



**National
Amphetamine-Type
Stimulant Strategy**

2008-2011

National Amphetamine-Type Stimulant Strategy 2008-2011

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In May 2006 the Ministerial Council on Drug Strategy (MCDS) agreed to develop a National Amphetamine-Type Stimulant Strategy.

The National Amphetamine-Type Stimulant (ATS) Strategy 2008-2011 is informed by the research literature, scientific evidence, a nationwide consultation process and written submissions from key stakeholders around Australia. It has been developed on behalf of MCDS under the direction of a Project Management Group chaired by Ms Virginia Hart (Assistant Secretary, Drug Strategy Branch, Australian Government Department of Health and Ageing) with input from three supporting reference groups in *Law Enforcement, Public Health and Treatment and Research*. Project development and research was provided by the National Drug Research Institute (NDRI) (Curtin University of Technology) and the Australian Institute of Criminology (AIC). The Project Team consisted of Professor Steve Allsop, Ms Jessica George and Associate Professor Simon Lenton (NDRI), and Dr Toni Makkai and Dr Jan Baker (AIC). The advice and support of Mr Peter Rogers and Mr Jeremy Williams from the Australian Government Department of Health and Ageing is acknowledged. In particular, the Project Team is indebted to Ms Jenny McLaren from the National Drug and Alcohol Research Centre (NDARC; University of New South Wales) who provided advice on the process used to develop the National Cannabis Strategy 2006-2009.

Abbreviations

ACC	Australian Crime Commission
ACoG	Asian Collaborative Group on Local Precursor Control
ACON	AIDS Council of New South Wales
ADCA	Alcohol and other Drugs Council of Australia
ADHD	Attention Deficit Hyperactivity Disorder
ADIN	Alcohol and Drug Information Network
ADIS	Alcohol and Drug Information Services
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
ASSAD	Australian School Survey on Alcohol and Drugs
ATS	Amphetamine type stimulants
COAG	Council of Australian Governments
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
MCDS	Ministerial Council on Drug Strategy
MDMA	3,4-methylenedioxymethylamphetamine
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NDSHS	National Drug Strategy Household Survey
NIDIP	National Illicit Drug Indicators Project
NMDS	National Minimum Data Set
NSP	Needle and syringe program
SPPCF	South Pacific Precursor Control Forum

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Executive summary

The aim of the ATS Strategy is to:

Reduce the availability and demand for illicit amphetamine-type stimulants and prevent use and harms across the Australian community.

The objectives are to:

- Increase the Australian community's knowledge about amphetamine-type stimulants and raise awareness of the problems associated with their production and use;
- Prevent the use and supply of illicit amphetamine-type stimulants;
- Prevent and respond to amphetamine-type stimulant-related physical and mental health problems as well as social, familial and financial problems for individuals and the community; and
- Enhance the capacity of organisations and the broad system to respond effectively to people affected by amphetamine-type stimulants.

The ATS Strategy consists of five Priority Areas, with a range of activities under each Area. These are:

Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems

- i) Consolidate the current knowledge of patterns of ATS use and identify awareness of the risks of ATS use among the broad community and high-risk groups
- ii) Use social marketing programs and targeted strategies to raise awareness of the risks associated with ATS use

Priority Area 2: The supply of amphetamine-type stimulants

- i) Disrupt and dismantle criminal groups involved in the production, trafficking and supply of ATS into and within Australia, including preventing the illicit supply of precursor chemicals and equipment
- ii) Improve intelligence and information-sharing capabilities of Australian law enforcement agencies and related sectors
- iii) Ensure adequate laws are in place to respond to ATS related activities

Priority Area 3: The use of amphetamine-type stimulants

- i) Develop an evidence base regarding specific strategies to prevent ATS use
- ii) Address broad determinants of poor health and social outcomes and illicit drug use
- iii) Enhance the capacity of the education sector to implement prevention responses to illicit drug problems in general and ATS problems in particular

Priority Area 4: Problems associated with amphetamine-type stimulant use

- i) Ensure that quality information is available about the context of ATS use and related adverse consequences
- ii) Ensure that ATS users, and others affected by ATS use, are aware of the problems associated with ATS use and know how to prevent and reduce such problems
- iii) Implement effective brief and opportunistic interventions for ATS related problems for the large proportion of ATS users with lower levels of use and related problems
- iv) Implement effective ATS screening, assessment, management and referral protocols
- v) Establish an adequate, effective and accessible range of ATS treatment options
- vi) Build on the impact of the Illicit Drug Diversion Initiative (IDDI) to link suitable offenders to health services, to provide early intervention and avoid the risks of having a criminal record for minor ATS related offences
- vii) Enhance court responses to ATS problems
- viii) Develop and trial strategies to prevent and reduce concurrent ATS intoxication and driving
- ix) Develop and trial strategies to prevent and reduce ATS use in the workplace

Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems

- i) Develop the capacity of the workforce to respond to alcohol and drug problems in general and ATS related problems in particular
- ii) Build capacity to prevent supply and use of ATS
- iii) Develop the capacity of the workforce to address ATS problems
- iv) Build clinical research capacity to respond to ATS related problems
- v) Build capacity to respond to the needs of families and children affected by ATS problems
- vi) Improve partnerships between drug and alcohol and mental health sectors
- vii) Improve understanding among law enforcement and court personnel about ATS use and problems and related interventions, treatments and other supports for ATS users
- viii) Improve the national response to seized clandestine laboratories and handling precursor chemicals to prevent harms
- ix) Ensure capacity building involves key stakeholders

1.1 What are amphetamine-type stimulants?

The term *amphetamine-type stimulants* (ATS) refers to a group of psychostimulant drugs that are related to the parent compound amphetamine (phenylisopropylamine, or 1-phenylpropan-2-amine) (International Union of Pure and Applied Chemistry, 1993). This includes amphetamine sulphate, amphetamine hydrochloride, methamphetamine (methyl- α -phenylisopropylamine, or N-methyl-1-phenyl-propan-2-amine) and phenethylamines. Phenethylamines include 3,4-methylenedioxymethylamphetamine, or MDMA, commonly referred to as 'ecstasy', and 3,4-methylenedioxyamphetamine, or MDA (Kalant, 2001). Although produced by a different chemical process, these latter drugs are structurally similar to amphetamine. ATS stimulate the central nervous system by increasing synaptic concentrations of three major neurotransmitters in the brain: dopamine, serotonin (5-HT) and noradrenaline (Rothman & Baumann, 2003). This has the effect of increasing alertness, accelerating physiological functions and can produce euphoric effects.

ATS are available in diverse forms and vary in purity. Methamphetamine or amphetamine can be powder ('speed'), paste ('base') or crystalline ('ice', 'crystal') form. Ecstasy is usually in tablet form and contains MDMA in varying amounts combined with other drugs such as meth/amphetamine¹ and ketamine (a general dissociative anaesthetic). In Australia, the main ATS used are methamphetamine and ecstasy.

1.2 Who uses ATS, what influences use and how are ATS used?

ATS consumption may be described according to social factors and contexts of use. Some groups and contexts of use that may be associated with particular risks include:

- Young people (i.e., up to 18 years of age) - early engagement in drug use is associated with a range of problems due to increased vulnerabilities of using at a developmentally young age and there may be an increased risk of subsequent problems including dependence, other drug use, mental health problems and criminal involvement. Young people may also have less ready access to many services resulting in poor management of existing risks and problems;
- People with mental health problems - ATS use can exacerbate existing vulnerabilities and problems and compromise effective mental health interventions (for example, some medications may be contra-indicated for patients with a history of ATS dependence). It is pertinent to note that regular ATS use can result in mental health problems even where no previous vulnerability existed;
- Gay, lesbian, bisexual and transgender people have higher rates of drug use, including ATS use, compared to the broad community, and yet are often under-represented in treatment populations – there appear to be particular barriers to treatment for people from these communities;
- People who work in some industries, such as the hospitality, construction and transport industries, are at higher risk of ATS use and problems;
- People who misuse prescribed amphetamines (e.g., dexamphetamine, Ritalin), which may be prescribed for health problems and are sometimes used inappropriately or diverted for others' misuse;

1 Meth/amphetamine is used to refer to amphetamine and methamphetamine in instances where both forms are relevant

- Some key groups have suggested that ATS use by Indigenous Australians is more common in metropolitan regions and in larger rural towns and communities close to major industries such as mining; and
- There has been some suggestion that ATS use may also occur as a result of self-medication of undiagnosed attention deficit hyperactivity disorder (ADHD).

This diversity indicates that interventions will need to target the different risk groups *and* contexts of use. For example, a strategy that is appropriate in a school setting is likely to be distinct from a strategy that targets the workplace, which will differ from strategies that will be effective in Indigenous communities.

There is a range of common risk and protective factors that predict the experience of conduct disorders, mental health problems, poor educational performance and drug use. Risk factors include limited educational, occupational or social opportunities; poor connection to school, parents/adults and the broader community; poor mental health; poor family functioning; and exposure to trauma. Local availability of drugs can also influence drug use. Protective factors include connection to school, adults and community (e.g. see Loxley et al., 2004; Spooner, 2005). Thus, while there is a need for specific strategies to address the risk of ATS use and problems, effective responses will also include broader strategies targeting issues such as social inequities, school engagement, and the needs of vulnerable families.

The ways in which people take ATS, that is, routes of administration, are influenced by the type of ATS used. All forms of methamphetamine can be smoked and smoking crystalline methamphetamine has more recently become a widespread route of administration. This involves heating the crystals in the bulb of a pipe so they vaporise and can be inhaled. Amphetamine powder is usually snorted while base methamphetamine is commonly swallowed. Both base and crystalline methamphetamine can be injected. Injecting and smoking are the methods of administration most commonly associated with dependence (McKetin, Kelly & McLaren, 2006).

1.3 Why does Australia need a National Amphetamine-Type Stimulant Strategy?

Increasing production

Over the last 15 years, ATS production and use in Australia have increased and the potency of some ATS has increased. Globally, the production of ATS has similarly increased. As an indication of the rise in domestic production, detections of clandestine laboratories that manufacture ATS increased from 58 in 1996/97 to 390 in 2005/06 (Australian Crime Commission, 2007).

Prevalence and patterns of use

After cannabis, ATS are the second most commonly used illicit drugs in Australia. According to the *2004 National Drug Strategy Household Survey (NDSHS)*, 9.1% of the general population aged 14 years or older has tried meth/amphetamine and 3.2% have used it in the previous 12 months (Australian Institute of Health and Welfare, 2005). Lifetime use of ecstasy was lower, reported by 7.5% of the population, while recent use was comparable to meth/amphetamine, at 3.4%. These figures translate to approximately 1.5 million Australians having used meth/amphetamine at some time in their life (approximately 530,000 used in the past

12 months). Approximately 1.2 million Australians have used ecstasy at some time in their life (approximately 560,000 had used in the past 12 months). ATS are used by a wide variety of people in Australia within different contexts. As with most other classes of drugs, ATS use is more common among males and most prevalent in the 20-29 year age group (Australian Institute of Health and Welfare, 2005).

Patterns of use extend from those who use occasionally (e.g., an occasional weekend) to more regular use. Regular users represent the minority, with the majority of ATS consumers using occasionally. For example, the 2004 NDSHS identified 0.6% of the population, equivalent to 97,000 Australians, who reported use of meth/amphetamine in the last week (compared to approximately half a million who had used at all in the previous 12 months) (Australian Institute of Health and Welfare, 2005). Another report suggested that there are approximately 73,000 people in Australia who are methamphetamine dependent, resulting in a number of problems (McKetin et al., 2005).

Problems of use

The total number of hospital bed-days for amphetamine-induced psychosis was 5679 in 1999-2000, rising to 8068 bed-days in 2003-04 (Degenhardt et al., 2007). In 2004/05 there were almost 15,000 recorded drug treatment episodes for amphetamine or methamphetamine (Australian Institute of Health and Welfare, 2006). Among those aged 15 to 54 years, there was a total of 75 'drug induced' deaths in 2004 for which methamphetamine was mentioned (Degenhardt et al., 2006). This represents an increase from 50 methamphetamine-related deaths in 2003 (a rate increase from 4.4 per million persons to 6.6 per million persons).

Increasing doses of ATS and certain contexts of use exacerbate the risk and the severity of problems. There is growing evidence about a range of adverse effects, including:

- cardio-vascular problems including hyper and hypotension, increased heart rate and irregular heart-beat;
- in vulnerable individuals, a risk of cardio-vascular and cerebro-vascular crises, such as stroke;
- mental health problems including confusion, paranoia, anxiety, depression and psychosis;
- the likelihood of developing dependence especially associated with injecting ATS and smoking crystalline forms of methamphetamine;
- risk of blood borne virus (e.g., Hepatitis C and HIV);
- low levels of concentration;
- cognitive impairment;
- poor eating habits resulting in poor general health;
- sleep-disorders, fatigue, and consequent risk of accident and injury;
- agitation;
- increased impulsivity and risk taking;
- aggression and violence; and
- social and family disruption (use can impact on parents and children of consumers).

A large proportion of ATS dependent people will experience psychological problems including anxiety, depression and psychosis. Meth/amphetamine intoxication, and simultaneous use of other drugs, such as alcohol, and related agitation and aggression, impacts on frontline services (treatment centre, emergency departments and law enforcement) who report significant resource demands caused by amphetamine psychosis.

ATS production and distribution are associated with off-shore and domestic organised crime. Clandestine laboratories are inherently risky to those involved in production and their families (e.g., children may be exposed to the harmful chemicals and risky processes), those in the immediate locale and those with responsibility for the disruption and remediation of such sites (e.g., law enforcement officers and local government workers).

Enhancing the response

A large proportion of people affected by ATS use (i.e., those who are not severely dependent and who are not experiencing severe problems) are suitable for opportunistic and brief interventions and there is an evidence base to guide such interventions.

There are particular challenges associated with treating ATS dependence and related problems but the evidence-base to support the development and implementation of specific interventions has been limited, especially when compared to other drugs such as tobacco, alcohol or heroin. There is limited evidence to inform treatment protocols for managing withdrawal, a limited range of pharmacotherapies, and the challenges of managing co-existing mental health problems such as anxiety and depression. Many people affected by ATS use have a tenuous link with services and retention rates are poor. Co-existing mental health problems create management challenges for law enforcement services, emergency services, mental health services and specialist drug and alcohol services.

There is increasing disquiet about the impact of ATS problems in rural and remote communities and some Aboriginal and Torres Strait Islander communities, where the relative isolation from services creates additional challenges for management.

There is a need to enhance the evidence-base about effective law enforcement, prevention, harm reduction, supply reduction and treatment interventions; to develop strategies to enhance treatment engagement and retention; and to improve coordination of care and referral among police, emergency services, general health and mental health services, and specialist drug treatment services.

More information about ATS use and related problems can be found in the following:

Australian National Council on Drugs (ANCD). (2007). *Methamphetamines: Position Paper*. Commonwealth of Australia. http://www.ancd.org.au/publications/pdf/pp_methamphetamines.pdf

Baker, A., Lee, N.K., & Jenner, L. (Eds.) (2004). *Models of intervention and care for psychostimulant users* (2nd Ed). National Drug Strategy Monograph Series No. 51. Canberra: Australian Government Department of Health and Ageing. [http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-publicat-document-mono51-cnt.htm/\\$FILE/mono51.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-publicat-document-mono51-cnt.htm/$FILE/mono51.pdf)

AIDS Council of NSW (ACON). *Crystal*. http://www.acon.org.au/health/index.cfm?cat_id=103

Drugs & Crime Prevention Committee (DCPC). (2004). *Inquiry into Amphetamine and 'Party Drug' Use in Victoria*. Melbourne, Victoria. http://www.parliament.vic.gov.au/dcpc/Reports/DCPC-Report_Amphetamine_2004-05-05.pdf

National Drug and Alcohol Research Centre (NDARC) website has several references on ATS. <http://ndarc.med.unsw.edu.au>

National Institute on Drug Abuse (NIDA). *Methamphetamine: Abuse and Addiction*. <http://www.nida.nih.gov/ResearchReports/Methamph/Methamph.html>

1.4 What is the National Amphetamine-Type Stimulant Strategy?

On 15 May 2006, the Ministerial Council on Drug Strategy (MCDS) supported a resolution to develop a National Amphetamine-Type Stimulant (ATS) Strategy. The MCDS is the peak policy and decision making body on licit and illicit drugs in Australia, and is responsible for developing policies and programs to reduce the demand, supply and harm associated with drugs and their impact on individuals, families and communities in Australia. It brings together Australian government, state and territory ministers responsible for health and law enforcement, and the Australian government minister responsible for education.

The National ATS Strategy was developed in the context of the National Drug Strategy 2005-2009 that encompasses:

- Supply reduction strategies to disrupt the production and supply of illicit drugs and to control and regulate licit substances;
- Demand reduction strategies to prevent the uptake of harmful drug use, including abstinence-oriented strategies and treatment to reduce drug use; and
- Harm reduction strategies to reduce drug-related harm to individuals and communities.

The National ATS Strategy also exists in the context of the priorities and key result areas of the following existing strategies and plans:

- National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009;
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004-2009;
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013;
- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-08;
- National Tobacco Strategy 2004-2009;
- National Alcohol Strategy 2006-2009;
- National Cannabis Strategy 2006-2009;
- National School Drug Education Strategy 1999 and Department of Education, Science and Training Principles for School Drug Education 2004;

- National Mental Health Plan 2003-2008;
- National Action Plan for Promotion, Prevention and Early Intervention in Mental Health 2000;
- National Suicide Prevention Strategy 1999;
- National Hepatitis C Strategy 2005-2008;
- National HIV/AIDS Strategy 2005-2008;
- National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture (National Precursor Strategy) 2003/04; and
- National Comorbidity Initiative 2003/04 – 2007/08.

1.5 What is already being done?

It is important to place the National ATS Strategy in the context of other strategies and activities. The Australian, State and Territory Governments invest in a wide range of general strategies to prevent and reduce drug related problems. These range from the activities of law enforcement agencies to prevent the international and domestic supply and sale of drugs, to demand reduction strategies such as police diversion of people from the criminal justice to the treatment system, community wide education, school drug initiatives, peer education strategies to reduce risk, and significant investments in mental health services and treatment options. The Australian, State and Territory Governments have also developed a number of initiatives specific to ATS. These include:

- Community wide and targeted education programs about the risks associated with ATS use;
- Funding to government and non-government agencies, to enhance engagement of people affected by ATS problems in treatment;
- Implementation of a range of strategies to control precursor products used in the illicit manufacture of ATS;
- Training for law enforcement and other staff to reduce occupational safety and health risks associated with clandestine laboratories;
- Strategies to link law enforcement and pharmacists to prevent diversion of medicines into the manufacture of illicit ATS;
- Development of guidelines on managing ATS intoxicated people and guidelines on managing methamphetamine dependence;
- Training for the health workforce in responding to ATS problems; and
- Research into new treatments for ATS problems.

In short, many responses to general drug use and related problems, and responses specifically targeting people affected by ATS use, have already been developed. However, issues and challenges related to ATS use indicate that there is a need for some adaptation of existing responses and services. In addition, as already noted, there are some knowledge gaps about some of the short-term and long-term problems associated with ATS use and the most effective responses. As new evidence emerges, current practices may need to be reviewed and updated.

1.6 How has the Strategy been developed?

The Strategy has been developed, under the guidance of and support from a Project Management Group and three Reference Groups, by a Project Team from the National Drug Research Institute (NDRI; Curtin University of Technology) and the Australian Institute of Criminology (AIC). The Project Team engaged in national consultations and a review of the research literature and evidence.

Project Management and Reference Groups

A Project Management Group (PMG) was established to oversee the development of the Strategy. The PMG included membership from the Australian Government Department of Health and Ageing, the Australian National Council on Drugs, the Intergovernmental Committee on Drugs, and representatives from a consumer body, law enforcement, health, and education sectors (see Appendix 2). Three Reference Groups were also established to provide advice to the PMG and the Project Team throughout the development of the Strategy. These Reference Groups had representation from law enforcement, mental health, general practice, emergency medicine, consumers, research and education (see Appendix 2). The three Reference Groups were the:

- Law Enforcement Reference Group;
- Public Health and Treatment Reference Group; and
- Research Reference Group.

Sources of information used to develop the ATS Strategy

The method used to develop the National ATS Strategy was consistent with that previously endorsed for the National Cannabis Strategy and National Alcohol Strategy. This involved:

- Reviewing existing knowledge and research;
- Engaging in a comprehensive national consultation process with key stakeholders in metropolitan and regional Australia, including consultation forums in each state and territory; and
- Seeking written submissions.

The process was also informed by:

- The National Amphetamine Type Stimulants Strategy 2006-2009 (Law Enforcement Component) (Led by the Australian Government Attorney-General's Department and endorsed by all IGCD and MCDS jurisdictions);
- The outcomes of the 'National Leadership Forum on Ice' organised by the New South Wales government prior to the MCDS meeting, December 2006;
- The National Illicit Drugs Campaign Phase III (Qualitative Research Report, prepared by Blue Moon Research and Planning);
- Australian National Council on Drugs (ANCD)(2007) Methamphetamine: Position Paper; and
- The National Cannabis Strategy 2006-2009 and National Alcohol Strategy 2006-2009.

Consultation process and written submissions

Between March and June 2007, community members and representatives from a range of sectors were invited to attend consultation forums occurring in every state and territory. Forums were held in all capital cities and selected rural sites across Australia (a total of 15 locations). Separate consultations also occurred with Aboriginal and Torres Strait Islander people, young people and consumers. These groups were also represented at more general forums. The forums were open to any interested member of the community, but in particular those from community organisations, law enforcement, criminal justice, Indigenous services, education and health were targeted. A number of individuals and organisations (e.g., Australian Government Attorney General's Department; Australian Customs; Drug and Alcohol Office of Western Australia) were consulted in meetings separate to the forums.

The following provides a summary of the consultation process:

- 40 members of the Project Management and Reference Groups
- Consultations with 515 stakeholders
- 19 consultation forums around Australia
- 67 feedback forms received
- 22 written submissions received

Processes used in development of the Strategy

The Project Team embraced similar processes to those employed in developing the National Alcohol Strategy and the National Cannabis Strategy. These included:

- Considering trends in use and problems;
- Broad national consultation;
- Building on existing activities, policies and strategies;
- Being informed by available evidence;
- Focussing on key areas such as at-risk groups and contexts of use and the range of interventions (prevention; law enforcement; reducing problems; treatment); and
- Identifying responses that could be realistically implemented in a timely manner.

1.7 What issues were identified?

As indicated in the Background Paper to the Strategy, the literature review and consultation process indicated a need for a National ATS Strategy to address a range of issues, including:

- Diverse groups in the community are at risk of ATS related problems. Also, particular contexts of use create specific risks and related problems, indicating the need for targeted responses;
- ATS use is associated with a range of legal, familial, social, and physical and mental health problems. While a number of these problems can arise in relation to any drug use, many problems are ATS specific and require additional responses;

- Some evidence about the adverse consequences of ATS use has only recently emerged and there are still gaps in knowledge. Related to this, many people in the community and some consumers are either unaware of problems associated with ATS use or they underestimate the risks;
- The process of manufacturing ATS, and related distribution processes, are distinct from processes involved in other illicit drugs such as cannabis or heroin. The relatively straightforward manufacturing processes have resulted in both domestic and off-shore trade in precursor chemicals and ATS production. The characteristics of illicit ATS production and distribution have resulted in the need for ATS specific law enforcement responses;
- The manufacture of ATS involves procedures using toxic chemicals, posing risks to those involved in the production process, people around them, and law enforcement and other staff involved in clandestine laboratory disruption and site remediation. This indicates the need to ensure that the community is aware of the risks and workforce capacity and protocols are developed to prevent and reduce risks;
- Effective treatment for ATS problems will depend on the development of an evidence base, good access to treatment, and workforce and organisational development. It was noted that:
 - Many people affected by ATS related problems either do not access treatment or have a tenuous link with services, indicating the need to better engage and retain people in treatment and develop innovative approaches to reach ATS users;
 - Many of the treatments used for other drug related problems have relevance for people affected by ATS use. However, there are gaps in knowledge about ATS specific withdrawal and treatment strategies; and
 - The infrastructure to support effective responses to ATS related problems is limited in some areas. For example, there is a need for more coordinated responses among the various services (e.g., law enforcement, drug specialist, general health and mental health services) and there is a need to build workforce capacity in a range of services.

It is important to note that different strategies will need to target the broad range of needs, contexts and patterns of use, and related problems, as illustrated in Table 1 below.

Table 1: Illustration of range of responses for diverse target groups

TARGET GROUP	RESPONSE
The broad community	Inform about ATS use and related problems
Parents	Inform about risks of ATS use, how to prevent such use, how to identify problems in their children and how to respond to problems if they arise
Those at risk of using	Prevent use. Build protective factors and reduce/address risk factors (e.g., in broad community; in school and TAFE/University communities)
Those who use occasionally	Design innovative strategies to access such populations and inform of risks and how to seek advice and assistance. Provide opportunistic and brief interventions. Address contextual factors that influence use and increase risk
Regular/Problematic users	Address problems. Enhance access to treatment and retain in treatment

2.

The Strategic Framework

2.1 The priority areas of the National Amphetamine-Type Stimulant Strategy

In developing priority areas it is important to support responses across sectors (e.g., education; health; law enforcement), thus highlighting the importance of multifaceted and coordinated cross-sector responses.

The following five priority areas have been determined as the focus of activity for the National Amphetamine-Type Stimulant Strategy 2008-2011:

- | | |
|-----------------|--|
| Priority Area 1 | Community awareness and understanding of amphetamine-type stimulant use and related problems |
| Priority Area 2 | The supply of amphetamine-type stimulants |
| Priority Area 3 | The use of amphetamine-type stimulants |
| Priority Area 4 | Problems associated with amphetamine-type stimulant use |
| Priority Area 5 | Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems |

These priority areas for action embrace the need for diverse responses, such as broad-based and targeted information provision, supply reduction strategies, strategies that aim to prevent use, strategies that aim to reduce harms associated with ATS use, including for consumers, families and community members, and treatment responses. The Strategy is aimed at the broad community; at-risk groups (such as young people, people with mental health problems, Aboriginal and Torres Strait Islander people); contexts that increase the risk of ATS use and related problems; parents; families; all ATS users; and those with significant problems associated with ATS use. In broad terms, the Strategy is based on recognition of the need to:

- Gather accurate information on patterns of ATS use and related problems;
- Inform the community about patterns of ATS use and related problems and raise awareness of the risks of ATS production and use;
- Prevent and reduce ATS production and supply;
- Prevent and reduce use across the community;
- Reduce risks and harms associated with ATS use, including those faced by individual consumers, families (e.g., parents and children of ATS users), service providers (e.g., law enforcement staff; general health staff; drug specialist staff), and the broad community;
- Reduce the individual and community level problems associated with ATS manufacture and distribution; and,
- Help engage and retain those affected by ATS use in effective treatment.

The priority areas and related activities are linked to the National Drug Strategy as indicated in Table 2 opposite.

Table 2: Relationship between National Drug Strategy and National Amphetamine-Type

Stimulant Strategy

National Drug Strategy Priority Areas	National Amphetamine-Type Stimulants Strategy Priority Areas
Prevention	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 2: The supply of amphetamine-type stimulants</p> <p>Priority Area 3: The use of amphetamine-type stimulants</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Reduction of supply	<p>Priority Area 2: The supply of amphetamine-type stimulants</p>
Reduction of drug use and related harms	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 2: The supply of amphetamine-type stimulants</p> <p>Priority Area 3: The use of amphetamine-type stimulants</p> <p>Priority Area 4: Problems associated with amphetamine-type stimulant use</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Improved access to quality Treatment	<p>Priority Area 4: Problems associated with amphetamine-type stimulant use</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Development of the workforce, organisations and systems	<p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Strengthened partnerships	<p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p> <p>Further addressed in additional section, 'Coordinated response/partnerships'</p>
Implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006	<p>The Plan is supported by the National Amphetamine-Type Stimulant Strategy Responses targeting Aboriginal and Torres Strait Islander peoples are included within each Priority Area across the Strategy</p>
Identification and response to emerging trends	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p> <p>Further addressed in additional sections, 'Building the evidence base' and 'Monitoring and evaluation'</p>

2.2 The Strategy Aim and Objectives

Aim

Reduce the availability and demand for illicit amphetamine-type stimulants and prevent use and harms across the Australian community.

Objectives

- Increase the Australian community's knowledge about amphetamine-type stimulants and

- raise awareness of the problems associated with their production and use;
- Prevent the supply of illicit amphetamine-type stimulants;
 - Prevent the use of illicit amphetamine-type stimulants;
 - Prevent and respond to amphetamine-type stimulant-related physical and mental health problems as well as social, familial and financial problems for individuals and the community; and
 - Enhance the capacity of organisations and the broad system to respond effectively to people affected by amphetamine-type stimulants.

2.3 How are the Priority Areas structured?

Within each priority area, a set of actions are recommended attending to approaches to reduce supply, reduce demand, prevent use and reduce problems associated with ATS use. These include those that are specific to ATS use and more general strategies that are relevant to all drug problems, but are important to include in any effective response to ATS related problems. For example, controlling the supply of precursor chemicals used in the production of methamphetamine is an ATS-specific response, whereas improving integration between drug specialist and mental health services is relevant in responding to a range of drug problems, but also very important in responding to mental health problems that arise as a consequence of ATS use.

In developing the actions for each priority area, the following guiding principles were applied:

1. Be guided by the best available evidence or information;
2. Where there was an identified gap, support the development of evidence;
3. Develop community-wide and targeted responses;
4. Link to or enhance existing policies, plans and strategies; and
5. Ensure coordinated responses across jurisdictions and across sectors (e.g., law enforcement, primary health care, mental health, drug specialist services) that are capable of being responsive to local needs and contexts.

It will be important to involve Aboriginal and Torres Strait Islander people in the development and implementation of programs that are tailored to meet their needs. National and local negotiation with key stakeholders will allow the design of initiatives that enable adaptation for use in diverse regions and communities.

As indicated, there are areas where the research evidence is lacking, and therefore the Strategy includes a focus on building the evidence base to inform policy and interventions. Effective responses to ATS problems are likely to be multifaceted, involving and having relevance for a range of organisations (e.g., in law enforcement; justice; education; child welfare; health) and it will be important for implementation of the Strategy to be based on a coordinated approach across the various sectors. To monitor and evaluate the impact of the strategy, including identifying any unintended consequences, a performance framework should be developed.

Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems**Objective**

Increase the Australian community's knowledge about amphetamine-type stimulants and raise awareness of the problems associated with their production and use.

Rationale

Within the broad community, many people affected by ATS use and those with responsibility for preventing and responding to ATS problems, have a lack of understanding and awareness of patterns of ATS use and related problems. During the consultations, it was suggested that some members of the community and some current consumers had limited knowledge about many of the risks associated with ATS use. For example, it was believed that a significant number of ATS consumers underestimated the risks of mental health problems, infectious diseases and the impact of ATS use on other people. The relatively recent emergence of evidence about some adverse consequences of ATS use has also contributed to this problem.

There are diverse patterns of ATS use, modes of administration and related problems and these patterns can change over time. For example, there are likely to be differences in the patterns of use, mode of administration, context of use and associated problems experienced among Indigenous people living in a major metropolitan region, youth in the dance scene and people working in the transport industry. Accordingly, a large number of participants believed that it was important to build and consolidate existing information about ATS use and related problems, and to ensure that policy makers, law enforcement, health, and education staff are accurately informed about patterns of ATS use and related problems in a timely manner.

The diversity in patterns of use indicates that information dissemination strategies should be tailored to meet the needs of specific target groups, including parents and families, Aboriginal and Torres Strait Islander people, young people and people with mental health problems or to address particular contexts such as entertainment venues or at-risk occupations.

ATS production and use create particular challenges for communities and services. For example, clandestine laboratories create risks for producers and those around them, who may be exposed to toxic substances and dangerous processes; law enforcement and emergency services staff may be challenged by agitated and/or violent behaviour; and treatment services find it difficult to attract and retain ATS users in treatment. The broad community, individual consumers, and professional groups need to be informed about these risks and challenges.

In every consultation, media coverage of ATS use was raised as a significant issue. The media have the potential to disseminate quality information on ATS use and related risks, explain and promote responses by law enforcement and health, and provide information on how to access services. While some participants acknowledged that media coverage had helped raise community awareness about ATS related problems and that the media had an important role to play in any information strategy, unfortunately a considerable amount of recent coverage

had not accurately reflected some of the common adverse outcomes of ATS use. In addition, it was observed that some media coverage could inadvertently create interest in ATS use where none previously existed and sometimes can ‘normalise’ or ‘glamorise’ ATS use. Poor quality media coverage can also stigmatise and marginalise consumers, and thus create barriers to delivering effective prevention and treatment programs. Therefore, media guidelines on reporting about drug use in general and ATS use in particular are required.

Recommended actions

i) Consolidate the current knowledge of patterns of ATS use and identify awareness of the risks of ATS use among the broad community and high-risk groups

Support the coordination and dissemination of information updates on ATS use and related problems from a variety of existing data sources, including:

- Annual Needle and Syringe Program (NSP) Survey;
- Australian School Survey on Alcohol and Drugs (ASSAD);
- Drug Use Monitoring in Australia (DUMA);
- Ecstasy and Related Drugs Reporting System (EDRS);
- Illicit Drug Reporting System (IDRS);
- National crime statistics;
- National Drug Strategy Household Survey (NDSHS);
- National Illicit Drug Indicators Project (NIDIP); and
- National Minimum Data Set (NMDS).

Identify current patterns of ATS use in the broad community and in high-risk target groups and contexts. Where required, support additional epidemiological and criminological research to provide quality information about current and changing patterns of ATS use and problems, across the community and with high-risk target groups and contexts of use. Coordinate the dissemination of the data in a meaningful way for a variety of stakeholders (e.g., the community; law enforcement; court officers; health staff).

Ensure that quality forensic information is available about the particular risks associated with various changing illicit ATS formulations. This will require developing methods, and capacity, to provide up-to-date analysis of locally available illicit ATS. Where emerging threats are identified, communicate these to law enforcement, health services and high-risk target groups.

Through population surveys and other data sets, benchmark community understanding of the physical, mental health and other effects of ATS use and attitudes towards ATS use. Identify the understanding of particular at-risk groups through targeted surveys (e.g., those in occupations with higher rates of use; school children in years 10-12; those in 20-29 age range; Aboriginal and Torres Strait Islander people). Use these results to review existing resources and where necessary develop a range of new broad community and targeted information resources to raise awareness of the risks and problems associated with ATS use, especially targeting contexts and groups that are at high risk for use and related problems. When developing resources, consideration should be given to electronic production that allows adaptation to diverse regions and reduces duplication of effort.

Ensure that information about ATS use and related problems is summarised and available to key decision and policy-makers such as members of the Ministerial Council on Drug Strategy, the Intergovernmental Committee on Drugs, the Australian National Council on Drugs, the Ministerial Advisory Council on HIV, Sexual Health and Hepatitis, senior health, education, law enforcement staff and members of the judiciary.

ii) Use social marketing programs and targeted strategies to raise awareness of the risks associated with ATS use

Develop, trial and implement evidence-based social marketing strategies for the whole community and targeted strategies for at-risk groups or contexts of use. These will need to be designed to be sensitive (in terms of cultural security, literacy levels and appeal) to the needs and contexts of different target groups (such as Aboriginal and Torres Strait Islander people; young people in the school system; young people in post-secondary education; entertainment venues; the workplace). Strategies will include:

- Broad social marketing campaigns for the whole community;
- Targeted information to at-risk groups or in high risk settings, using a variety of media (e.g., printed materials; Internet strategies; mobile phone technology; targeted venue advertising; media specifically developed by and communicated to Aboriginal and Torres Strait Islander people); and
- Workforce development and resources for key personnel who are engaged in information transfer and advice (e.g., Occupational Safety and Health Staff; Employee Assistance Program staff; law enforcement staff; juvenile justice staff; community health staff; teachers and school counsellors).

The strategies should be designed and targeted to avoid unintended consequences, such as inadvertently glamorising or normalising use, creating interest in use where none previously existed, stigmatising or marginalising current users, or diverting consumers to higher-risk patterns of use. The content should focus on:

- The social unacceptability of and illegal status of ATS use, supply and distribution;
- The legal consequences of supply, including supplying to friends and acquaintances;
- The risks of ingesting drugs containing unknown chemicals and the risks associated with known additives;
- The mental health risks associated with ATS use;
- The physical health risks associated with ATS use;
- Particular high-risk contexts of use, and legal consequences of using in such contexts, such as driving and/or working whilst impaired through intoxication and 'comedown' effects;
- The risks of combining ATS with other drugs, including alcohol;
- The risks of ATS use for families and the broader community;
- The risks for children where parents/carers are ATS consumers;

- The risks associated with clandestine laboratories, including risks for people involved in production, people in the immediate vicinity, the broader community, and those services (e.g., law enforcement; local government) responsible for disrupting such laboratories and re-mediating sites; and
- Treatment options and how to access treatment.

Develop strategies and distribute specific resources for parents/families/carers to inform them about:

- The effects of ATS;
- How they can provide support to their children to prevent ATS use;
- How they can provide support to children or a family member who uses ATS;
- How to access help for their children or family member; and
- How they can access support for their own needs.

Develop media guidelines on reporting on illicit drug use in general, and ATS use and related problems in particular. Liaise with key media organisations to ensure their cooperation and adoption of the guidelines. Educate/inform the media and other key stakeholders about the potentially negative impact of using terminology that may normalise or glamorise use and avoid any reporting that may inadvertently contribute to increased interest in ATS use (for example, provide accurate reporting about prevalence of use) or alternatively contribute to marginalisation of people affected by ATS use. Enhance the capacity of key stakeholders (e.g., law enforcement staff; health staff) to effectively respond to the media.

Ensure that the current Alcohol and Drug Information Services (ADIS), Parent Drug Information Services and on-line information services (e.g., Alcohol and Drug Information Network - ADIN) have up-to-date information about the problems associated with ATS use. Effectively promote these services. For example:

- Ensure details about these services (web addresses; telephone numbers) are prominent on all communication/information resources;
- Request the media to include details about these services in reports about ATS; and
- Cross link websites containing quality drug information with more general websites such as those aimed at young people and Aboriginal and Torres Strait Islander people, and which address issues such as health, occupational health and, safety and mental health.

Liaise with local governments to facilitate distribution of resources and information. This will include ensuring that information about ATS related problems are available in key sites such as libraries and community services managed by local government.

Ensure that the community is informed about the outcomes of activities under the ATS Strategy. This will require the development of performance indicators and reporting against these in relation to prevention strategies, harm reduction, treatment programs and the activities of law enforcement in diversion and supply reduction.

Priority Area 2: The supply of amphetamine-type stimulants

Objective

Prevent the supply of illicit amphetamine-type stimulants.

Rationale

The availability of drugs is a risk factor for use and related problems - ease/difficulty of production and distribution influence price, purity, and availability. The nature of ATS production differs in relation to other drugs, such as heroin and cannabis, in that it relies on the supply of precursor chemicals, and involves unique manufacturing processes.

This can present a challenge in that there is a need for liaison with a wide range of legitimate enterprises (e.g., pharmaceutical companies) whose products may be diverted into illicit ATS production. In addition, it allows for both domestic and off-shore ATS production and trade in precursor chemicals. On the other hand, it presents opportunities in that there are a range of different targets and potential strategies for production and supply disruption. These include strategies to enhance relevant controls, regulations and legislation within the Asia-Pacific region: Australia has already invested in such strategies, by supporting the development of regional forums (such as the Asian Collaborative Forum on Local Precursor Control (ACoG) and the South Pacific Precursor Control Forum (SPPCF)).

A number of law enforcement participants in the consultation process noted continued threat to Australia posed by large-scale methamphetamine production throughout the Asia-Pacific region, including Australia. This suggests that Australia would continue to benefit from working collaboratively with other regional countries to promote improvements in the regulation of precursor chemicals and pharmaceuticals and to prevent ATS manufacture and distribution. A number of participants also observed that within Australia, it will be important to retain a consistent approach to the management of precursor chemicals and pharmaceuticals across jurisdictions through such existing mechanisms as the National Precursor Working Group and the Chemical Diversion Congress. This will be important to counter the risk posed by simply shifting production activities from one location to another.

Concerns were raised about the risks associated with clandestine laboratories. These included risks to: those who produce ATS; any family members, including children in the vicinity; the surrounding community; law enforcement and other staff tasked with disrupting clandestine laboratories and remediation of sites. It was noted that a consistent and coordinated national approach needs to be developed and agreed responsibilities identified for the various groups involved in responding to the risks of clandestine laboratories.

Recommended actions

- i) Disrupt and dismantle criminal groups involved in the production, trafficking and supply of ATS into and within Australia, including preventing the illicit supply of precursor chemicals and equipment*

Increase international collaboration with key overseas agencies to identify and respond to ATS manufacture and trafficking operations, emerging products, precursors and technologies that are used in the production of ATS. This will include increasing efforts to engage with overseas agencies to enhance local enforcement capacity in the control of key chemicals and equipment

and operational responses. Continue Australia's participation in international activities such as the International Narcotics Control Board's *Project Prism*, an international initiative to prevent the smuggling of chemicals used in the illicit manufacture of ATS.

Continue and enhance Australian activities to combat the diversion of ATS precursors into illicit manufacture in the Oceania region. This includes investigating the application of new technologies for detecting ATS and their precursors at the border, and, the impact of internet facilitation of ATS and precursor distribution.

Continue to support current law enforcement activities to prevent and disrupt manufacture and distribution of illicit ATS, including:

- Close monitoring of domestic diversion of key chemicals and equipment. In support of this, from a regulatory and intelligence perspective, increasing State and Federal cooperation and collaboration among law enforcement agencies on joint precursor, ATS and clandestine laboratory seizure operations will enhance the border monitoring of importation of key chemicals and equipment;
- Intelligence-led law enforcement activities to disrupt criminal activity, including dismantling organised crime syndicates engaged in ATS-related activities, with particular emphasis on facilitators, importers, manufacturers, distributors and 'cooks';
- State and Territory investigations and activities to detect and dismantle clandestine laboratories within Australia and continue proactive investigations by law enforcement agencies at all levels of the illicit drug market;
- Support of State and Territory Chemical Diversion Desks or similar units; and
- The activities of the National Working Group on Preventing the Diversion of Precursor Chemicals, including:
 - Develop and implement the National Clandestine Laboratory Database;
 - Identify and respond to emerging trends and threats in the diversion of chemicals and equipment and ATS manufacture;
 - Assess the continued adequacy of controls on precursor chemicals and related equipment used in the manufacture of ATS, with a view to developing more effective controls;
 - Develop a national regulatory approach to the control of essential precursor chemicals and equipment which draws on the National Code of Practice;
 - Develop awareness raising activities for the community, industry and government of the risks and signs of ATS manufacture and the diversion of chemicals and equipment;
 - Support the continued development and delivery of law enforcement training initiatives;
 - Enhance information and intelligence databases for law enforcement, such as the National Industrial Chemicals Notification and Assessment Scheme; and,
 - Develop a national Precursor Chemical Information Resource.

Raise awareness among the pharmacy and chemical industries about the diversion of products and chemicals for ATS manufacture. Identify and where appropriate raise awareness among other key groups (e.g., real estate industry).

Support the national roll-out of Project STOP to provide pharmacists, law enforcement and health agencies with information on the purchase of pseudoephedrine based medicines to prevent diversion to illicit manufacture of ATS and support industry development of alternative products to pseudoephedrine which are not susceptible to diversion to ATS manufacture.

ii) Improve intelligence and information-sharing capabilities of Australian law enforcement agencies and related sectors

Ensure adequate availability and collection of ATS related information such as seizure and purity data.

Continue to improve and increase intelligence-led law enforcement practices, with particular emphasis on the use of the ACC's Australian Criminal Intelligence Database and the National Clandestine Laboratory Database, by:

- Continuing to use ACC coercive powers and dissemination of intelligence on a national basis;
- Ensuring the timely provision of ATS related information and intelligence between jurisdictions and timely release and widest appropriate distribution of intelligence products;
- Continuing support for the operation of the National Chemical Diversion Congress;
- Continuing support for the further development and refinement of the ATS Signature Program under the Australian Federal Police Australian Illicit Drug Intelligence Program (AIDIP);
- Improving exchange of timely and quality information between law enforcement and forensic officers on seized chemicals and substances;
- Continuing national forums which bring together investigators and intelligence experts from all jurisdictions;
- Continuing support for, and networking of, Chemical Diversion Desks in each jurisdiction, including the coordination and exchange of information and intelligence; and
- Enhancing existing intelligence arrangements for law enforcement to access corrective services intelligence, and prisoner information on ATS production and trafficking on a national basis, including visitation programs.

iii) Ensure adequate laws are in place to respond to ATS related activities

Ensure law enforcement has appropriate powers and resources to respond to ongoing and evolving ATS problems. Ensure offence and penalty provisions remain appropriate in light of emerging ATS trends and threats, including coverage of:

- Possession and use of precursor chemicals and equipment for the purpose of manufacturing ATS;
- Exposure of children to clandestine laboratories;
- Use of children in ATS distribution;
- Increasing potency of ATS – while penalties are usually tiered according to relevant quantity thresholds for particular drugs, consider taking into account the purity or strength of a drug as an aggravating factor in determining penalties;
- Sale of ATS to children.

Ensure a consistent national approach to the remediation of clandestine drug laboratory sites and precursor supply through adoption of nationally agreed standards and guidelines.

Investigate how the availability of smoking implements (including over the Internet) influences ATS use, dependence and problems and investigate the likely impact of changes to this availability and review the regulations where appropriate.

Ensure that key industry groups (e.g., pharmacies) and the broad community are informed about signs of illicit activity and diversion of precursor chemicals and the importance of community, industry and local government support to law enforcement activities.

Increase community awareness about the legal consequences/penalties of ATS possession, manufacture, distribution and importation, including targeted campaigns for at risk groups indicating definition of supply and consequences of relevant legislation.

Support the work of the Precursor Working Group's Scheduling Working Party to review legislation relating to ATS manufacture and distribution.

Priority Area 3: The use of amphetamine-type stimulants

Objective

Prevent the use of illicit amphetamine-type stimulants.

Rationale

No single factor is responsible for ATS use. A range of protective and risk factors reduce or increase the probability that an individual will develop any drug related problem, including ATS-related problems (e.g., Loxley et al., 2004; Spooner, 2005). Protective factors include connectedness to school, adults and community; developing educational and social competence; positive family influences; access to employment and high socio-economic status. Risk factors include local availability of ATS, poor family functioning, social and economic deprivation and unemployment. Many of these protective and risk factors also influence the development of a range of other problems such as poor mental health, conduct disorders, and criminal involvement. The diversity of protective and risk factors demands that any response to ATS use and related problems will be multifaceted.

Most prevention strategies are not specific to ATS. Effective prevention strategies generally relate to preventing a range of illicit drug problems and addressing the varied determinants of drug use and other poor health outcomes. This extends beyond the National Amphetamine-Type Stimulant Strategy. However, it will be important to ensure that activities under the Strategy are consistent with broad approaches to address the range of determinants of drug use, such as inequality and the needs of disadvantaged and vulnerable communities, families and individuals, and protective factors such as connectedness to community and culture.

People aged 20–29 years have the highest prevalence of ATS use (see 2004 National Drug Strategy Household Survey; Australian Institute of Health and Welfare, 2005) and in the consultations it was argued that prevention strategies should aim to target people who potentially are about to enter or are in such age groups. Many participants in the consultations proposed that school-based interventions, including ensuring that children are engaged in the school system with an opportunity to develop academic and social competence, and providing evidence-based drug education, were important. It was noted that effective school-based education programs are

most often generic to all drugs, rather than being specific to ATS and the *Principles for School Drug Education* (Meyer & Cahill, 2004) and *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Sanctioned Drugs in Schools* (Department of Education, Science and Training, 2000) had relevance for preventing and responding to ATS use in school-aged children. However, it has been noted that some specific interventions that focus on a particular drug can have value. For example, an evaluation of the NSW Department of Education and Training's *Marijuana Matters: A cannabis intervention program*, has shown this program to be effective. It was also argued that interventions should target young people in post-secondary and tertiary education settings and those who were making the transition from education settings to employment settings.

It was noted that a significant amount of the reported illicit ATS use among school aged children involved diverted medication prescribed for Attention Deficit Hyperactivity Disorder (ADHD). It is appropriate to examine how ADHD and medication diversion influence more general ATS use and problems (e.g., see Chilcoat & Bresleu, 1999; Molina & Pelham, 2003) and to trial and implement appropriate interventions.

Furthermore, it was revealed that there are some clinical reports of adults using ATS to manage the symptoms of ADHD. This is an area that would benefit from further research. Important issues that require consideration include the extent of this problem, identification and diagnosis of this group of users and the development of effective interventions.

It was observed that law enforcement activities, identified in Priority Area 2, have a role beyond disrupting the supply of ATS. Law enforcement activities communicate a message that illicit ATS use and supply are not condoned by the community. Law enforcement agencies also participate in prevention initiatives and inform the community about ATS use and associated risks and providing advice to parents/carers and consumers.

Recommended actions

i) Develop an evidence base regarding specific strategies to prevent ATS use

Identify and address the factors that specifically increase/decrease the risk of ATS use. These might include:

- Local availability of ATS (e.g., local production; local availability due to being on a distribution route and/or proximity to industry with high rates of use);
- Effective diagnosis and treatment of ADHD;
- Lack of procedures to prevent misuse and diversion of ADHD medication (e.g., dexamphetamine; Ritalin);
- Diversion of pharmaceutical stimulants;
- Use of ATS to facilitate continued/heavy alcohol consumption at late-night venues;
- Use of ATS in specific contexts (e.g., use of ecstasy as part of some recreational activities or contexts);
- Workplace factors, such as fatigue, shift work and cultural acceptability of use;
- Factors that influence particular modes of drug administration (e.g., oral ingestion, smoking or injecting);
- Factors that influence decisions to use particular drugs such as ecstasy;

- Low perception of risks associated with ATS, or some forms of ATS administration, such as oral ingestion or smoking; and
- The availability of effective school-based drug education programs aimed at preventing or delaying the use of alcohol and tobacco (noting that the early use of alcohol and tobacco are risk factors for subsequent illicit drug use).

Develop an evidence base about the relative acceptability, for some groups and in some settings, of smoking drugs such as crystal methamphetamine and use this information to develop targeted strategies.

Develop an evidence-base regarding the influence of production, price, purity and availability on ATS use and related problems. Use this evidence-base to inform the development of ATS specific law enforcement and demand reduction strategies.

ii) Address broad determinants of poor health and social outcomes and illicit drug use

Support and expand Australian and State/Territory initiatives to provide effective early intervention programs, crime prevention initiatives and responsible parenting programs that improve academic and social functioning, and physical and mental health outcomes. Examine the impact of such programs on illicit drug use, particularly ATS use. These initiatives might include, for example:

- Neighbourhood building/community regeneration strategies and projects;
- School engagement;
- Crime prevention through environmental design projects;
- Early intervention and mentoring programs for at-risk youth; and
- Parenting skills and support programs.

Develop and implement national and local initiatives to engage and retain young people in the education system (e.g., 13-18 year olds) and, for older at-risk young people, to connect them with training and employment and/or post secondary/tertiary education opportunities.

Develop and trial family centred approaches to build resilience and effective prevention of ATS use problems in Indigenous communities.

Ensure that decision- and policy-makers are informed about how broad public policies impact on health, social functioning and drug use.

iii) Enhance the capacity of the education sector to implement prevention responses to illicit drug problems in general and ATS problems in particular

Support schools to deliver evidence-based drug prevention programs (i.e., based on the *Principles for School Drug Education*). Ensure that such programs have up-to-date and accurate information about patterns of ATS use and related problems. Identify and respond to barriers to widespread adoption of evidence-based drug education in schools.

Support schools' and post secondary and tertiary education organisations' responses to at-risk children and young people, including the implementation of school drug policies, such as the *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Sanctioned Drugs in Schools*.

Develop and implement strategies to ensure safe and effective use of ADHD medication and avoid diversion of such medication.

Priority Area 4: Problems associated with amphetamine-type stimulant use

Objective

Prevent and respond to amphetamine-type stimulant-related physical and mental health, social, familial and financial problems for individuals and the community.

Rationale

Current and emerging research indicates that ATS use is associated with a range of adverse physical, psychological and social outcomes which contribute to problems for individuals, families, the broad community and services such as emergency departments and police (see Baker et al., 2004; Baker and Dawe 2005; Dyer and Cruickshank 2005; and Maxwell 2005). The nature and severity of adverse outcomes are generally related to frequency and quantity of use and context of use. The severity of problems increases with use and may be exacerbated by certain contexts (e.g., working or driving while intoxicated). The majority of people who use ATS do so occasionally, while a smaller proportion use frequently. Problems include:

- Risks associated with injecting ATS (e.g., bacterial infection, vein collapse) - a large proportion of regular ATS users inject the drug and methamphetamine accounts for approximately one third of injecting drug use in Australia;
- High levels of sexual risk taking, increasing the risk of unwanted pregnancy and sexually transmitted infection;
- Mental health problems, including anxiety, depression, and psychosis;
- Agitation, aggression, violence and crime, in particular when ATS are used in combination with alcohol;
- Sleep and nutritional disorders that in turn can contribute to poor mental and physical health outcomes;
- Oral health problems (e.g., related to dental hygiene, jaw clenching and teeth grinding);
- Relationship and family disruption, which can impact on the individual user and parents, carers, children and friends/colleagues;
- Polydrug use, either in combination with ATS use or, for example, to manage 'come down' and/or withdrawal symptoms;
- Dependence; and
- Cognitive impairment, which in turn has implications for treatment design and delivery.

The nature of interventions will be determined by the severity of problems. For example, the larger group of occasional users who experience comparatively lower level problems may respond to simple brief interventions, whereas regular and dependent users, who are also likely to be using a range of other drugs, may require more intensive interventions. While there is limited evidence about treatment strategies that are specific to ATS dependence, many approaches have been effectively used with other drugs and it is anticipated that these can be adapted and transferred to prevent and reduce ATS problems.

A large proportion of people affected by ATS use seek information and advice from their peers, peer support networks, GPs, community health services, and Needle and Syringe Programs (NSPs). Developing, trialling and implementing strategies in these settings may help broaden the reach of effective interventions. Other consumers, including many people who use ecstasy, do not seek information or advice about the risks and problems associated with their drug use. Thus, it will be important to develop and trial innovative, opportunistic and targeted approaches in contexts where ecstasy use occurs. In the consultations it was suggested that:

- Roadside drug detection could present an opportunity to identify and intervene with a group of individuals who may be at high risk for ATS related problems, but who otherwise are not accessing services;
- A significant proportion of ATS users come into contact with law enforcement and criminal justice services, indicating the need to target interventions in these settings. It was suggested that the Illicit Drug Diversion Initiative (IDDI) should be examined to ensure its effective application to people with ATS related problems. Similarly, it was observed that the court system had an important role in responding to ATS related problems and dependence; and
- Recent evidence (e.g., Allsop et al., 2001; Bywood et al., 2006) indicates that the workplace is a convenient and appropriate location to target information about ATS use and problems.

Increasing numbers of regular ATS users are being engaged in general drug treatment services. However, it was observed that other ATS consumers, who would benefit from some intervention, have either tenuous or no links at all with such services. The consultations consistently suggested the need to:

- Explore innovative strategies to engage people affected by ATS use;
- Explore the role of assertive outreach initiatives;
- Examine the appropriateness of and gaps in current treatment options;
- Examine responses to the observation that anxiety about child welfare, care and custody can act as a treatment barrier for parents (who use ATS) with dependent children; and
- Enhance the accessibility and effectiveness of ATS specific interventions where indicated.

Mental health problems can precede ATS use, can be exacerbated by ATS use and may compromise treatment (e.g., some medication is contraindicated if there is concurrent ATS use). Mental health problems can also emerge as a consequence of ATS use, in vulnerable individuals and/or in otherwise psychologically robust people who regularly use ATS. Thus, psychotic symptoms are more prevalent among ATS users compared to the general community and a large proportion of ATS users entering treatment for dependence experience depression and anxiety (Dyer & Cruickshank, 2005; Kosten et al., 1998). Such symptoms are associated with poorer treatment outcome. The consultation process indicated a need to build more integrated treatment for people affected by co-existing mental health and ATS problems and to enhance the procedures for effective referral and joint management.

The consultations indicated that there was a need to explore the value of innovative ways of communicating information about adverse outcomes of ATS use and how to seek help (e.g., using venue advertising to target particular locations or high-risk contexts of use; use of the Internet to provide quality information and to counter inaccurate information). It was also suggested that peer networks and interventions were important tools, especially in contexts

and/or with individuals where there is likely to be limited contact with mainstream services. The evidence (e.g., Sansom, 2001) indicates that peer interventions can reduce HIV and Hepatitis C risk behaviour, and prevent transitions to higher risk-drug use such as injecting.

Adverse consequences are not only related to ATS use. The production and distribution of illicit ATS create a range of risks for individuals, communities and law enforcement staff. These include criminal activity, draining revenue from communities, diverting police and other law enforcement resources and risks associated with clandestine laboratories, which involve dangerous manufacturing processes and the use of toxic substances.

Recommended actions

i) Ensure that quality information is available about the context of ATS use and related adverse consequences

Support research into the context of ATS use and related problems, including risky sexual behaviour, development and management of mental health problems, impact on foetal and child development, impact of ATS use on cognitive functioning and associations with aggressive and violent behaviour.

ii) Ensure that ATS users, and others affected by ATS use, are aware of the problems associated with ATS use and know how to prevent and reduce such problems

Develop, implement and evaluate the impact of strategies to provide information about harmful patterns of use and how to obtain assistance with populations and in contexts associated with high risk use, including in juvenile justice services and prisons, high-risk entertainment venues, health services, Needle and Syringe Programs, police services and drug treatment services.

Ensure that individuals with a personal or family history of mental illness are informed that ATS use can exacerbate symptoms of anxiety, depression and psychosis. It will also be relevant to inform all target groups that even those without such histories are at risk of mental health problems, especially with regular/heavy use.

Develop, trial and adopt innovative strategies for ATS users, to provide information about risks associated with ATS use, reducing ATS problems, understanding treatment options and seeking help. Such strategies are particularly relevant for those who use ecstasy, but who do not come into contact with treatment services. Strategies/locations for interventions could include the following:

- Trial and if indicated implement strategies using the Internet to communicate accurate information and counter misinformation about ATS;
- Trial, and on the basis of outcome, implement advertising/communication strategies to ensure that specific messages about risks and reducing problems are targeted at venues and locations associated with high risk use;
- Develop/adapt existing peer education strategies to reduce HIV and Hepatitis C risk and provide information on treatment options and how to access treatment for ATS problems;
- Develop strategies and resources to enable law enforcement staff to provide information on where to access advice and treatment for ATS problems; and
- Develop, trial and, where indicated, resource strategies for Needle and Syringe Programs to provide advice and referral into treatment services.

Develop, trial and on the basis of evidence distribute self-help material for people affected by ATS use, including users and their parents/carers/families.

Resource and support Needle and Syringe Programs (NSPs) to provide information and education to reduce risk of HIV and blood borne virus transmission (such as hepatitis C). NSPs also have a role in providing information on treatment options and how to access treatment. This will include strategies to enhance access to NSPs by various groups, including Indigenous people and young people who are affected by ATS use.

iii) Implement effective brief and opportunistic interventions for ATS related problems for the large proportion of ATS users with lower levels of use and related problems

Develop, trial and, on the basis of evidence, adopt innovative and opportunistic interventions for those who occasionally use ecstasy and other ATS.

Develop, implement and evaluate an 'ATS First Aid' strategy based on successful protocols used in 'Mental Health First Aid'.

Develop, trial and on the basis of evidence establish screening, assessment, brief intervention and referral protocols for ATS use and related problems to implement in services/locations where initial contact may be made with people affected by ATS use. Such sites include community health services, general practitioners, police lock ups and prisons, sexual health clinics, needle and syringe programs, and emergency departments.

Develop, trial and, where indicated, implement strategies for ATS users that have been developed through the new GP Mental Health Care Plans where referrals can be made to community psychologists and clinical psychologists.

iv) Implement effective ATS screening, assessment, management and referral protocols

Review, and where required, develop screening, assessment, management and referral protocols for ATS related problems. Implement an effective dissemination strategy for existing and new protocols.

Develop protocols to routinely screen for mental health problems and cognitive impairment among ATS dependent clients. Use the information from such assessment to inform communication/education strategies, and to inform the design and implementation of ATS interventions, in general and for individuals.

v) Establish an adequate, effective and accessible range of ATS treatment options

Review and, where indicated, enhance pathways of care for people affected by ATS use. This will require close collaboration among police, emergency services, GPs, mental health services, drug specialist services and community-based services (e.g., Indigenous community-controlled organisations; parent-support services).

For emergency department, mental health and drug specialist services, consider establishing safe secure rooms to manage agitated behaviour associated with intoxication and 'come down' from ATS. This would be preferable to occupying lock-ups or emergency departments. Coincidentally, develop an evidence base to establish best practice environments and protocols to rapidly manage ATS intoxicated people who are agitated/violent/psychotic/suicidal.

Review and enhance out-of-hours access to services for people affected by ATS use. This may require assessment of particular high-risk times and development of clear referral protocols. Additional resources may need to be allocated to treatment services to specifically enhance out-of-hours access.

Identify and respond to barriers to treatment engagement and retention for people affected by ATS use. Trial and, if effective, resource and adopt assertive outreach initiatives to engage and retain in treatment people affected by ATS use.

Review and on the basis of identified need, enhance treatment service provision to parents with dependent children.

Develop the evidence base to inform the adoption of effective treatment strategies including those to:

- Manage withdrawal;
- Identify and manage cognitive impairment associated with ATS use;
- Manage ATS use and co-existing mental health problems, especially anxiety and depression; and
- Manage severely dependent ATS users who are resistant to standard interventions.

Ensure that other drug treatment populations (e.g., patients receiving methadone and buprenorphine treatments) are screened for ATS use, and where indicated receive indicated treatments for ATS related problems.

Disseminate and encourage the adoption of evidence-based stepped-care approaches for people affected by ATS use and related problems.

Build the evidence base, and consequently review clinical guidelines, on psychiatric medication for people who have mental health problems and are also regularly using ATS.

Promote and provide education on the range of effective treatments through the media, health and community services, law enforcement services and education agencies.

vi) Build on the impact of the Illicit Drug Diversion Initiative (IDDI) to link suitable offenders to health services, to provide early intervention and avoid the risks of having a criminal record for minor ATS related offences.

Support a review of the effectiveness of the IDDI for people affected by ATS use, in terms of participation, the availability of treatment and education responses, referral and participation rates and outcomes for clients, with particular reference to ATS related problems (e.g., anxiety; depression; knowledge of risks associated with ATS). If indicated, enhance the access of ATS users to police and court diversion programs.

Ensure that programs include specific information about and responses to particular problems associated with ATS use, including physical and mental health problems and legal consequences of possession, manufacture and distribution. Include specific information about the risks to children from parental ATS use.

Identify and respond to barriers to effective diversion and retention in treatment programs associated with IDDI (e.g., exclusion criteria; treatment access).

Enhance access to diversion programs for Aboriginal and Torres Strait Islander people affected by ATS related problems. This will include enhancing access to culturally secure interventions.

Ensure that key policy decision makers, service providers and the broad community are aware of the process and benefits of diversion programs.

vii) Enhance court responses to ATS problems

Review and, where indicated, enhance the capacity of courts to:

- Respond in an informed manner to ATS related offending;
- Refer ATS affected offenders to treatment where indicated;
- Identify and respond to risks for children where parents/carers are affected by ATS use, including enhancing the ability to monitor drug use and, where indicated, refer parents/carers to treatment services;
- Provide services for offenders on court orders;
- Ensure effective through-care from justice/corrective services to drug specialist services; and
- Ensure that treatment services are available, appropriately skilled and resourced to respond to court referred clients.

viii) Develop and trial strategies to prevent and reduce concurrent ATS intoxication and driving

Improve knowledge about the impact of ATS on driving, including a focus on interactions with other drugs (especially alcohol) and the impact of ATS intoxication and ‘come-down’/‘hangover’ effects (e.g., fatigue).

Disseminate information about the risks of driving and ATS use (intoxication and ‘come-down’/‘hangover’ effects) for example, through school and workplace programs and through jurisdictional road and traffic authorities.

Continue to trial and evaluate the effectiveness of various methods (e.g., road side sobriety; random/road-side drug testing) to deter and detect ATS-impaired driving.

Ensure that there are public and other transport alternatives to driving whilst drug impaired.

Explore the potential of referral to education/treatment for those drivers who are identified as ATS impaired.

ix) Develop and trial strategies to prevent and reduce ATS use in the workplace

Improve knowledge about the workplace factors that protect from and increase the risk of ATS use.

Improve knowledge about the impact of ATS on workplace safety and health, including a focus on interactions with other drugs and the impact of ATS intoxication, ‘come-down’/‘hangover’ effects (e.g., fatigue) and withdrawal symptoms.

Develop, trial and adopt strategies to prevent and reduce work-related ATS use, targeting high-risk occupations (e.g., long-distance drivers, entertainment industry, mining) and workplaces in general. This will require improving knowledge about and expertise to deliver effective workplace interventions, including providing effective dissemination strategies on:

- Drug effects;
- Drugs and work (responding to workplace and occupational factors that increase/decrease the risk of ATS use);
- Developing effective workplace drug policy;

- Implementing effective health and safety strategies;
- Creating work cultures intolerant of ATS use and impairment;
- Understanding the strengths and limitations of deterrence strategies (e.g., drug testing; impairment testing) in responding to ATS use and problems; and
- Understanding the strengths and limitations of workplace rehabilitation programs in responding to ATS use and problems.

Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems

Objective

Enhance the capacity of organisations and the broad system to respond effectively to people affected by amphetamine-type stimulants.

Rationale

Evidence-based practice relies on a skilled workforce to interpret and apply the evidence in the context of the unique needs of individuals and diverse communities. For this reason, workforce development has been identified as one of the priority areas of the National Drug Strategy. In the draft resolutions following the December 2006 'National Leadership Forum on Ice', the Ministerial Council on Drug Strategy acknowledged that effective responses will rely on workforce development.

Organisational systems and protocols need to be in place to ensure effective practice, for example to enhance shared care and referral procedures. As with the National Alcohol Strategy and the National Cannabis Strategy, the National Amphetamine-Type Stimulant Strategy relies on approaches that will enhance and maintain the capacity of organisations and the workforce to develop and implement effective responses to prevent, reduce and treat ATS-related problems.

The organisations and workforce involved in responding to ATS related problems are diverse, including:

- Law enforcement staff who disrupt manufacture and supply, minimise the risk associated with clandestine laboratories and/or refer people into diversion programs;
- Police who manage people who are intoxicated by ATS;
- Teachers who engage at-risk children in school and deliver quality drug education;
- Peer groups who provide advice and support;
- Needle and syringe program staff who provide advice and referral; and
- Clinical staff who engage and retain ATS affected people in effective treatment and respond to the needs of families affected by ATS use.

Ensuring effective responses demands workforce and organisational development strategies for drug problems in general and ATS related problems in particular.

Over the past 15 years, in relation to responding to alcohol and other drug problems, there have been significant improvements in access to quality workforce development programs and

initiatives. However, education, training, supervision and organisational support is still limited and it was observed in the consultations that it is important to continue to support pre-service and post qualification workforce development for drug specialist staff, nurses, medical staff, police, teachers, Indigenous health staff, mental health staff and so on.

Particular challenges are evident for ATS related problems because a limited, or relatively recent, evidence base has meant that many staff are not fully informed about the nature of ATS related harm and potential responses. Recent guidelines and protocols for managing ATS problems have been developed (e.g., Lee et al., 2007; McIver et al., 2006), at least for some groups, but they have not been widely disseminated and utilised.

It was suggested there was a need to improve access to out-of-hours support and establish and maintain more effective referral pathways. Across most consultations it was observed that ATS problems are often initially detected in settings such as emergency departments, police services, community health services and/or needle and syringe programs, but poor links with other services (e.g., residential and non-residential drug treatment services; mental health services) create barriers to effective engagement and treatment.

Because they are among the few services that operate out-of-hours, which conversely are high-risk periods for ATS related problems, police and emergency departments are often the first (and sometimes only) contact points for ATS affected people, resulting in suboptimal responses and diversion of limited resources. While a proportion of such individuals exhibit psychotic symptoms that will require medical management, many have a high level of agitation that requires care, but much less intensive interventions. It was consistently noted that police cells, emergency departments and mental health services are not the best locations to manage these problems.

It was observed that the nature of many ATS problems meant that a proportion of those who enter treatment may be experiencing anxiety and/or paranoia, and also find it difficult to establish and maintain relationships with clinicians. While a clinician's ability to establish physical and emotional safety and build and maintain a therapeutic alliance is critical to all clinical engagement, these skills are particularly relevant to responding to people affected by ATS use. Physical and emotional safety are also important for organisations, including ensuring adequate staff development, supervision and support to enable effective delivery of services, ensuring workplace safety and health and avoiding staff 'burnout'.

Remote and rural participants in the consultations noted that broad workforce planning contributes to effective responses to drug problems: in some regions, potential and actual shortages of nurses and medical staff limit the ability to implement effective responses to drug problems. While challenges related to recruitment, training and retention of health and other staff are beyond the scope of the ATS Strategy, it is important to acknowledge that access to an adequate and stable workforce will influence the capacity to effectively respond to alcohol and other drug problems in general and ATS related problems in particular.

Recommended actions

- i) Develop the capacity of the workforce to respond to alcohol and drug problems in general and ATS related problems in particular*

Support research into workforce and organisational development to enhance responses to alcohol and other drug problems in general and ATS problems in particular.

Ensure alcohol and drug education is integrated into pre-service training for health professionals (e.g., nurses; Aboriginal health workers; medical staff; psychologists) social

and welfare staff, corrections staff, youth workers, law enforcement staff, teachers, school and university counsellors and other key groups. Ensure such groups also have access to ongoing professional development related to effective responses to alcohol and other drug problems in general and ATS problems in particular.

Address the particular needs of rural and remote staff who respond to drug problems by ensuring access to professional development opportunities, provision of quality support and supervision and ready access to emerging resources.

ii) Build capacity to prevent supply of ATS

Develop the capacity of the law enforcement sector to prevent the supply and use of ATS in the context of complex and rapidly evolving technological and trade environments, including by:

- Enhancing the intelligence capability of law enforcement agencies to enable identification and response to attempts to import and traffic ATS; and
- Enhancing the capacity of law enforcement to investigate ATS importation and trafficking.

iii) Develop the capacity of the workforce to address ATS problems

Summarise and disseminate emerging evidence about ATS use and problems to key health and other staff (e.g., GPs; emergency services; mental health staff; juvenile justice and corrections staff; community health service staff; Aboriginal health staff; law enforcement staff; drug specialist staff). This should identify:

- Contexts of use that are high-risk for ATS related problems;
- Information about the adverse consequences of ATS use; and
- Emerging evidence about effective responses to ATS problems and dependence.

Review existing guidelines for managing ATS related problems and protocols for referral, develop and implement an effective dissemination strategy for existing guidelines (e.g., for ambulance officers, police, GPs, emergency department staff) and update and/or develop new guidelines where indicated. Wide dissemination of protocols and guidelines should use evidence-based methods to ensure adoption.

Enhance and maintain the capacity of health staff, particularly drug specialist staff, to:

- Implement effective assertive outreach programs to engage and retain in treatment people affected by ATS use;
- Establish and maintain an effective therapeutic alliance with people affected by ATS problems and dependence;
- Identify mental health problems and distinguish serious and/or enduring mental health problems from more transient consequences of ATS intoxication and/or 'come down' effects and withdrawal;
- Establish and maintain collaborative relationships with mental health services and staff to effectively manage clients with co-existing drug and mental health problems; and
- Implement evidence-based psychosocial treatments and pharmacotherapies and address particular issues arising from ATS use such as poor nutrition, cardio-vascular problems, sleep disorders, injecting behaviour, risky sexual behaviour and relationship problems.

Enhance and maintain the capacity of mental health staff to:

- Identify drug problems and establish collaborative relationships with drug specialist services and staff to effectively manage clients with co-existing drug and mental health problems.

Ensure that staff in drug and alcohol and mental health services understand the importance of working with families and working in partnership with other services that cater for families, and have appropriate knowledge and skills in areas such as parenting and child development. Staff need to review and where necessary adapt existing ATS treatment protocols for psychologists and explore the potential of developing and implementing a national ATS workforce development strategy for psychologists in the context of the recent COAG Mental Health Plan that enables access to treatment provided by community and clinical psychologists. Trial and, on the basis of evidence, implement shared care approaches for people affected by ATS use through general practitioners and community health services working in collaboration with psychologists and drug specialist services.

In consultation with Aboriginal and Torres Strait Islander people, develop specific guidelines and protocols for services responding to the needs of Aboriginal and Torres Strait Islander people and communities affected by ATS use. These guidelines and protocols should be accompanied by culturally secure dissemination and workforce development strategies. On the basis of identified need, provide additional resources to ensure access to quality and culturally secure treatment and support services.

Develop the capacity of Needle and Syringe Program staff to:

- Defuse potentially challenging/difficult situations;
- Engage with ATS users by employing basic communication and engagement skills;
- Understand links between ATS use and mental health problems; and
- Advise clients about treatment options and how to access support/how to effectively refer people affected by ATS use.

This will include ensuring capacity and strategies to build links with the broader drug treatment and mental health services to develop and maintain referral pathways and providing training in mental health first aid that is specific to Needle and Syringe Program settings.

Given the nature of ATS related problems, identify and/or develop and implement strategies to ensure the physical and emotional safety of staff who respond to people affected by ATS use (e.g., ensure dissemination and adoption of existing clinical supervision guidelines; embrace quality assurance procedures; adopt procedures to 'avoid burnout'; review adequacy of physical infrastructure of workplaces to communicate and ensure safety).

Ensure the development and delivery of effective workforce development initiatives for law enforcement, health, justice and other key staff regarding the benefits and implementation of the IDDI. Also, educate offenders and the community about the benefits of IDDI.

iv) Build clinical research capacity to respond to ATS related problems

Examine the benefits of developing and investing in a national ATS clinical research network to facilitate capacity to conduct multi-site research into:

- The natural history of ATS use and adverse consequences related to short- and long-term use;
- Withdrawal management;

- Pharmacological and psychosocial interventions; and
- Intervening with hard to reach populations, such as those who use ecstasy.

v) Build capacity to respond to the needs of families and children affected by ATS problems

Develop the capacity of the health sector and drug specialist agencies to respond to the needs of families/parents/carers of people affected by ATS use.

Develop and implement protocols and improve the ability of services to respond to families and children affected by ATS use:

- Enhance the ability of services to identify parents experiencing ATS problems;
- Ensure that services aimed at adults include a focus on parents, and services for children have an improved focus on drug and alcohol problems of the parents of referred children;
- Develop referral pathways and services for parents/carers affected by ATS use. This will require strategies across all developmental stages, including pregnancy, during infancy and childhood. Absence of parent friendly services can be a barrier to treatment;
- Develop the capacity of children's services to identify and respond to ATS related risks for children;
- Develop protocols and strategies to reduce child exposure to the risks associated with clandestine laboratories;
- Enhance the ability to intervene effectively to meet the needs of parents/carers affected by ATS use and their children; and
- Enhance the capacity of treatment services to respond to parents with dependent children.
- Ensure that drug and alcohol services focus on protecting the children of parents who use drugs such as ATS, and that they form close working linkages with child protection services.

vi) Improve partnerships between drug and alcohol and mental health sectors

Require mental health services (through a top down process) to screen for alcohol and other drug use in their clients as part of standardised assessment. Mental health services should be provided with clinical guidelines and protocols on assessment procedures, brief interventions, and advice giving about the particular risks of ATS use and treatments for ATS use and dependence. Mental health staff should be informed of the implications of ATS use/dependence for effective management of mental health problems (e.g., potential contraindications for some medications) and its potential use by clients to manage ADHD at times. Effective referral procedures and case management protocols should be developed.

Require drug and alcohol services (through a top-down process) to screen for mental health disorders, including depression, anxiety, psychosis and ADHD, in their clients as part of standard assessment. Develop, disseminate and adopt effective management, referral procedures and shared care management protocols.

In partnership between mental health and drug specialist services, develop mental health programs to prevent self-medication with ATS in identified at-risk groups such as those with ADHD, depression and Post Traumatic Stress Disorder (PTSD).

vii) Improve understanding among law enforcement and court personnel about ATS use and problems and related interventions, treatments and other supports for ATS users

Ensure that sentencing judges and magistrates are informed about the forms and properties of ATS in a manner that is relevant for sentencing purposes.

Provide workforce development for law enforcement and justice/corrections staff to ensure:

- Awareness of benefits and availability of referral to education, early intervention or treatment for individuals affected by ATS use;
- Police capacity to manage people intoxicated with ATS and/or other drugs is enhanced (e.g., with those who exhibit ATS related agitated, erratic and violent behaviour); and
- Ensure effective coordination arrangements exist between law enforcement, justice/corrections and drug specialist, general health, mental health, and social welfare agencies.

Develop the capacity of law enforcement staff to recognise and refer offenders with ATS related problems and other drug problems and to provide information and referral to families/carers.

viii) Improve the national response to seized clandestine laboratories and handling precursor chemicals to prevent harms

Ensure training for law enforcement officers is adequate to safely identify and handle precursor chemicals and ATS.

Implement, as appropriate, the national guidelines to assist jurisdictional responses to clandestine drug laboratories, and review as necessary. In relation to this process, ensure effective workforce development for law enforcement and other emergency services to ensure they safely respond to ATS risks including:

- Entering and dismantling clandestine laboratories;
- Identification and proper handling of precursor chemicals;
- Develop protocols/guidelines to assist responsible agencies in the remediation of clandestine laboratory sites; and
- Establish effective collaborative linkages or protocols with child protection agencies for the provision of health assessment and care for children exposed to the risks of ATS production and/or distribution.

ix) Ensure capacity building involves key stakeholders

Involve key stakeholders in developing the capacity of the workforce to prevent and respond to ATS related problems. For example, involve key stakeholders from:

- Young people's health;
- Gay, lesbian, bi-sexual and men-who-have-sex-with-men networks;
- Aboriginal and Torres Strait Islander communities; and
- Culturally and Linguistically Diverse communities.

4.1 Future challenges

As well as responding to current challenges, an ATS national strategy needs to recognise that the ATS market, patterns of use and related harms are dynamic. It will be important to anticipate future challenges and to continually monitor changes in the market and related problems to ensure new challenges are effectively met in a timely fashion. Current major data collections should be maintained, while there is a need to establish additional effective monitoring systems and continue to build a dynamic quality evidence base. Potential future challenges include the following:

- Given the nature and relative ease of ATS production, it is possible that sources of precursor chemicals and locations of ATS production and distribution will change. In response to law enforcement activities, locations and distribution networks may change. It will be important to continually monitor such changes and to anticipate and respond to new source countries;
- Along with the current growth in overall global trade, it is anticipated that the size and scale of legitimate trade in precursors and essential chemicals for industry will continue to increase. This may present increased opportunities for traffickers to conceal ATS precursors in the legitimate trade of industrial chemicals;
- New manufacturing processes and syntheses of ATS may emerge in response to changing market demands and strategies to reduce access to particular precursor chemicals and pharmaceuticals. It will be important to monitor and respond to new ATS formula and manufacturing processes;
- It will be important to enhance the capacity of forensic services to conduct strategic forensic intelligence to better understand the changing processes of production and supply, and related risks, throughout Australia;
- The Internet is emerging as a source of information about drug production and use, diverted pharmaceuticals, precursor chemicals and ATS. It will be important to monitor and respond to challenges set by emerging technology and communication systems;
- It will be important to assess changes in the prescription and use of stimulant medication to manage ADHD and, where indicated, respond to the impact of this use on illicit ATS use and related problems;
- There is limited understanding of some of the long term physical and psychological effects of methamphetamine and ecstasy use. It will be important to build the evidence base and to anticipate and respond to the consequences of long term use;
- Patterns of use of one drug are often related to patterns of other drug use, including alcohol and tobacco. It is important to understand how rates and patterns of ATS use are related to the availability and patterns of other drug use;
- There is limited understanding of the pathways into and out of a criminal career and how this intersects with ATS use and related problems. Enhancing the effectiveness of interventions in the criminal justice system will require investment in basic criminological research;

- There is limited understanding of the impact of parental ATS use on children, from conception through the various developmental challenges. It will be important to develop an evidence base and develop effective responses;
- There is a need to enhance understanding of the natural history of ATS use and contexts of use and the diverse needs of various subgroups, who engage in diverse patterns of use of the various forms of ATS; and
- There is a need to enhance understanding of the links among ATS and other drug use and violence and crime, and to inform preventive and other responses; and
- There is limited information about the impact of ATS on the ageing population, especially if current cohorts continue use into older age.

4.2 Building the evidence base

There is limited research on the efficacy of law enforcement, prevention, harm reduction and treatment responses to ATS use and related problems. For example, while a number of treatment trials have been conducted, few meet the requirements needed for clinical practice. Similarly, there is a need to better understand the impact of various precursor and ATS supply reduction approaches and in general, the market influences on price, purity, availability and demand are not thoroughly understood.

Investing in the following research areas will enhance responses to ATS related problems:

- Understanding the risk and protective factors that specifically influence the uptake of ATS use and the experience of particular problems;
- Understanding the ATS market(s) - factors that influence production, price and purity and the relationship of these to ATS use and related problems;
- Understanding the influence of particular contexts and activities (e.g., work and recreational activities, including alcohol and other drug use) on ATS use and experience of related harm;
- Understanding the patterns of ATS use and related harms in rural and remote Australia, and the implications for interventions;
- Understanding the problems of ATS use and related harms among Culturally and Linguistically Diverse Communities (CALD) and the implications for interventions;
- Identifying the health and social burden attributable to methamphetamine and other ATS use, including improved monitoring of the impact of psychiatric and medical emergencies on law enforcement and health services;
- The influence of ADHD management and medication on ATS use;
- The use of ATS by adults as self-medication for the symptoms of ADHD, the identification and diagnosis of these people, and effective interventions;
- Understanding the individual and societal natural history of ATS use and related problems. This will include an improved understanding of the pathways between occasional and regular use;
- Monitoring international and local research that facilitates understanding the longer term effects of ecstasy and methamphetamine use;

- Improved understanding of criminal and drug using careers to more effectively identify at risk contexts and groups and key points for intervention to break the cycle of offending and illicit drug use;
- Enhanced understanding of the harms and risks associated with smoking meth/amphetamine;
- Improved understanding of the patterns of meth/amphetamine use and injecting among gay and lesbian communities and how this impacts on sex risk behaviours and the transmission of blood borne viruses;
- Understanding the links between ATS, and other drug, use and aggressive behaviour, violence and crime and improving preventive and other responses;
- Improved understanding of the context and nature of risk taking behaviour, including risky sexual practices that may occur with different subgroups of ATS users;
- The application of time-series and other longitudinal analyses to evaluate the impact of ATS-related policy development and interventions;
- Enhancing diversion responses for people under the age of 18 who are affected by ATS use;
- Enhanced evidence-base for law enforcement strategies to prevent and respond to drug problems in general and ATS problems in particular;
- Identifying the elements of effective law enforcement, public health and treatment responses that are specific to ATS use and related problems (as opposed to other drug use);
- Identifying the specific elements of law enforcement, public health and treatment responses to different modes of ATS administration (e.g., smoking, injecting);
- Identifying the factors that contribute to effective and sustained impact of law enforcement, public health and treatment responses to ATS use and related problems; and
- Understanding, and responding to, factors that limit service use by ATS consumers.

As noted under Priority Area 3, it is recommended that an examination be undertaken of the benefits of establishing an ATS clinical research network to conduct research into:

- Pharmacotherapies to treat meth/amphetamine intoxication, withdrawal and dependence;
- Psychosocial interventions to treat meth/amphetamine dependence;
- Interventions to enhance responses to people with co-existing ATS and mental health problems, in particular anxiety and depression; and
- Opportunistic and other interventions to reach the large proportion of occasional users, including ecstasy users, who do not come into treatment settings.

4.3 Coordinated response/partnerships

A wide range of stakeholders are affected by ATS use and have a role in developing and implementing effective responses to prevent and respond to related problems. These include, but are not restricted to:

- ATS consumers and consumer groups;
- Stakeholder groups including young people, gay and lesbian communities, Aboriginal and Torres Strait Islander Communities, people from Culturally and Linguistically Diverse communities;
- Parents and other care providers;
- Law enforcement services including police, customs, corrections and court staff;
- Drug specialist, general health and mental health staff in government and community services;
- Emergency staff such as ambulance and Emergency Department staff;
- Teachers and other staff in the education system such as school support staff and health staff in post-secondary and tertiary education institutions;
- Professional and peak organisations such as the Alcohol and other Drugs Council of Australia (ADCA), Australian National Council on Drugs (ANCD), Australian Psychological Society (APS), Australasian College for Emergency Medicine, Australasian Professional Society on Alcohol and other Drugs (APSAD), BeyondBlue, Drug Free Australia (DFA), Pharmaceutical Society of Australia, Royal Australian and New Zealand College of Psychiatrists (RANZCP), Royal Australian College of General Practitioners (RACGP), Royal Australian College of Nursing (RACN), Royal Australian College of Physicians (RACP), Sane Australia;
- Government agencies such as Intergovernmental Committee on Drugs, Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing;
- Road safety organisations;
- Jurisdictional forensic agencies;
- Pharmaceutical and chemical companies and professional bodies;
- Occupational safety and health staff; and
- Australian, State, Territory and Local Governments.

Responding to drug problems in general has been hampered by disaggregated as opposed to integrated services and responses. Coordinated responses are critical to effective responses to ATS related problems. For example, participants in the process to develop the ATS Strategy consistently indicated that there was a need to ensure that drug specialist, mental health and general health services develop clear referral and management pathways and implement more integrated care plans; law enforcement staff emphasised the need to ensure clear linkages between police services and treatment agencies to facilitate referral and effective care. While many activities described in the National ATS Strategy will demand additional resources, others will be realised through enhanced coordination of effort among

stakeholders. Implementing the activities recommended in the National ATS Strategy should be undertaken in the context of building and maintaining coordinated responses. However, it is difficult to see how this will happen without specific agencies being tasked and funded to facilitate co-ordinated responses across the relevant sectors.

4.4 Monitoring and evaluation

The National Amphetamine-Type Stimulant Strategy 2008-2011 has been developed in the context of and consistent with the National Drug Strategy 2006-2009. In line with the NDS, the National Cannabis Strategy and the National Alcohol Strategy, the National ATS Strategy should be evaluated by determining progress towards adopting or implementing the activities under each Priority Area of the Strategy. Although it is considered important to monitor changes in patterns of ATS importation, production, distribution, use and related problems, it is likely that any changes will be hard to detect over the relatively short time frame (3 years) of the current ATS Strategy.

In the context of the next iteration of the National Drug Strategy, a subsequent National ATS Strategy should be considered at the end of 2009. Engaging in careful monitoring and evaluation of the current ATS Strategy will inform this process. ATS production, importation, and distribution may change, in turn affecting patterns of use and related problems. Careful monitoring of such changes should inform any future iteration of the National ATS Strategy.

To ensure that MCDS has a solid evidence base on which to move forward with a subsequent national ATS strategy, an evaluation framework should be developed modelled on the principles that underpinned the development of the National Drug Law Enforcement Research Fund (NDLERF)/Australian Institute of Criminology (AIC) drug law enforcement framework (Homel and Willis, 2007). These principles were:

- A focus on high level outcomes;
- Limited number of outcomes;
- Utilise existing data; and
- Development of outcomes that are:
 - clear in their purpose and useful in gauging the effectiveness of policies and strategies;
 - reliable;
 - easy to interpret;
 - adaptable to different settings; and
 - aligned with the National Drug Strategy.

The framework should be a model and starting point for the development of appropriate performance measures for specific agencies with specific briefs in different settings that can report to MCDS on progress against the key priorities areas of the strategy.

Snapshot of consultations

- Consultations with 515 stakeholders
- 19 consultation forums around Australia
- 67 feedback forms received
- 22 written submissions received

Consultations with special interest groups and national bodies

- Alcohol, Tobacco and Other Drugs Services (ATODS) Queensland
- Australian Attorney-General's Department
- Australian Customs Service
- Australian Federal Police (AFP)
- Australian National Council on Drugs (ANCD)
- Australian Institute of Criminology (AIC)
- Alcohol and Other Drugs Council of Australia (ADCA)
- Commonwealth Director of Public Prosecutions
- National Drug and Alcohol Research Centre (NDARC)
- New South Wales Police Force
- Queensland Drug Squad
- Queensland Ice-Breaker Taskforce
- Western Australian Drug and Alcohol Office

National consultation forums

- Canberra
- Sydney
- Albury-Wodonga
- Brisbane
- Cairns
- Bunbury
- Perth

- Adelaide
- Whyalla
- Melbourne
- Bendigo
- Hobart
- Alice Springs
- Darwin
- Cape York
- Aboriginal and Torres Strait Islander peoples forum
- Consumer forums
- Youth forum

Written submissions received

- AIDS Council of New South Wales (ACON)
- Australian Drug Foundation (ADF)
- Australian Government Attorney-General's Department
- Australian Injecting and Illicit Drug Users League (AIVL)
- Australian Psychological Society
- Convenience Advertising (CONADS)
- Drug Free Australia
- Drug Arm
- Headspace
- National Drug and Alcohol Research Centre (NDARC)
- National Indigenous Drug and Alcohol Committee (NIDAC)
- Northern Territory AIDS and Hepatitis Council
- Turning Point
- Victorian Alcohol and Drug Association
- Western Australia Attorney-General's Department
- Western Australia Department of Corrective Services
- Youth Substance Abuse Service (YSAS)
- Submissions were also received from 5 members of the community

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**Copies of the Strategy are available on the internet at:
<http://www.nationaldrugstrategy.gov.au>**