Canberra, viewed 31 March 2003.  
<http://www.health.gov.au/pubhlth/publicat/document/mono32.pdf>
- Kort M 2000, 'Monitoring and health: a national policy framework to reduce substance use related health risks', *Proceedings of the Club Health 2000 Conference*, North West Public Health Observatory, Liverpool, viewed 31 March 2003.  
[http://www.clubhealth.org.uk/pages/2000/p2\\_p3.htm](http://www.clubhealth.org.uk/pages/2000/p2_p3.htm)



McDonald J, Roche A, Durbridge M & Skinner N 2003, *Peer education: from evidence to practice: an alcohol and other drugs primer*, National Centre for Education and Training on Addiction, Adelaide.

New South Wales Government 1998, *Guidelines for dance parties*, New South Wales Government, Sydney, viewed 31 March 2003.

<http://www.dlg.nsw.gov.au/dlg/dlghome/documents/information/dance.pdf>

Ravesafe South Australia n.d., *Ravesafe information*, Ravesafe South Australia, Adelaide, viewed 14 August 2003.

<http://www.ravesafe-sa.org/info.html>

Rawson A, Marinelle-Casey P, Anglin MD, Dickow A, Frazier Y, Gallagher C, Galloway GP, Herrell J, Huber A, McCann MJ, Obert J, Pennell S, Reiber C, Vandersloot D, Zweben J and the Methamphetamine Treatment Project Corporate Authors, 2004, *A multi-site comparison of psychosocial approaches for the treatment of methamphetamine dependence*, *Addiction*, 99, 708-717

Sansom, D 2001, 'Chapter 8: Education and training', *National hepatitis C resource manual*, Department of Health and Aged Care and Australian Institute of Primary Care, La Trobe University, Melbourne, viewed 30 March 2003.

[http://www.health.gov.au/pubhlth/strateg/hiv\\_hepc/hepc/manual.htm](http://www.health.gov.au/pubhlth/strateg/hiv_hepc/hepc/manual.htm)

Shearer J, Wodak A, Mattick R, Van Beek I, Lewis J, Hall W & Dolan K 2001, 'Pilot randomized controlled study of dexamphetamine substitution for amphetamine dependence', *Addiction*, vol. 96, no. 9, September, pp. 1289-1296

Srisurapanont M, Jarusuraisin N & Kittirattanapaiboon P 2003, 'Treatment for amphetamine dependence and abuse (Cochrane Review)', *The Cochrane Library*, iss. 1, Update Software, Oxford.

Topp L, Hando J, Dillon P, Roche A & Solowij N 1999, 'Ecstasy use in Australia: patterns of use and associated harm', *Drug and Alcohol Dependence*, vol. 55, nos. 1-2, 1 June, pp. 105-115.

Topp L, Kaye S, Bruno R, Longo M, Williams P, O'Reilly B, Fry C, Rose G & Darke S 2002, *Australian drug trends 2001: findings of the Illicit Drug Reporting System (IDRS)*, NDARC monograph no. 48, National Drug and Alcohol Research Centre, Sydney.

White V 2001, *Australian secondary students' use of over-the-counter and illicit substances in 1999*, National Drug Strategy series monograph no. 46, Commonwealth Department of Health and Aged Care, Canberra, viewed 31 March 2003.

<http://www.health.gov.au/pubhlth/publicat/document/mono46.pdf>

