



**Submission to the Inquiry into crystal
methamphetamine (ice)**

**Joint Committee on Law Enforcement
Parliament of Australia**

Submitted by UnitingCare ReGen
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INSPIRING ALCOHOL
& OTHER DRUGS
TREATMENT & EDUCATION



Inquiry into crystal methamphetamine (ice) submission

Key points

- Most people who use methamphetamines don't need treatment or do not present for treatment at specialist Alcohol and other Drug (AOD) services such as ReGen
- The number of those people who do present for methamphetamine treatment at ReGen is increasing – from 6% of total ReGen clients in 2010 to 30% in 2015.
- Working with this client group is challenging due to:
 - Behaviours commonly associated with methamphetamine intoxication and withdrawal such as hostility and aggression
 - Limited treatment service access – this is an issue generally in the AOD system but more acute given a reluctance by some organisations to provide services for this client group
 - Limited evidence-based treatment options (no effective medications yet; limited effectiveness of psychological therapies - particularly in the earlier stages of withdrawal)
- ReGen has developed a range of treatment, education and support programs for individuals and family members affected by methamphetamine use.
- ReGen's methamphetamine withdrawal and non-residential rehabilitation models have been externally evaluated and found to produce sustainable benefits for participants.
- ReGen is constantly reviewing practice and exploring innovative ways to address the treatment and support needs of this client group. This would be enhanced with further research and evaluation support.
- There is a clear need for increased availability of evidence based treatment and support services for those affected by methamphetamine use, particularly in regional and rural areas.
- Service providers need to ensure that their services are accessible to those affected and that they provide holistic, co-ordinated responses to complex needs.
- Government has an important role to play in providing authoritative, evidence based information to the general public, ensuring that education campaigns improve public understanding of key issues and do not contribute to the further stigmatisation of already vulnerable people.
- The National Ice Action Strategy must be consistent with Australia's established Harm Minimisation drug policy framework and achieve an effective balance of Supply Reduction, Demand Reduction and Harm Reduction measures.

Introduction

Uniting Care ReGen is the leading alcohol and other drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has been operating since May 1970, providing a range of AOD services to the community. ReGen is committed to the provision of high quality evidence based clinical practice. ReGen's purpose is to promote health and reduce AOD related harm.

This submission is based on evidence collected from current research evidence, evaluation and service data, clinical and policy experience of ReGen staff and the experiences of people who use ReGen's treatment, education and family support services. The quotes included in this document have been provided by individuals and family members in contact with ReGen services who have been affected by methamphetamine use.

What is the impact of people using ice on our community?

Understanding the impacts

There is clear evidence that the use of methamphetamines in the Victorian community is on the rise as are the harms associated with heavy use. As is often the case when different or new drugs emerge in our community, the evidence of harms is anecdotal at first and followed by mounting evidence; ambulance call-outs begin to increase; police call-outs rise; and Emergency Department presentations increase. The emergence of methamphetamines has created challenges for frontline workers. This is mainly due to behaviours such as agitation and violence that can be associated with intoxication, particularly for those experiencing drug-induced psychotic symptoms such as paranoia. It is understandable that those involved in such scenarios, whether they are people experiencing harms, their families and friends or front-line workers, will experience emotions such as distress, fear or exasperation. What's obvious is that all the ingredients of a good media story are here. Reporting the negative consequences of this drug use is legitimate but less balanced accounts can give the impression of a 'pandemic'; or the perception that any use of the drug equates to dependence, psychosis and little chance of recovery. This is certainly the type of message that is common in public discussion of the impacts of methamphetamine use, particularly the current '[Ice is destroying lives](#)' national tv campaign.

Those of us who work with people who use methamphetamine know this not to be the case and see the impacts of simplistic, sensationalist messages on individuals and their families. There are clearly significant harms that are being experienced across the country as a result of methamphetamine use, but they need to be presented (and addressed) in a considered, evidence based manner. The actual impacts of methamphetamine use are exacerbated by the ongoing stigmatisation of people who use the drug and the provision of inaccurate information to their families and the wider public.

Most people who use methamphetamines will not go on to experience serious harms such as dependence. But care also needs to be taken to avoid harms associated with non-dependent use (eg. drug driving, drug possession charges, accidents, high-risk sexual behaviours, and harms associated with some modes of use such as injecting). In what is referred to as 'dependence potential' epidemiological data show that around 15-20% of methamphetamine users can become dependent on the drug. This typically means that after a long period of heavy use a person may experience physical problems (such as cardiovascular issues) and psychological symptoms (such as depression) when they reduce or cease their use.

Most people experiencing milder dependence will self-manage, although sometimes with the assistance of telephone advice lines (such as [DirectLine](#)), on-line resources (such as [DrugInfo: methamphetamine resources](#)) or education programs (such as [ReGen's programs for individuals and family members](#)). They may also present for treatment from a primary health care service including their GP. Many such services have a long history of providing alcohol and drug treatment and are ideally placed to provide effective, non-stigmatised interventions for this client group and making judgments about when referral to specialist services may be more appropriate.

A smaller proportion of people who use methamphetamine and experience serious dependence and associated problems will present for treatment at specialist alcohol and other drug or mental health services. This group may be experiencing transient or enduring mental health issues (such as anxiety, depression or psychotic symptoms/illness) that may have preceded or resulted from methamphetamine use. They may also experience a range of other serious physical or social problems (such as unemployment, gambling debt or homelessness). The following quotes provide an indication of the type of associated problems experienced by people in this group (and their family members):

'...Add to this ongoing psychosis and depression. There is a wave of it (methamphetamine use) out there in the country areas. The financial aspect of it as well. This drug has an impact on society. People are lying and cheating family, friends and employers. The impact on people is diabolical. Can lead to homelessness, as it has in my case. Grey cells deteriorate with usage and start to regenerate after a long period of abstinence. Society does not want to know you.'

ReGen family program participant

'My daughter hocked everything in the house. Anything of any value, it was all sold. If I went away a couple of days I would come back to things of value being sold. The lies, the fines, the infringements and the tolls they were just outrageous. She was using my vehicle and it was clicking over thousands of k's. There was police involvement with her associates. One day there was a knock at the door and this fellow barged through screaming and it was in the middle of the day. I thought that he was going to kill her. I was screaming so loudly, the people on the street called the police. I had the tyres slashed on the car twice. She got violent herself and then I had to take an ABO. That was very stressful. It just snowballs.'

ReGen family program participant

'I couldn't figure out what was going on until the day the police came to the door saying do you think it is possible that your daughter is on drugs. I tried to manage her, her fines and whatever else. I went to Turning Point and stayed there and waited until I saw someone. I got put into a ReGen program. I begged to get into the course and from that learnt the strategies of the ARC program. The ARC book was my bible. Then I jumped into the support program as well. I am trying to get everything together to help maintain contact with my daughter.'

ReGen family program participant

'To give people some knowledge about how to deal with the situation that is probably an emergency type situation that might happen. Just to prepare people. How to prepare themselves when exposed to a person who is addicted to meth. The lies and the theft and the betrayal, all those things that you actually push back that don't allow you to know what is going on. I would have liked to know more information about. It is the chaos I recall.'

ReGen family program participant

ReGen service data



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The following ReGen data (see Figure 1) is based on people seeking treatment via ReGen's services, or who have been ordered into one of our Drug Diversion programs. It shows a significant rise in methamphetamine as the 'primary drug of choice' amongst our consumers, from 6% of all consumers in 2010-11, to 17% in 2013/14. Current data for 2014/15 shows that this figure has continued to rise to nearly 30%.

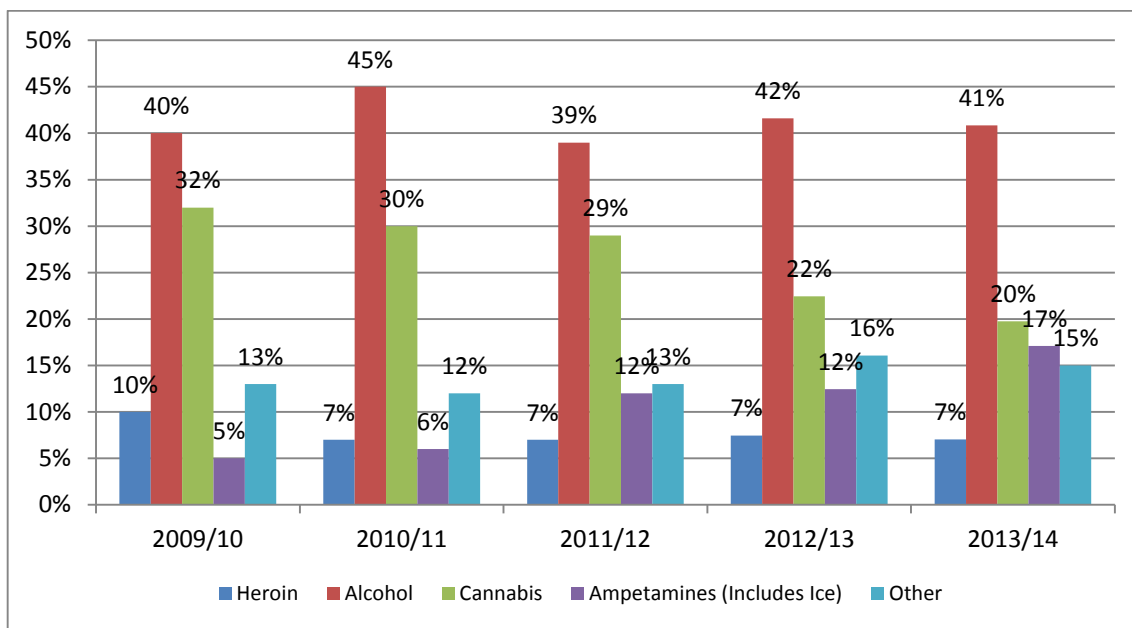


Figure 1: Primary Drug of Choice 2009/10 – 2013/14

It should be noted that, whilst ReGen sees a wide range of people who use methamphetamines, they are not representative of the broader range of methamphetamine users in the wider community. Many will not experience serious problems and others who do will resolve them on their own or with the support of non-specialist services.

ReGen primarily interacts with two distinct groups of people who use methamphetamine:

1. those who would consider themselves non-problematic 'recreational' users (albeit ones who have come to the attention of police/courts) who have been ordered to attend diversion programs; &
2. people with problematic use including dependence for which they are seeking treatment or have been directed by the court to undergo assessment/treatment.

ReGen is also concerned about the effect problematic drug use has on the family and especially the well-being of children. In our experience, methamphetamine users can go through periods of aggression, rage and despondency, which can have significant effects on all family members. The lack of targeted services for affected family members (particularly in regional areas) is now being addressed in Victoria, but there is a clear need for increased availability of evidence based support services for families around the country.

Consumers' experiences of methamphetamine use

Consumers participating in ReGen's diversion programs, who often describe their use as 'recreational' report the following positive and negative consequences of methamphetamine use:

Positive

- Increased occupational functionality due to the energy & wakefulness generated by methamphetamine use
- Intensified feelings of sociability
- General feelings of wellbeing ('feels good')

- Increased sexual pleasure

Negative

- Periods of low mood and exhaustion following drug use ('crashing')
- Sleep deprivation
- Lack of judgement (e.g. driving whilst intoxicated; gambling)
- Difficulty managing social functions such as relationships, employment and education
- Legal problems
- Feelings of anxiety and depression
- Poly drug use

The long-term consequences of methamphetamine use are more likely to be reported by those seeking treatment for their problematic methamphetamine use. Problems include:

- Mental health issues including psychosis and severe depression leading to suicidality
- Extreme stress being placed on the family unit
- Either being either the perpetrator or victim of violence
- Financial stress
- Legal problems
- Difficulty maintaining employment
- Mixing within criminal networks

These consumers also reported a range of physical health problems including:

- Dental problems
- Deterioration in physical appearance
- Nutritional deficits leading to health problems

Poly drug use

Poly drug use including methamphetamine use is reported across our client groups and this is typical of people presenting for AOD specialist treatment. A range of drugs are used with methamphetamine, for a variety of reasons. Clients talk about using methamphetamine with other stimulants such cocaine or ecstasy-type substances, as well as using a range of depressant drugs e.g. alcohol, cannabis, benzodiazepines and opiates to manage mood or withdrawal symptoms.

Poly drug use can intensify the harms associated with drug use. Not only do different substances have different effects, the combination of them can lead to serious harm and increase the likelihood of unpredictable effects.

Where should federal, state and territory governments focus their efforts to combat the use of ice?

Community impacts

Individuals and families experiencing methamphetamine related harms need timely access to authoritative information and evidence based, practical treatment, education and support services.

Governments at all levels have a role to play in providing accurate information and ensuring that local service networks are adequately resourced to provide appropriate support to those affected.

They also have a responsibility to ensure that public campaigns on the impacts of methamphetamine use are grounded in evidence and provide a meaningful contribution to improving community understanding of key issues. The Victorian '[What are you doing on Ice?](#)' campaign provides an effective example of how Government campaigns can inform public awareness of risks and emerging dependence. The current '[Ice is destroying lives](#)' campaign does not.

Service providers

ReGen has undertaken a wide literature review of state, federal and international strategies for dealing with methamphetamine use, and concluded the following:

- Many AOD treatment services are not well prepared to offer services to this group of users – they lack confidence and express pessimism about treatment outcomes.
- The rate at which people present for treatment in the specialist service system is low and one of the reasons cited for this by methamphetamine users is a lack of confidence in what the services can offer.
- Specific withdrawal treatment medications are not yet available and psychological treatments such as cognitive behavioural therapy (CBT), motivational enhancement therapy (MET) and contingency management (CM) have not been tested during the early phases of withdrawal and are only moderately effective in later stages of treatment.

There is a clear need for ongoing work to increase the capacity of AOD, health and other community service providers to engage (and retain) people who use methamphetamine (and their family members) within their treatment and support services.

Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

Developing targeted and responsive services

Public discussion of the impacts of methamphetamine use typically carries the message that there are no effective treatment and support options available for and that there is 'little that can be done' for those affected. There is a clear need for the development of targeted treatment responses and increase capacity of service sector to respond.

ReGen has sought to inform public and policy debate with evidence gathered through its clinical services and through regular dissemination of its [innovative practice](#) in methamphetamine treatment.

In response to the particular treatment needs of people who are methamphetamine dependent (and in recognition of the limitations of existing treatment models to adequately cater to these needs) ReGen has sought to develop new evidence-based treatment models to compliment established services and build sector capacity to engage and work with this highly stigmatised group.

Adopting best clinical practice is a function of being aware of the scientific literature (including making judgements about quality and relevance to local circumstances) and being willing and able to adjust clinical practice accordingly. The research in this area is very limited and lacks rigour. The clinical literature on which a practice consensus could be formed is also sparse. Resources for trialling new, more flexible approaches are also very limited. Therefore, while ReGen has demonstrated a willingness to implement evidence-based models and strategies, there are currently serious barriers to doing so with this client group.

ReGen believes that drug treatment should only be offered in the context of a robust, evidence-informed treatment and support plan. In the absence of good treatment technologies, we need to be realistic about treatment outcomes. We also need to appreciate the challenges associated with treatment provision and give emphasis to the physical and psychological safety of the client, other clients, family and staff.

Managing methamphetamine withdrawal

The agency's initial response has focussed on redeveloping its withdrawal services, to improve access and retention in the early stages of treatment. In the absence of significant research literature on managing methamphetamine withdrawal, ReGen has been guided by the ongoing review of consumers' treatment experience and outcomes and the clinical judgement of senior staff.

The development and implementation of ReGen's 'Step-up, Step-down' model for methamphetamine withdrawal has been [externally evaluated](#) by LeeJenn Health Consultants.

A 2012 review of service outcomes for people undertaking methamphetamine withdrawal at ReGen's residential withdrawal unit highlighted poor rates of retention (early, unplanned exits) and participation in the structured education program. Most significantly, it was also found that many people experienced no decrease (and, in some cases, experienced an increase) in methamphetamine withdrawal symptoms after completing a seven-day residential stay.

With support from the Victorian Department of Health and Human Services, a series of changes were made to the structure and duration of the residential program to better meet the needs of this group. These changes led to improvements in program retention, consumer satisfaction and staff confidence in managing methamphetamine withdrawal. In addition to the changes to ReGen's residential service (and in response to the longer duration of methamphetamine withdrawal) a new 'Step-up, Step-down' model was established to provide a range of residential and non-residential supports.

Providing a stepped care approach, the 'Step-up, Step-down' model included:

- Assessment, clinical review and care planning including the identification of people suitable to receive non-residential withdrawal (NRW) support from nursing staff;
- NRW support offered to eligible consumers with the provision of outreach (home-based) withdrawal support while on the waiting list for residential withdrawal services. NRW treatment was to primarily focus on pre-admission planning including:
 - Education on harm reduction strategies and self-care;
 - Motivational interviewing and counselling support;
 - Advice on expectations of the withdrawal experience and the residential service;
 - Liaising with GPs and linking consumers with support services as required; &
 - Support for families of consumers during home-based withdrawal;
- Admission into residential withdrawal for up to 10 days with the expectation that a consumer's participation in the program during first few days of withdrawal would be relaxed if required to accommodate a methamphetamine 'crash' period;
- Non-residential withdrawal support on completion of the residential component of the treatment and support plan. Such support could include:
 - Continued withdrawal information and management; &
 - Counselling and case management support including facilitating links with other services where required.

Outcomes:

Key findings from the external evaluation of the 'Step-up, Step-down' model include:

- Compared to people with no 'Step-up' contact, those engaged in 'Step-up' care were better prepared for residential withdrawal and were less likely to have used methamphetamines within 24 hours of their admission to the unit;
- Those engaged in 'Step-up' care required less time in the unit (6.3 days average length of stay) and experienced more rapid reductions in withdrawal symptoms during their residential treatment.
- A greater number of 'Step-up, Step-down' contacts was associated with more positive 'quality of life' outcomes (particularly for physical and mental health) at three-month follow-up.

From a small sample followed up after three months (n=16), differences between the step-up consumers and consumers with no NRW contact did indicate the step-up group had on average, greater quality of life, less psychological distress and less methamphetamine use at the time of follow-up. These data suggest that a greater quantity of stepped-care contacts may be associated with more positive consumer outcomes at three-month follow-up, with higher consumer health satisfaction ratings in particular.

Methamphetamine rehabilitation

ReGen's Torque non-residential rehabilitation program has been found to provide an effective post-withdrawal treatment pathway for people who use methamphetamine.

Established in 2013 as a two-year pilot, Torque is a client centred, holistic and evidence-based service that delivers high quality, structured interventions that is based on the agency's award winning Catalyst non-residential alcohol rehabilitation program. Torque has been developed for people who are required to participate in a drug rehabilitation program as a result of their involvement in the justice system.

Participant feedback and [external evaluation findings](#) to date have demonstrated positive impacts on participants' alcohol and other drug use, offending, health and quality of life. Early longitudinal data indicates that completion of the Torque program is associated with sustained participant benefits, comparable to those for the Catalyst program upon which it is based. ReGen's experience (and collected evaluation data) to date indicates that the program model is an effective one with the target group and is emerging as a potential model for targeted methamphetamine treatment.

Outcomes

External evaluation data from the first 12 months of program delivery indicate that completion of the Torque program is associated with the following key clinical outcomes:

- Substantially reduced rates of AOD use at program completion (compared to pre-Torque use);
- Sustained reductions in the use of some drugs (particularly methamphetamines and heroin) at three month follow-up;
- Substantially reduced rates of offending at program completion (sustained at three month follow-up); &
- Improvements in health and quality of life at program completion, with evidence of continued improvements at three month follow-up.

Services for affected families

ReGen provides a range of services for families including single counselling sessions, education groups and family counselling. Methamphetamine use of family members is putting pressure on all of these services. Parents seeking assistance from ReGen are increasingly reporting violent and aggressive behaviour by their substance using adolescent and adult children related to methamphetamine use. Very often these family members are residing in the family home. There are limited supports for families in these circumstances and they are often reluctant to exit them from the home or use available legal responses (intervention orders, involving police etc.), given that they recognise and are concerned about the vulnerabilities associated with

substance abuse and/or mental health issue (including psychosis). This is a significant challenge for families and ReGen clinicians working with them.

There appears to be a trend of including families in bail conditions and other orders. This may take the form of curfews and parental reporting obligations if breaches occur or limitations on the substance user that have implications for family members (for example an adolescent client who was prohibited from using public transport as part of his order – his working mother was forced to drive and pick him up from school each day). This obviously places significant emotional and practical burdens on families already under pressure. In addition to its established [family support programs](#), ReGen has developed the [Family Methamphetamine First Aid program](#), specifically designed to inform affected family members about the impacts of methamphetamine use on their loved ones, understanding treatment and how they can contribute to their loved one's recovery.

Family members have played a key role in the development of this program, by contributing their experience as an affected family member and reviewing the development of program content for its appropriateness, effectiveness and practicality. Examples of their contributions are included below:

'When I came to the first meeting I thought that I was going to get things fixed. Now it is about helping me recognise what I can do and what is up to the person who is using and recognising that there is no quick fix. For the new person coming in, they will think they are going to go home and fix this.'

Family program participant

'The most difficult thing to learn is to separate yourself, that you can't just fix it....How do I separate her life and wait for that to happen? You can't just fix it as a mum. Can't love them to death and hope it goes away.'

Family Member

'The education of looking after yourself, because if you can't look after yourself then you can't look after anyone else.'

Family program participant

'...when the person comes for the first time, it is usually their first time they have talked to anyone, and their first experience of sharing their story. Perhaps they haven't been able to tell everybody else.'

Family program participant

'Knowing you can talk to someone. The education of yourself you have to maintain because if you can't look after yourself then you can't look after anyone else. The support that is there when they are ready to give up.'

Family program participant

Working within Aboriginal communities

ReGen is working in partnership with the Victorian Aboriginal Health Service to provide targeted, culturally appropriate services responses to individuals and families experiencing methamphetamine related harms. This work includes providing priority access to residential withdrawal and the establishment of a targeted role to support co-ordinated treatment and support responses for individuals and families affected by methamphetamine use.

Implications for future service development

While the sample size for 'Step-up, Step-down' evaluation data is small, in combination with ReGen service data, consumer and staff feedback, and the outcomes of ongoing quality improvement processes, some key themes emerge:



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- People actively engaged in methamphetamine use pose particular challenges for service providers in ensuring treatment retention;
- The combination of stepped-care withdrawal plus non-residential rehabilitation (Torque program) is emerging as an effective treatment pathway for this group, both in terms of duration and intensity;
- While people seeking admission into the Torque program are receiving good continuity of care, there are still service gaps for those only seeking methamphetamine withdrawal;
- People who have completed residential methamphetamine withdrawal are still experiencing withdrawal symptoms after three months; &
- The need for further professional development of ReGen clinical staff in delivering methamphetamine-specific treatment interventions, including post-withdrawal counselling and aftercare groups.

Subsequent options for future service development at ReGen include:

- Establishment of a comprehensive 'Methamphetamine treatment model' that incorporates a range of potential stepped-care interventions (dependent on consumer need), such as
 - Intake/Assessment
 - Counselling (typically as a 'complex' intervention)
 - Care and Recovery Co-ordination
 - Non-residential withdrawal and counselling 'Step-up' support & withdrawal preparation
 - Residential withdrawal
 - 'Step-down' support (NRW, counselling, C&RC, aftercare group, web-based resources.)
 - Non-residential rehabilitation (Torque)
 - Self-directed, web-based resources for individuals and family members
 - Referral to other ReGen services e.g. Family services
 - Referral to other external services e.g. housing & employment
- Delivery of targeted methamphetamine counselling intervention (adaptation of Baker, Kay-Lambkin, Lee & Claire's four-session model)
- Establishment of a targeted aftercare group, co-facilitated by consumer participants and ReGen staff
- Expanded delivery of brief education programs for people considering treatment (Methamphetamine Personal Education Program) and affected family members (Methamphetamine Family First Aid Program)
- Continued external evaluation of service outcomes

What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

As per established practice within Australia's Harm Minimisation policy framework, the National Ice Action strategy should ensure that it achieves an effective balance of Supply Reduction, Demand Reduction and Harm Reduction initiatives.

Supply reduction

While ongoing efforts to reduce the importation and domestic production and trafficking of methamphetamine in Australia will play an important role, it is essential that the National Ice Action Strategy affirms Taskforce head Ken Lay's recognition that, 'we cannot arrest our way out of this problem'.

Demand reduction

It is essential that demand reduction initiatives, including public education campaigns and treatment programs are evidence based and of proven effectiveness, not driven by un(or mis)informed public discussions or ideology. While it is essential that communities are included in the development of demand reduction measures, the strategy must ensure that included initiatives (and subsequent funding) are based on evidence of effectiveness.

Harm reduction

Recognising that methamphetamine use will continue (to some extent) irrespective of the success of the National Ice Strategy, it is essential that effective, evidence based harm reduction measures also be included. While measures such as Needle and Syringe Programs, injecting/smoking equipment vending machines and Medically Supervised Injecting Centres are unpopular with the general public, they have been consistently demonstrated to produce significant reductions in immediate harm to individuals, families and the wider community. Harm reduction programs have also been demonstrated to provide an effective pathway into treatment services and longer term recovery.

About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison.

ReGen also delivers Education and Training programs nationally.

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