3. Priority Areas

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 contra-indications 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.