INQUIRY INTO THE AMPHETAMINES AND OTHER SYNTHETIC DRUGS

PARLIAMENTARY JOINT COMMITTEE ON THE AUSTRALIAN CRIME COMMISSION

Submission Prepared by the Drug and Alcohol Office in Western Australia

Introduction

This submission has been prepared by the Drug and Alcohol Office (DAO) in Western Australia. DAO is the lead State government agency responsible for working across government agencies and with the non-government sector to address alcohol and other drug (AOD) issues in the community. DAO functions include:

- Provision of inpatient and outpatient clinical services through Next Step Drug and Alcohol Services;
- Provision and support for prevention programs;
- Professional education and training for the alcohol and drug sector as well as health, justice and community welfare services; and
- Monitoring, evaluation and research .

Information from these functional areas, along with treatment utilisation data from non-government services funded through DAO, has been used in the preparation of this submission.

This submission addresses terms of reference A. *Trends in production and consumption of AOSD* and B. *Strategies to reduce the AOSD market in Australia.* Terms of reference C. to F. will be addressed by the WA Police in a separate submission.

A. Trends in the production and consumption of AOSD in Australia and Overseas

Overview of amphetamine type stimulant use in Western Australia

The 2004 National Drug Strategy Household Survey (NDSHS) reports Western Australia's annual rate of amphetamine use at 4.2%. This compares with the national rate of 3.2%. Three other jurisdictions reported rates above the national average, the Australian Capital Territory (4.3%), South Australia (4.1%) and the Northern Territory (3.9%).

The Australian School Students Alcohol and Drug (ASSAD) survey reports Western Australia's annual use by students at 10.3%, down from 11.9% in 1999. National comparisons for 2002 data are not available.

From the surveys and other data outlined below, it is evident that there has been a significant rise in the use of amphetamines in Western Australia since that late 1990's. The extent of usage may have now plateaued. Increases in use have been attributed to:

- the cyclical nature of drug use;
- high levels of supply and quality of amphetamines because of changes in manufacturing techniques (increased availability of methamphetamine)

- continued lack of availability of heroin in Western Australia which started with the "heroin drought" in late 2000; and
- changes in drug preference that were precipitated by the " heroin drought".

Utilisation of treatment services

All the key modalities of service - outpatient counselling, inpatient detoxification and residential rehabilitation – have experienced increased usage since 1999 by people accessing treatment services for amphetamine problems.

From the March quarter in 1999 (when there were 209 episodes) to the June quarter in 2005 (853 episodes), there has been a 308% increase in the utilisation of treatment services. As a proportion of all illicit drug treatment episodes, amphetamines increased from 9.6% in 1999 to 23.4% in 2004. Overall the total annual number of episodes where amphetamines were the principal drug of concern increased from 944 in 1999 to 4,025 in 2004. [1]

Over the five year period from 1999 to 2004 there was a change in the age of the population presenting for treatment with amphetamine related problems. From the March quarter 1999 to the December quarter 2001, those most frequently presenting for treatment were aged 15-24 years. Since the March quarter 2002 the greatest number of episodes has involved those aged 25 to 34 age group. Another notable trend has been the steady increase in episodes involving the 35 to 44 age group. There were relatively few episodes involving the 45 and older age group. [2]

Intravenous drug use (IDU) prevalence is high amongst ATS users. 87% of Next Step[3] clients presenting for ATS use self-report IDU [4]. The 2003 Illicit Drug Reporting System (IDRS) found that 56% of IDU users had last injected ATS. [5]

Utilisation of treatment services by Aboriginal and Torres Strait Islander people

As with the increase in the number of non-Aboriginal people presenting for treatment for amphetamine related problems, there has been a parallel increase among Aboriginal people. From very low numbers of 90, (12.6% of all presentations) in 1999, numbers rose to 515 (16.8 % of all presentations) in 2005.[6] Analysis of data between 1999 and 2005 shows an upward trend in the percentage of Aboriginal people in treatment (11.3% in 2000, 12% in 22001, 12.2 % in 2002, 15% in 2003 and 13.9% in 2004). There are anecdotal reports of growing IDU among Aboriginal people but evidence to support this is sparse.

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[1] The analysis of utilisation of treatment services from 1999 to 2004 is based on the Performance Indicator Clients and Services Online (PICASO) and the Client Management Information System (CMIS) data systems. The unit of analysis is episodes of treatment at both government and non-government services rather than individuals in treatment.

[2] Source: Drug and Alcohol Office.

[3] Next Step Drug and Alcohol Services is a government agency providing a range of inpatient and outpatient services for AOD use problems.

[4] *Ibid.*

[5] Fetherston J. 2003. IDRS Data. In. Perth 9 June 2004

[6] Source: PICASO/CMIS data base.

Calls to the Alcohol and Drug Information Service

Drug related telephone calls received through the Alcohol and Drug Information Service (ADIS) tend to be a leading indicator of drug use trends. These calls show that in Western Australia there has been a cyclical pattern of ATS related problems with peaks in 1995, 2000 and late 2004.[7] From a peak of 772 calls in the September quarter 2004 calls numbers declined to 512 calls in the March quarter of 2005. Since then call numbers are again increasing.

Drug Use Monitoring of Arrestees

Drug Use Monitoring of Arrestees (DUMA) is also a useful lead indicator of trends. DUMA provides quarterly patterns of drug use by persons arrested and detained at the East Perth lock up (main lock up for Perth City). Over the five year period from 1999, the proportion of arrestees with recent amphetamine use increased from 11.8% to 29.0% (by the third quarter 2005).[8]

The Western Australian Diversion Program

In Western Australia people are able to access a range of police and court diversion programs. The Western Australian Diversion Program (WADP) consists of a number of early intervention police and court diversion programs that aim to provide offenders with drug related problems access to drug treatment. Referrals to treatment programs are made directly by police or through the court system. The WADP is funded through the Council of Australian Governments' Illicit Drug Diversion Initiative. From 2001 to 2005, a total of 881 people with primary drug being amphetamines have attended treatment in government and non-government agencies as part of their court diversion programs. With increased emphasis on diversion initiatives and increasing availability of services in the regional areas, these numbers are expected to continue to grow.

B. Strategies to Reduce the 'Amphetamine and Other Synthetic Drugs' Market in Australia

Demand Reduction – Treatment

Engagement in treatment is one key strategy to reduce demand for ATS. All the key modalities of service in Western Australia - outpatient counselling, inpatient detoxification and residential rehabilitation – attract ATS users as a substantial proportion of their client group. The proportion of treatment places occupied by ATS users in WA is significantly higher than for other States and Territories. The 2003/04 Alcohol and Drug Treatment Services National Minimum Data Set indicates that 25.6% of treatment episodes in Western Australia were directed to ATS as the principal drug of concern compared to 11% nationally.

Nevertheless, it is the case that attracting ATS users into treatment presents challenges. A significant number of ATS users do not identify with traditional AOD treatment services which they see as being for heroin or alcohol problems. Many believe that they will be able to decease on their own or if they seek help they will do so through a general practitioner. The lack of replacement pharmacotherapies and ATS specific treatment approaches also

[7] Source: Alcohol and Drug Information Service, Drug and Alcohol Office, Western Australia.
[8] Source: WA Police and Australian Institute of Criminology.

contributes to a smaller proportion of users of these drugs being attracted to treatment compared to opiate users.

Treatment is also complicated by high rates of mental health co-morbidities. Indicators from clinical practice, law enforcement sources and surveys of drug users all indicate that purer forms of ATS are now more available. There has also been an increase in the frequency of smoking or injecting due to the rapid absorption and onset of intoxication with these forms of administration. Coupled with the increase in usage, these changes have resulted in a significant increase in the number of patients with acute amphetamine related problems presenting to emergency departments and mental health settings as well as AOD services. [9]

A skilled mental health sector and effective linkages between AOD services and mental health services are essential for the sound management of a significant number amphetamine affected patients.

In Western Australia, the linkage and integration of the AOD and mental health sectors is supported by the State Dual Diagnosis Planning Group (SDDPG) comprising senior managers from the respective sectors as well as consumer and family representatives. A key initiative for the group in 2006 is the launch of *Amphetamine Psychosis Treatment Guidelines* that were developed to assist practitioners working with ATS and mental health co-morbidities, and associated training.

Research into amphetamine use, treatment and mental health co-morbidities

The DAO Next Step Drug and Alcohol Services[10], in partnership with the University of Western Australia (UWA), has initiated a range of studies to examine the rates of mental health problems in ATS patients presenting at the clinic and the impact of these co-morbidities on treatment outcomes. Data from these studies has been used to inform the development of assessment tools and treatment models suitable for ATS clients.

Next Step also houses the East Perth Neuropsychology Clinic which has staff and students from the UWA and Murdoch University. This unit conducts comprehensive assessments of all ATS users attending Next Step. The assessment results are then used to tailor individual treatment plans.

In a review of the literature, Next Step researchers, Dyer and Cruikshank [11] found that 46% of methamphetamine dependent clients have a previously diagnosed psychological health problem with 30% of these cases requiring psychiatric hospital admission. Depression was also found to be present in 35% of methamphetamine dependent clients. In Western Australia, psychostimulant related hospitalisation for mental disorders grew over the five year period from 2.4% of all annual separations to 10.5% of all annual separations by 2002/2003.[12]

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[9] *Clinical Guidelines for the management of acute amphetamine related problems.* Drug and Alcohol Office and Mental Health Office, Department of Health; 2006

[10] Dyer, K. & Fox, A. 2005 Raine Medical Research Foundation Priming Grants Application: Neuro-psychological functioning among a methamphetamine and alcohol-dependent treatment population. Perth: DAO; 2004.

[11] Dyer, K. & Cruikshank, C. Depression and other psychological health problems among methamphetamine dependent patients in treatment: implications for assessment and treatment outcome. Submitted to Australian Psychologist May 12 2004; Unpub.

[12] Source: Mental Health Information System, Department of Health, Western Australia.

A 2004 study of depression and other psychological health problems among methamphetamine dependent patients in treatment in Western Australia [13] found that poly drug use amongst ATS users is commonplace with high levels of concomitant use of a variety of drugs:

- 67% used alcohol;
- 41% used benzodiazepines;
- 76% used cannabis;
- 90% used tobacco;
- 13% used cannabis;
- 15% used hallucinogens; and
- 25% used opioids.

This study also found that poly drug use of three or more drugs was also associated with non-completion of treatment.

Cognitive Behaviour Therapy (CBT) is currently recognised as the "best on offer" counselling treatment for ATS problems. In a Next Step study, completers of a 12 week program had a higher cognitive performance at baseline than non-completers. ATS users in this study were mostly male, at an average of 27 years of age, experienced their first use of ATS at 19 years, became dependent at 21 years, used one gram per day with daily intravenous use and had last used three days prior to entering treatment. The study also found that non-completers of the 12 week treatment program had a higher incidence of diagnosed Attention Deficit Hyperactivity Disorder (ADHD) and history of a major psychiatric episode.[14] The implication of this research is that while CBT will be an effective counselling approach for a proportion of amphetamine users, there is a significant proportion for whom it is not.

Next Step is also undertaking a trial into the efficacy of the anti-depressant drug mirtazapine for use in detoxification treatment for amphetamine dependency. This study, which is funded through the UWA, is being conducted in collaboration with the Langton Clinic in Sydney. It is a randomly controlled trial that will combine treatment with mirtazapine and an eight week narrative therapy program. It is anticipated that the trials, which started in 2005, will conclude in June 2006.

Demand Reduction - Prevention

In Western Australia, the strategies to prevent and reduce the harm associated with ATS use are significantly guided by *The Prevention Monograph - Preventing and reducing drug-related harm in Australia.* This ensures that resources are maximised as initiatives are evidence based and in line with good practice principles.

The *Night Venues and Entertainment Events Program* (NVEEP) includes a drug user education program, staff risk management training, policy development, policy implementation and enforcement. The long-term goal of NVEEP is to reduce the risk factors that contribute to drug-related harm, and increase protective factors that reduce the harm associated with drug

[13] Dyer, K. & Cruikshank, C. Depression and other psychological health problems among methamphetamine dependent patients in treatment: implications for assessment and treatment outcome. Submitted to Australian Psychologist, May 12 2004; Unpub.

[14] Cruikshank, C. & Dyer, K. In-patient symptom-triggered management of amphetamine withdrawal: clinical practice and treatment outcome (preliminary results). Perth: Drug and Alcohol Office, 2003.

use among the high-risk group of people who attend night venues and entertainment events. Second to alcohol, ATS are the drug of choice for night venue patrons. The program is managed by DAO in conjunction with the WA Police and the Department of Racing, Gaming and Liquor.

The *Amphetamine Education Strategy* aims to prevent and delay update and reduce the harms associated with ATS use. The strategy combines a prevention oriented public health campaign under the *Drug Aware* banner with more targeted harm reduction education for users. It complements the NVEEP and utilizes the networks established by the project for its harm reduction component.

The WA *School Drug Education Project* is a partnership program of the Department of Education and Training, the Catholic Education Office and the Association of Independent Schools. It provides teacher training and curriculum materials for years K to 12 supported by regional networks of teachers and community agencies. The *In Touch* School Drug Counselling Program supports early intervention by teachers and school psychologists. These programs include attention to ATS including dexamphetamine.

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