



Special Commission of Inquiry into the Drug 'Ice'

# **ISSUES PAPER 3**

## **HEALTH AND COMMUNITY**



# Special Commission of Inquiry into the Drug 'Ice'

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# Special Commission of Inquiry into the Drug 'Ice'

## *Preface*

### ISSUES PAPERS

The Special Commission of Inquiry into the Drug "Ice" has published Four Issues Papers:

- Issues Paper 1: Use, Prevalence and Policy Framework;
- Issues Paper 2: Justice;
- Issues Paper 3: Health and Community; and
- Issues Paper 4: Data, Research and Funding.

The four Issues Papers are intended to be read together.

### HOW TO MAKE A SUBMISSION

The Inquiry invites written submissions from people and organisations who wish to respond to any of the questions raised in an Issues Paper, or who wish to share information, experiences or views relevant to the terms of reference.

**The due date for submissions is 7 May 2019.**

If you wish to make a submission, please include your name, contact details and whether you are making the submission personally or on behalf of a particular group or organisation. You may make your submission anonymously and choose not to provide any contact details. The Inquiry will still review your submission but will be unable to contact you to confirm or obtain further information.

**Your submission may be made public** unless you request that it not be made public or the Commissioner considers that it should not be made public for reasons of fairness or otherwise. Please note that your personal contact details will not be made public, such as your telephone number or email address. You may also request that your submission only be made public without your name or any other identifying details included.

You may provide your submission to the Inquiry by:

1. uploading it on the Inquiry's website [www.iceinquiry.nsw.gov.au](http://www.iceinquiry.nsw.gov.au)
2. sending it by email to [inquiry@iceinquiry.nsw.gov.au](mailto:inquiry@iceinquiry.nsw.gov.au)
3. sending it by post to Special Commission of Inquiry into the Drug 'Ice', GPO Box 5341, Sydney NSW 2001.

If you are sending your submission by email or post, please **clearly state in your submission if you do not want your submission to be made public** or want it to be made public anonymously.

Further information about making submissions to the Inquiry may be found in Practice Guideline 1, Providing Information to the Special Commission, which can be found at [www.iceinquiry.nsw.gov.au](http://www.iceinquiry.nsw.gov.au)



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## TERMINOLOGY

The Letters Patent refer to “amphetamine-type stimulants” and “crystal methamphetamine”. In this Issues Paper, the term “ATS” is used to refer to all amphetamine-type stimulants. The term “amphetamine” is used to refer to the parent compound amphetamine. The term “methamphetamine” is used to refer to all forms of methylamphetamine but not to 3,4-Methylenedioxymethamphetamine (**MDMA**), also known as “ecstasy”. The term “crystal methamphetamine” is used to refer to methamphetamine in crystalline form (also known as “ice”), unless the context otherwise specifies. The term “meth/amphetamine” refers to methamphetamine and amphetamine.



## *Health, comorbidities and specific populations*

It is well documented that the use of amphetamine-type stimulants (ATS) can have an immense impact on an individual’s health and wellbeing in the short term and long term. Health consequences range from the transient, such as fatigue and anxiety, to the very serious, such as heart disease, strokes, seizures and psychosis. There are strong links between methamphetamine use and mental health problems, with users more likely to experience symptoms of depression, anxiety and psychotic symptoms than the general population.<sup>1</sup> Methamphetamine-related psychotic behaviour has been described as a “major public health consequence”.<sup>2</sup> Withdrawal from dependence on methamphetamine can lead to very specific health needs. ATS users within particular population groups may experience greater harms from ATS use when compared to users in the community more generally.

Whilst many users of ATS may not experience significantly harmful effects on their health, adverse impacts are not limited to long term drug users; research has demonstrated a link between recreational use of methamphetamine and psychotic symptoms.<sup>3</sup> There is still much unknown about health comorbidities associated with ATS use.

In addition to harmful physical and mental impacts, the use of ATS, particularly over a prolonged time, can lead to a range of adverse social impacts for an ATS user.

### PHYSICAL HEALTH

ATS users can suffer poorer physical health than the general population, with problems including blood borne virus infection, dental problems, cardiovascular and renal pathology and sleep disturbances. The 2015 National Ice Action Strategy (NIAS)<sup>4</sup> and the *2014 Victorian Parliamentary Inquiry into the Supply and use of methamphetamine in Victoria (2014 Victorian Parliamentary Inquiry into Methamphetamine)*<sup>5</sup> noted the significant physical and mental health comorbidities that are experienced by individuals who use crystal methamphetamine. Evidence has shown that people who use methamphetamines disengage from non-acute and preventative health services, but present in acute settings for physical and mental health issues directly related to, or associated with drug use.<sup>6</sup>

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<sup>1</sup> Nicole Lee, Angela Harney and Amy Pennay, ‘Examining the temporal relationship between methamphetamine use and mental health comorbidity’ (2012) 5(1) *Advances in Dual Diagnosis* 23 <<https://www.emeraldinsight.com/doi/abs/10.1108/17570971211225145?journalCode=add>>.

<sup>2</sup> Rebecca McKetin et al, ‘Dose-Related Psychotic Symptoms in Chronic Methamphetamine Users’ (2013) 70(3) *JAMA Psychiatry*, 319-324 <<https://www.ncbi.nlm.nih.gov/pubmed/23303471>>.

<sup>3</sup> Rebecca McKetin et al, ‘The risk of psychotic symptoms associated with recreational methamphetamine use’ (2010) 29(4) *Drug and Alcohol Review* 358 <<https://www.ncbi.nlm.nih.gov/pubmed/20636650>>.

<sup>4</sup> Commonwealth, *Final Report of the National Ice Taskforce* (Report, 2015) 31 <[https://www.pmc.gov.au/sites/default/files/publications/national\\_ice\\_taskforce\\_final\\_report.pdf](https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf)>.

<sup>5</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 142 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>6</sup> Rebecca McKetin et al, ‘Health service utilisation attributable to methamphetamine use in Australia: Patterns, predictors and national impact’ (2018) 37(2) *Drug and Alcohol Review* 196, 203 <<https://www.ncbi.nlm.nih.gov/pubmed/28294443>>.



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To address these health impacts, the NSW Ministry of Health (**NSW Health**) offers specialist Stimulant Treatment Programs in some locations across the state which deal with the various needs associated with ATS use and other areas of impact described below.<sup>7</sup>

## MENTAL HEALTH

Individuals experiencing alcohol and other drug (**AOD**) dependence often have serious interrelated mental health problems.<sup>8</sup> It is widely recognised that ATS use can seriously affect mental health and the rate of psychosis in ATS users is much higher than the general population.<sup>9</sup> It is also important to note that people who are vulnerable to psychotic disorders are more likely to use drugs.<sup>10</sup>

Although some users are not dependent and do not require treatment, harm increases with higher frequency of use, higher potency forms of stimulants and riskier routes of administration.<sup>11</sup> Research has also demonstrated a link between recreational use of methamphetamine and psychotic symptoms.<sup>12</sup>

As with physical health comorbidities, people who experience mental health issues as a result or complication of methamphetamine use often present to mainstream health services.<sup>13</sup> Acute episodes of care such as those provided in emergency departments, are often complex and require management of other comorbidities as well as management of violent behaviour.

Some health services have integrated AOD and mental health divisions, but many services require the stabilisation of drug users’ mental health symptoms before granting admission for AOD related issues.<sup>14</sup>

## THE WITHDRAWAL PROCESS

Withdrawal from methamphetamine requires a longer detoxification period than alcohol and other drugs.<sup>15</sup> The NSW health system offers specialist inpatient and residential withdrawal management

<sup>7</sup> Centre for Population Health, New South Wales Government, ‘Stimulant treatment clinics’, *NSW Health* (Web page, 12 September 2017) <<https://www.health.nsw.gov.au/aod/programs/Pages/treatment.aspx#stimulant>>.

<sup>8</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 7 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>>.

<sup>9</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 664, 667 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>10</sup> Rebecca McKetin et al, ‘The risk of psychotic symptoms associated with recreational methamphetamine use’ (2010) 29(4) *Drug and Alcohol Review* 358, 362 <<https://www.ncbi.nlm.nih.gov/pubmed/20636650>>.

<sup>11</sup> Grant Sara et al, ‘Stimulant use and stimulant use disorders in Australia: findings from the National Survey of Mental Health and Wellbeing’ (2011) 195(10) *Medical Journal of Australia* 607, 607 <<https://www.mja.com.au/journal/2011/195/10/stimulant-use-and-stimulant-use-disorders-australia-findings-national-survey>>.

<sup>12</sup> Rebecca McKetin et al, ‘The risk of psychotic symptoms associated with recreational methamphetamine use’ (2010) 29(4) *Drug and Alcohol Review* 358, 362 <<https://www.ncbi.nlm.nih.gov/pubmed/20636650>>.

<sup>13</sup> Margaret Hamilton and Adrian Dunlop, ‘“Ice” (Crystal methamphetamine) concerns and responses’ (2016) 204(2) *Medical Journal Australia* 136 <<https://www.mja.com.au/journal/2016/204/4/ice-crystal-methamphetamine-concerns-and-responses>>.

<sup>14</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 15 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>>.

<sup>15</sup> Drugs and Crime Prevention Committee, Victorian Parliament Law Reform, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 627 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.



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services.<sup>16</sup> However, due to the physical and mental health comorbidities associated with drug use, detoxification often occurs in the mainstream health service system when patients present for acute ATS-related physical and mental health problems.

Evidence presented in the *2014 Victorian Parliamentary Inquiry into Methamphetamine* identified a more complex clinical withdrawal process for methamphetamine than for other drugs. That evidence also demonstrated that the current admission period within the withdrawal management system is not sufficient to meet the needs of people presenting for methamphetamine withdrawal.<sup>17</sup> The *2018 NSW Parliamentary Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW (2018 NSW Parliamentary Inquiry into Drug Rehabilitation)* noted a lack of dedicated drug detoxification beds in regional, rural and remote NSW, resulting in hospital detoxification occurring mainly amongst people presenting to hospital for other acute health concerns.<sup>18</sup>

## OTHER IMPACTS

People who use ATS can suffer loss of employment, relationship breakdowns, isolation, loss of accommodation and contact with the criminal justice system.<sup>19</sup> NSW has various initiatives that use intervention and support models to break the drug-crime cycle which are dealt with in detail in Issues Paper 2: Justice. The community impacts and social costs of ATS use are dealt with in more detail later in this Issues Paper.

## Submissions – The impact of ATS and the adequacy of existing services

Submissions are sought from interested individuals and government and non-government organisations on the impacts of ATS use on individuals, the adequacy of existing measures to assist individuals affected by ATS use and options to strengthen NSW’s response to the impact of ATS use on the individual. The following issues are of particular relevance to the Inquiry:

- 3.1.1 What is the experience of ATS users and their families of the individual impacts of ATS use - physically, mentally and socially.
- 3.1.2 What is the link between ATS use and the physical, psychological and social impacts often associated with ATS use (i.e. correlation or causation)?
- 3.1.3 What issues arise for individuals from the comorbidities and negative social impacts frequently associated with ATS use?

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<sup>16</sup> Centre for Population Health, New South Wales Government, ‘Withdrawal management and residential rehabilitation services’, *NSW Health* (Web page, 2018) <<https://www.health.nsw.gov.au/aod/Pages/wmrs-contact.aspx#bookmark1>>.

<sup>17</sup> Drugs and Crime Prevention Committee, Victorian Parliament Law Reform, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 652 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>18</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 35 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20Aug%202018.pdf>>.

<sup>19</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 745 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.



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- 3.1.4 What is the experience of individuals (including those with multiple needs) in navigating the service system in relation to their ATS use?
- 3.1.5 Are services able to provide integrated and holistic care and support for ATS use and associated comorbidities, such as mental health? How can service models be improved to better address comorbidities?

The Inquiry is particularly interested to hear first-hand from ATS users on their experiences on these matters.

## SPECIFIC POPULATIONS

Certain sections of the community are affected more by ATS use than others. This may be due to higher rates of ATS use within that population, higher-risk use of ATS by that population, barriers to appropriate treatment and support, and/or other challenges specific to that population. Particular populations that are harmed by ATS use in unique ways include:

### People living in rural, regional and remote communities

People living in rural, regional and remote communities experience a range of poorer health outcomes compared to those living in metropolitan communities due to a variety of factors including geographic isolation, socioeconomic disadvantage and poorer access to services. People in remote and very remote areas are 2.5 times as likely to use meth/amphetamines as those in major cities.<sup>20</sup> Rural, regional and remote access to AOD services is limited. Where services are available, the lack of resourcing makes it difficult to manage ATS users safely. Residential rehabilitation and withdrawal facilities are particularly scarce, meaning people who need to access treatment are required to leave their family and/or community supports.<sup>21</sup> The *2018 NSW Parliamentary Inquiry into Drug Rehabilitation* specifically considered issues faced by, and service delivery to, regional and remote communities and made twelve recommendations to the NSW Government aimed at minimising the impacts of AOD use in regional and remote communities and including improved mapping of services.

The NSW Government response to that inquiry acknowledged that the health challenges faced by people who live in rural and remote NSW are significantly different from those living in major cities, and that the configuration of health services may also be very different. In this response, the NSW Government stated it is committed to ensuring that there is a range of accessible AOD treatment services in the community, and that services meet the needs of individuals. The NSW Government supported, or

<sup>20</sup> Australian Institute of Health and Welfare, Commonwealth, *National Drug Strategy Household Survey 2016* (Report, 2017), 96 <<https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>>.

<sup>21</sup> Law Reform, Drugs and Crime Prevention Committee, *Victorian Parliament, Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 680 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>; Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 30 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.



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supported in principle, 11 of the 12 recommendations in the report, and noted action is already being undertaken in relation to the remaining recommendation.<sup>22</sup>

## Indigenous people and communities

The impacts of colonisation, dispossession, intergenerational trauma and socioeconomic disadvantage continue to contribute to high levels of AOD use in Indigenous communities. In 2016, 27% of Indigenous Australians had used an illicit drug in the last 12 months compared to 15% of non-Indigenous Australians.<sup>23</sup> Indigenous Australians are more likely to have used methamphetamine than the non-Indigenous population, and to have received treatment where amphetamine was the primary drug of concern.<sup>24</sup> The impacts of ATS use are also compounded by other factors including poorer health and higher incarceration levels. Many Indigenous Australians live in regional and remote areas, which further affects their ability to access appropriate services. Service provision also needs to consider the importance of family and community in Indigenous culture. Isolating an Indigenous person from their family and community for mainstream treatment is problematic and leads to poor outcomes. Effective treatment for this population involves trained Indigenous workers, culturally appropriate interventions, collaborative partnerships, co-designed services and an emphasis on holistic lifestyle and wellbeing.<sup>25</sup> There is currently a recognised shortage of Indigenous-specific rehabilitation services, insufficient Indigenous workforce in the AOD sector and inadequate access to adult and youth Koori Courts in NSW.<sup>26</sup>

## Children and young people

Young people engage in risky behaviour including AOD use, for many reasons, including peer pressure, boredom, modelling the behaviour of friends and family and questioning societal norms. Further, the self-monitoring, problem-solving and decision-making part of the brain, the prefrontal cortex, develops last. This means that decisions may be more likely to be made on impulse or with emotion. Earlier inquiries have heard evidence that young people are more likely to use crystal methamphetamine and more likely to become dependent.<sup>27</sup> ATS use is particularly high risk for young people as they are more vulnerable to substance-induced cognitive impairments and they have a higher risk of sustaining lasting brain damage. Young people who use methamphetamine regularly are particularly vulnerable to harm

<sup>22</sup> New South Wales Government, 'Response of the NSW Government to the Portfolio Committee No. 2 (Health and Community Services) Report 49 into the provision of drug rehabilitation services in regional, rural and remote New South Wales' (17 January 2019) 9 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Government%20response.pdf>>.

<sup>23</sup> Australian Institute of Health and Welfare, Commonwealth, 'Alcohol, tobacco & other drugs in Australia', *Australian Institute of Health and Welfare* (Web page, 13 December 2018) <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/introduction>>.

<sup>24</sup> Australian Institute of Health and Welfare, Commonwealth, 'Alcohol, and other drug treatment services in Australia 2016-17' (Report No 31, 2018) 26 <<https://www.aihw.gov.au/getmedia/6ada5e0f-40ff-459b-ae6c-b45845a37ccc/aihw-hse-207.pdf.aspx?inline=true>>.

<sup>25</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 684, 687 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>; Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 60 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>26</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 20, 80-82 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>>.

<sup>27</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 21 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/First\\_report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report)>.



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and when accessing treatment their needs are often complex. Treatment should be free of stigma or judgment, attractive to young people and after-care is essential. A witness to the *2017 Commonwealth Parliamentary Inquiry into Crystal Methamphetamine* noted the effectiveness of mandatory residential treatment for young people, however, acknowledged the human rights concerns and high costs of such options.<sup>28</sup> For Indigenous youth, access to AOD services is even more difficult. There is a scarcity of services in regional, rural and remote areas targeted at young people and the limited residential rehabilitation facilities that exist for young people are only accessible to those who are already in the criminal justice system.<sup>29</sup>

## People who identify as LGBTQI+

The 2016 National Drug Strategy Household Survey showed that use of ecstasy and meth/amphetamines was almost six times higher for those who identify as part of the LGBTQI+ communities compared to those who identify as heterosexual. Drug use in this population is less visible than in the general population, meaning its prevalence and impacts are often more private and hidden.<sup>30</sup> There is a significant association between methamphetamine use and sex, which can impact negatively on sexual health and HIV, both in transmission and treatment adherence.<sup>31</sup> The link between methamphetamine use and risky sexual behaviour has been most strongly established in relation to men who have sex with men.<sup>32</sup> HIV positive men, a significant number of whom identify as gay, are more likely to report recent crystal methamphetamine use than HIV negative men.<sup>33</sup> Mainstream service providers may not be adequately resourced to respond to members of the LGBTQI+ community, which may deter people from seeking treatment due to fears of discrimination, or if the mainstream environment appears homophobic.<sup>34</sup> The AIDS Council of NSW (ACON) is the only LGBTQI+ AOD specialist service in NSW.

## Families

The impact of methamphetamine use on families can be profound. Care should be centred around not only the individual but also on their support network, educating and equipping them to recognise the escalating symptoms or effects of ATS use on mental health and on how and where to seek help. The impact of ATS on families are discussed in more detail later in this Issues Paper.

<sup>28</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 44 <[https://www.apf.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.apf.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>29</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 74 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%2006%20Aug%202018.pdf>>.

<sup>30</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 30 <[https://www.apf.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/First\\_report](https://www.apf.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report)>.

<sup>31</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 30 <[https://www.apf.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/First\\_report](https://www.apf.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report)>; See also Western Australian Government, *Methamphetamine Action Plan Taskforce* (Final Report, November 2018) 218-221 <<https://www.dpc.wa.gov.au/ProjectsandSpecialEvents/MAPTTaskforce/Documents/MAPTTaskforceFinalReport.pdf>>.

<sup>32</sup> Commonwealth, *Final Report of the National Ice Taskforce* (Final Report, 2015) 37 <[https://www.pmc.gov.au/sites/default/files/publications/national\\_ice\\_taskforce\\_final\\_report.pdf](https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf)>.

<sup>33</sup> Centre for Social Research in Health, University of New South Wales, *Gay Community Periodic Survey: Sydney 2018* (Report, 2018) 5 <<http://unsw.unsw.edu.au/fapi/datastream/unsw:52117/bin:ae80f831-8458-4fec-8c2b-1f7ba7402409?view=true>>.

<sup>34</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 694 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.



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## People who are, or have been, incarcerated

In 2015, 67% of prison entrants reported using an illicit drug in the 12 months prior to entering prison, with half of all prison entrants reportedly using methamphetamine.<sup>35</sup> People in custody also experience high rates of social disadvantage and poor physical health and mental health. They may have limited access to AOD services and programs in custody and face a range of challenges on release (e.g. finding employment/housing). These issues are discussed in more detail in Issues Paper 2: Justice.

## People employed in particular occupations

There are some industries where workers may be at higher risk of ATS use, including people working in hospitality, fly-in fly-out workers, piece workers (e.g. fruit pickers and shearers), people in the building and trucking industries and sex workers. This is supported by research from 2006, which suggests that amphetamine use in hospitality, transport, construction, agriculture, retail and manufacturing is higher than the total workforce average.<sup>36</sup> Factors that may increase ATS use in some workplaces include long or irregular hours, the perception that ATS use increases productivity and relieves boredom, and workplace cultures where drug use is normalised. The *2017 Commonwealth Parliamentary Inquiry into crystal methamphetamine* cautioned against assumptions that only 'blue collar' workers use crystal methamphetamine and noted a gap in the nation's response to AOD use in high risk industries. It was noted that while it may be appealing, work place drug testing must be given careful consideration and preventative strategies should be preferred.<sup>37</sup> People may not seek treatment due to privacy concerns or fear of workplace repercussion.

## People from culturally and linguistically diverse communities

Members of culturally and linguistically diverse (**CALD**) communities are at an increased risk of experiencing harms relating to AOD use for various reasons including language barriers, unemployment, family stressors, backgrounds of trauma, a lack of knowledge about AOD treatment, and limited availability of culturally appropriate programs. Accordingly, this population is underrepresented in AOD treatment services.<sup>38</sup>

## People with mental impairment, cognitive impairment or physical disability

People with mental or cognitive impairment or physical disability may have complex health needs and a range of stressors that complicate issues associated with ATS use and limit access to services. For

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<sup>35</sup> Commonwealth, *National Drug Strategy: 2017-2026* (2017) 28 <<https://www.hcasa.asn.au/documents/555-national-drug-strategy-2017-2026/file>> citing Australian Institute of Health and Welfare, Commonwealth, *The health of Australia's prisoners 2015* (Report, 2015) 96-97 <<https://www.aihw.gov.au/getmedia/9c42d6f3-2631-4452-b0df-9067fd71e33a/aihw-phe-207.pdf.aspx?inline=true>>. See also Justice Health & Forensic Mental Health Network, New South Wales Government, *Network Patient Health Survey 2015*, 63 <[https://www.justicehealth.nsw.gov.au/publications/2015\\_NHPS\\_FINALREPORT.pdf](https://www.justicehealth.nsw.gov.au/publications/2015_NHPS_FINALREPORT.pdf)>.

<sup>36</sup> AI Group, Submission to the Parliamentary Joint Committee on Law Enforcement, *Inquiry into Crystal Methamphetamine (Ice)* (10 June 2015) 4 <[http://cdn.aigroup.com.au/Submissions/Workplace\\_Relations/2015/Ai\\_Group\\_Submission\\_10June2015\\_final.pdf](http://cdn.aigroup.com.au/Submissions/Workplace_Relations/2015/Ai_Group_Submission_10June2015_final.pdf)> citing Petra Bywood, Ken Pidd and Ann Roche, *Illicit drugs in the Australian workforce: Prevalence and patterns of use* (Fact Sheet, 2008) <<http://nceta.flinders.edu.au/files/5812/5548/2199/EN141.pdf>>.

<sup>37</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 67-70 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>38</sup> Network of Alcohol & other Drugs Agencies, 'Working with diversity in alcohol & other drug settings' (Factsheet, September 2014) 6 <[https://www.nada.org.au/wp-content/uploads/2017/06/nada\\_working\\_with\\_diversity\\_sept14.pdf](https://www.nada.org.au/wp-content/uploads/2017/06/nada_working_with_diversity_sept14.pdf)>.



example, some residential rehabilitation facilities may require mental health issues to be addressed prior to treatment or may not allow medications for severe mental illnesses within the facility. People with ATS induced psychosis may be excluded from either AOD or mental health services due to the complexity of their issues.

The National Disability Insurance Scheme (NDIS) is the primary source of funds for psychosocial supports for people with an intellectual disability, a physical disability and/or mental health problems. Drug and alcohol treatment services are not funded under the NDIS. The Scheme also does not fund psychosocial or peer support relating to the prevention or management of drug or alcohol problems.

## Submissions – ATS use in specific populations

Submissions are sought from interested individuals and government and non-government organisations on the prevalence and impacts of ATS use within specific populations, the adequacy of existing measures which have been implemented to assist those populations and options to improve them. The following issues are of particular relevance to the Inquiry:

- 3.1.6 The experiences of the impacts of ATS use on ATS users and their families who are part of the populations identified above.
- 3.1.7 Are there groups of people within NSW experiencing unique or particular impacts of ATS use that have not yet been identified?
- 3.1.8 Are high-risk population groups disadvantaged by current service delivery models and location of services?
- 3.1.9 Is there evidence to suggest that particular prevention and treatment strategies are especially effective for specific populations? To what extent do current approaches reflect this evidence?
- 3.1.10 Are outreach models sufficient in servicing rural/regional locations, particularly in areas of high prevalence of use? If not, why not?
- 3.1.11 The extent to which people who have AOD related disabilities are able to access appropriate supports, given the transition to the NDIS.
- 3.1.12 Are existing services meeting the needs of populations with specific needs, such as those set out above?
- 3.1.13 To what extent do populations with specific needs require specialised or targeted services?
- 3.1.14 How is the prevalence and impact of ATS use on particular populations currently measured? Could this be improved? Are there gaps in data collection?
- 3.1.15 Which industries use drug testing to identify ATS use? What methods have been adopted? How effective are they? What have been the outcomes of such testing?



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- 3.1.16 What and how adequate are existing strategies to minimise non-AOD workforce related harms associated with ATS use? Is the adequacy of existing strategies measured or supported by evidence? Have evidence-based workplace preventative activities been developed and evaluated? If so, what are the outcomes?

The Inquiry is particularly interested to hear from ATS users and their families first-hand on these issues.



## *Community impacts*

Drug use has been described as a major social problem that is “inextricably linked to the socio-economic issues of our time”.<sup>39</sup> The impacts of ATS use can extend far beyond the individual user, with social, economic and environmental impacts experienced by the families of ATS users, and the broader community. Community impacts of ATS include relationship breakdowns, domestic violence and abuse or neglect of children. Economic and environmental impacts include increased crime and healthcare costs, increased risk of road accidents and various costs associated with the decontamination of clandestine labs. Although estimating the true community impact is difficult, previous analysis has estimated the cost to Australia to be billions of dollars in 2013/2014 and often results in ongoing social and economic impacts to the community.<sup>40</sup>

### FAMILY SUPPORT

Families are often severely affected by ATS use. Impacts include relationship breakdown, stress and trauma, financial strain, the pressure of taking on additional caring responsibilities (for either the user or their children) and exposure to violent behaviour. Many families are at a loss as to how to cope with their situation.

There is a well-documented link between crystal methamphetamine use and child neglect, unwanted and/or unplanned pregnancy and flow on parenting and child support issues, such as the impact on grandparents and others who are required to take on caring responsibilities for the children of users.<sup>41</sup> Fear of being reported to child protection authorities is widely reported to be a barrier to accessing services to address problems associated with crystal methamphetamine use.<sup>42</sup>

The need for specialised treatment services for ATS users with families has been recognised by Commonwealth and interstate inquiries. *The 2014 Victorian Parliamentary Inquiry into Methamphetamine* states that family sensitive and responsive practice should be central to treatment, and that services should be resourced and monitored to provide effective support to families.<sup>43</sup> The 2017

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<sup>39</sup> Alison Ritter, Ross McLeod and Marian Shanahan (June 2013), *Government Drug Policy Expenditure in Australia – 2009/10* (Report, June 2013) i <[https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/24%20Government%20drug%20policy%20expenditure%20in%20Australia%20-%202009\\_10.pdf](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/24%20Government%20drug%20policy%20expenditure%20in%20Australia%20-%202009_10.pdf)>.

<sup>40</sup> Steve Whetton et al, *The social costs of methamphetamine in Australia 2013/14* (Report, National Drug Research Institute, Curtin University, July 2016 <<https://ndri.curtin.edu.au/ndri/media/documents/publications/T246.pdf>>.

<sup>41</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 157-163 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>42</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 65 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>43</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, xiv <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.



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*Commonwealth inquiry into crystal methamphetamine* recommends that all governments provide specialised treatment services for people with young children.<sup>44</sup>

Evidence before the recent *2018 NSW Parliamentary Inquiry into Drug Rehabilitation* also suggests there needs to be a greater focus on treatment services which are family focused, particularly for Indigenous families.

Current resources for NSW families impacted by ATS use appear to be focused on the provision of information and referrals. For example, the ‘Your Room’<sup>45</sup> website, provides a dedicated section for families, providing advice on how to approach drug issues with your family, and ‘Cracks in the Ice’, which was developed by the Commonwealth Government in response to recommendations of the National Ice Taskforce (NIT). As well as providing information and referrals, it hosts ‘Family Drug Support Online’,<sup>46</sup> an online counselling resource for family and friends of individuals experiencing problems with crystal methamphetamine and/or other drugs, and the Family and Friends Support Program,<sup>47</sup> an online support program to family members and friends affected by crystal methamphetamine use.

There are also community-led and non-government initiatives aimed at supporting families impacted by ATS use. For example, Family Drug Support Australia,<sup>48</sup> which provides services including support meetings and a telephone support line.

## Submissions – ATS use and families

Submissions are sought from interested individuals and government and non-government organisations on the impacts of ATS use on families in NSW, the adequacy of existing support services in NSW for families affected by ATS and options to strengthen NSW’s response to ATS use by supporting families. The following issues are of particular relevance to the Inquiry:

- 3.2.1 What current services and programs are available to support families in NSW affected by ATS use? Are they adequate?
- 3.2.2 What initiatives exist in other jurisdictions to support families affected by ATS use and are they successful?
- 3.2.3 How could the therapeutic and practical support to families of ATS users be improved?
- 3.2.4 Does family support improve treatment outcomes for those with problematic ATS use and is it a protective factor against relapse?

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<sup>44</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) xi <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>45</sup> Your Room, New South Wales Government, ‘A place to get facts about alcohol and other drugs’ *Your Room* (Web page) <<https://yourroom.health.nsw.gov.au/Pages/home.aspx>>.

<sup>46</sup> Cracks in the Ice, Commonwealth Department of Health, ‘Family drug support online’ *Cracks in the Ice* (Web page, 9 January 2019) <<https://cracksintheice.org.au/families-friends/family-drug-support-online>>.

<sup>47</sup> Cracks in the Ice, Commonwealth Department of Health, ‘Family and friends support program’ *Cracks in the Ice* (Web page, 12 March 2019) <<https://cracksintheice.org.au/families-friends/family-and-friends-program>>.

<sup>48</sup> ‘Family Drug Support’ *Family Drug Support Australia* (Web page) <<https://www.fds.org.au/>>.



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3.2.5 Are current services and programs adequate for the needs of Indigenous families affected by ATS? If not, how can they be improved?

## DOMESTIC VIOLENCE

There is increasing recognition of a link between ATS use and domestic and family violence (DFV) and increasing incidence of DFV associated with crystal methamphetamine.<sup>49</sup> There do not appear to be any initiatives targeted specifically at addressing DFV associated with ATS use, notwithstanding that reducing DFV re-offending is a Premier’s Priority.<sup>50</sup>

There are a number of initiatives currently being delivered to better respond to DFV. These do not include a specific focus on drug use, but in practice are working with DFV victims and perpetrators impacted by ATS use. They include:

- Safer Pathway, a new approach to supporting victims of DFV through enhanced coordination, use of the Domestic Violence Safety Assessment Tool, a state-wide Central Referral Point to manage referrals, interagency Safety Action Meetings and legislation promoting information sharing.<sup>51</sup>
- The Domestic and Family Violence Innovation Fund, which supports projects aimed at prevention, early intervention and crisis responses.<sup>52</sup>
- Staying Home Leaving Violence, which aims to prevent homelessness by working with police to remove the violent partner from the home, so women and children can remain safe at home.<sup>53</sup>
- Rent Choice Start Safely, a subsidy to help people who are leaving or have left a relationship which involves DFV.<sup>54</sup>
- The Integrated Domestic and Family Violence Services Program, which is working in 11 locations to provide women and their children with the emotional and practical support they need to recover from domestic and family violence.<sup>55</sup>

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<sup>49</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 154  
<[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>50</sup> ‘Reducing domestic violence reoffending’, *New South Wales Government* (Web page, 10 September 2018)  
<<https://www.nsw.gov.au/improving-nsw/premiers-priorities/reducing-domestic-violence-reoffending/>>.

<sup>51</sup> Women NSW, New South Wales Government, ‘Safer Pathway’, *Women NSW* (Web page, 1 March 2019)  
<[https://www.women.nsw.gov.au/violence\\_prevention/Safer\\_Pathway](https://www.women.nsw.gov.au/violence_prevention/Safer_Pathway)>.

<sup>52</sup> Women NSW, New South Wales Government, ‘Domestic and Family Violence Innovation Fund’, *Women NSW* (Web page, 27 February 2019) <[https://www.women.nsw.gov.au/violence\\_prevention/innovation-fund](https://www.women.nsw.gov.au/violence_prevention/innovation-fund)>.

<sup>53</sup> Department of Family and Community Services, New South Wales Government, ‘Staying Home Leaving Violence’, *Department of Family and Community Services* (Web page, 5 November 2018) <<https://www.facs.nsw.gov.au/domestic-violence/services-and-support/programs/staying-home-leaving-violence>>.

<sup>54</sup> Department of Family and Community Services, New South Wales Government, ‘Rent Choice Start Safely’, *Department of Family and Community Services* (Web page, 18 January 2018) <<https://www.facs.nsw.gov.au/housing/help/ways/start-safely>>.

<sup>55</sup> Department of Family and Community Services, New South Wales Government, ‘Integrated Domestic and Family Violence Services Program’, *Department of Family and Community Services* (Web page, 10 October 2018) <<https://www.facs.nsw.gov.au/domestic-violence/services-and-support/programs/integrated-services>>.



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The NSW Domestic and Family Violence Blueprint for Reform 2016-2021 seeks to address the causes and respond to the symptoms of DFV.<sup>56</sup> It recognises the need to align service responses across multiple systems (including AOD).

## Submissions – ATS use and Domestic & Family Violence

Submissions are sought from interested individuals and government and non-government organisations on the extent to which DFV is impacted by ATS use, the adequacy of existing measures which address the role ATS use has in relation to DFV and options to strengthen NSW’s response to the impact ATS use has in relation to DFV. The following issues are of particular relevance to the Inquiry:

- 3.2.6 What evidence is there of a link between ATS use and DFV?
- 3.2.7 Has ATS use changed the nature and/or prevalence of DFV? If so, how?
- 3.2.8 Has ATS use changed the way DFV services are being provided? If changes have arisen, what are those changes and how adequate have those changes been in dealing with ATS use and DFV?
- 3.2.9 How can DFV services that deal with ATS use be improved?
- 3.2.10 What initiatives are being taken under *NSW Domestic and Family Violence Blueprint for Reform 2016-2021* to address the correlation between ATS use and DFV, and in particular to better coordinate service responses?

## IDENTIFICATION OF AT RISK CHILDREN AND FAMILIES

Within NSW there is a well-established child protection service system for identifying and responding to children who are at risk of significant harm of abuse or neglect. In some circumstances this abuse, or neglect, is associated with ATS. However, publicly available data suggests that a relatively small number of reports received by the Department of Family and Community Services (**FaCS**) from mandatory reporters identify parental drug use as the main reported issue.<sup>57</sup> It is not clear to what extent ATS use is an underlying factor in reports made for other reasons, such as neglect or abuse.

The current child protection service system in NSW includes:

- The Child Protection Helpline, a 24/7 call-centre that receives and screens reports about suspected abuse or neglect, or those at risk of abuse and neglect;
- Mandatory reporter legislation, which imposes an obligation on certain professions to report suspected child abuse and neglect;<sup>58</sup>

<sup>56</sup> Ministry of Health, New South Wales Government, *NSW domestic and family violence blueprint for reform 2016-2021: Safer lives for women, men and children* (Report, August 2016) <[http://domesticviolence.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0004/379849/dfv-blueprint-for-reform.pdf](http://domesticviolence.nsw.gov.au/__data/assets/pdf_file/0004/379849/dfv-blueprint-for-reform.pdf)>.

<sup>57</sup> Department of Family and Community Services, New South Wales Government, *Quarterly statistical report on service for children and young people April – June 2018* (Web report, 28 February 2019) <<https://www.facs.nsw.gov.au/resources/statistics/services>>, with measure filtered by primary reported issue – drug/alcohol use by carer.

<sup>58</sup> *Children and Young Persons (Care and Protection Act) 1998* (NSW) s 27.



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The Child Wellbeing and Child Protection NSW Interagency Guidelines, which provide information and guidance to all agencies involved in the delivery of child wellbeing and child protection services in NSW;<sup>59</sup>

Child Wellbeing Units in NSW Health, the NSW Police Force (**NSW Police**) and the Department of Education that assist mandatory reporters in their agencies to meet their mandatory reporting obligations and assist services in their own agency, or other organisations, which can support the family;<sup>60</sup> and

A legislative framework for the exchange of information between prescribed bodies where it relates to the safety, welfare or wellbeing of a child or young person.<sup>61</sup>

There are also services not targeted specifically at families impacted by drug use, which may be available to support those struggling with ATS use and who are in contact with or at risk of being in contact with the child protection system. For example:

Brighter Futures, which helps families who are expecting a baby or have children under nine and are struggling with issues including domestic and family violence, mental health, alcohol or other drug use and intellectual or learning difficulties.<sup>62</sup>

Intensive Family Preservation, which works with families with children aged from birth to 18 years, which focuses on improving children’s safety, placement permanence and wellbeing so that children can stay safely with their family and avoid being placed in out-of-home care.<sup>63</sup>

A whole-of-government reform, ‘Their Futures Matter’, is underway to better support vulnerable children and families by creating a coordinated service system that delivers evidence based, wraparound supports for children and families to improve their life outcomes.

There are also a number of broader child and family wellbeing initiatives designed to assist children, young people and families who do not meet the statutory threshold for intervention by child protection services, but who need some support. While not directly targeted towards ATS use, these include:

Family Referral Services, a state-wide network of non-government organisations (**NGOs**) that link vulnerable children, young people in need of assistance and their families with appropriate support services in their local areas.<sup>64</sup>

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<sup>59</sup> Department of Family and Community Services, New South Wales Government, ‘NSW Interagency Guidelines’, *Department of Family and Community Services* (Web page) <<https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines>>.

<sup>60</sup> Keep Them Safe, New South Wales Government, ‘Child Wellbeing Units’, *Keep Them Safe* (Web page, 2019) <[http://www.keepthemsafe.nsw.gov.au/initiatives/child\\_wellbeing\\_units](http://www.keepthemsafe.nsw.gov.au/initiatives/child_wellbeing_units)>.

<sup>61</sup> *Children and Young Persons (Care and Protection Act) 1998* (NSW) ch 16A.

<sup>62</sup> Department of Family and Community Services, New South Wales Government, ‘Brighter Futures’, *Department of Family and Community Services* (Web page) <<https://www.facs.nsw.gov.au/families/support-programs/all-families/brighter-futures>>.

<sup>63</sup> Department of Family and Community Services, New South Wales Government, ‘Intensive Family Preservation’, *Department of Family and Community Services* (Web page) <<https://www.facs.nsw.gov.au/families/support-programs/all-families/intensive-family-preservation>>.

<sup>64</sup> Family Referral Service, New South Wales Government, ‘About’, *Family Referral Service* (Web page, 2014) <<http://www.familyreferralservice.com.au/about.html>>.



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Youth on Track, an early intervention scheme for young people aged 10-17 identified by NSW Police or the Department of Education as being at risk of involvement in the criminal justice system.<sup>65</sup>

The Department of Education’s Wellbeing Framework may also assist children and families impacted by ATS use. Relevant initiatives include:

The school counselling service, which provides specialised psychological assessment, counselling and intervention services to students.<sup>66</sup>

“Networked Specialist Centres”, which support schools to respond to the complex needs of students who require support from multiple services and their families/carers, by assisting with access to specialist support.<sup>67</sup>

The “Schools as Community Centres” initiative. In 2017 there were 45 Centres hosted by schools to deliver a range of community engagement activities and programs supporting families with young children.<sup>68</sup>

Many mainstream services also come into contact with children and families impacted by ATS use. Workers in these services, such as teachers and general practitioners, are well placed to identify families who need help to manage the impacts of ATS use, and to provide support or make necessary referrals. Education of those working with children and families is critical to ensuring that they know what signs to look for, what referral pathways are available and what support they should provide. Education is discussed in more detail later in this Issues Paper.

It should be noted that the identification and reporting of children who meet the ‘at risk of significant harm’ threshold for a report to FaCS needs to be distinguished from providing referrals to other services and support to families who may be impacted by ATS.

## Submissions – Children and families impacted by ATS use and services to support them

Submissions are sought from interested individuals and government and NGOs on the adequacy of existing measures used to identify children and families who are being impacted by ATS use and to support them once identified, and options to strengthen those measures within NSW. The following issues are of particular relevance to the Inquiry:

### 3.2.11 Are existing reporting obligations and referral pathways for children and families impacted by ATS use adequate? If not, how can they be improved?

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<sup>65</sup> Department of Justice, New South Wales Government, ‘Youth on Track’, *Department of Justice* (Web page, 20 July 2017) <<http://www.youthontrack.justice.nsw.gov.au/>>.

<sup>66</sup> Department of Education, New South Wales Government, ‘Support students, successful students’, *Department of Education* (Web page, 15 December 2016) <<https://education.nsw.gov.au/student-wellbeing/whole-school-approach/wellbeing-support/supported-students#More3>>.

<sup>67</sup> Department of Education, New South Wales Government, ‘Networked Specialist Centres’, *Department of Education* (Web page, 3 August 2017) <<https://education.nsw.gov.au/student-wellbeing/whole-school-approach/networked-specialist-centres>>.

<sup>68</sup> Department of Education, New South Wales Government, ‘Schools as Community Centres (SaCC)’, *Department of Education* (Web page, 9 January 2017) <<https://education.nsw.gov.au/student-wellbeing/whole-school-approach/wellbeing-support/schools-as-community-centres>>.



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- 3.2.12 How do services working with children and families (such as schools, general practitioners and hospitals) identify those who may be impacted by ATS use? Are identification methods or strategies effective? If not, what can be done better?
- 3.2.13 Are services working with children and families able to make appropriate referrals or provide ongoing support for children and families identified as being affected by ATS use? If not, what can be done better?

## HOUSING AND HOMELESSNESS

Disadvantage and inequality are significant drivers of methamphetamine use and the relationship between homelessness and drug use is well established. Access to safe and stable housing is a protective factor against drug use, and also poses a challenge for people who are using drugs or re-entering the community after a period in prison or a residential treatment facility.

Addressing housing is critical to ensuring a person using drugs is well placed to access treatment and housing assistance is a frequent intervention required for drug users.<sup>69</sup> This is particularly so for Indigenous communities, young people leaving out-of-home care and prisoners on release into the community.<sup>70</sup>

While AOD workers will often address the housing and other practical support needs of people who use drugs, there appears to be a lack of targeted programs or initiatives aimed specifically at meeting the housing needs of ATS users.

- Non-targeted housing and homelessness programs and services available to people who use ATS include:
- Specialist homelessness services, which are delivered by NGOs across NSW on behalf of FaCS to support people facing homelessness. A number of these have a particular, but not exclusive, focus on people impacted by drug use.<sup>71</sup>
- Social Housing (which includes public housing managed by FaCS, community housing managed by non-government providers on behalf of FaCS, and Indigenous housing managed by the Aboriginal Housing Office within FaCS and community housing providers) which provides secure and affordable rental housing for people on low incomes.<sup>72</sup>

<sup>69</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 10 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>70</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 262-310 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>71</sup> Department of Family and Community Services, New South Wales Government, ‘Find a specialist homelessness service’, *Department of Family and Community Services* (Web page, 27 March 2018) <<https://www.facs.nsw.gov.au/housing/help/ways/services>>.

<sup>72</sup> Department of Family and Community Services, New South Wales Government, ‘Social housing’, *Department of Family and Community Services* (Web page) <<https://www.facs.nsw.gov.au/housing/help/ways/social-housing>>.



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- Rental assistance initiatives for people looking for private rental accommodation, including interest-free bond loans, private rental subsidies and Rent Choice products which help eligible clients with rental payments for up to three years.<sup>73</sup>

The *NSW Parliamentary Inquiry into the adequacy of youth diversionary programs* found that safe and secure housing is an essential element of youth diversion and that more needs to be done to address this issue. It recommended that NSW increase the supply of social housing for young people exiting the custody of Juvenile Justice.<sup>74</sup> The NSW Government has not yet responded to this report.

The *2018 NSW Parliamentary Inquiry into Drug Rehabilitation* also identified housing security as a potential contributor to substance abuse and its importance to reintegration into the community after treatment.<sup>75</sup>

## Submissions – Housing and homelessness

Submissions are sought from interested individuals and government and non-government organisations on the impacts of ATS use on housing and homelessness in NSW, the adequacy of existing housing and homelessness services in NSW for people affected by ATS and options to strengthen NSW’s response to ATS through housing and homelessness services and support. The following issues are of particular relevance to the Inquiry:

- 3.2.14 What evidence is there of a correlation between inadequate housing and homelessness and ATS use?
- 3.2.15 Do the housing needs of ATS users vary for specific populations, such as Indigenous people and those coming out of custody or within particular geographical areas?
- 3.2.16 Is there sufficient cooperation between housing services and other support services available to ATS users?
- 3.2.17 Are mainstream housing services able to recognise and respond to the particular needs of ATS users?
- 3.2.18 Are there specialist homelessness services with a particular focus on ATS users (in terms of both capacity and geographic coverage)?
- 3.2.19 What models exist outside NSW for holistic, coordinated case management of ATS users, including to meet their housing needs?

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<sup>73</sup> Department of Family and Community Services, New South Wales Government, ‘Help keeping your current private rental’, *Department of Family and Community Services* (Web page, 11 February 2019) <<https://www.facs.nsw.gov.au/housing/help/ways/renting-private-market/help-keeping-your-current-private-rental>>.

<sup>74</sup> Law and Safety Committee, New South Wales Legislative Assembly, *Inquiry into the Adequacy of Youth Diversionary Services in New South Wales* (Report No 2/56, September 2018) xv <<https://www.parliament.nsw.gov.au/ladocs/inquiries/2464/Report%20Adequacy%20of%20Youth%20Diversionary%20Programs%20in%20NSW.PDF>>.

<sup>75</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 43 <<https://www.parliament.nsw.gov.au/ladocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>>.



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## OTHER COMMUNITY IMPACTS

ATS use can have significant negative social and economic impacts on the wider community. There is increasing recognition of the broader societal impacts of ATS use which include increased violence, demand on emergency services (police, hospitals and ambulance) and demand on community services such as treatment, counselling and support.

### Environmental impacts

There can be serious health and environmental impacts resulting from the production of ATS. Local communities are affected through the decontamination and clean-up costs of clandestine methamphetamine lab sites, evacuation of affected areas, destruction of property and flow on costs to insurance. There is evidence linking the operation of domestic clandestine drug laboratories to health risks to future occupants of the premises. Health impacts are not only experienced by people involved in the manufacture of drugs, but other occupants of the building, future occupants and first responders and include chemical burns, collapse, respiratory irritation and neurochemical changes in areas of the brain that are associated with learning, cognitive function, behaviour and motor activity.<sup>76</sup>

### Social cost

Estimating the true economic and social costs of ATS is difficult due to the limitations in available data and the uncertainty of future outcomes. However, in 2016, the National Drug Research Institute estimated that there were over \$5 billion in societal costs attributable to methamphetamine use in 2013/14.<sup>77</sup> The vast majority (\$3.2 billion) of these costs were found to be related to crime (including police, courts, prisons and victim costs), with other costs attributed to health care (\$200 million from hospitals, GPs and ambulance), child maltreatment and protection (\$260 million) and road accidents (\$125 million).<sup>78</sup>

The National Drug Strategy includes a focus on reducing the adverse health, social and economic impacts of drugs on the wider community, and there are various programs that respond to societal impacts of both drug use in general and criminal activity more broadly, including:

- NSW Police supply reduction strategies to disrupt or reduce the production and supply of illegal drugs and control, manage and/or regulate the availability of legal drugs.<sup>79</sup>
- Support for victims of crime through the NSW Victims Support Scheme.<sup>80</sup>

<sup>76</sup> Jackie Wright, *NSW Remediation Guidelines for Clandestine Drug Laboratories and Hydroponic Drug Plantation* (Report, September 2015) 3, 4 <<https://www.health.nsw.gov.au/environment/hazard/Documents/clan-lab-guidelines.pdf>>; enHealth, *enHealth Guidance on: Clandestine Drug Laboratories and Public Health Risks* (Report, January 2017) 4, 21 <[https://www.health.gov.au/internet/main/publishing.nsf/content/A12B57E41EC9F326CA257BF0001F9E7D/\\$File/Guidance-Clandestine-Drug-Laboratories-Public-Health.pdf](https://www.health.gov.au/internet/main/publishing.nsf/content/A12B57E41EC9F326CA257BF0001F9E7D/$File/Guidance-Clandestine-Drug-Laboratories-Public-Health.pdf)>.

<sup>77</sup> Steve Whetton et al, *The social costs of methamphetamine in Australia 2013/14* (Report, National Drug Research Institute, Curtin University, July 2016) 5 <<https://ndri.curtin.edu.au/ndri/media/documents/publications/T246.pdf>>.

<sup>78</sup> Steve Whetton et al, *The social costs of methamphetamine in Australia 2013/14* (Report, National Drug Research Institute, Curtin University, July 2016) 5 <<https://ndri.curtin.edu.au/ndri/media/documents/publications/T246.pdf>>.

<sup>79</sup> New South Wales Police Force, New South Wales Government, 'Drugs', *NSW Police Force* (Web page) <[https://www.police.nsw.gov.au/crime/drugs\\_and\\_alcohol/drugs](https://www.police.nsw.gov.au/crime/drugs_and_alcohol/drugs)>.

<sup>80</sup> LawAccess, New South Wales Government, 'Victims Support Scheme', *LawAccess* (Web page, 1 May 2017) <[http://www.lawaccess.nsw.gov.au/Pages/representing/lawassist\\_avo/lawassist\\_gettingavo\\_home/lawassist\\_victims\\_compensation.aspx](http://www.lawaccess.nsw.gov.au/Pages/representing/lawassist_avo/lawassist_gettingavo_home/lawassist_victims_compensation.aspx)>.



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- Mobile Drug Testing to test drivers believed to be under the influence of drugs.<sup>81</sup>

However, there are limited government programs targeted to addressing the social and economic impacts of ATS specifically and there has been limited quantification of the social and economic costs of ATS to the community in NSW.

## Submissions – Social, economic and environmental impacts of ATS

Submissions are sought from interested individuals and government and non-government organisations on the societal impacts of ATS use in NSW and the adequacy of the response to those impacts in NSW. The following matters are of particular relevance to the Inquiry:

- 3.2.20 Can any or all of the current social and economic impacts from ATS in NSW referred to above be quantified? If so, what is the quantification of those costs?
- 3.2.21 What is the experience of people working with the environmental impacts of ATS manufacture/use? How can this experience be improved?

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<sup>81</sup> Transport for New South Wales Centre for Road Safety, New South Wales Government, 'Drugs and Driving: Mobile Drug Testing', *Centre for Road Safety* (Web page, 28 February 2019) <<https://roadsafety.transport.nsw.gov.au/stayingsafe/alcoholanddrugs/drugdriving/index.html>>.



## *Treatment services and models of care*

There are a variety of specialist and generalist treatment services for ATS users available across NSW including residential rehabilitation, psychosocial therapies, withdrawal support, General Practitioners, counselling, and hospitals. There is also an ATS substitution treatment trial currently underway in Sydney, but as yet there is no established ATS equivalent to the Opioid Substitution Treatment (OST) program.

Models of care and their implementation and availability vary widely across regions and settings (public/private/NGOs) and there is currently no treatment services plan for NSW Health that articulates the role of each type of service, how people move between them, where they should be distributed, and who should use them.

Six (out of 15) local health districts (**LHDs**) are funded by NSW Health to provide specialist, stepped care through stimulant treatment clinics, with a state-wide phone service also available 24/7. The Hospital Drug and Alcohol Consultation Liaison (**HDA-CL**) model is available in most public hospitals in some form, to identify patients with an AOD co-morbidity and support them in accessing additional wraparound services “but in many hospitals these are limited”.<sup>82</sup> Economic evaluation has shown this model to be modestly effective in reducing costs to the health system.<sup>83</sup>

The Involuntary Drug and Alcohol Treatment (**IDAT**) Program operates out of one metropolitan (Royal North Shore) and one regional (Orange) location. This structured program provides medically supervised withdrawal, rehabilitation, and supportive interventions for patients with severe substance dependence. A medical practitioner must refer a patient into IDAT, with 8-12 beds available across both sites. Due to the high risk of relapse, community based treatment and discharge planning supports the patient when they leave the program.

The NGO sector is the largest provider of residential rehabilitation in NSW and offers a range of outreach, counselling, community and harm prevention programs. NSW Health has published service specifications which aim to provide guidance on the principles and elements of AOD treatment delivered by the NGO sector. In 2015, the NSW Government committed \$4 million over four years for NGO treatment services to tackle methamphetamine use in rural and regional NSW and the establishment of new services in three regional areas: Goulburn and surrounds, Dubbo/Wellington, and Wagga/Griffith.

People can access ATS treatment voluntarily; under some form of situation-based coercion (e.g. to improve a criminal justice outcome or resolve a child protection intervention); or involuntarily (e.g. IDAT). Some services are specific to population groups such as young people (Noffs Foundation), women with children (Jarrah House and Phoebe House) and Indigenous people (Oolong House and The Glen).

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<sup>82</sup> Centre for Health Economics Research and Evaluation, University of Technology Sydney and National Drug and Alcohol Research Centre, University of New South Wales, *Evaluation of NSW Drug and Alcohol Consultation Liaison Services* (Final Report, November 2014) 12 <<https://www.health.nsw.gov.au/aod/professionals/Documents/rpt-eval-nswda-cl-serv.pdf>>.

<sup>83</sup> Centre for Health Economics Research and Evaluation, University of Technology Sydney and National Drug and Alcohol Research Centre, University of New South Wales, *Evaluation of NSW Drug and Alcohol Consultation Liaison Services* (Final Report, November 2014) 15 <<https://www.health.nsw.gov.au/aod/professionals/Documents/rpt-eval-nswda-cl-serv.pdf>>.



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The AOD sector is complex, notably as a result of the interface between Commonwealth and State policies and funding.<sup>84</sup> A lack of transparency in funding and governance has also been noted.<sup>85</sup> Within NSW, LHDs are allocated funding using a combination of block funding grants, and Activity Based Funding. Activity Based Funding is a management tool which allocates funds based on real levels of patient care.<sup>86</sup> It provides the necessary resources for key hospital services, such as inpatient care and emergency departments. Funding for targeted AOD health services is distributed across NSW based on block funding grants, which are often tied to specific programs or initiatives within regions<sup>87</sup> and are not tied to actual levels of activity or demand.

Changes to service provision and treatment models can be difficult, particularly for rural and regional services that may already be under-resourced.<sup>88</sup> Treatment can be fragmented and people can miss out altogether. Due to funding and professional boundary issues (in particular the separation between mental health and AOD services) there is a tendency to treat AOD problems in isolation from a person's other mental or physical health problems. The fragmentation of care pathways and limited wrap-around/follow-up services is a problem for both the patient and the system.<sup>89</sup>

There are long waiting lists for those wanting to access AOD treatment, particularly residential rehabilitation and counselling services. Those in rural and regional areas have greater difficulties in accessing services. This affects a user's motivation to access treatment, as well as their care outcomes.<sup>90</sup>

## MODELS OF CARE AND INTERVENTIONS

The primary categories of drug treatment in Australia are withdrawal and detoxification programs, psychosocial therapies, residential rehabilitation and pharmacotherapy, including substitution pharmacotherapy. All of these are available for use in ATS treatment, however, substitution pharmacotherapy is only available in limited form as part of research trials. Cognitive behavioural therapy and counselling have both been shown as effective in the treatment of AOD disorders.<sup>91</sup>

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<sup>84</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 9 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>85</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 112 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>86</sup> Ministry of Health, New South Wales Government, 'Funding Reform' *Health* (Web page, 9 October 2012) <<https://www.health.nsw.gov.au/healthreform/2012/Pages/default.aspx>>.

<sup>87</sup> Ministry of Health, New South Wales Government, 'Alcohol and other drugs: About us', *Health* (Web page) <<https://www.health.nsw.gov.au/aod/Pages/about.aspx>>.

<sup>88</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 673 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>89</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 630 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>90</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 12, 18-20 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>91</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 657 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.



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Online options such as self-directed education and care have been raised as alternate options to face-to-face treatment and show some promise. However, some ATS users may not have the capacity to engage with self-directed treatment online, or may prefer to engage personally with a professional.

Compulsory treatment (often in lieu of justice-focused sanctions) is generally considered a last resort.

Use and dependence on drugs is often chronic and relapsing, and the neurocognitive effects of methamphetamine use can take a year or longer to resolve. Follow-up and aftercare should be a routine aspect of clinical care for all ATS users.<sup>92</sup> The *2017 Commonwealth inquiry into crystal methamphetamine* recommended the need for adequate pre- and post-care in partnership with residential rehabilitation.<sup>93</sup> Longer-term rehabilitation, case management and follow-up is needed to support recovery, which has an obvious impact on resourcing.<sup>94</sup>

## STIGMA AND BARRIERS TO TREATMENT

People who use methamphetamine and have psychotic symptoms are often reluctant to seek treatment and have been described as “difficult-to-access individuals with complex needs.”<sup>95</sup> Avoidance of treatment can be for a range of reasons including stigma, shame, ignorance of available options, attempt to self-manage, the perception that their use is not a problem, and fear of penalties (such as losing custody of children).

The majority of users accessing treatment are self or family referred (42%) and withdrawal from treatment is common in this group (40%).<sup>96</sup> This highlights the need for service availability at times when users are willing to access treatment and a reorientation of services to meet the needs of ATS users who need step-up/step-down care models that can adapt to their changing needs.

The stigma associated with ATS use can also have very negative impacts on users and their families, contributing to social exclusion, discrimination and presenting significant barriers to accessing support. Public perceptions of ATS users often do not reflect the reality of their situation and reinforce negative stereotypes.

Despite an overall decline in the use of crystal methamphetamine (see Issues Paper 1: Use, Prevalence and Policy Framework) the perception that it is causing social and criminal problems has increased. In 2016 meth/amphetamines overtook alcohol as the drug most people were concerned about with media coverage cited as a key factor contributing to this shift in perception.<sup>97</sup> Community fear is amplified by

<sup>92</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 671, 672 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>93</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 33 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>94</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 636, 654 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>95</sup> Julia Lappin, Grant Sara and Michael Farrell, ‘Methamphetamine-related psychosis: an opportunity for assertive intervention and prevention’ (2016) 112(6) *Addiction* 927 <<https://onlinelibrary.wiley.com/doi/full/10.1111/add.13663>>.

<sup>96</sup> Australian Institute of Health and Welfare, Commonwealth, ‘Alcohol, and other drug treatment services in Australia 2016-17’ (Report No 31, 2018) 28 <<https://www.aihw.gov.au/getmedia/6ada5e0f-40ff-459b-ae6c-b45845a37ccc/aihw-hse-207.pdf.aspx?inline=true>>.

<sup>97</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 12 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/First\\_report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report)>.



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media reporting and other community messaging, particularly in smaller communities, and contributes to a ‘moral panic’ about crystal methamphetamine use that prevents people seeking support.<sup>98</sup>

It is well recognised that stigma impacts on willingness to seek treatment.<sup>99</sup> Understanding drug use as a social and health issue rather than simply a criminal justice issue challenges existing stigma, increases public tolerance, improves outcomes for individuals and encourages more effective policy interventions.

Media coverage is a key contributing factor to the stigmatisation of ATS use. Research indicates that government messaging and media coverage can contribute to stigma. Education programs based on shock tactics are not successful and focussing on fear can unintentionally glamorise and enhance the status of risk behaviour.<sup>100</sup> The Final Report of the *2017 Commonwealth inquiry into crystal methamphetamine* recommended that future awareness campaigns be based on compassion, targeted at users and designed with the clear objective of encouraging them to seek support and treatment.<sup>101</sup>

The Australian Press Council has published Advisory Guidelines for its members in relation to media reporting on drugs and drug addiction.<sup>102</sup> However these are high-level and non-binding (as distinct from the binding standards which apply to coverage of suicide).<sup>103</sup>

Within NSW, there is a growing recognition in different parts of the community, including the NSW Government, the non-government sector and the media of the negative impacts of stigmatising ATS use. It is also important to note that stigma surrounding crystal methamphetamine use exists even amongst health professionals; a better understanding is needed amongst those providing health services to ATS users of the underlying health and social factors which contribute to use.<sup>104</sup>

Current initiatives to address stigma appear limited. They include:

- Focusing education and information resources (such as ‘Your Room’<sup>105</sup> and ‘Cracks in the Ice’)<sup>106</sup> on providing factual and evidence based information that explores the social and health aspects of drug use without relying on ‘scare tactics’ to prevent use.

<sup>98</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 517, 577 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>99</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (First Report, September 2017) 12 <[https://www.apl.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/First\\_report](https://www.apl.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/First_report)>.

<sup>100</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 1, 567 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_01\\_with\\_addendums.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_01_with_addendums.pdf)>.

<sup>101</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) xii <[https://www.apl.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.apl.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>102</sup> ‘Guideline: Drugs and drug addiction’, *Australian Press Council* (Web page, 1 July 2001) <<https://www.presscouncil.org.au/document-search/guideline-drugs-and-drug-addiction/?LocatorGroupID=662&LocatorFormID=677&FromSearch=1>>.

<sup>103</sup> Australian Press Council, *Specific Standards on Coverage of Suicide* (Guidelines, July 2014) <[https://www.presscouncil.org.au/uploads/52321/ufiles/SPECIFIC\\_STANDARDS\\_SUICIDE\\_-\\_July\\_2014.pdf](https://www.presscouncil.org.au/uploads/52321/ufiles/SPECIFIC_STANDARDS_SUICIDE_-_July_2014.pdf)>.

<sup>104</sup> ‘It’s vital to reduce the stigma attached to ice use’, *NSW Nurses & Midwives Association* (Web page, 1 December 2015) <<https://www.nswnma.asn.au/its-vital-to-reduce-the-stigma-attached-to-ice-use/>>.

<sup>105</sup> Your Room, New South Wales Government, ‘A place to get facts about alcohol and other drugs,’ *Your Room* (Web page) <<https://yourroom.health.nsw.gov.au/Pages/home.aspx>>.

<sup>106</sup> Cracks in the Ice, Commonwealth Department of Health, ‘Homepage’, *Cracks in the Ice* (Web page) <<https://cracksintheice.org.au/>>.



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- Promotion of resources targeted at services working with AOD users, to help them understand the importance of using language that focuses on the person not their substance abuse, such as ‘Language Matters’,<sup>107</sup> and an online module on reducing stigma.<sup>108</sup>
- Telling individual stories, such as ‘Breaking the Ice’ which encourages people to ‘see the person not the drug’.<sup>109</sup>

## Submissions – Current health service models, barriers to treatment and stigma

Submissions are sought from interested individuals and government and non-government organisations on the current health service models which relate to ATS use and barriers to treatment for ATS use, especially stigma, as well as options to strengthen NSW’s response to ATS in these areas. The following issues are of particular relevance to the Inquiry:

### Health services models

- 3.3.1 Are service delivery models of care in NSW matched to population need and best-practice evidence?
- 3.3.2 Is the current amount of NSW government funding adequate to support delivery of treatment and support services to ATS users, including both acute and community-based approaches? Is the funding being used for its specified purpose?
- 3.3.3 What NSW system-wide planning arrangements for treatment services are necessary? What intergovernmental frameworks are necessary to improve local service planning?
- 3.3.4 Are the performance measurement approaches to drug treatment in the health system appropriate to deliver the best health outcomes? Can key performance indicators (**KPIs**) be changed to promote better practice particularly regarding transfer of care between service settings and types?
- 3.3.5 Are there governance models overseas that could be considered in the NSW context to improve service coordination (e.g. an overarching government coordination role such as the Drug Czar in the US)?<sup>110</sup>
- 3.3.6 What role should involuntary treatment play in addressing ATS use?
- 3.3.7 What is the effectiveness of non-custodial involuntary drug treatment (including ATS treatment) under the *Drug and Alcohol Treatment Act 2007* (NSW)? What are the outcomes of participants of the IDAT Program administered by NSW Health under that Act?<sup>111</sup>

<sup>107</sup> Network of Alcohol and Other Drug Agencies and New South Wales Users and AIDS Association, *Language matters* (Guidelines, 2015) <[https://www.nada.org.au/wp-content/uploads/2018/03/language\\_matters\\_-\\_online\\_-\\_final.pdf](https://www.nada.org.au/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf)>.

<sup>108</sup> ‘Reducing stigma’, *Alcohol and Drug Foundation* (Web page) <<https://adf.org.au/BreakingTheIce/module04/#/>>.

<sup>109</sup> ‘Breaking the ice’, *Alcohol and Drug Foundation* (Web page) <<https://adf.org.au/programs/breaking-the-ice/>>.

<sup>110</sup> Bill Chappell, ‘Tom Marino, Trump’s Pick As Drug Czar Withdraws After Damaging Opioid Report’, *NPR* (Online, 17 October 2017) <<https://www.npr.org/sections/thetwo-way/2017/10/17/558276546/tom-marino-trumps-pick-as-drug-czar-withdraws-after-damaging-opioid-report>>.

<sup>111</sup> Ministry of Health, New South Wales Government, ‘The Involuntary Drug and Alcohol Treatment Program’, *Health* (Web page, 15 August 2013) <<https://www.health.nsw.gov.au/aod/programs/Pages/idad-gi.aspx>>.



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- 3.3.8 How would better access for ATS users to AOD treatment affect the demand for other health services (e.g. emergency departments, psychiatry) and other government services (e.g. police, FACS, courts)?
- 3.3.9 How can general practitioners be encouraged and supported to better identify, treat and if appropriate, refer ATS users to specialist services?
- 3.3.10 What research and development initiatives are required to improve available treatment options?
- 3.3.11 Would centralisation of governance for the ATS support and service delivery sector enable better planning, direction of funding, and implementation?
- 3.3.12 Are other treatment methods or models being implemented effectively overseas?
- 3.3.13 What impact does the way Activity Based Funding is/is not applied to treatment services for ATS users have on the AOD treatment system?

### Stigma

- 3.3.14 What is the nature of any stigma associated with ATS use and the impact that stigma has upon ATS users – the Inquiry is particularly interested in hearing directly from ATS users.
- 3.3.15 What is best practice for choice of language and messaging in order to avoid stigmatising ATS users?
- 3.3.16 Are there initiatives other than media guidelines/education initiatives that may help to address the stigma associated with ATS use?
- 3.3.17 Are there opportunities for enhanced professional development of those working with ATS users (such as health professionals and police) to address stigma in order to improve service responses?
- 3.3.18 Are there reporting standards for the media in relation to the coverage of drug use and drug users generally? If not, should there be? If reporting standards do exist, are there opportunities to strengthen them?
- 3.3.19 How can the harms associated with ATS use be discussed without further stigmatising ATS users?



## *Prevention*

Initiatives to prevent drug use or delay the commencement of drug use are an important aspect of AOD policy. Rather than responding to AOD issues after they occur, prevention initiatives help people avoid using drugs in the first place or avoid risky or harmful use.<sup>112</sup> Preventative strategies can take many forms including education, health promotion and community development initiatives.<sup>113</sup>

Prevention interventions and measures are typically classified as primary, secondary or tertiary in approach.<sup>114</sup> Primary measures have the objective of reducing risks and preventing new users and programs are not targeted to specific populations (such as AOD education in the school curriculum and mass media campaigns about drug related harms). Secondary measures limit the harm to current users or individuals at risk in the “early stages”<sup>115</sup>, including people in family crisis or those who have had contact with police or the courts. Tertiary prevention measures target those using AOD at risky levels, who may have high rates of drug-related harm.

Recent research has found that in terms of reducing drug use, there is evidence to support the use of school and leisure-based universal or primary prevention strategies.<sup>116</sup>

However, based on evidence from the previous 10 years, current mass media approaches to the prevention of AOD use do not appear to be effective. The research also found that between 2006 and 2016 there was only limited evidence for the effectiveness of prevention measures to reduce AOD use in a range of other social settings.<sup>117</sup>

The Australian Drug Foundation recognises that there is enthusiasm in communities for AOD prevention and that governments have a role to play.<sup>118</sup> However, the best type of prevention measures and their usefulness at preventing ATS use and related harms is unclear.

Nevertheless, provision of accurate and up-to-date information about ATS is critical to prevention of ATS use and minimisation of the harms associated with its use. It is important that education resources are tailored to different groups and disseminated appropriately. Earlier inquiries have emphasised the importance of targeted advertising and the limitations of mass marketing campaigns.

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<sup>112</sup> Australian Drug Foundation, *Preventing alcohol and drug problems in your community* (Report, June 2014) 3 <<https://adf.org.au/wp-content/uploads/2016/10/Preventing-AOD-problems.pdf>>.

<sup>113</sup> ‘Starting early – a focus on primary prevention’, *Alcohol and Drug Foundation* (Web page) <<https://adf.org.au/programs/community-drug-action-teams-nsw/why-primary-prevention/>>.

<sup>114</sup> The National Drug Research Institute and the Centre for Adolescent Health, *The prevention of substance use, risk and harm in Australia: a review of the evidence* (Report, January 2004) 6 <[https://espace.curtin.edu.au/bitstream/handle/20.500.11937/30403/19135\\_19135.pdf?sequence=2](https://espace.curtin.edu.au/bitstream/handle/20.500.11937/30403/19135_19135.pdf?sequence=2)>.

<sup>115</sup> The National Drug Research Institute and the Centre for Adolescent Health, *The prevention of substance use, risk and harm in Australia: a review of the evidence* (Report, January 2004) 6 <[https://espace.curtin.edu.au/bitstream/handle/20.500.11937/30403/19135\\_19135.pdf?sequence=2](https://espace.curtin.edu.au/bitstream/handle/20.500.11937/30403/19135_19135.pdf?sequence=2)>.

<sup>116</sup> Louise Mewton et al, ‘Universal prevention of alcohol and drug use: An overview of reviews in an Australian context’ (2018) 37(S1) *Drug and Alcohol Review* 435, 467 <<https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12694>>.

<sup>117</sup> Louise Mewton et al, ‘Universal prevention of alcohol and drug use: An overview of reviews in an Australian context’ (2018) 37(S1) *Drug and Alcohol Review* 435, 467 <<https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12694>>.

<sup>118</sup> Australian Drug Foundation, *Preventing alcohol and drug problems in your community* (Report, June 2014) 3 <<https://adf.org.au/wp-content/uploads/2016/10/Preventing-AOD-problems.pdf>>.



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Specific cohorts require targeted education and information strategies including: young people in schools at risk of using methamphetamines; young people disconnected from school; young people in out-of-home-care; women; prisoners, parolees and people on community orders; Indigenous people; people in LGBTQI+ communities; people from regional and rural communities; CALD communities; recreational users, including ‘clubbers’; road users; families of users; teachers and frontline workers. Prevention-based approaches aimed at informing the general public about drugs are a common educational strategy, but such approaches have a ‘mixed report card’, particularly if run through the media. Responsible use of the media, including new technologies, is important in getting messages to young people, particularly social media.<sup>119</sup>

Mass media campaigns are generally not recommended for issues that affect a relatively small proportion of the population. However, such campaigns can be effective if complemented by other evidence-based approaches including targeted strategies that aim to reach sub-populations.

People seeking information about ATS can currently access a variety of sources on the internet or over the telephone, including directly from health and AOD services. There are also organisations that provide ATS related information to specific populations on their websites, for example:

- *LGBTQI+ communities* - Pivot Point is a website funded by Central and Eastern Sydney Primary Health Network (PHN) to provide resources about alcohol and other drugs for LGBTQI+ communities. It also contains a range of resources for culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities. ACON also provides information on its website for LGBTQI+ communities and people with HIV to reduce the harms associated with AOD use.
- *CALD communities* - The Drug and Alcohol Multicultural Education Centre (DAMEC) is an NGO working to reduce the harm associated with AOD use within CALD communities in NSW. It undertakes health promotion and education projects to build the capacity of CALD communities to understand and address AOD issues.
- *Indigenous communities* – Australian Indigenous HealthInfoNet has established the “Alcohol and Other Drugs Knowledge Centre” and has a website with information about and for Indigenous communities.<sup>120</sup>

A range of education programs have been developed to inform other community members about AOD issues, including ATS use. For example:

- *Education for school students* - Drug education forms a part of the mandatory Kindergarten to year 10 Personal Development, Health and Physical Education curriculum, which is currently undergoing review. Students in year 11 and 12 extend this learning through the 25-hour mandatory “Life Ready” course designed to prepare and support senior students as they encounter situations related to health and safety as they become more independent and gain more responsibilities.
- *Sporting clubs* – “Good Sports” is a program run by the Alcohol and Drug Foundation that works in partnership with sporting organisations, governments and health promotion agencies to reduce

<sup>119</sup> Law Reform, Road and Community Safety Committee, Victorian Parliament, *Inquiry into drug law reform* (Final Report, March 2018) xxv <[https://www.parliament.vic.gov.au/file\\_uploads/LRRCSA\\_58-03\\_Full\\_Report\\_Text\\_WEB\\_XQB31XDL.pdf](https://www.parliament.vic.gov.au/file_uploads/LRRCSA_58-03_Full_Report_Text_WEB_XQB31XDL.pdf)>.

<sup>120</sup> ‘Alcohol and Other Drugs Knowledge Centre’, *Australian Indigenous Health InfoNet* (Web page) <<https://aodknowledgecentre.ecu.edu.au>>.



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misinformation and stigma about alcohol and other drugs and improve the health of Australian communities.

- *Workplace education* – The Australian Drug Foundation helps workplaces develop AOD programs and policies and has a number of related products, such as online AOD training for employees.
- ‘*Cracks in the Ice*’ – funded by the Australian Government Department of Health in response to a recommendation by the National Ice Taskforce.<sup>121</sup>

The National Ice Taskforce (NIT) also recommended that:

- Australian governments ensure that crystal methamphetamine and other methamphetamine-specific resources are available to support and inform teachers, parents, families and students (including across specific risk and age groups, and specific resources for regional, remote and Indigenous communities).
- The Commonwealth Government has developed a comprehensive, evidence-based two-year prevention communication plan, including a public awareness campaign, targeted communication activities for at-risk groups, which is evaluated after two years.<sup>122</sup>

The National Ice Action Strategy (NIAS) recognises that families, teachers and students need to know where to go for the right information and guidance about crystal methamphetamine, so they can respond appropriately and confidently. It notes that existing local networks and supports, such as sporting clubs, are well placed to deliver prevention and education messages.<sup>123</sup> Actions in the strategy include: launching a “Positive Choices” web portal; establishing a national phone line to serve as a single point of contact for individuals and families seeking to receive information, counselling and support for dealing with drug use; delivering evidence-based targeted communication activities, including through social media; supporting sporting clubs to deliver prevention messages, including in remote Indigenous communities; and developing strategies to increase prevention and education about crystal methamphetamine in high-risk industries, such as mining, construction and sport.<sup>124</sup>

At this stage of the Inquiry it is unclear whether the recommendations of the NIT and the actions set out in the NIAS described above have led to any related action in NSW.

## Submissions – Prevention strategies including education

Submissions are sought from interested individuals and government and non-government organisations on, the adequacy of existing prevention methods used in relation to ATS use and options to strengthen NSW’s prevention methods in relation to ATS use. The following issues are of particular relevance to the Inquiry:

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<sup>121</sup> See *Cracks in the Ice*, Commonwealth Department of Health, ‘Homepage’ *Cracks in the Ice* (Web page, 2019) <<https://cracksintheice.org.au/families-friends/family-drug-support-online>>.

<sup>122</sup> Commonwealth, *Final Report of the National Ice Taskforce* (Final Report, 2015) vi, viii <[https://www.pmc.gov.au/sites/default/files/publications/national\\_ice\\_taskforce\\_final\\_report.pdf](https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf)>.

<sup>123</sup> Council of Australian Governments, *National Ice Action Strategy* (2015) 23 <<https://www.coag.gov.au/sites/default/files/communique/2015%20National%20Ice%20Action%20Strategy.pdf>>.

<sup>124</sup> Council of Australian Governments, *National Ice Action Strategy* (2015) 24 <<https://www.coag.gov.au/sites/default/files/communique/2015%20National%20Ice%20Action%20Strategy.pdf>>.



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- 3.4.1 How effective are current prevention strategies at achieving their intended outcome? How are the effectiveness of such strategies measured?
- 3.4.2 How important is education as a preventative strategy, compared to other prevention approaches?
- 3.4.3 What is the current distribution of resources and activity across primary, secondary and tertiary prevention measures? Does this need to be rebalanced?
- 3.4.4 Are priority populations receiving adequate and appropriate information about ATS and related harm? If not, how can this be improved?
- 3.4.5 Is the information currently being disseminated about ATS accurate, up-to-date and appropriate? Is the information currently being disseminated contributing to stigma associated with ATS use in any way?
- 3.4.6 Are the websites that have been developed by the Commonwealth and NSW Government to provide information about ATS related issues adequate? If not, why not?
- 3.4.7 To what extent have the initiatives and recommendations outlined in the NIAS and the NIT been implemented in NSW? Are there any barriers to implementation?
- 3.4.8 Are there any local communities or stakeholder groups delivering innovative strategies to educate community members about ATS use and issues?
- 3.4.9 How can effective prevention strategies be delivered, having regard to their:
  - a. development;
  - b. target population;
  - c. content and delivery (medium, scope and environment of forum eg schools, GP, hospitals, generally); and
  - d. without further stigmatising ATS users.



## *Substance testing and other innovative measures to reduce harm*

As appears in Issues Paper 2: Justice, drug policy in NSW and nationally is informed by the objective of harm minimisation, which has three strategic elements: the “three pillars” of supply reduction, demand reduction and harm reduction.

The two main harm reduction strategies in NSW enabled by legislation are:

- The medically supervised injecting centre (**MSIC**) that has been operating in Kings Cross since 2001; and
- Needle and syringe programs (**NSPs**) which operate under a national system.

Currently, only one MSIC is permitted to operate in NSW<sup>125</sup> despite evaluations demonstrating its effectiveness as a harm reduction initiative.<sup>126</sup> Since 2001, the MSIC has managed over 7,438 overdose events with no deaths.<sup>127</sup> People who inject ATS can use the Sydney MSIC. However pregnant women, people under 18 years of age, and those who smoke crystal methamphetamine are outside the scope of its services. The Sydney MSIC is strongly supported by the community.<sup>128</sup>

NSP are recognised as the most effective harm reduction measure for people who use crystal methamphetamine.<sup>129</sup> Primary NSPs provide an opportunity to engage with injecting drug users about their health, and provide education and referral when needed.<sup>130</sup> Some of the risks faced by people injecting methamphetamine are reduced by NSPs and they have successfully reduced the transmission of blood-borne viruses such as hepatitis C and HIV.<sup>131</sup>

In 2015/16, Australia’s network of NSP services was comprised of 102 primary, 786 secondary and 2,321 pharmacy NSPs, supplemented by 300 syringe dispensing machines.<sup>132</sup> Secondary NSPs are often

<sup>125</sup> *Drug Misuse and Trafficking Act 1985* (NSW) s 36A(1).

<sup>126</sup> See for example, KPMG, *Further Evaluation of the Medically Supervised Injecting Centre during its extended trial period 2007-2011* (Final Report, 14 September 2010) <<https://www.health.nsw.gov.au/aod/resources/Documents/msic-kpmg.pdf>>; SAH, *Economic Evaluation of the Medically Supervised Injection Centre at Kings Cross (MSIC)* (Final Report, 2008) <[https://uniting.org/\\_data/assets/pdf\\_file/0008/136439/MSIC-Final-Report-26-9-08-Saha.pdf](https://uniting.org/_data/assets/pdf_file/0008/136439/MSIC-Final-Report-26-9-08-Saha.pdf)>.

<sup>127</sup> KPMG, *Further Evaluation of the Medically Supervised Injecting Centre during its extended trial period 2007-2011* (Final Report, 14 September 2010) 10 <<https://www.health.nsw.gov.au/aod/resources/Documents/msic-kpmg.pdf>>; State Coroner’s Court of New South Wales, *Inquest into the death of DB, JD, DC, RG, AH & AB*, (Findings, March 2019) 22 <<http://www.coroners.justice.nsw.gov.au/Documents/Opiate%20findings%20-%20final.pdf>>.

<sup>128</sup> KPMG, *Further Evaluation of the Medically Supervised Injecting Centre during its extended trial period 2007-2011* (Final Report, 14 September 2010) 4 <<https://www.health.nsw.gov.au/aod/resources/Documents/msic-kpmg.pdf>>.

<sup>129</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 605 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>130</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria* (2014) vol 2, 605 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>. See also, Ministry for Health, New South Wales Government, *NSW Needle and Syringe Program Guideline 2017* (Guideline, 20 December 2017) 7 <[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_024.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_024.pdf)>.

<sup>131</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 92 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.

<sup>132</sup> Commonwealth Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice)* (Final Report, 27 March 2018) 88 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final_Report)>.



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unstaffed and clients do not have access to education, counselling or referral to other welfare services.<sup>133</sup> There are gaps in service provision to priority populations with a prevalence of ATS use, such as people in custody.

There are currently calls from some parts of the community to introduce a regime of substance testing in NSW, which typically involves both toxicological analysis of substances intended to be ingested, and a brief educational intervention by a medical practitioner.<sup>134</sup> The practice of substance testing is widespread internationally.<sup>135</sup> In 2017 the European Monitoring Centre for Drugs and Drug Addiction provided a report on substance testing, which reported that the evidence concerning the efficacy of substance testing as a harm reduction tool was inconclusive. However, it was also reported that there was no evidence that substance testing encourages drug use.<sup>136</sup> Other research exploring the behavioural impact of a drug testing pilot in the UK confirmed positive results from the intervention and a 95% reduction in festival hospital admissions compared to the previous year.<sup>137</sup> A pilot study of substance testing was trialled in the ACT in 2018. Testing found a range of chemical substances, including a substance that had caused multiple deaths overseas.<sup>138</sup> A second trial will occur in April 2019.

There have also been calls to introduce other innovative initiatives designed to reduce harm. For example, Western Australia’s Methamphetamine Action Plan Taskforce recommended the establishment of an alternative crisis intervention response to provide a short term place for methamphetamine users when they are in crisis that will keep them, their families and the community safe.<sup>139</sup> The Taskforce recognised that existing intervention options available when a person who uses drugs is in crisis, such as police detention or admission to an emergency department or psychiatric facility, are not always appropriate. Preliminary submissions received by this Inquiry have similarly raised the need for new models, such as Triage Rooms, which divert drug users away from hospital emergency departments and provide more tailored support for the person under the influence of drugs and a safer environment for other patients and staff.<sup>140</sup>

<sup>133</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria* (2014) vol 2, 608 <[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.

<sup>134</sup> See Australian Medical Association (NSW), Submission No 88, *Special Commission of Inquiry into the Drug ‘Ice’* (4 February 2019); Harm Reduction Australia, Submission No 12, *Special Commission of Inquiry into the Drug ‘Ice’* (11 January 2019); Australasian College of Emergency Medicine, Submission No 55, *Special Commission of Inquiry into the Drug ‘Ice’* (30 January 2019).

<sup>135</sup> Tom Gotsis, ‘Drug use at music festivals’ (e-brief, Parliamentary Research Service, Parliament of NSW, December 2018) 10 <<https://www.parliament.nsw.gov.au/researchpapers/Pages/Drug-use-at-music-festivals.aspx>>.

<sup>136</sup> Tibor Brunt, *Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges* (Report, European Monitoring Centre for Drugs and Drug Addiction 2017) 12 <[http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017\\_BackgroundPaper-Drug-checking-harm-reduction\\_0.pdf](http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction_0.pdf)>.

<sup>137</sup> Fiona Measham, ‘Drug safety testing, disposals and dealing in an English field: Exploring the operational and behavioural outcomes of the UK’s first onsite “drug checking” service’ (2018) *International Journal of Drug Policy* <<https://doi.org/10.1016/j.drugpo.2018.11.001>>.

<sup>138</sup> Safety Testing Advisory Service At Festivals and Events (STA-SAFE) Consortium, *Report on the ACT GTM Pill Testing Pilot: a Harm Reduction Service* (Report, June 2018) 29 <<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>>; Tom Gotsis, ‘Drug use at music festivals’ (e-brief, Parliamentary Research Service, Parliament of NSW, December 2018) 12 <<https://www.parliament.nsw.gov.au/researchpapers/Pages/Drug-use-at-music-festivals.aspx>>.

<sup>139</sup> Western Australian Government, *Methamphetamine Action Plan Taskforce* (Final Report, November 2018) 197, 170 <<https://www.dpc.wa.gov.au/ProjectsandSpecialEvents/MAPTTaskforce/Documents/MAPTTaskforceFinalReport.pdf>>.

<sup>140</sup> Harm Reduction Australia, Submission No 12, *Special Commission of Inquiry into the Drug ‘Ice’* (11 January 2019).



## Submissions – Harm reduction measures – MSIC, NSPs and substance testing

Submissions are sought from interested individuals and government and non-government organisations on the adequacy of existing measures to reduce the harm caused by ATS use in NSW and options to strengthen NSW's response to ATS through harm reduction measures. The following issues are of particular relevance to the Inquiry:

- 3.5.1 Does the MSIC model work effectively for ATS-users?
- 3.5.2 Should the number of MSICs be expanded across the State? If so, where?
- 3.5.3 Should pregnant women be permitted to access the MSIC?
- 3.5.4 Should the remit of the MSIC be extended to include other methods of drug consumption?
- 3.5.5 Are there other models of drug consumption premises that could be effective in NSW?
- 3.5.6 Should the scope of the NSP program be expanded to include the provision of clean needles and syringes in prisons?
- 3.5.7 What is the domestic and international evidence base for the efficacy of substance testing? Should NSW consider introducing or trialling substance testing? If so, in what way?
- 3.5.8 Are there other innovative harm reduction strategies that may assist in strengthening NSW's response to ATS?
- 3.5.9 Should the possession of equipment used for inhalation of ATS (eg glass pipes) be decriminalised?



## *First responders and the AOD workforce*

Methamphetamine presentations to emergency departments in NSW have increased almost tenfold since 2009 with the greatest increase in the 45-54 age group. Similarly, hospitalisations associated with methamphetamine use have increased almost tenfold over that period.<sup>141</sup>

Over the last five years there has also been a 10.9% average annual increase in police incidents in NSW relating to possession and/or use of amphetamines, with a greater increase in regional NSW compared to metropolitan Sydney.<sup>142</sup>

AOD workers and first responders often experience violence associated with ATS, resulting in physical injury, psychological injury, such as post traumatic stress disorder and vicarious trauma, and professional consequences like reduced workplace morale and stress.

### SUPPORT AND DEVELOPMENT FOR THE WORKFORCE TO RESPOND TO ATS USE

The AOD specialist workforce includes people working in AOD specific services and people delivering AOD specific programs, whose core role involves preventing and responding to AOD harm. It comprises a mix of occupations including psychiatrists, addiction specialist doctors, psychologists, nurses, social workers, counsellors, AOD workers, case managers and peer workers. It is spread across the government and non-government sectors. Of the NSW NGO AOD workforce, 48% hold a university qualification and 40% hold a certificate level AOD qualification.<sup>143</sup> Equivalent data is not available for the government sector.

A workforce that is appropriately sized, skilled, qualified, supported and sustainable is critical to respond effectively to ATS use.

The AOD specialist workforce is currently experiencing multiple challenges that affects its ability to adequately address ATS use in NSW. Following the expiring of the National AOD Workforce Development Strategy in 2018, there is currently no overarching approach for supporting and growing the AOD specialist workforce in NSW.

Areas of significant concern relating to the current AOD workforce include:

- *Inclusion of AOD in medical training:* undergraduate degrees (including medicine, nursing, allied health, psychology and social work) do not include mandatory AOD subjects nor is AOD training a mandatory subject for annual professional development for medical practitioners. This may lead to significant gaps in the skills and/or knowledge of people at the front line of responding to ATS.

<sup>141</sup> HealthStats NSW, New South Wales Government, ‘Methamphetamine-related Emergency Department presentations’, *HealthStats NSW* (Web page, 9 April 2018) <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_illimethed/beh\\_illimethed\\_trend](http://www.healthstats.nsw.gov.au/Indicator/beh_illimethed/beh_illimethed_trend)>.

<sup>142</sup> Bureau of Crime Statistics and Research, New South Wales Government, ‘Numbers and Trends in Incidents of Possession/Use of Cocaine, Amphetamines and Ecstasy’, *Bureau of Crime Statistics and Research* (Web page, 2018) <<http://www.bocsar.nsw.gov.au/Documents/RCS-Quarterly/Possess%20Use%20Amphetamines%20and%20Cocaine.xls>>.

<sup>143</sup> Portfolio Committee No. 2 – Health and Community Services, New South Wales Legislative Council, *Provision of drug rehabilitation services in regional, rural and remote New South Wales* (Report No 231, 6 August 2018) 58 <<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>>.



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- *Professional development:* there are various ATS training modules available, including AOD accredited modules offered through PHNs in response to identified local needs and online training resources through “Cracks in the Ice”. The Network of Alcohol and other Drug Agencies also provides ongoing development for the AOD workforce. At this stage of the Inquiry, it is not clear how effectively these resources are used.
- *Wellbeing:* Wellbeing is recognised as a particular concern in the NGO sector, which has reported high workloads and stressful job content as well as poor support, with less than half of the workforce reporting access to any form of supervision.
- *Recruitment and retention:* the NSW workforce is currently stretched to meet treatment demand. There are difficulties recruiting people with the right skills and qualifications, particularly in the context of an ageing workforce. The NGO sector faces particular challenges, including lower salaries than the government sector and short-term employment arrangements due to funding conditions. The National AOD Workforce Strategy identified stigma and a lack of qualified applicants as barriers to recruitment.<sup>144</sup>
- *Workforce planning:* there do not appear to be any targeted workforce planning initiatives currently in place, although broader health workforce strategies have an impact on the AOD workforce such as the NSW Health Professionals Workforce Plan 2012-2022.<sup>145</sup>
- *Indigenous workforce:* there is a very small Indigenous AOD workforce, particularly in higher skilled qualifications. These workers face specific complexities around balancing community connections with their professional roles. The *2018 NSW Parliamentary Inquiry into Drug Rehabilitation* made recommendations to explore an Indigenous trainee position program. The NSW Government response noted in principle support to this recommendation.

## Submissions – The AOD workforce

Submissions are sought from interested individuals and government and non-government organisations on the impact ATS use is having on the AOD workforce within NSW, the adequacy of the existing AOD workforce to address that impact and options to strengthen NSW’s response to that impact by expanding and/or improving the AOD workforce. The following issues are of particular relevance to the Inquiry:

- 3.6.1 What is the experience of emergency department staff and first responders working with people with ATS-related presentations. Are there adequate services available to address the needs of these emergency department staff and first responders?
- 3.6.2 How is the AOD workforce impacted by ATS use? Is there any evidence that quantifies that impact? Is there support available to the AOD workforce to assist with these impacts?
- 3.6.3 What are the future AOD workforce need, and how effectively are these being planned for?
- 3.6.4 Are the qualification levels required of the AOD workforce appropriate? Should there be a stronger focus on AOD as part of undergraduate training and as part of continuing professional development?

<sup>144</sup> Intergovernmental Committee on Drugs, *National Alcohol and other Drug Workforce Development Strategy 2015–2018: A Sub-strategy of the National Drug Strategy 2010–15* (Report, 2015) 14  
<[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/C8000B21B6941A46CA257EAC001D266E/\\$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/C8000B21B6941A46CA257EAC001D266E/$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf)>.

<sup>145</sup> Ministry of Health, New South Wales Government, *Right People, Right Skills, Right Place: Growing the medical workforce in NSW Health* (Factsheet, 2015) <<https://www.health.nsw.gov.au/workforce/Publications/growing-the-medical-workforce.pdf>>.



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- 3.6.5 What are the challenges to attracting and retaining staff to meet increased demand for services, particularly for NGOs?
- 3.6.6 What opportunities are there to further professionalise the AOD workforce generally, and particular priority groups within this workforce, such as Indigenous AOD workers?
- 3.6.7 Is diversification of the current workforce required to ensure long term sustainability? If so, how?
- 3.6.8 Should NSW take any of the steps Victoria has taken since 2015 to support the professionalisation of the workforce, including the introduction of minimum qualification requirements?<sup>146</sup> If so, why?

The Inquiry is particularly interested to hear first-hand from AOD workers on these issues.

## EDUCATION OF AOD WORKERS AND FIRST RESPONDERS

A wide variety of specialist and generalist workers interact with ATS users. These workers may not have experience or expertise in managing ATS users, particularly agitated or violent users. This may lead to risks to the user, the responder, and the public. Available training for AOD workers and first responders in NSW varies by institution and/or course and is inconsistent within and across professions.

Certain classifications of health practitioners are accredited through the national accreditation body, the Australian Health Practitioner Regulation Agency (**AHPRA**). This includes medical, paramedical, nursing and some allied health professions. Of note, AOD-specific workers and social workers are not covered by AHPRA. National Boards oversee registration standards, including ongoing professional development and recency of practice. Social workers can apply for accreditation through the Australian Association of Social Workers, however, this is not mandatory. There is no equivalent professional accreditation for AOD workers. There are approved accreditation standards for organisations (not individuals) that are funded by NSW Health to deliver AOD services, which address minimum standards of operation and service delivery.

Credentialing may occur where an employer, such as a hospital, confirms a practitioner’s credentials and has a process to regularly review their scope of clinical practice. Credentialing can protect both workers and consumers/patients. Some professions have recognised qualifications that identify an individual as an AOD specialist, for example, medicine (training in addiction medicine) and nursing (drug and alcohol nursing).

NSW Health has a range of guidelines and policies in relation to the identification of and response to AOD use in clinical settings (e.g. for nursing practice). However, many are generic and not necessarily targeted at ATS. The National Centre for Education and Training on Addiction (**NCETA**) and researchers have recommended that AOD training for generalist and specialist staff is best undertaken at a national level. There are some national resources available online for frontline workers, for example, via ‘Cracks in the Ice’ and the NCETA.

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<sup>146</sup> Law Reform, Drugs and Crime Prevention Committee, Victorian Parliament, *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria* (Final Report, September 2014) vol 2, 584  
<[https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling\\_Documents/Inquiry\\_into\\_Methamphetamine\\_text\\_Vol\\_02.pdf](https://www.parliament.vic.gov.au/images/stories/LRDCPC/Tabling_Documents/Inquiry_into_Methamphetamine_text_Vol_02.pdf)>.



# Special Commission of Inquiry into the Drug 'Ice'

NSW Police has a specific “Mental Health Intervention Team” covered by a memorandum of understanding between NSW Police and NSW Health, but it does not specifically relate to AOD and there is no similar program available for active police officers outside of that team.

## Submissions – AOD workforce education and training

Submissions are sought from interested individuals and government and non-government organisations on the adequacy of education and training available for AOD workers and first responders in relation to ATS, as well as options to strengthen such education and training. The following issues are of particular relevance to the Inquiry:

- 3.6.9 What training and development is currently available for first responders and the AOD workforce, specific to ATS and ATS users?
- 3.6.10 Does current curriculum for AOD workers and first responders adequately cover how to approach and respond to ATS users?
- 3.6.11 What knowledge and skills do AOD workers and first responders need to best manage and support users of ATS? Should there be accreditation and credentialing?
- 3.6.12 Are there specific education and training approaches recognised as being effective to equip the AOD and first responder workforce to manage ATS users?
- 3.6.13 Should there be specialist streams of practice in ATS/AOD where these are not currently available, for example, in paramedical training?