

Victorian Alcohol & Drug Association
211 Victoria Parade Collingwood
Victoria 3066 Australia
Telephone 03 9416 0899
Facsimile 03 9416 2085
vaada@infoxchange.net.au
www.vaada.org.au
ABN 19 039 293 679



Jessica George
National Drug Research Institute
GPO Box U1987
Perth WA 6845

Monday, 30 April 2007

Dear Ms George,

RE: National Amphetamine-Type Substances Strategy

Please find attached a submission by the Victorian Drug and Alcohol Association (VAADA) to the Project Management Group's call for submissions on the *National Amphetamine-Type Substances Strategy*. VAADA thanks the Committee for the opportunity to submit to the Inquiry.

VAADA's submission is based on our consultations with the Victorian alcohol and other drug service sector. It comprises a summary of recommendations emerging from an analysis of our consultations with drug users' collectives, service providers who work with ATS users, and researchers into amphetamine-type substances.

If you need further information, please do not hesitate to contact me.

Yours sincerely,

Sam Biondo
Executive Officer
Victorian Alcohol & Drug Association



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the National
Amphetamine-Type Substances Strategy
Project Management Group**

**NATIONAL AMPHETAMINE-TYPE SUBSTANCES
STRATEGY**

April 2007

1: Summary of Recommendations

Victorian Alcohol and Drug Association

211 Victoria Parade
Collingwood, VIC 3066

Ph: (03) 9416 0899

Fax: (03) 9416 2085

vaada@infoxchange.net.au

Recommendations to the Project Management Group

- 1) That data collection mechanisms be developed to enable the collection of thorough, reliable information about all facets of ATS use.
- 2) That any data collection mechanism developed to investigate ATS use include tools for establishing the rights and self-described needs of ATS users; and that data obtained through consultation with ATS users inform all aspects of the National ATS Strategy.
- 3) That research be conducted to establish the full extent of and patterns of ATS use, across different demographic groups and different amphetamine-type substances.
- 4) That research be conducted to establish what harms are associated with use of different amphetamine-type substances, and with different patterns of use, and to establish the extent of those harms in the community.
- 5) That research into which types of prevention, treatment, and harm reduction services are most effective in addressing the effects of ATS use continue, preferably in an expanded form.
- 6) That any response to the use of ATS be based on reliable knowledge about best practice in educating people about, preventing, treating, and reducing the harms associated with ATS use.
- 7) That responses to ATS use address the harms associated with ATS use and be developed in accordance with the evidence base specific to ATS.

- 8) That responses to the use of ATS take into account diversity among users and potential users of amphetamine-type substances, and diversity in patterns of use of different amphetamine-type substances.

- 9) That responses to the use of ATS take into account equally both the human rights of ATS users and the need to protect them from stigmatisation, and the need to reduce ATS use.



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the National
Amphetamine-Type Substances Strategy
Project Management Group**

**NATIONAL AMPHETAMINE-TYPE SUBSTANCES
STRATEGY**

April 2007

2: Background

Victorian Alcohol and Drug Association

211 Victoria Parade
Collingwood, VIC 3066

Ph: (03) 9416 0899

Fax: (03) 9416 2085

vaada@infoxchange.net.au

The Victorian Alcohol and Drug Association

Who is VAADA?

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy and program development and public discussion

VAADA's submission

In drafting our submission, VAADA has consulted with key parts of both our membership and the wider Victorian AOD sector. We have focused on consulting with

- Representatives from drug users' collectives;
- AOD service providers with particular experience of dealing with users of amphetamine-type substances (ATS); and
- Researchers in the field of amphetamine-type substances.

VAADA's submission arises from our concern that current responses to ATS use will not effectively address either the needs of users of ATS or the wider community. Currently, relatively few ATS users access treatment services in Victoria, which has been taken by the AOD service sector to mean that ATS users find existing services unsuitable or irrelevant to their needs. This means that the harms experienced by ATS users will not be addressed. It also means that harmful behaviours of ATS users, such as drug-induced psychosis, can not be minimized.

At present, the only fully reliable data about ATS use concerns the extent of use of ATS among the general population¹; research in other areas – such as research into patterns of use, or efficacy of treatment – is only in its preliminary stages. Programs of prevention, treatment, or harm reduction devised in this vacuum of knowledge about ATS use are unlikely to be effective. VAADA hopes that responses to ATS use will focus on the reality of ATS use.

Acknowledgments

VAADA acknowledges the many individuals and organisations who contributed to the formulation of this submission:

Additionally, in 2003 the Drugs and Crime Prevention Committee conducted an Inquiry into Amphetamines and Party Drug Use in Victoria. VAADA made a submission in response to this Inquiry based on findings from a symposium held by VAADA on ATS use, “Beyond ‘e’: Exploring the impact of party drugs on current day youth and culture”.

As many of the issues discussed at the symposium are still current, findings from the Symposium Report are included in this submission. VAADA is happy to forward a copy of the 2003 Symposium Report to the Project Management Group upon request.

We would like to acknowledge that this submission is based on a diverse range of opinions, and the final views are those of VAADA. Some comments may not reflect the individual opinions of all those who have generously provided input into VAADA’s response.

¹ See eg. AIHW (2005); ADCA (2003).

Background and recommendations

The Need for More Research into Use of ATS

VAADA and the organisations and individuals it consulted during the drafting of this submission consider that not enough is known about patterns of ATS use, and the harms resulting from ATS use.

Recent research into the extent of ATS use has focused on amphetamine-related presentations at emergency departments². Other recent research investigates ATS use by studying populations of injecting drug users and ecstasy users³. Estimated rates of ATS use have been extrapolated from this research, and it appears that stories of emergency presentations and police interactions with ATS users inform popular and media perceptions of ATS use. This has resulted in Victorian state monies being diverted to ATS-focused public education programmes, and the development of new policy around dealing with amphetamine-type substances.

However, stakeholders consulted by VAADA report that only a tiny, unrepresentative proportion of ATS users present at emergency departments. Further, drug users' collectives believe that a very small proportion of ATS users inject amphetamines – and, if injection of MDMA occurs, it is very rare. The EDRS, which records use of amphetamines among regular ecstasy users, is a useful resource, but again does not follow a random population sample.

The research on which current ATS policy is based is therefore derived from studies of populations who do not characterise the majority of ATS users. Any policy based on this research risks neglecting the needs of the majority of ATS users. Accordingly, VAADA recommends

Recommendation 1

That data collection mechanisms be developed to enable the collection of thorough, reliable information about all facets of ATS use.

Human Rights of ATS Users

In a context of sensationalised media coverage of ATS use and a lack of thorough research, ATS-related policy will most likely be based on political reactions to unfounded public fears of the effects of ATS use. Stakeholders consulted by VAADA expressed concern that such policy could lead to stigmatisation of ATS users, with a consequent erosion of users' human rights. VAADA therefore recommends

Recommendation 2

That any data collection mechanism developed to investigate ATS use include tools for establishing the rights and self-described needs of ATS users; and that data obtained through consultation with ATS users inform all aspects of the National ATS Strategy.

² Gray et al (2007); Fulde & Wodak (2007).

³ Black et al (2006); Dunn et al (2006).

Diversity of ATS Use and ATS Users

Findings from VAADA's consultations with those in the AOD sector reflect the National ATS Strategy Project Management Group's conclusion that there is diversity in patterns of ATS use. Additional patterns of use identified during VAADA's consultations include:

- regular but non-dependent 'party' use;
- occasional social use.

While the Discussion Paper defines patterns of use in terms of injecting versus non-injecting behaviours, VAADA's consultations suggest that different patterns of use are likely to be associated with demographic and socio-cultural variations among users⁴. For instance:

- occasional social users are more likely to be teenagers experimenting with ATS along with other licit and illicit drugs;
- Rural youth often transition from chroming to ATS use;
- use of ATS to increase functionality occurs among students and among people engaged in unpaid work, as well as within the industries identified in the Discussion Paper;
- 'party' use is associated with several demographic groups, including:
 - o Well-paid young urban professionals who used (meth)amphetamines while nightclubbing;
 - o Use of (meth)amphetamines and less frequently MDMA within the gay club scene, by men of a wide range of ages;
 - o Young men who use (meth)amphetamines to help counter excessive use of alcohol; and
 - o Younger people associated with the 'rave' subculture, primarily using MDMA;
- Habitual use by members of marginalised groups, such as the homeless or recently released convicts, which may or may not involve injecting;
- Poly-drug users exhibiting complex morbidity patterns.

Those VAADA consulted also noted that injecting users of ATS were different from injecting users of heroin, in both socio-cultural terms and in terms of the harms associated with use.

Given the diversity of patterns of ATS use, it is highly unlikely that any blanket response to ATS use would be successful. ATS users are very diverse, and it is unlikely that they all have the same treatment needs. Potential ATS users will be drawn from a similar assortment of social groups, and it is improbable that a monolithic prevention campaign would effectively target all the different people who might potentially use ATS. Treatment modalities need to be informed by accurate demographic and ethnographic information; therefore VAADA recommends

Recommendation 3:

That research be conducted to establish the full extent of, and patterns of ATS use, across different demographic groups and different amphetamine-type substances.

⁴ This social diversity among users has also been found in previous research (ADCA, 2003; Dunn et al, 2006). However, only a few studies examine ATS use among specific social subgroups (eg. Halkitis et al, 2007).

Harms Associated with ATS Use

Reportage of ATS use tends to focus on incidents where chaotic, dangerous ATS users present to hospital emergency departments or are processed by police or ambulance services. Some recent research suggests that this sort of incident is becoming more frequent⁵.

However, stakeholders consulted by VAADA report that chaotic ATS-related presentations in emergency departments are not increasing; in fact, all ATS-related presentations are either stable or slightly decreasing⁶. While chaotic ATS-related presentations can be very difficult for emergency services staff to deal with, they do not represent the harms most frequently associated with ATS use. Stakeholders consulted by VAADA expressed concerns that ATS-related treatment and harm reduction services would be designed to respond only to emergency-type presentations.

VAADA is also concerned that research into the physiological and psychological harms associated with ATS use might examine only the harms resulting from injecting ATS. As noted earlier in this submission, most ATS users probably do not inject. Accordingly, while it is crucial that injectors of ATS are able to access appropriate treatment and harm reduction services, it is equally important that non-injectors be able to access services that properly address their treatment and harm reduction needs.

In order to develop appropriate and effective treatment and harm reduction services, therefore, VAADA recommends

Recommendation 4:

That research be conducted to establish what harms are associated with use of different amphetamine-type substances, and with different patterns of use, and to establish the extent of those harms in the community.

Best Practice in Responding to ATS Use

Stakeholders consulted by VAADA suggest two major reasons why relatively few ATS users present to AOD services:

- Most ATS users do not indulge in patterns of use that lead to crisis situations; and
- Most AOD services have been developed to respond to users of other drugs, and are not ideally suited to responding to the needs of ATS users.

If ATS users consider that certain services are relevant to their needs, they will utilise them. For instance, AOD pregnancy care services, pill-testing services, and drug-focused legal services have all reported increased attendance by ATS users. However, there are real concerns within the Victorian AOD sector that ATS users will not attend more conventional treatment and harm reduction services, which users consider to be irrelevant to their needs.

⁵ Gray et al (2007); Fulde & Wodak (2007).

⁶ This is reflected in the findings of much current research (ADCA, 2003; Black et al, 2006; Dunn et al, 2006; AIHW, 2006).

It is necessary that the current research into the efficacy of treatment and harm reduction services for ATS users continue. It is also necessary that this research be complemented by ongoing research into effective means of preventing ATS use. This research could effectively be conducted by existing agencies with expertise in responding to ATS use.

Accordingly, VAADA recommends

Recommendation 5:

That research into which types of prevention, treatment, and harm reduction services are most effective in addressing the effects of ATS use continue, preferably in an expanded form.

It is crucial that the ongoing research into effective responses to ATS use informs actual practice in responding to the needs of ATS users and the wider community. Therefore, VAADA also recommends

Recommendation 6:

That any response to the use of ATS be based on reliable knowledge about best practice in educating people about, preventing, treating, and reducing the harms associated with ATS use.

VAADA endorses the recommended strategies for attracting ATS users into treatment outlined in the National ATS Strategy Discussion Paper. In light of our consultations with the Victorian AOD sector, however, we specifically recommend

Recommendation 7:

That responses to ATS use address the harms associated with ATS use and be developed in accordance with the evidence base specific to ATS.

Targeted Programs to Prevent, Treat, and Reduce Harms Associated with ATS Use

Those VAADA consulted felt that ‘one size fits all’ responses which aimed to reduce the use of ATS or the harms associated with their use would be ineffective. It was felt that any prevention and treatment responses would need to be tailored to reflect the diverse nature of those who use ATS and the settings in which use occurs.

Prevention campaigns should target a range of demographic groups and/or involved in specific patterns of use, including:

- young people experimenting with ATS, probably already using alcohol and cannabis;
- Poly-drug users who use ATS to enhance or alleviate the effects of other drugs;
- people involved in different types of ‘party’ environments, particularly
 - o nightclub environments; and
 - o rave environments;
- people already injecting heroin;

- people likely to transition from snorting or smoking amphetamines to injecting amphetamines; and
- poly drug users.

Stakeholders consulted by VAADA expressed concern that a single-message campaign designed to scare the general public away from ATS could backfire, as those people with more knowledge of ATS – and more likely to take up use of ATS – would find a scare campaign unbelievable. ATS-focused prevention campaigns aimed at parents of (potential) users which eschew scare tactics, are likely to stigmatise ATS users without affecting (potential) users.

Some stakeholders consulted by VAADA consider that campaigns focused around the prevention of ATS-related harms are likely to be more successful than campaigns focused around preventing use of ATS. These campaigns would ideally focus on the different physiological, psychological and environmental harms associated with different patterns of ATS use.

Given the current lack of data into treatment efficacy, VAADA suggests that

- further research be conducted into ATS pharmacotherapies and psychosocial interventions (see Recommendation 5);
- any psychosocial interventions administered to ATS users be
 - o Developed specifically to help users of ATS;
 - o Developed with the diversity of use and users of ATS in mind;
- a range of treatment options be available to ATS users.

Most of those consulted by VAADA considered that harm reduction programs were the most effective methods of responding to ATS use. Given the diversity of ATS use, however, it is inevitable that different harms will arise from the different routes of administering ATS and from the different environments in which ATS use occurs. Some examples of different harms exclusive to specific patterns of using ATS include:

- Vein damage occurring among injecting users;
- Stigmatisation of IV users by non-IV users;
- Risk of blood-borne viruses occurring in the context of risky sexual activity (and among injecting users);
- Heightened risk of overdose/toxicity in the context of poly-drug use.

Different potential harms are also associated with use of different amphetamine-type substances; for instance, use of MDMA carries a higher risk of experiencing harmful levels of dehydration.

In light of all the above, VAADA recommends

Recommendation 8:

That responses to the use of ATS take into account diversity among users and potential users of amphetamine-type substances, and diversity in patterns of use of different amphetamine-type substances.

Reducing Supply of and Demand for ATS

Any strategy addressing the harms associated with ATS use must seek to reduce supply of and demand for ATS, as well as reducing the harms associated with its

use. VAADA therefore supports the ongoing efforts of Customs and Police agencies to target ATS producers and suppliers.

VAADA also recognizes the need for a prevention campaign aimed at reducing demand for ATS. As noted earlier, however, a broad-based, monolithic prevention campaign is unlikely to do much to prevent uptake of ATS. Should prevention campaigns be based around 'scare tactics', they will be likely to alienate (potential) users, as most people familiar with ATS view them as being relatively harmless. The disjunction between their own experience of ATS and a campaign demonizing or catastrophising ATS will lead them to discount the messages of the prevention campaign.

Instead of preventing uptake, 'scare' campaigns are likely to stigmatise users of ATS. This will lead to ATS users becoming socially isolated, and exposed to a range of social and economic dangers. Other preventive measures, such as wide-ranging drug testing in schools, can potentially infringe on drug users' human rights. VAADA therefore recommends

Recommendation 9:

That responses to the use of ATS take into account equally both the human rights of ATS users and the need to protect them from stigmatisation, and the need to reduce ATS use.

Bibliography

Alcohol and Other Drugs Council of Australia (ADCA) (2003) – Policy Positions Section 1.7 Amphetamine-type substances - amphetamine/methamphetamine, ecstasy and cocaine

http://www.adca.org.au/policy/policy_positions/1.7Amphetamine-type_substances_9.11.03.pdf

Australian Institute of Health and Welfare (AIHW) (2005). *2004 National Drug Strategy Household Survey: Detailed Findings*. AIHW cat. no. PHE 66. Canberra: AIHW (Drug Statistics Series No.16).

Black, E., O'Brien, S., Campbell, G., & Degenhardt, L. (2006). *An overview of the 2006 IDRS: the injecting drug user survey findings*. IDRS Drug Trends Bulletin, December 2006. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.

Dunn, M., Campbell, G., & Degenhardt, L. (2006). *An overview of the 2006 EDRS: the regular ecstasy user survey findings*. EDRS Drug Trends Bulletin, December 2006. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.

Fulde, G. W. O. & Wodak, A. (2007). 'Ice: cool drug or real problem?'. *Medical Journal of Australia*, 186 (7), pp 334-335.

Gray, S. D., Fatovich, D. M., McCoubrie, D. L., & Daly, F. F. (2007). 'Amphetamine-related presentations to an inner-city tertiary emergency department: a prospective evaluation'. *Medical Journal of Australia*, 186 (7), pp 336-339.

Halkitis, P. N., Mukherjee, P. P., & Palamar, J. J. (2007). 'Multi-level modelling to explain methamphetamine use among gay and bisexual men'. *Addiction*, 102 (Suppl. 1), pp 76-83).