



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the  
Department of Human Services  
(Victoria)**

**VICTORIAN AMPHETAMINE-TYPE STIMULANTS (ATS)  
AND RELATED DRUGS STRATEGY, 2007-2010**

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## Recommendations

1. That information about ATS use targeting parents and the broader community be evidence-based and non-sensationalised, and focus on providing reasonable and practical advice on how to deal with ATS use where it occurs.
2. That initiatives aimed at raising awareness of the risks associated with ATS use focus on informing users of the risks involved, within a harm minimisation framework, and in line with the evidence base on best practice in prevention.
3. That research be conducted into the effects of long-term ATS use; and that this research form the basis of prevention and harm reduction initiatives.
4. That qualitative research into the motivations of ATS users continue, and be used to inform future prevention initiatives.
5. That prevention messages targeted at schoolchildren are articulated within a harm minimisation framework.
6. That research be conducted to assess whether it is appropriate to respond to clients on the basis of the type(s) of drug they use.
7. That research be conducted to improve the evidence base regarding pharmacological substitutes for treating amphetamine, methamphetamine and cocaine use.
8. That more trials of the efficacy of CBT in treating ATS use be conducted.
9. That research into the value of offering treatment for ATS users by outreach be conducted; and that this research examine whether it would better improve client outcomes if these outreach treatment services were conducted through existing services, or if specialist services for ATS users were developed.
10. That the CHAD project be extended to include information packages and an offer of ongoing treatment/support to problematic ATS users identified by police or emergency departments.
11. That workers' representative bodies such as unions, professional associations and peak bodies be involved in any initiatives aimed at reducing employment-related ATS use



12. That the Victorian Government and other agencies (such as WorkSafe) fund appropriate community organisations to develop education materials, aimed at employers, about employment-related ATS use
  
13. That the Victorian Government and other agencies (such as WorkSafe) fund appropriate community organisations to develop education materials, aimed at employees, about employment-related ATS use
  
14. That AOD treatment services be better funded to
  - Develop specialist positions dedicated to family-oriented treatment;
  - Develop awareness among all clinical staff of the benefits of involving families in clients' treatment programs; and
  - Offer all staff training on involving families in clients' treatment programs.
  
15. That AOD treatment screening and assessment tools all include questions to measure whether or not clients have children in their care.
  
16. That the training that is being developed for pharmacists regarding dispensing precursor drugs and chemicals must include information on how to avoid stigmatising purchasers of pseudoephedrine-based medication.
  
17. That DHS commission AOD experts to develop information packs for health journalists and other media personnel about ATS issues



## The Victorian Alcohol and Drug Association

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 March and April 2007, VAADA undertook a series of consultations with the Victorian AOD sector in the course of framing a submission to the National Amphetamine-Type Substances Strategy. VAADA consulted with key parts of both our membership and the wider Victorian AOD sector, with a focus 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.

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".

The findings from these two series of consultations form the basis of the current submission.

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.

VAADA's submission comprises a discussion of issues related to each of the six key areas identified by the ATS and Related Drugs Strategy Taskforce: prevention; treatment; targeting responses; ATS use and families; supply reduction; and data collection and dissemination.

## Prevention

### The information needs of parents and the broader community

Parents of young people need to know several facts about ATS

- Firstly, ATS use is normal, in the sense that ATS are used by a significant proportion of Australians<sup>1</sup>. If their children use ATS, parents are not abnormal or failures.
- Secondly, young people's lives will not inevitably be destroyed – or even disrupted – if they use ATS. While the proportion of ATS users who become dependent users is not known, there is no reason to think it is the majority of users.
- Thirdly, parents need information that will enable them to distinguish between casual, experimental use of ATS, and possible dependent use. This information should be accompanied by advice for parents on how to deal with either experimental or dependent use, including referral details for relevant services.
- Fourthly, parents should be informed that ATS-induced psychosis is relatively rare<sup>2</sup>. This should help reduce fear and hostility between parents and their children.

The information needs of the broader community are similar. Particularly, the community should be informed about the relative rarity of ATS-related psychosis, as the emphasis on ATS-related psychosis serves only to agitate public fears and stigmatise drug users.

**VAADA recommends that information about ATS use targeting parents and the broader community be evidence-based and non-sensationalised, and focus on providing reasonable and practical advice on how to deal with ATS use where it occurs.**

### Attitudes, beliefs, and ATS use

Amphetamine-type substances counter the effects of depressants such as alcohol, and therefore fit within subcultures of polydrug use informed by a desire to consume as much alcohol as possible. Specifically, risky polydrug use among young men, involving ATS

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<sup>1</sup> The 2004 National Drugs Strategy Household survey found that 9.1% of people over had ever used meth/amphetamines, 4.7% had ever used cocaine, and 7.5% had ever used ecstasy. See AIHW, 2004.

<sup>2</sup> Degenhardt et al (2007) report that, over the 2003-2004 period, hospital presentations where amphetamine-induced psychosis was the main problem occurred at the rate of 253.1 per million of population. By comparison, 3.1% of the total population reported using meth/amphetamines regularly (AIHW, 2004), or 31,000 per million of population.



use, may be informed by a subculture of machismo where drinking as much as possible without passing out is a valued skill.

Another belief that sometimes informs ATS use is the belief that ATS are less 'serious' or 'dirty' drugs than other drugs, particularly heroin. Some drug users – often young, middle-class drug users – adopt a hedonistic lifestyle, do not identify as 'dirty junkies', and/or wish to avoid attracting the 'dirty junkie' stigma. These drug users may therefore prefer to use ATS, as ATS use fits more clearly suits their self-image as a non-junkie.

## **Increasing awareness of the risks associated with ATS use**

Before any initiatives are conducted to increase awareness of the risks associated with ATS use, it needs to be specified

- What the risks associated with ATS use are, and
- Who needs to be aware of those risks.

Different risks are associated with different patterns of use of ATS, and may differ according in association with a host of factors, including:

- Type of ATS used
- Route of transmission used
- Environment in which ATS are use

In any case, it must be noted that the risks associated with ATS use most strongly affect the actual users of ATS. VAADA therefore recommends **that initiatives aimed at raising awareness of the risks associated with ATS use focus on informing users of the risks involved, within a harm minimisation framework, and in line with the evidence base on best practice in prevention.**

If there are risks to healthcare and police professionals who deal with ATS users, then these professionals must be made aware of the risks on occupational health and safety grounds. **VAADA endorses current Victorian government initiatives to train these professionals to minimise any risks involved in dealing with ATS users in crisis situations.**

Finally, when aiming to increase awareness of the risks associated with ATS use, any prevention initiatives should account for the fact that the effects of long-term ATS use, by any route of transmission, are still unknown. VAADA recommends **that research be conducted into the effects of long-term ATS use; and that this research form the basis of prevention and harm reduction initiatives.**

## **Tailoring prevention messages**

Prevention messages need to take into account the needs, attitudes, motivations and values of sub-groups of ATS users. If prevention messages do not resonate with the beliefs of ATS users, they are unlikely to be effective. VAADA therefore recommends



**that qualitative research into the motivations of ATS users continue, and be used to inform future prevention initiatives.**

Prevention messages targeted at schoolchildren should take into account the differences among young people alluded to above: namely, that some young people are not interested in experimenting drugs, while other young people are. Further, prevention messages must also take into account the fact that of those young people who experiment with ATS, only some will develop dependent use.

Either separate prevention campaigns will be needed to target each of these groups of schoolchildren, or prevention campaigns targeted at schoolchildren will need to incorporate messages targeting all three groups. While straightforward 'don't do drugs' messages will be effective in reinforcing the views of children who do not want to experiment with drugs, they run the risk of alienating children who are likely to experiment with drugs. Harm reduction-focused messages will be more appealing to these children, and are more likely to have a positive impact on their lives. Given that these messages all fit within a harm minimisation framework, VAADA recommends **that prevention messages targeted at schoolchildren are articulated within a harm minimisation framework.**

## Treatment

### Treating clients according to drug used

There was disagreement among the AOD sector representatives consulted by VAADA as to whether it was valuable to treat clients on the basis of drug used, the exception being where clients are treated with pharmacotherapies.

Some people within the Victorian AOD sector consider that psychosocial treatments for drug users do not need to differ on the basis of drug of concern, as

- It is artificial to treat an individual's ATS use (for example) in isolation from his or her other drug use
- Some AOD treatment practitioners consider that underlying factors, rather than the attractions of a particular drug, motivate problematic drug use. Accordingly, the type of drug used is incidental to the problem of drug dependence, and should not be the focus of treatment

However, other AOD sector representatives consulted by VAADA argued that

- Knowledge of the effects of specific drugs and their role in polydrug use can inform more effective treatment of polydrug use
- Different drugs can have very different effects on factors influencing the success of treatment – for instance, length of withdrawal, intensity of withdrawal, impact on clients' social networks, etc. AOD workers need to be aware of these differences to treat clients effectively.



Given the lack of consensus among the sector with regards to this issue, VAADA recommends **that research be conducted to assess whether it is appropriate to respond to clients on the basis of the type(s) of drug they use.**

The remaining discussion and recommendations under the heading of 'Treatment' is based on the premise that evidence has been found that it is appropriate to respond to clients on the basis of type of drug used.

## **Current gaps in the ATS treatment evidence base**

A major gap in treatment for ATS is the lack of proven and/or effective pharmacotherapies for any of the amphetamine-type substances. As yet no pharmacological substitute has been found to be effective for either cocaine or methamphetamine<sup>3</sup>. While there are indications that dexamphetamine could be an effective pharmacological substitute for amphetamines, more trials should be undertaken before it is approved for treatment in Australia<sup>4</sup>. VAADA recommends **that research be conducted to improve the evidence base regarding pharmacological substitutes for treating amphetamine, methamphetamine and cocaine use.**

Additionally, given that there are indications that Cognitive Behavioural Therapy is a relatively effective method of treating ATS use, VAADA recommends **that more trials of the efficacy of CBT in treating ATS use be conducted.**

Service providers and drug users' representatives consulted by VAADA have suggested that ATS users do not access conventional treatment services. ATS users' reluctance to access conventional treatment services may be due to a lack of self-identification as 'problem drug users'.

Given the reluctance of ATS users to access conventional treatment services, it may be more appropriate for AOD workers to attempt to reach ATS users through outreach services. Specialist outreach services could be developed to target ATS users, and would

- Offer services in locations where ATS use is known to be common – dance party venues, universities, workplaces, and so on
- Offer brief interventions appropriate to ATS users
- Work in collaboration with existing specialised harm reduction services for ATS

It may be the case, however, that specialised services are not required, and it would be better if workers in existing AOD outreach services received specialised training in treating ATS users.

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<sup>3</sup> Shearer & Gowing, 2004; Leiderman et al, 2005; Preti, 2007.

<sup>4</sup> Shearer & Gowing, 2004.



VAADA recommends **that research into the value of offering treatment for ATS users by outreach be conducted; and that this research examine whether it would better improve client outcomes if these outreach treatment services were conducted through existing services, or if specialist services for ATS users were developed.**

## **Facilitating entry into treatment for ATS users**

VAADA endorses the Custodial Health and Alcohol and Drug (CHAD) project, where detainees in police custody are given a health assessment, including a check for alcohol and drug problems, within a day of being incarcerated. However, VAADA recommends **that the CHAD project be extended to include information packages and an offer of ongoing treatment/support to problematic ATS users identified by police or emergency departments.**

Other methods of facilitating entry of ATS users into treatment could include:

- Developing specialised information kits for GPs, community health services (and AOD services, if appropriate) that would help health professionals identify problematic ATS use, and guide them in referring patients to appropriate treatment services
- Developing brochures about problematic ATS use, aimed at the general public, to be disseminated free of charge in GPs' and community health services' waiting rooms.

## **Linkages between government, healthcare organisations, and clients**

In order to work more effectively with healthcare organisations and clients, Government needs to develop a map of the current treatment options for ATS users in Victoria. This mapping exercise would involve identifying:

- What treatment options currently exist for Victorian ATS users
- Which services are most effective in treating Victorian ATS users, and what their salient features are
- What treatment services and pathways need to be changed or created to improve treatment access and outcomes for ATS users.

It is crucial that this mapping exercise involve the active participation of ATS users, particularly ATS users who access existing treatment services.

To help manage treatment pathways for ATS-using clients, VAADA considers that it would be useful for the AOD sector to have guidelines for agencies to use when assessing the case management needs of clients, including ATS users. These guidelines would:



- Define the circumstances in which case management is appropriate for individual clients
- Help agencies assess which agency should take the lead in case-managing a particular client
- Define the protocols agencies should use when handling case management across agencies and sectors

Additionally, VAADA calls for research into why the need for case management of AOD clients arises. This research could feed into a clear policy statement around case management for all AOD clients, including ATS users.

## Targeting Responses

### **Communicating messages at entertainment venues**

An effective method of targeting prevention and harm minimisation messages to ATS users is to use pill-testing facilities to target messages at rave parties and other events.

VAADA's consultations indicated that pill-testing facilities already create important public health benefits:

- They probably reduce rates of drug-related harm and overdose by allowing MDMA users to avoid consuming contaminated drugs
- They may reduce rates of MDMA use, as users are more likely to avoid doses known to be contaminated and/or diluted<sup>5</sup>

VAADA believes that existing volunteer pill-testing facilities could be extended to provide prevention and harm minimisation messages to users, as already happens in some European jurisdictions. This extension could possibly take the form of pill-testing facilities collaborating with RaveSafe's information and peer-helper services. It is also possible that workers in pill-testing programs could be funded to receive training in delivering brief interventions to clients.

### **Reducing harm in employment settings**

VAADA endorses the vision of government working in partnership with business, employees and community organisations to reduce exposure and risk of amphetamines use in different settings and industries. However, it is also crucial to involve unions, peak bodies and other representative bodies in these partnerships

Most ATS use that occurs in employment settings is caused by workers trying to function in difficult work environments. Typically, problematic ATS use occurs in industries such as hospitality and transport, where workers must work extremely long shifts to fulfil work requirements. Work-related use of ATS therefore represents an attempt by employees to

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<sup>5</sup> Nicholas, 2006.



compensate for unreasonable work demands. This suggests that where employment-related ATS occurs, working conditions have been eroded.

Accordingly, while it is extremely important that government work in partnership with employees when targeting employment-related ATS use, VAADA recommends **that workers' representative bodies such as unions, professional associations, and peak bodies be involved in any initiatives aimed at reducing employment-related ATS use.**

It is possible that in some workplaces employers are simply unaware that the demands they lay on their employees are unreasonable. VAADA recommends **that the Victorian Government and other agencies (such as WorkSafe) fund community organisations to develop appropriate education materials, aimed at employers, about employment-related ATS,** which would inform employers about:

- Why workers use ATS to cope with work demands
- The consequences of workers using ATS, and
- How employers can reduce ATS use among their employees.

These education materials could be particularly aimed at employers in problem industries, but should be accessible to employers across all industries.

To supplement the education materials aimed at employers, VAADA recommends **that the Victorian Government and other agencies (such as WorkSafe) fund appropriate community organisations to develop education materials, aimed at employees, about employment-related ATS.** These materials should inform workers about:

- Why workers use ATS to cope with work demands
- More constructive methods of dealing with work demands

Finally, the Federal Government must maintain a minimum wage level that takes into account measures of the cost of living, to help prevent workers being forced to work unreasonably long shifts to compensate for unfairly low pay rates. VAADA advises that the Victorian Government take every opportunity to encourage the Federal Government to maintain a fair minimum wage level.

## ATS use and Families

### Engaging families in the treatment of ATS users

VAADA notes that there is currently a strong policy emphasis in the AOD sector to involve families in the treatment of alcohol and other drug users. While evidence indicates that involving families in AOD treatment usually improves client outcomes<sup>6</sup>, VAADA believes that a holistic conception of improving client treatment outcomes

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<sup>6</sup> Kumpfer et al, 2003; Hodgson, 2004; Liddle, 2004; Velleman, 2006.



includes a respect for clients' right to self-determination of treatment program. Accordingly, the question of whether to involve third parties in a client's treatment program should always rest with the client.

As noted, however, involving families in clients' treatment has been shown generally to improve client outcomes. VAADA therefore supports the involvement of families in clients' treatment programs wherever clients desire family involvement.

Families can be better engaged in the treatment of ATS users through improving services' capacity to involve families in treatment. VAADA recommends **that AOD treatment services be better funded to**

- **Develop specialist positions dedicated to family-oriented treatment;**
- **Develop awareness among all clinical staff of the benefits of involving families in clients' treatment programs; and**
- **Offer all staff training on involving families in clients' treatment programs.**

Additionally, family involvement in treatment may be increased by advertising family-oriented AOD services at primary healthcare locations.

## **Accommodating the parenting responsibilities of treatment clients**

VAADA notes that all clients of AOD treatment services, not only those seeking treatment for ATS use, may encounter difficulties in coping with their parenting responsibilities while undergoing treatment.

A number of changes could be made to the AOD treatment system to better accommodate the parenting responsibilities of treatment clients:

- Providing relevant services in rural/regional areas so that people do not need to travel far from their children.
- Forming alliances with childcare centres to provide subsidised childcare facilities for treatment clients with parenting responsibilities
- Ensuring that family residential services are available to users of all different drug types

However, although VAADA believes that these are important modifications to make to treatment services, we also emphasise that treatment services must be adequately funded to implement them.

## **Ensuring the safety and wellbeing of children of ATS users**

The first step to ensuring the safety of all clients of treatment services – including ATS users – is ensuring that treatment agencies are aware that their clients have children. Accordingly, VAADA recommends **that AOD treatment screening and assessment tools all include questions to measure whether or not clients have children in their care.**



## Supply Reduction

### Reducing the supply of precursor drugs and chemicals

In general terms, VAADA endorses existing initiatives to reschedule precursors to make them more difficult to obtain. However, these measures run the risk of stigmatising people who wish to purchase precursor materials. VAADA recommends **that the training that is being developed for pharmacists regarding dispensing precursor drugs and chemicals must include information on how to avoid stigmatising purchasers of pseudoephedrine-based medication.**

Also, initiatives to reschedule precursors should be supported by clear signing and labelling outside and within pharmacies that pseudoephedrine-based medications are sold on a restricted basis. This will ideally deter people from attempting to buy pseudoephedrine for purposes of diversion, which will in turn improve safety for pharmacists.

## Data Collection and Dissemination

### Priorities for research into ATS use

Many of the priorities for research relevant to ATS use have been discussed in previous sections of this submission. They include:

- Research into the effects of long-term ATS use
- Qualitative research into the motivations of ATS users
- Research to assess whether it is appropriate to respond to clients on the basis of the type(s) of drug they use
- Research to improve the evidence base regarding pharmacological substitutes for treating amphetamine, cocaine, and ecstasy use.
- Trials of the efficacy of CBT in treating ATS use
- Research into the value of offering treatment for ATS users by outreach, encompassing whether it would better improve client outcomes if outreach treatment services were conducted through existing services, or if specialist services for ATS users were developed

Additionally, VAADA's consultations in the AOD sector suggest that the following are priorities for further research related to ATS use:

- Consultations with ATS users about their rights and ATS-related discrimination
- Research establishing the harms associated with different patterns of ATS use, and their extent in the community



- Research establishing which prevention, treatment, and harm reduction services are most effective in addressing the needs of ATS users

## Helping the media report responsibly and accurately on ATS use

If the media is to report more responsibly and accurately on ATS use, it needs to be better informed about ATS use and related issues. VAADA recommends **that DHS commission AOD experts to develop information packs for health journalists and other media personnel about ATS issues**. These information packs could be supplemented by presentations and seminars held by AOD experts for journalists on the individual and social effects of ATS.

In order to help the media report more responsibility and accurately on ATS use, they will need to know:

- Actual prevalence of ATS use in Australia – that is, that while reported ATS use has risen in the past 5 years there does not appear to be an ‘epidemic’ of ice use occurring
- The actual risks and harms associated with ATS, as demonstrated by the evidence base

## References cited

Australian Institute of Health and Welfare (AIHW). (2004). *2004 National Drug Strategy Household Survey: First Results*. Canberra: Australian Institute of Health and Welfare.

Hodgson, R. (2004). 'Family Interventions for Alcohol Problems'. *Alcohol & Alcoholism*, 39(2): 86–87.

Kumpfer, K.L., Alvarado, R., & Whiteside, H.O. (2003). 'Family-Based Interventions for Substance Use and Misuse Prevention'. *Substance Use & Misuse*: 38(11–13): 1759–1787.

Degenhardt, L., Roxburgh, A., & McKetin, R. (2007). 'Hospital separations for cannabis- and methamphetamine-related psychotic episodes in Australia'. *Medical Journal of Australia*, 186 (7): 342-345.

Leiderman, D. B., Shoptaw, S., Montgomery, A., Bloch, D. A., Elkashef, A., LoCastro, J., & Vocci, F. (2005). 'Cocaine Rapid Efficacy Screening Trial (CREST): a paradigm for the controlled evaluation of candidate medications for cocaine dependence'. *Addiction*, 100 (Suppl. 1): 1–11.

Liddle, H. A. (2004). 'Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs'. *Addiction*: 99(Suppl. 2): 76: 92.

Nicholas, R. (2006). *On-site ecstasy pill testing – a consideration of the issues from a policing perspective*. Australasian Centre for Policing Research.

Preti, A. (2007). 'New developments in the pharmacotherapy of cocaine abuse'. *Addiction Biology*, 12: 133–151.

Shearer, J. & Gowing, L. R. (2004). 'Pharmacotherapies for problematic psychostimulant use: a review of current research'. *Drug and Alcohol Review*, 23 (June): 203 – 211.

Velleman, R. (2006). 'The importance of family members in helping problem drinkers achieve their chosen goal'. *Addiction Research and Theory*, 14(1): 73–85.