



## **JESUIT SOCIAL SERVICES SUBMISSION**

**Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria –Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament**

**October 2013**

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## 1. Introduction

Jesuit Social Services thanks the Committee for its invitation to make a submission to its Inquiry into the supply and use of methamphetamines. We welcome this inquiry as an important step in developing a response to this significant issue that our community faces.

Jesuit Social Services has over 35 years experience working with disadvantaged Victorians including people involved in the justice system and those experiencing the direct or indirect effects of drug misuse and mental illness. The use of methamphetamines by many of the people we work with has been a cause of concern for us over many years. At present, we are particularly concerned with the ready availability and purity of methamphetamine which are both factors that can lead to dependency. We are also concerned with the culture of use, in particular the acceptability of methamphetamines, particularly by many of the young people we work with, without regard for the consequences.

We have seen the ongoing impacts of methamphetamine use and its costs to people and communities. Methamphetamine use impacts on the judgement, mental health, health, and relationships of many of the people we work with. The impacts on behaviour and mental health mean that, for many, use of methamphetamines is isolating and corrodes productive participation in the life of the community. From our experience, even trained professionals with years of experience working with people with drug and alcohol and mental health problems can find the behaviours of people using methamphetamines highly challenging.

Jesuit Social Services believes that action must be taken to address the prevalence and impacts of methamphetamine use in our community. This submission outlines some concrete steps for action that can be taken within the existing harm minimisation framework of alcohol and drug policy. In particular we believe that areas for attention should be:

- Better engagement with and harm reduction support for methamphetamine users with the aim of building their willingness to engage in treatment;
- Providing readily accessible treatment services grounded in a strong evidence base of what works for treating methamphetamine use, including specialised services for co-morbid mental illness;
- Providing alternatives to hospitalisation and criminal justice system involvement during periods of crisis for users.

All of our responses should have at their heart a focus on providing the meaningful and stable relationships that are vital to meeting the needs of people who use methamphetamines. We believe that this inquiry provides an opportunity for Victorians to consider how to achieve this type of response, particularly with regard to major reforms to both mental health and drug and alcohol services that are currently underway.

## 2. Summary of recommendations

**Recommendation 1:** That the Victorian Government funds a pilot project to proactively engage with methamphetamine users who are not engaged with services with a view to minimising harm of use and building readiness for treatment. Outreach and activity focused engagement approaches should be utilised in the pilot model.

**Recommendation 2:** That targeted detox and treatment services for methamphetamine users be developed and funded based on the specific requirements of this group. Treatment responses should be appropriate for particular age, gender and cultural groups.

**Recommendation 3:** That the Victorian Government ensure strong requirements on treatment providers under reformed mental health and alcohol and drug treatment systems to develop specialised responses for people experiencing comorbidity.

**Recommendation 4:** That the Victorian Government continue to support the development of workforce capacity to provide effective responses to dually diagnosed people through its workforce development strategies for mental health and alcohol and drug services.

**Recommendation 5:** That the Victorian Government eases the burden of methamphetamine on the public health and criminal justice systems by developing targeted crisis response for users in the community and when they present to health and other services. As part of this the capacity of existing community crisis responses should be strengthened.

**Recommendation 6:** That current reforms to human services, including AOD and Mental Health services, promote flexible service delivery and stable ongoing relationships for service users.

**Recommendation 7:** That in transitioning to reformed services, the Victorian Government explore how to best retain the experience and expertise of specialist services.

## 3. Who we are and what we do

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families, and communities.

Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference. Jesuit Social Services values every person and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential.

We do this by intervening directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- Effective services - by partnering with people most in need and those who support them to address disadvantage
- Education - by providing access to life-long learning and development

- Capacity building - by refining and evaluating our practice and sharing and partnering for greater impact
- Advocacy - by building awareness of injustice and advocating for social change based on grounded experience and research
- Leadership development - by partnering across sectors to build expertise and commitment for justice

The promotion of **education, lifelong learning and capacity building** is fundamental to all our activity. We believe this is the most effective means of helping people to reach their potential and exercise their full citizenship. This, in turn, strengthens the broader community.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention** – people involved with the justice system
- **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
- **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities
- **Education, training and employment** – people with barriers to sustainable employment

Currently our direct services and volunteer programs are located in: Victoria, New South Wales and Northern Territory. Services include:

- ***Brosnan Services***: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Within the suite of services are Youth Justice Community Support Services, the Women’s Integrated Support Program (WISP), Link Out, Konnect and Youth Justice Group Conferencing.
- ***Connexions***: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.
- ***Artful Dodgers Studios***: providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness.
- ***The Outdoor Experience***: offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.
- ***Jesuit Community College***: increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.
- ***Community Programs***: working with people on public housing estates across metropolitan Melbourne, including the African Australian and Vietnamese communities, and supporting remote Aboriginal communities in governance and capacity building initiatives in Central Australia
- ***Support After Suicide***: supporting people bereaved by suicide, including children and young people.

- **Community Detention Services:** delivering case management support to asylum seekers, including unaccompanied minors, in community detention.

Research, advocacy and policy are advanced through our Policy Unit, coordinating across all program and major interest areas of Jesuit Social Services.

## 4. Response to Inquiry's Terms of Reference

### 4.1 Methamphetamine use amongst people and communities Jesuit Social Services works with

*Terms of reference addressed:*

*3. Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas.*

*6. Examine the relationship of methamphetamine use to other forms of illicit and licit substances.*

#### *Evidence of the increasing prevalence of methamphetamine use*

Over the past year, research has indicated the rising prevalence of methamphetamine use (particularly ice) in Victoria and its impact upon users and the community. While prevalence starts from a very low historical level across the community (around 2% of the Australian population reported being recent methamphetamine users in 2010), there is evidence that prevalence amongst regular drug users in Victoria and problematic use has increased. This includes data including from the 2012 Illicit Drug Reporting System (IDRS) which found that 59% of Victorian participants (Injecting drug users) reported using ice in the previous six months, an increase from 32% in 2009 (Cogger, Dietze, & Lloyd, 2013). Similarly, in 2012 figures from the Ecstasy and related Drugs Reporting System (EDRS) showed that the percentage of regular ecstasy users who also reported recent use of ice remained high (48%) following a significant increase between 2010 (18%) and 2011 (38%) (Nguyen, Dietze, & Lloyd, 2013). Figures released by the Victorian Coroner to this inquiry have shown that deaths from ice use have doubled in two years in Victoria (Waters, 2013).

Finally, there is evidence that many health and alcohol and drug services are being put under strain by increasing methamphetamine use with a recent analysis of year on year figures of crisis services finding a 318% increase over 12 months in ice-related attendances by Metropolitan Melbourne Ambulance services, a 77% increase in amphetamine related episodes of care, and a 194% increase in amphetamine related calls to Directline (Heilbronn, Gao, Lloyd, Smith, Best, & Lubman, 2013).

Methamphetamine use is a significant issue for many of the people with whom Jesuit Social Services works. Consultations with practitioners conducted in preparing this submission revealed concerns about the prevalence and nature of use amongst participants in our programs, particularly programs working with young people, women and Aboriginal people in the criminal justice system and *Connexions*, our dual diagnosis counselling service. For many of the people with whom we work, methamphetamine use does not amount to an ongoing dependency. Instead it might involve

experimentation, be episodic, or linked to other problems they are experiencing and their ability to cope with these problems. As an example, practitioners have noted that some of the people we work with use methamphetamines as a way of coping with past experiences of trauma.

Of further concern is that our practitioners have observed that the availability and strength of methamphetamines have increased in recent years. This is supported by evidence from the Illicit Drug Reporting System ('IDRS') with reports of ice very easy to obtain and purity at a medium to high level (Cogger, Dietze, & Lloyd, 2013). Our practitioners report increased incidence of 'home - produced' and therefore uncertain purity and strength ice through the growth of 'shake-and-bake', or do it yourself production. There are implications for this specifically and more broadly with evidence showing that frequency of use and potency of dosage leads to increased levels of dependency (Darke, Kaye, McKetin, & Dufloor, 2008). Furthermore, frequent use is problematic and has been associated with increased risk of psychological distress (Lee, Harney, & Pennay, 2012).

#### *Complexity and the social determinants of substance use*

Jesuit Social Services often works with people who have an elevated risk of problematic methamphetamine and other drug use. This is particularly the case for our work with people who have been involved in the criminal justice system with clear links existing between drug use and criminal justice system involvement (Australian Institute of Health and Welfare (AIHW), 2011). This is often one of a range of elements of disadvantage that the people we work with experience, with other issues including mental illness, homelessness, family breakdown, and disengagement from education and training.

Jesuit Social Services explored the nature of disadvantage in a series of studies, the most recent of which was *Dropping off the Edge* (Vinson, 2007). This research highlighted the web-like structure of disadvantage in extreme cases, illustrated by the degree of vulnerability of the 3% most disadvantaged localities in each jurisdiction compared with the remaining 97% (Vinson, 2007). Similar factors to those in *Dropping Off the Edge* have been identified as the social determinants of drug use. While there is a complex relationship between these social determinants and individual factors (Loxley, et al., 2004), there are strong links between alcohol and illicit drug use and factors including unemployment, poverty, family disadvantage and community and cultural factors, and crime (Loxley, et al., 2004). While efforts focusing on reducing the harm of and treating problematic drug use are necessary, Jesuit Social Services believes that these should be complemented by wider efforts to address social determinants.

At an individual level it is important to note that many of the methamphetamine users with whom we work have a range of complex needs. Evidence shows that polysubstance use is nearly universal amongst methamphetamine users in Melbourne (Quinn, Stoope, & Dietze, 2013), with heavy cannabis use, alcohol abuse, histories of heroin and psycho stimulant use all common (Darke, Kaye, McKetin, & Dufloor, 2008). Mental illness is also an issue for many methamphetamine users with studies showing that between a third and half reported lifetime prevalence of depression (Darke, Kaye, McKetin, & Dufloor, 2008). The complexity of issues facing people who use drugs is something that has been evident to Jesuit Social Services over many years, we have consistently challenged responses that address alcohol and drug use issues in isolation and instead have focused on providing holistic responses to the range of issues the people we work with face (Jesuit Social Services, 2000). We know that, for many of the people we work with, substance abuse issues are

one of a range of issues that they face. This is clear from the case study of Deidra<sup>1</sup> who is a participant of one of our criminal justice programs.

#### *Case Study 1: Diedra*

*Deidra was a participant of one of our criminal justice programs who started using ice as a way of coping with past trauma that she had experienced. She used consistently for months, going days without sleeping. Deidra was involved in the criminal justice system and after being sentenced to custody she struggled with withdrawals from ice. She sought medical treatment for the symptoms of her withdrawals but was not diagnosed. She then saw a psychologist and psychiatrist who identified her symptoms as Drug Induced Psychosis and extreme anxiety due to her ice use as well as her past experience of trauma. She was also diagnosed with Complex Post Traumatic Stress Disorder. Deidra was placed on anti-psychotic and anti-depressant medication. With support from her Psychologist, Deidra is attempting manage her psychosis. Any ice binge that Deidra has exacerbates her psychosis.*

#### *The culture of methamphetamine use*

Jesuit Social Services practitioners have observed how the culture of methamphetamine and ice use differs from that which has been associated with heroin. In particular, there is a different perception among young people of ice with its use seen as more acceptable and non-problematic, with a lack of awareness of the potential long term impacts of dependency. This corresponds with research into methamphetamine use in Melbourne by Quinn, Stooze, Papanastasiou, and Dietze (2013) which found that there were substantial methamphetamine related problems among survey participants who self-classified their use as non-problematic. Practitioners also reported less stigma amongst young people attached to ice use compared with heroin, including the fact that its use is more common across the community and in particular professions. For some of the people we work with, the availability of ice, coupled with the lack of stigma (as was the case with the 'junkie' culture associated with heroin use) means that there is a level of perceived acceptability around its use.

## **4.2 Impacts of Methamphetamine use on people and relationships**

#### *Terms of reference addressed:*

*4. Examine the links between methamphetamine use and crime, in particular crimes against the person.*

*5. Examine the short and long term consequences of methamphetamine use.*

The impacts of methamphetamine use on the people and communities that Jesuit Social Services works with is best described by an Intensive Support Worker in one of our Youth Justice programs: *'Ice will effect their judgement, mental health issues, health issues, it will also effect family relationships and clients can become isolated from friends due to their ice use. The fact that they are not sleeping or eating for days has a huge effect on their daily life. It effects their ability to obtain/maintain employment or participate in education. It can also effect their housing as rent is not paid due to ice use or they have been asked to leave the family home. Ice is now more*

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<sup>1</sup> Not her real name. All names used in this submission have been changed to protect confidentiality.

*predominant than heroin and is a major social issue.* This section will explore in more detail the impacts and challenges identified by Jesuit Social Services in our practice experience and research.

#### *Impacts on judgement, functioning and behaviours*

Methamphetamine use often impacts on the judgement, functioning and behaviour of people with whom Jesuit Social Services works. In our criminal justice programs we work with people who have made poor decisions, or committed acts they were not aware of, while under the influence of methamphetamines. A major challenge for us in supporting people who use methamphetamines is this lack of awareness of the impact use is having on their present judgement and functioning as well as the longer term impacts of use. It is important to note that impacts on judgement and functioning differ between people as do the circumstances of their substance use.

In our work we have observed some methamphetamine users who are able to function with a degree of normality. Research suggests that some methamphetamine users believe they are able to moderate their drug use and fulfil employment responsibilities. For example, research into use in Melbourne found that current employment increased the likelihood that participants perceived use as non problematic (Quinn, Stooove, Papanastasiou, & Dietze, 2013). The impact on behaviours is well documented and much of this is associated with mental health impacts which will be considered in the next section. However, it is important to note that there is also experimental evidence showing that chronic use of methamphetamines can increase aggressive behaviour. (Darke, Kaye, McKetin, & Dufloor, 2008)

#### *Impacts on mental health and wellbeing*

Historically, methamphetamines have not had the high mortality rate that opoid use has (Darke, Kaye, McKetin, & Dufloor, 2008). However, death rates are increasing (Waters, 2013), and the impact of methamphetamine use upon the mental health and wellbeing of users is significant. Jesuit Social Services has observed the episodes of insomnia, psychosis, anxiety, and depression in people we work with who use methamphetamines. The cumulative effects of these mental health problems can often result in people 'crashing out' and even becoming suicidal. The links between methamphetamine use and mental health issues have been confirmed in research which has shown higher than normal rates of psychotic spectrum disorders (Lee, Harney, & Pennay, 2012). A recent study into use in Melbourne by Lee, Harney and Pennay (2012) found that 72 per cent of participants reported that methamphetamine use preceded the onset of mental health problems. Route of administration and frequency of methamphetamine have also been identified as predictors of mental health problems (Lee, Harney, & Pennay, 2012). These are concerning for us, as we know that the intensity and depth of mental health issues, particularly psychosis, can prolong periods of treatment and the levels of support required.

#### *Impacts on involvement in criminal justice system*

As noted previously, there are clear links between methamphetamine use and involvement in the criminal justice system. Quinn, Stooove and Dietze's (2013) study of people using methamphetamine in Melbourne found that approximately 67% had engaged in recent criminal activity and 38% had been incarcerated. The nature of criminal justice system involvement and the influence of methamphetamine on this differs between individuals. What Jesuit Social Services has seen is the



impact that methamphetamine use can have on extending and entrenching involvement in the criminal justice system. In particular, the violent and erratic behaviour resulting from ice use will bring users to the attention of police and often result in a criminal justice system response. This adds to the wider burdens experienced by police, courts, legal aid and the corrections system. It also impacts on the support available to people who use methamphetamines, with a lack of resources, particularly health related, in the corrections system well documented by the Victorian Auditor General (Victorian Auditor-General's Office , Prison Capacity Planning).

It is well known that methamphetamine use also has the potential to change the nature of criminal justice system involvement. People can become involved in dealing to support their methamphetamine use and end up being charged and convicted of this type of offence. Involvement in dealing has implications for the safety of people as well, with the risk of exposure to violence. Jesuit Social Services has particular concerns for women, as it is well known that they are particularly vulnerable to becoming involved in street prostitution to trade for drugs (including methamphetamines) or money to purchase them.

#### *Impact on relationships and support*

Methamphetamine use can have a significant impact upon people's relationships with family, friends, and other networks of support. The unpredictability of behaviour of methamphetamine users and the rapid onset of some of the side-effects can have consequences for relationships. This has been noted in research which points out that the behavioural issues which are more often associated with methamphetamine use are those that challenge the maintenance of strong professional relationships (Kay-Lambkin, 2008). This has been the experience of Jesuit Social Services; we have seen people who use methamphetamines disengage from the community and both personal and professional relationships of support. This appears to differ from other drugs such as marijuana or heroin where people find it easier to remain engaged with services. Another particular challenge has arisen in relation to outreach work. Many Jesuit Social Services programs work with people in the community, rather than in a more controlled environment such as an office; this can raise safety issues with methamphetamine users due to the risk of erratic or violent behaviour.

### **4.3 Better meeting the needs of the people we work with**

*Terms of reference addressed:*

*7. Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use.*

*8. Consider best practice strategies to address methamphetamine use and associated crime, including regulatory, law enforcement, education and treatment responses.*

#### *The adequacy of strategies in dealing with methamphetamine use*

The social and economic costs of illicit drug abuse (including the use of methamphetamines) demand comprehensive legal, policy and service responses from across community and government. For nearly three decades state and federal governments of different political persuasions have undertaken strategies to lead these responses through initiatives including the National Drug

Strategy at a national level and successive Victorian state plans focusing on alcohol and illicit drug policy. These initiatives have had as their focus a harm minimisation approach to drug policy (Premier's Drug Advisory Council, 1996), with activity in the areas of education, prevention, regulation and harm minimisation services common features of policy. This can be seen in the three pillars in the current *National Drug Strategy 2010-15* of demand reduction, supply reduction and harm reduction, and also the *Victorian Alcohol and Drug Plan 2013-17* with its focus on cultural change, early intervention, diversion and harm reduction.

The harm minimisation philosophy that has underlined contemporary Australian and Victorian drug strategies is supported by a wide body of international research evidence on its efficacy, effectiveness and economic benefits (Ritter & Cameron, 2006). Although the overall harm minimisation approach is well settled, it is important to recognise the existence and influence of different approaches, in particular 'recovery' which has emerged in the United States and United Kingdom in the past 15 years (Anex, 2012). The influence of this approach can also be seen in *Reducing the alcohol and drug toll, Victoria's plan 2013 – 2017* which strongly emphasises recovery. While there are many aspects of recovery that are appealing, particularly its focus on linking people with substance abuse issues with the wider community, it should complement proven harm minimisation approaches rather than replace them.

Jesuit Social Services believes that the harm minimisation strategies identified and employed to confront drug abuse at both a national and Victorian level, for the most part, identify the most effective means through which to promote safer and healthier communities. We believe that with methamphetamine, as for other illicit drugs, the key to effective policy is the efforts and initiatives pursued under it, and in particular how these are resourced. In the context of our experience working with people who use methamphetamines, we believe strategies focusing on prevention, diversion and harm reduction have the potential to meet the challenges that these people are facing. However, in practice we are observing significant challenges in accessing adequately resourced treatment and support services. The remainder of this submission will explore these challenges in more detail.

#### *Engaging and reducing harms for methamphetamine users*

The Victorian Alcohol and Drug Plan 2013-2017 recognised the under-treatment of drug abuse throughout the community and the challenges people find in seeking treatment. This issue is significant for people who use methamphetamine with a recent study of this group of people living in Melbourne indicating a relatively long time lag of around five years between first drug-related problems and first treatment contact (Lee, Harney, & Pennay, 2012). The *Victorian Alcohol and Drug Plan 2013-17* and 2011 report of the Victorian Auditor General's report into *Managing Alcohol and Drug Treatment Services* identified significant issues with people being able to access alcohol and drug treatment services. These have resulted in reforms which will be considered in more detail in later sections.

It is important to recognise the challenges in:

- engaging drug users in services, particularly those with poor help seeking behaviours,
- supporting them to reduce any harms associated with their drug use whilst not in treatment, and

- building their capabilities and readiness to seek treatment for substance abuse issues.

This is particularly challenging for many of the people with whom Jesuit Social Services works, with research showing that young people with substance abuse disorders find it difficult to seek help for these issues (Reavley, Cvetkovski, Jorm, & Lubman, 2010). The case study of Ian who was a participant on one of our criminal justice programs illustrates this.

Case study 2: Ian

*Ian was a young person on parole, who was doing quite well in complying with his court orders and attending all appointments. However he did not engage with a substance use specialist service as he did not recognise that his ice use was problematic. He also had not had prior contact with the worker from this specialist service which only offered office based appointments.*

*At a later date, Ian reengaged in ice use. He damaged a housing property, strained relationships with his mother and brother, breached his parole, reoffended, and was ultimately placed back into custody. Ian believed he was in control, was not addicted and could not see the substance affecting his life until after the fact.*

Ian, like many of the people Jesuit Social Services works with often require ongoing support in order to confront the fact of substance abuse issues and then to engage with treatment. It is important to understand the wide range of factors that influence people's methamphetamine use and readiness to seek treatment. A recent study by Quinn, Stooze, Dietz (2013) into service access by methamphetamine users in Melbourne found two key factors associated with initiating contact with services. These were seeking help from family and/or peers, and adopting personal methods of methamphetamine reduction/cessation without help. For us, these findings also emphasise the challenges around methamphetamine use and engagement, as use undermines the family and support networks that can influence treatment as demonstrated in Ian's case.

Quinn, Stooze and Dietz (2013) concluded that methamphetamine users with increased levels of motivation to change drug use patterns could be targeted for earlier interventions. Jesuit Social Services would go further and argue that in addition to these engagement interventions, there also needs to be ongoing engagement to reduce harms for those not ready, willing or able to enter treatment. Given that around 55 per cent of Victorian alcohol and drug treatment service users are repeat clients who have accessed the treatment system at some time in the preceding three years, there needs to be an ability to maintain some form of support to reduce the harm of drug use and reengage at a later stage. There should also be clear pathways and a focus on building readiness to seek treatment in other services. This is particularly the case for methamphetamine users as research shows that factors not associated with their substance use may prompt help seeking (Kay-Lambkin, 2008).

In Victoria, there have been examples of good practice services in engagement and support including drug and alcohol street teams run by Youth Support and Advocacy Service (YSAS) and engagement activities that are provided through Jesuit Social Services Artful Dodgers Studio and Outdoor Experience Program. Through arts, music and digital media activities, the Artful Dodgers Studio engages with young people who experience a range of needs including mental illness, drug and alcohol issues, involvement in the criminal justice system, and disengagement from education and

training. The Outdoor Experience program has, since 1985, provided outdoor intervention programs for young people with alcohol and/or substance abuse issues. Through these programs we seek to build relationships with young people and, where necessary, to build their capacity to access other support pathways. Effective relationship focused engagement of people with complex needs can lead to earlier intervention. Jesuit Social Services is concerned that reforms to alcohol and drug treatment and mental health services will undermine the capacity of services to undertake ongoing engagement of the types outlined above. This will be discussed in more detail in the section below which explores service sector reforms. At present, evidence regarding the challenges of engaging methamphetamine users in treatment warrants investment in pilot projects to develop effective practice in this area.

**Recommendation 1: That the Victorian Government funds a pilot project to proactively engage with methamphetamine users who are not engaged with services with a view to minimising harm of use and building readiness for treatment. Outreach and activity focused engagement approaches should be utilised in the pilot model.**

#### *Access to appropriate treatment and support services*

When people have been engaged or develop their own readiness for treatment it is vital that they be able to access appropriate support promptly. This issue was addressed in the Auditor General's Report in 2011 which found that access to Alcohol and Drug services was difficult and that there were significant delays with people waiting up to three months between contacting a service and accessing treatment. (Victorian Auditor-General's Office, 2011). Jesuit Social Services practitioners remain concerned over the lack of availability of treatment services for clients at critical points where there may be capacity to bring about real and lasting change. Resolving this issue is important as our staff have seen clients who express a readiness to deal with their drug abuse issues but are unable to access necessary withdrawal or treatment supports. These delays could mean that opportunities for positive outcomes are being missed as treatment readiness has been identified as a key factor in drug treatment utilisation, retention and better treatment outcomes (Quinn, Stooze, & Dietze, 2013).

Current reforms to alcohol and drug services are seeking to address these issues through the development of a centralised screening intake as well as regional consolidation of assessment and referral services. The capacity of these changes to reduce inconsistency and manage demand for services is promising. However, a major challenge in implementing these reforms will be ensuring that assessment is conducted in a timely manner; is age, gender and culturally appropriate; and it is of a high quality. Given that nearly 55% of drug and alcohol service users are repeat clients (Victorian Alcohol and Drug Association (VAADA), 2013), the ability of these services to deal with repeat users might also present issues. Accessible and timely pathways back to services which have an established relationship with particular users are critical. Jesuit Social Services believes a prudent move for the Victorian Government is to monitor and review recommissioned services under this new model to determine whether access and demand issues have been resolved.

There are further questions about the appropriateness of existing treatment services for people with methamphetamine use issues. Of concern to Jesuit Social Services practitioners is the inadequacy of current treatment services. In practice we see that, for the most part, the approach of many treatment services in responding to methamphetamine use is to utilise the same treatment methods that are used to treat heroin dependency. The use of approaches that have worked with other substances and slow development of evidence based treatments for methamphetamine use has also been noted by both researchers (Kay-Lambkin, 2008) and other Victorian organisations. This is problematic as the impacts and withdrawal experiences for methamphetamine differ from other drugs. For example, withdrawal is longer and there are no pharmacological treatments available. Methamphetamine users can also present unique challenges to staff working in treatment programs compared to users of other substances (Kay-Lambkin, 2008). In its submission to the present inquiry, alcohol and drug treatment organisation ReGen outlined the lack of a practice consensus on treating methamphetamine users (UnitingCare Regen, 2013). ReGen has called for research and development in order to determine what the most effective treatment approaches are. Jesuit Social Services supports this call, and believe that these responses need to also be able to respond to the unique needs of particular age, gender and cultural groups as outlined previously. We welcome the Minister for Mental Health's announcement in August of \$1.1 million funding for prevention, education and treatment initiatives to tackle to use of methamphetamine, but note that this does not appear to include funding for innovation and development of effective treatment approaches.

**Recommendation 2: That targeted detox and treatment services for methamphetamine users be developed and funded based on the specific requirements of this group. Treatment responses should be appropriate for particular age, gender and cultural groups.**

#### *Support for co-morbidity*

Treatment approaches for methamphetamines use must be able to respond to the complex needs of many users including high levels of polydrug use and mental illness. As always, a challenge here is trying to ensure more effective and seamless cooperation between a range of services that someone might be accessing including health, housing, employment, and criminal justice. We will return to these system level issues in the final section of this submission, but from our experience we know the importance of being able to deal with complexity in practice. This is clearly the case for comorbid methamphetamine use and mental health with Lee, Harney and Pennay (2012) explaining "*comorbid methamphetamine use and mental health symptoms have been shown to worsen prognosis and treatment outcomes and increase health service utilisation, health care costs and relapse rates.*" To effectively respond to these needs, treatment approaches must seek to treat multiple needs related to mental health, substance use and abuse, behavioural problems and health concerns (Kay-Lambkin, 2008).

Jesuit Social Services has long recognised this, and since 1995 has run the Connexions program which is the first dual diagnosis service for young people in Victoria. Connexions started as a response to the unmet support needs of young people experiencing co-existing mental health and drug and alcohol issues. It provides counselling (including suicide prevention and drug and alcohol support) and intensive outreach support to young people aged 16 – 28 years old experiencing co-existing (dual diagnosis) mental health issues and alcohol and substance misuse.

An evaluation of the program conducted in 2011 outlined the positive outcomes participants were experiencing including reduced AOD use, improved mental health and improved overall wellbeing (Jesuit Social Services, 2011). Over the past decade other initiatives including the *National Comorbidity Initiative*, *Dual Diagnosis: Key Directions and Priorities for Service Provision*, the *Victorian Dual Diagnosis Initiative*, and Jesuit Social Services' *Improved Services Initiative* have worked to build the skills of workers and capacity of services to better meet the needs of people with comorbid substance abuse issues and mental illness. However, an evaluation of the Victorian Dual Diagnosis Initiative in 2011 noted that this work was not complete and that progress needed to be built on or it would be at risk of dissipating over time (Australian Healthcare Associates, 2011).

The need for Connexions and other dual diagnosis initiatives is supported by research into effective practice in treating co-morbidity which has found that effective treatment is multi-faceted and focuses on addressing co-morbid conditions (Kelly, Daley, & Douaihy, 2012). Jesuit Social Services has concerns that current reforms to mental health and alcohol and drug treatment services are failing to put enough emphasis on dual diagnosis services and workforce development, with very little reference to dual diagnosis in the alcohol and drug treatment services Reform Framework and the Alcohol and Drug treatment principles. This leads to uncertainty regarding the future of these services and initiatives. Any loss of capacity in this area would be particularly problematic for methamphetamine users who have been shown to experience significant levels of comorbidity.

**Recommendation 3: That the Victorian Government ensure strong requirements on treatment providers under reformed mental health and alcohol and drug treatment systems to develop specialised responses for people experiencing comorbidity.**

**Recommendation 4: That the Victorian Government continue to support the development of workforce capacity to provide effective responses to dually diagnosed people through its workforce development strategies for mental health and alcohol and drug services.**

#### *Responding to people in crisis*

Even where there is an effective prevention and treatment system, people who use methamphetamine use can find themselves in crisis situations. For Jesuit Social Services, 'crisis' will often manifest itself in erratic behaviour and episodes of psychosis caused by methamphetamine use. A challenge with supporting people who use methamphetamines is the uncertainty and rapid onset of these situations. As one Jesuit Social Services staff member recounted, *'it is very difficult when someone's behaviour might change every five minutes, you just don't know what to expect.'*

Unfortunately, this erratic and sometimes violent behaviour means that emergency services and the hospital and criminal justice system end up being the response used to deal with methamphetamine users. There is evidence that these systems are being put under strain with a recent analysis of year on year figures of crisis services finding a 318% increase over 12 months in ice-related attendances by Metropolitan Melbourne Ambulance services, a 77% increase in amphetamine related episodes of care, 194% increase in amphetamine related calls to directline (Heilbronn, Gao, Lloyd, Smith, Best, & Lubman, 2013).

The use of criminal justice and acute medical responses to methamphetamine use is understandable. In our residential programs for young people involved in the criminal justice system a primary goal is the safety of staff and participants. If a participant has used methamphetamine and is experiencing psychosis this can put the safety of the participant as well as other residents and staff at risk. Likewise, we are aware that in family situations Victoria Police have taken out family violence intervention orders against methamphetamine users, even against the wishes of family. Police must act in the interests of the safety of other family members, and intervention orders are one of the few tools they have at their disposal. Jesuit Social Services believes that these responses place a burden on the medical and criminal justice systems. In the case of the criminal justice system, responses have the potential to escalate problems and behaviours among methamphetamine users. We believe that a key challenge is how we can undertake reforms so that these responses are only used as a last resort to protect the safety of users and the community, rather than because there is nowhere else to go.

A starting point is the skills and capabilities of frontline workers across a range of sectors to deal with people who use methamphetamines and behaviours that might result from their use. Jesuit Social Services staff noted in consultations that workers need to be equipped with skills to assess and respond appropriately to methamphetamine users. This need has long been recognised with the Report of Premier's Drug Advisory Council noting in 1996 the importance of skills and training across a broad range of human services, health and criminal justice organisations (Premier's Drug Advisory Council, 1996). Within many organisations and service systems, significant effort has gone into building the skills and capabilities of staff.

Jesuit Social Services is aware of efforts within Victoria Police to develop the capabilities of operational Police to respond to people with mental health issues. Within Jesuit Social Services, we seek to build skills or our own workforce and people in partner organisations. This includes the provision of staff training on understanding and minimising the harm of amphetamine type stimulants, mental health first aid, and training in responding to challenging behaviours. Our learning and practice development unit works across our organisation and with partner organisations to monitor and support staff skills development. As noted by our staff and also in evaluations of dual diagnosis capacity building initiatives, the work to build skills and knowledge requires ongoing resources. This needs to account for the realities of staff turnover as well as the fact that evidence on effective responses to substance use (including methamphetamine) is constantly evolving. Services need to be resourced in order to continue to build the capability and skills of staff to respond to people who use methamphetamines and their challenging behaviours.

Where the behaviour of people using methamphetamines cannot be dealt with by family, community members or support workers, there needs to be dedicated support available to respond to their needs and clear approaches that prevent unnecessary hospitalisation or the use of custody. Jesuit Social Services believes that current arrangements are inadequate and that there must be clear alternatives to and for police who respond to methamphetamine users displaying challenging behaviours. From our experience, particularly in our residential programs, we have seen the lack of resources currently available to community crisis services in the mental health and drug and alcohol areas. In particular, mental health Crisis Assessment and Treatment Services (CAT) lack the resources to respond to methamphetamine users and so will be compelled to refer to police. A question we believe the Committee should consider is whether CAT or some other service is best placed to

provide this type of crisis response and what training and resources are required to undertake this effectively and with reduced reliance on police back up. Given the burden that methamphetamine users place on acute health and criminal justice services, we believe there are very strong economic and social grounds for targeted crisis responses for people experiencing the effects of methamphetamine use. This should include responses within the hospital system as well as extended community based initiatives. As the CAT role is assessment and treatment in the community (Department of Human Services, 2007), they potentially have the foundations in place for such an extended role.

Another promising model that the Committee should consider in more detail is the PACER project which has been underway since 2007 in partnership between the Department of Human Services and Victoria Police in Glen Eira, Kingston and Bayside. The project involved placing a mental health professional with a dedicated police staff member in a local station and the two provided secondary support to operational police and ambulance units attending incidents in the community. The support involved mental health assessments, advice, de-escalation, and intervention strategies for high users. An evaluation of the project found that it provides more timely crisis response, reduced use of police transport and hospital emergency services, and was ultimately less costly than usual service provision (Allen Consulting Group, 2012). If the current spike in methamphetamine use persists and continues to place a burden on services, the Victorian government should explore feasibility of strengthening a PACER type resource to support crisis response.

**Recommendation 5: That the Victorian Government eases the burden of methamphetamine on the public health and criminal justice systems by developing targeted crisis response for users in the community and when they present to health and other services. As part of this, the capacity of existing community crisis responses should be strengthened.**

#### *Services that provide flexible and stable relationships*

The present Inquiry is taking place at the same time as major reforms to Victoria's mental health and alcohol and drug treatment services. These reforms have been alluded to previously in relation to access to treatment and the ongoing retention of dual diagnosis approaches within these systems. We believe that the Committee should take into account this reform context in framing any recommendations on best practice strategies particularly around treatment responses. Key themes of both mental health and alcohol and drug service reforms include:

- a focus on consolidated area-based services;
- simplified and streamlined intake and assessment processes; and
- individual packages of support.

The need for these reforms is centred on evidence (including the 2011 Victorian Auditor General's Report) and perceptions of fragmented and inconsistent service systems that have not been user friendly. Government is also under pressure to achieve higher levels of efficiency from services in an environment of increasing demands for services and a constrained finances.

A key issue is how Victoria's reformed service systems will meet the needs of people with complex needs, including methamphetamine users. For us, relationships lie at the heart of our work, and we



believe that it is through stable, flexible and strengths based support that the people we work with are able to fully realise their potential. We also recognise the importance of approaches that focus on family, community or place. The importance of relationship focused practice is supported by research literature that consistently shows that persons with family supports and stable relationships have better outcomes for treatment (Loxley, et al., 2004).

The need for relationship focused and ongoing support is particularly acute for methamphetamine users. From our experience we have seen how their behaviours can put other relationships and support networks at risk. Furthermore they often disengage from support for periods of time be it 6 days, 6 weeks, or 6 months. Kay-Lambkin has noted these issues and the need for longer and more intensive treatment and monitoring for this group of people (Kay-Lambkin, 2008). We have concerns that the centralised systems premised on individual funding packages that are currently being implemented in Victoria, while aspiring to reduce duplication and service system complexity, may lack the flexibility that methamphetamine users require to retain continuous relationships with services, given their tendency to disengage - and reengage with services.

Some of the processes of centralised intake and assessment services , however, need to be clarified. In particular, there should be clear protocols that enable service users to enter or re-enter treatment through any 'doorway', with the central intake ensuring coordination and consistency rather than necessarily initiating such pathways itself. This is to enable continuity of relationship and to encourage service users to re-enter the system via services with which they hold an existing relationship, as happens in some Child FIRST catchments. Similarly, the protocols for re-initiating packages after a period of disengagement should be carefully designed to not create obstacles for re-referrals. More flexibility is also required in the care and recovery coordination function within the reformed treatment system. This is to be funded for 12 months on a fixed rate of \$1431 per course of coordination. While this function is intended to work with people with more serious needs, Jesuit Social Services believes that there needs to be flexibility in terms of the length and nature of support depending on the needs of particular people, with additional funds available for the most complex presentations.

Integration has been a major focus of many of the service reforms currently underway. This has included resources for a local area planning functions, care and recovery coordinator roles in alcohol and drug services, and linked up information and assessment systems. In the transition to these new service set-ups it is important that some of the specialist approaches to integrated practice are not lost. Services such as Connexions, with nearly two decades experience providing integrated support to young people with co morbid mental health and substance abuse issues should be retained.

**Recommendation 6: That current reforms to human services, including AOD and Mental Health services, promote flexible service delivery and stable ongoing relationships for service users.**

**Recommendation 7: That in transitioning to reformed services, the Victorian Government explore how to best retain the experience and expertise of specialist services.**

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