



Review of Drug Use and Service Responses

in North West Tasmania

October 2014

Introduction

This review has been requested by the Minister for Health following recent claims by health workers, the media and other community members of growing drug use in North West Tasmania, particularly the increasing use of the crystal methamphetamine form of the amphetamine-type stimulants (ATS) class of drugs.

There have also been submissions to the Minister requesting additional resources to establish specialist support services for people affected by drug and alcohol use in the North West. The submissions suggest that there is a growing issue in the North West in relation to alcohol and drug use and further suggest that there is a significant increase in the use of crystal methamphetamine colloquially known as 'ice' to the extent that it is being referred to as an 'epidemic'.

Whilst the current available drug use data and information gathered from service providers and other stakeholders do not support the reports of a significant increase in the use of crystal methamphetamine, such that it can be considered an 'epidemic', any increase in use is a reason for concern, including concerns about increasing harms to individuals and the community.

ATS users are notoriously difficult to attract and retain in treatment. When they do, they pose significant and unique challenges for treatment providers including emergency and primary care services, with behavioural issues and psychotic symptoms often present. A detailed description of methamphetamine and other ATS and their effects is provided in Appendix 1.

This is not just an issue for the North West region or indeed Tasmania as a whole, with all states and territories reporting increasing use of the purer crystal form of methamphetamine. An effective response requires a considered whole of government, inter-agency and community approach that considers appropriate treatment responses as well as focussing on factors that address the underlying causes of use and the supply chain.

The Alcohol and Drug Service has been undertaking an analysis of available current drug use and trends data; current responses; the current level of alcohol and drug services; the need for specialist support services; and options to enhance service delivery responses. A final report will be provided to the Minister for Health by mid-November 2014.

As part of the analysis, the Clinical Director of the Alcohol and Drug Service, Dr Adrian Reynolds, visited the North West region on 22 and 23 September 2014 to meet with a range of stakeholders to have initial discussions of the drug use issues in the region, with a particular focus on the recent claims of an ice epidemic. A forum of stakeholders was held on Tuesday 21 October 2014 in Burnie to discuss the use and availability of drugs in the North West region including any emerging trends in recent times, as well as to explore current services, programs and support systems to better understand which needs are or are not currently being met, and how to better meet those needs.

This document provides a summary of what has been found to date, and explores response options for government consideration which will be further explored in the final report.

An Emerging Issue?

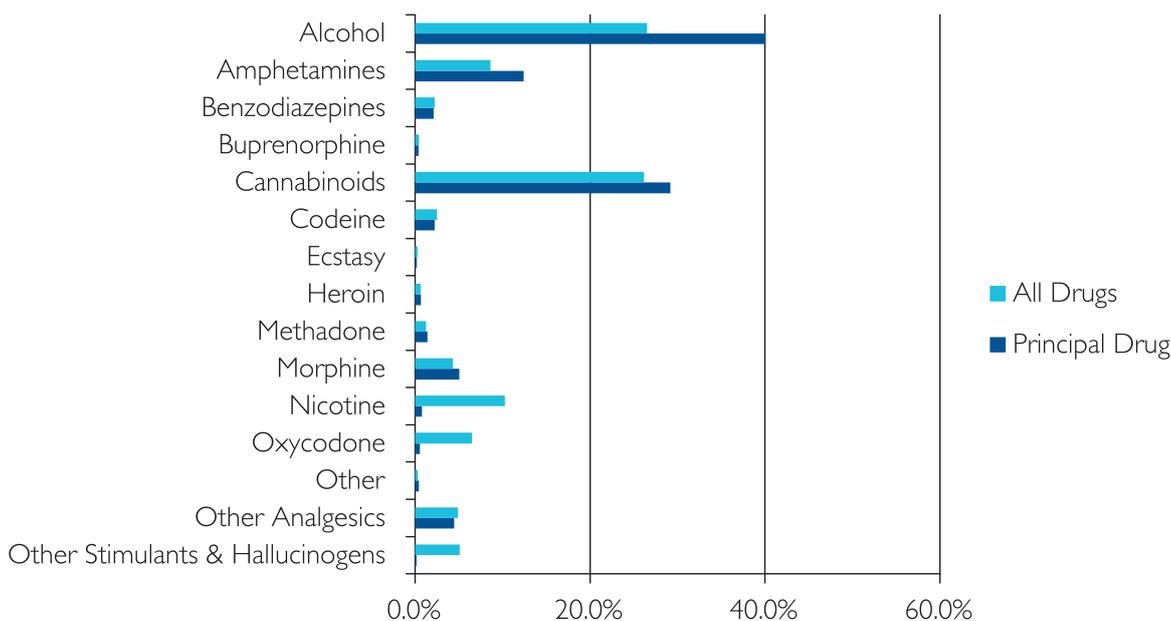
There is some evidence that the use of methamphetamine in the Tasmanian community is on the rise as are the harms associated with heavy use. It appears that the increase is occurring across all areas of the state and is not just limited to the North West of Tasmania as inferred in recent media coverage.

In analysing reports of any emerging issues it is important to acknowledge that the evidence of harms is often anecdotal at first, followed by mounting evidence over time (for example ambulance call-outs begin to increase; police call-outs rise; and emergency department presentations increase). This means that quantitative measurable evidence of increasing crystal methamphetamine use may not become apparent for some time after the first anecdotal reports of the drug's emergence.

It is acknowledged that there is very little available quantitative data of drug use prevalence, use or harms in the North West. Population-level prevalence data based on the 2010 National Drug Strategy Household Survey indicated that 1.1 per cent of Tasmanian residents aged 14 years and over had self-reported using methamphetamine in the last 12 months. Other than this data, it is not possible to estimate population-level use with any confidence.

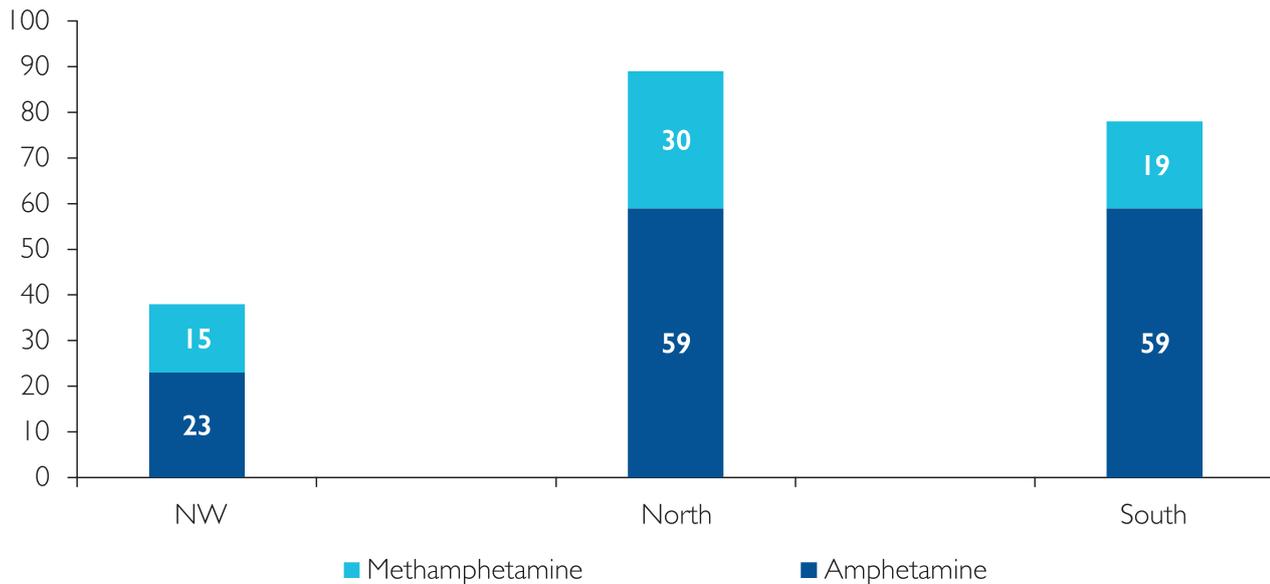
For those presenting for treatment to the state-funded alcohol and other drug treatment services in 2011-12 amphetamine use as the principal drug accounted for 10 per cent of closed episodes of treatment, whereas alcohol accounted for 40 per cent and cannabis for 35 per cent of closed episodes of treatment. The as yet unpublished data for 2012-13 shows alcohol is still the most common principal drug of concern in 40 per cent of closed episodes. Amphetamine as the principal drug of concern increased slightly to 12.4 per cent of all closed episodes of treatment.

Closed episodes provided to clients for their own drug use by drugs of concern, Tasmania 2012-13 (unpublished data for the 2012-13 AODTS NMDS)



Available data for the State Alcohol and Drug Service for the period July 2013 to September 2014 indicates a slight increase in presentations for amphetamine or methamphetamine use, but also shows significantly higher presentations to the northern service.

ADS Community North West, North and South – Episodes (referrals) closed by month, Principal Drug of Concern (methamphetamine and amphetamine only) for the period July 2013 to September 2014)



The Department of Police and Emergency Management Tasmania Police Corporate Performance Report June (Annual) 2014 shows increased seizures of amphetamines/dexamphetamines. The data clearly shows that cannabis remains the most common illicit drug seized by police, even though the total amount (in weight) had almost halved on the previous year's figures. The data shows an increase in amphetamines/dexamphetamines seizures for current year to date of 5 788 gm which is nearly three times the amount seized in the previous year, where 1 513 gm was seized. It should be noted however that these seizure figures do not differentiate between ATS (including methamphetamine) or dexamphetamines.

Drug Seizures

	South		North		West		State	
	Last Year to Date	Current Year to Date	Last Year to Date	Current Year to Date	Last Year to Date	Current Year to Date	Last Year to Date	Current Year to Date
Cannabis Processed (g)	56 350	35 200	74 459	33 856	52 952	24 979	183 760	94 035
Cannabis Plants	1 032	1 259	651	1 496	1 494	1 075	3 177	3 830
Amphetamines/Dexamphetamines (gm)	725	1 300	349	3 943	439	545	1 513	5 788
Ecstasy/MDMA (tablets)	254	231	242	419	48	444	544	1 094
Heroin (gm)	0	0	1	63	0	0	1	63
Cocaine (gm)	2	0	0	0	0	0	2	0
Analogue/Synthetic Drugs (gm)	1 572	689	15	0	223	0	1 810	689
Poppy Capsules	580	1 643	0	0	127	32	707	1 675
Poppy Product (gm)	336	0	17	0	0	0	353	0
Pharmaceuticals								
Opioids (tablets)	196	1 303	0	5	213	86	409	1 394
Opioids (mls)	1 457	368	184	232	0	0	1 641	600
Benzodiazepines (tablets)	1 113	23	0	0	1 237	0	2 350	23

*Monthly seizure figures may not be finalised by the reporting deadline.

There is a need to take the possible emergence of increasing availability and use of ATS across the state seriously. However, at this stage, there does not appear to be any emerging data to support the view that there is a significant issue (or 'epidemic') in the use of methamphetamine or other ATS in the North West. In fact, the available data indicates that ATS use is more of a concern in the North and South.

However, it is important to note that there are some significant barriers to making any definitive judgements on the prevalence of ATS use:

- current data is inadequate and unreliable (and virtually non-existent for the regional areas)
- where data is available, the reporting of methamphetamine use is almost certain to be under-reported
- the location of methamphetamine police seizures in Tasmania (North, North West or South) does not necessarily reflect the intended destination of those drugs for sale and use, and
- users of ATS will not readily seek treatment and/or support in the early stages of use (meaning any emerging trends are unlikely to be reflected in current treatment data).

Information from Consultation with Stakeholders

The information below has been gathered from both the key stakeholder forum held on 21 October 2014 as well as individual meetings held by Alcohol and Drug Service with service providers in September.

An initial examination of the information suggests the following points.

- Drug use has been increasing in the North West over the last 10 years, but concerns are greater than methamphetamine use, with alcohol, pharmaceutical (prescription) drugs, cannabis and poly drug use identified as more concerning issues, with cannabis use remaining the illicit drug of greatest use and concern.
- Binge drinking among older cohort is translating into a culture of drug taking and shifting trends.
- Suggestions of increase in amphetamine use among younger people. But a similar trend exists for older groups, and generally across the board. Indications are that use is prevalent amongst all professions including business people, truck drivers, farm labourers, and trades people.
- Availability and cost are the biggest drivers for use, with users moving to methamphetamine as it becomes more readily available. However, the exact identity of the substance used is often uncertain.
- Social determinants are an underlying factor leading to disengaged cohorts.
- Geographic isolation and access issues, eg lack of transportation and lack of services where needed are seen as barriers for current users in the North West.
- Community sector organisations are not necessarily well-equipped to deal with emerging issues, particularly where significant physical and/or mental health comorbidities are involved, requiring medical assessment and treatment. There is a requirement for upskilling and training if services are to respond effectively.
- Recruitment for service providers is an ongoing issue, both government and non-government, leading to insufficient support staff across North West services.
- Lack of a comprehensive mix of evidence based preventative measures.
- A collaborative approach to treatment and support is needed to deal with emerging issues. Any service response shouldn't just target methamphetamine use.
- Need for multi-purpose centres, multi-disciplinary team approach, consultation liaison specialist medical and nursing services, colocation of services, more use of technology, greater access to Court Mandated Diversion, youth specific services and at key transition points.
- Potential to cause significant damage to the local community if the issue is not addressed.
- Concerns were raised that the current negative media coverage could cause a range of unintended harms to both individuals and to the wider community, including reputational harm to the North West community due to messages in the media of the local 'ice epidemic'.

The Way Forward

Effective responses to methamphetamine (and other drugs) use and supply require multi-faceted approaches that gives equal emphasis to demand, supply and harm reduction measures. It also requires responses that consider the specific evidence-based needs of a particular community, and the actual drug use within that community, as well as integrated responses across government agencies, local government, government and non-government services providers and the general community.

Without pre-empting more specific options and recommendations that will be provided in the final report, the following approaches are suggested. A more integrated response across health, police and other relevant agencies will be included in the final report. Proposals which could be considered include:

1. Better coordination between health, police and other relevant agencies to monitor drug use issues and recommend evidence-based responses. Alternatively, the Tasmanian Inter-Agency Working Group on Drugs could be tasked specifically with monitoring this and any other emerging drug use trends and providing regular reports to government.
2. Upskill frontline service providers including those working in the alcohol and other drugs sector:
 - i. source and commission the delivery of ATS education and training, with an emphasis on methamphetamine use
 - ii. source and distribute an evidence-based methamphetamine treatment guidelines resource for use within Tasmania.
3. Continue to review current service configuration by working with the alcohol and drug community sector organisations, and in conjunction with the Alcohol, Tobacco and Other Drugs Council Tasmania. This will consider both North West and statewide services. Options for service reconfiguration will be further explored in the final report, however, the purpose of the ongoing work will be to consider options to:
 - i. develop a specialist consultation liaison service from the State Alcohol and Drug Service in either the North or North West to provide specialist input to community-based services in the North West
 - ii. increase access to inpatient withdrawal management services for clients based in the North West, including consideration of transportation and clinical assessment issues
 - iii. increase appropriate access to residential rehabilitation beds for clients based in the North West
 - iv. increase the capacity of the alcohol and drug sector to identify, report on and respond to emerging drug use issues, and
 - v. relocate or collocate services to better meet current unmet need in specific locations.
4. Health promotion, prevention and early intervention strategies including the provision of community awareness raising.

Appendix I

Methamphetamines are part of a family of stimulants known as amphetamines. There are three main forms of methamphetamines.

- Powder methamphetamine, ('speed') with a purity of around 10 per cent that can be injected or snorted into the nasal passage and tablets
- Damp/oily methamphetamine ('Base' or 'Paste') with a purity of around 21 per cent that can be injected, and
- Crystalline methamphetamine ('Ice' or 'crystal meth') with a purity of around 83 per cent that can be smoked or injected.

The distinction between methamphetamine and amphetamines generally is that methamphetamine, especially the purer form known colloquially as 'ice' is a more potent psychostimulant that has proportionately greater central stimulatory effect than other ATS.

All methamphetamine forms quickly raise and sustain levels of the brain's chemical messengers (**neurotransmitters**), particularly **dopamine**, which is responsible for memory, attention, purposeful behaviour and pleasurable feelings. Over time, neurotransmitters become depleted, leading to poor concentration, low mood, lethargy and fatigue, sleep disturbances and lack of motivation.

ATS and their analogues are complex drugs that have multiple mechanisms of action in the brain, including stimulating release of monoamines, blocking re-uptake of adrenergic and dopaminergic neurotransmitters, and inhibiting monoamine oxidase. The effects of these actions manifest differently among people who use ATS during intoxication (e.g. euphoria, increased energy, confidence) and withdrawal (e.g. low mood, agitation, irritability), making the identification of effective pharmaceutical agents a complex endeavour.

Regular long-term use of ATS can result in dependence, especially in those who use by injection or smoking. On cessation, dependent users can experience a range of withdrawal symptoms such as insomnia, irritability, dysphoria, depression and lack of motivation, while strong craving to use is also a common feature.

Neurotoxicity is associated with chronic and long-term exposure to ATS, with imaging studies demonstrating significant dopamine transporter reductions in the brains of methamphetamine users up to one year following abstinence. Serotonin is also thought to be depleted after chronic exposure, particularly in users of 3,4-methylenedioxymethamphetamine (MDMA), commonly known as ecstasy. As a consequence, ATS users often experience problems with concentration and memory, impaired decision making, irritability, insomnia, mood swings, loss of interest in pleasurable activities, and lack of motivation.

ATS users are notoriously difficult to attract and retain in treatment, with less than 20 per cent of dependent users entering treatment. Many users attempt to withdraw from ATS without specialist supervision, and the use of other illicit drugs to self-manage the symptoms of withdrawal is common. ATS users tend to seek formal treatment only when the consequences of ATS use are severe and typically when abstinence is the treatment goal.



Unlike opioid based drugs, there is presently no known effective pharmacotherapy substitution treatment for the use of methamphetamines. Dexamphetamine substitution has been trialled in many centres around the world over the past 20 years but has not been found satisfactory. There is differing opinion amongst medical practitioners as to the most appropriate withdrawal management regimens. Mirtazapine, modafinil and dexamphetamine are all being used in trials in other states for withdrawal management or pharmacotherapy treatment for methamphetamine use, but there is presently little evidential support for one treatment in favour of another. Midazolam, diazepam, olanzapine and droperidol are among the medications used to treat the acute and severe manifestations of psychostimulant toxicity including psychosis.

Cognitive behavioural approaches have been shown to be the most effective of the therapies for methamphetamine users. Residential rehabilitation has been shown to be effective for some users.

Methamphetamine users who often present with acute behavioural issues and/or psychotic symptoms pose unique challenges for treatment providers.

In addition, methamphetamine withdrawal symptoms can include adverse psychological symptoms including extreme fatigue and irritability, drug cravings, paranoid or suspicious thoughts, anger and aggressiveness. Withdrawal symptoms can often also mimic the symptoms of acute intoxication including agitation and hyper-arousal.



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