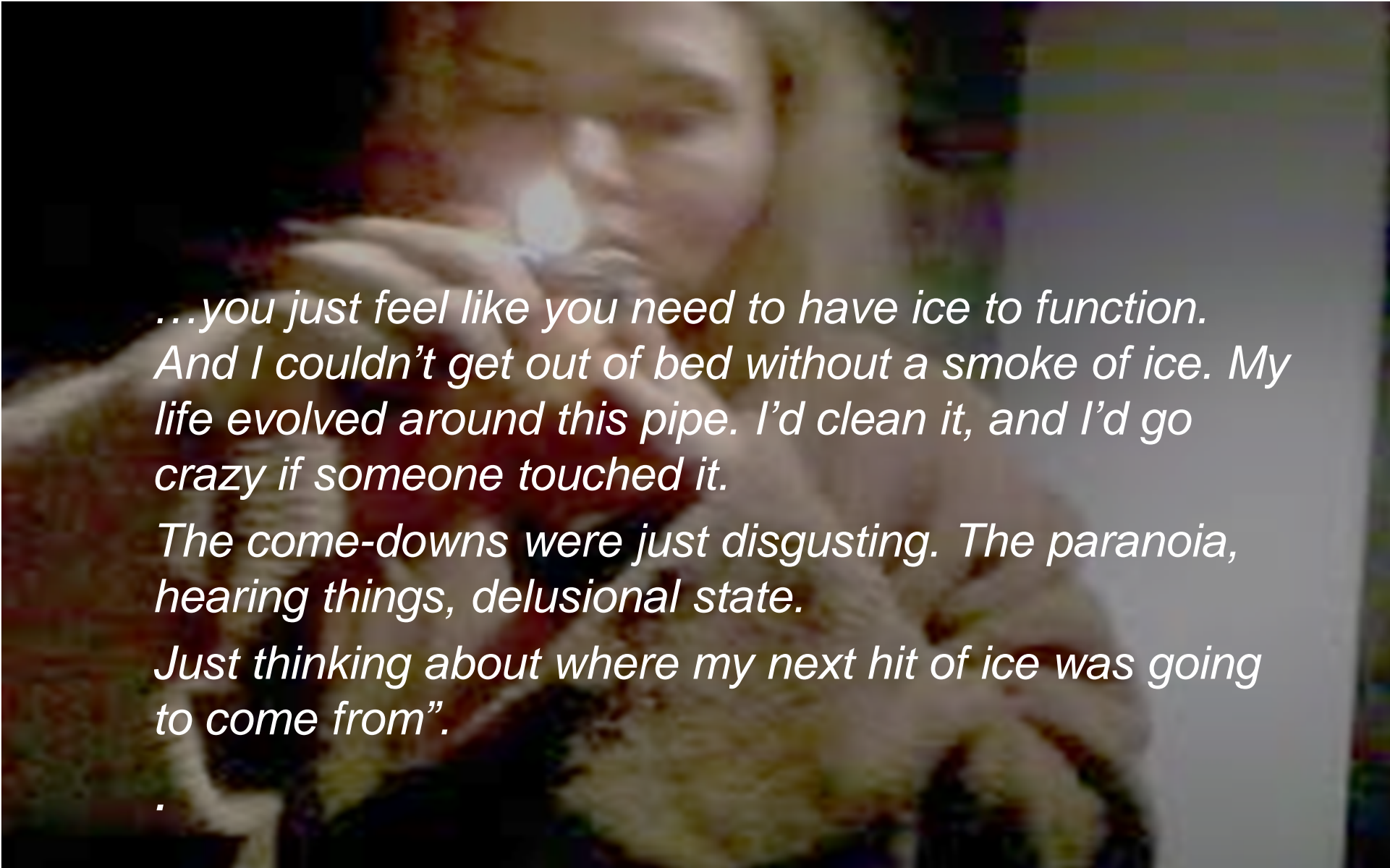


**ATS and NPS in Australia:
Assessing the Situation and Shaping the
Response**

Robert Ali



...you just feel like you need to have ice to function. And I couldn't get out of bed without a smoke of ice. My life evolved around this pipe. I'd clean it, and I'd go crazy if someone touched it.

The come-downs were just disgusting. The paranoia, hearing things, delusional state.

Just thinking about where my next hit of ice was going to come from".

.

Trends in methamphetamine use

Prevalence of methamphetamine use as measured in household surveys

Prevalence of methamphetamine use estimated in Australian surveys remains stable (2.1%, in 2010 and 2013 NDSHS)

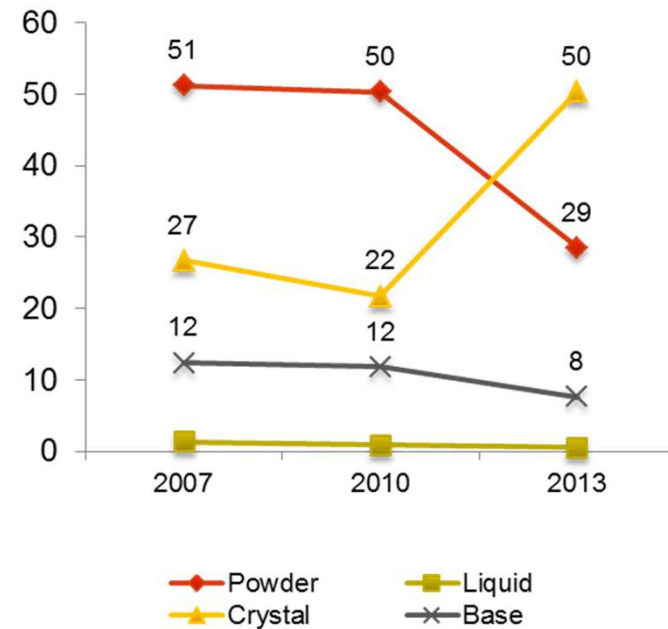
However, a shift towards using crystal over other forms among those who use methamphetamine.

- 21.7% in 2010
- 50.4% in 2013

There has also been an increase in the frequency of use, weekly methamphetamine use increased in 2013

- 9.3% reported weekly or more use in 2010
- 15.5% in 2013

Forms of meth/amphetamine used, recent
(^a) users aged 14 years or older, 2007-2013
(percent).

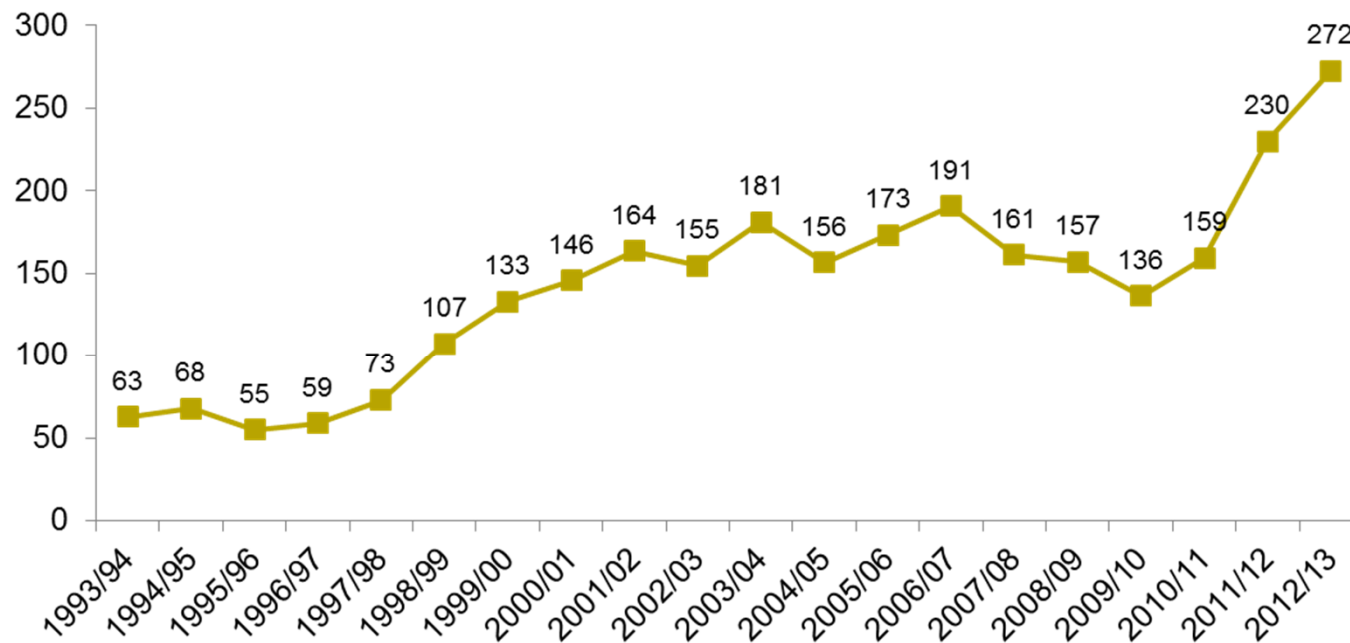


(^a) Used in the previous 12 months
Source: 2013 National Drug Strategy Household Survey

Trends in methamphetamine health harms

Hospital separations for amphetamines

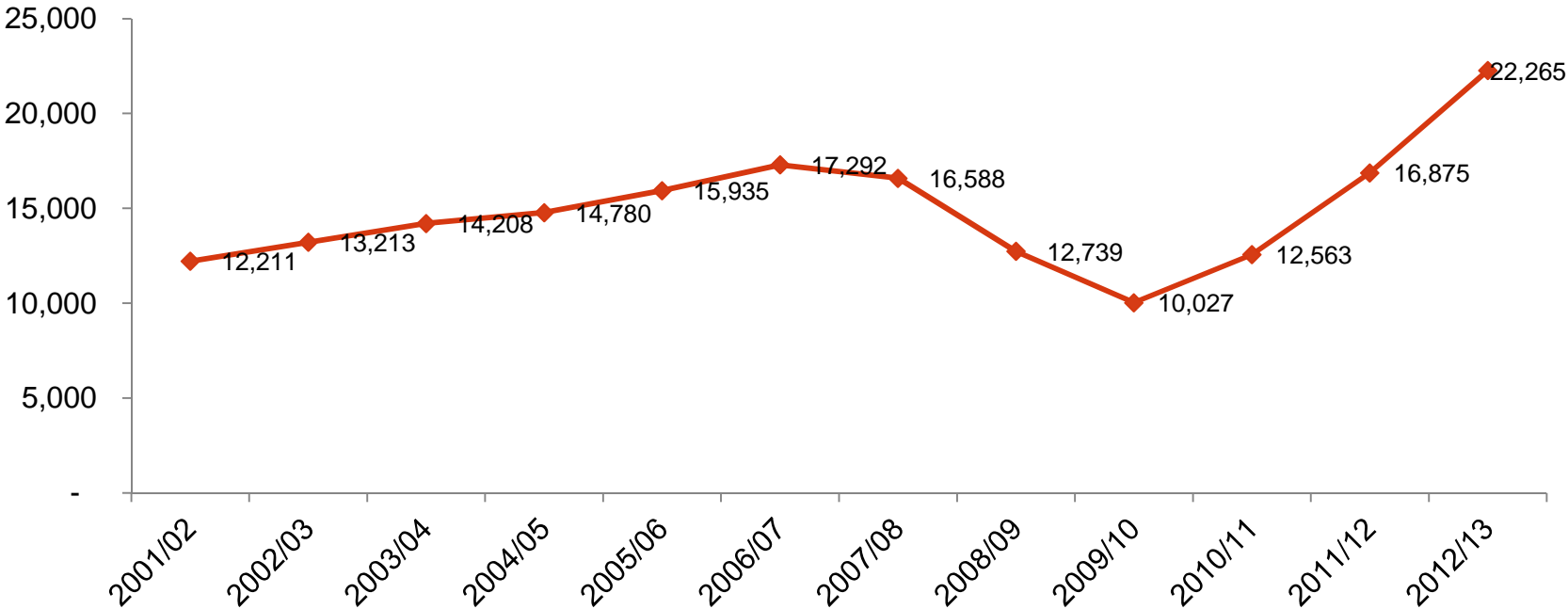
Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15-54, 1993-2013



Source: Roxburgh, A., and Burns, L. (2013). *Drug-related hospital stays in Australia, 1993-2011*. Sydney: National Drug and Alcohol Research Centre

Methamphetamine treatment episodes

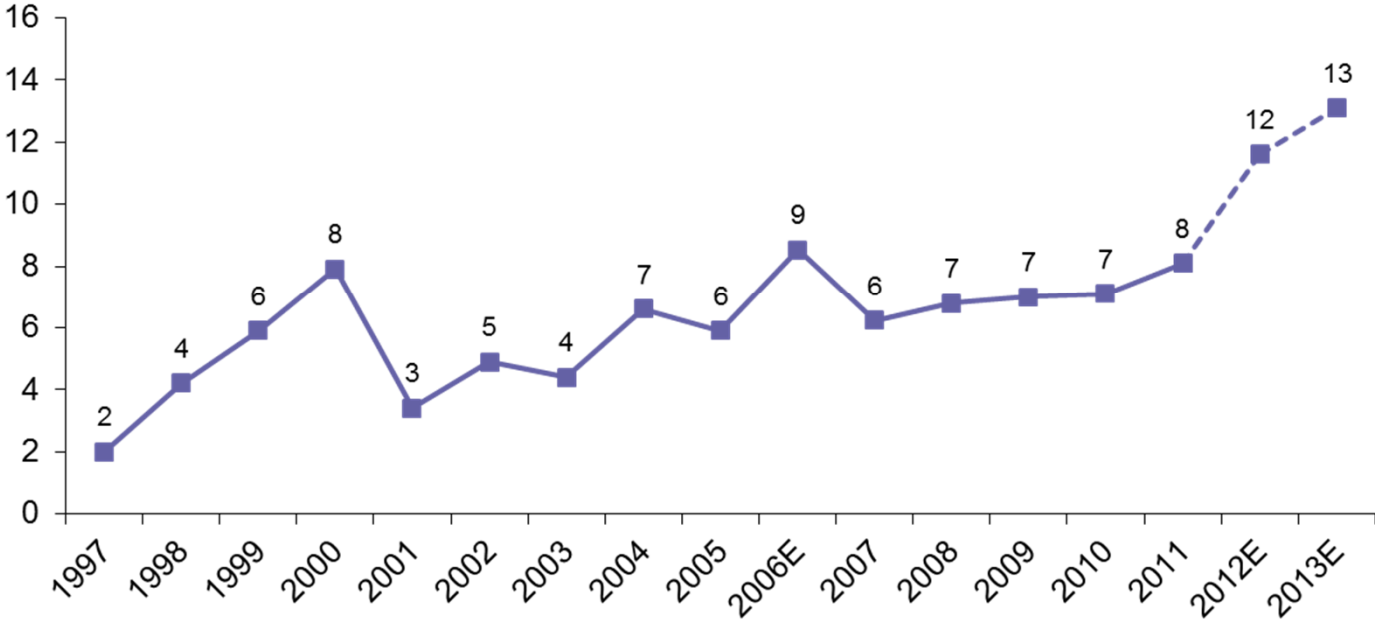
Number of closed treatment episodes where amphetamine was the principal drug of concern.



Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, AIHW

Methamphetamine related drug-induced deaths in Australia

Rate of accidental drug-induced deaths with methamphetamine mentioned per million population ages 15-54 years, Australia 1997-2011

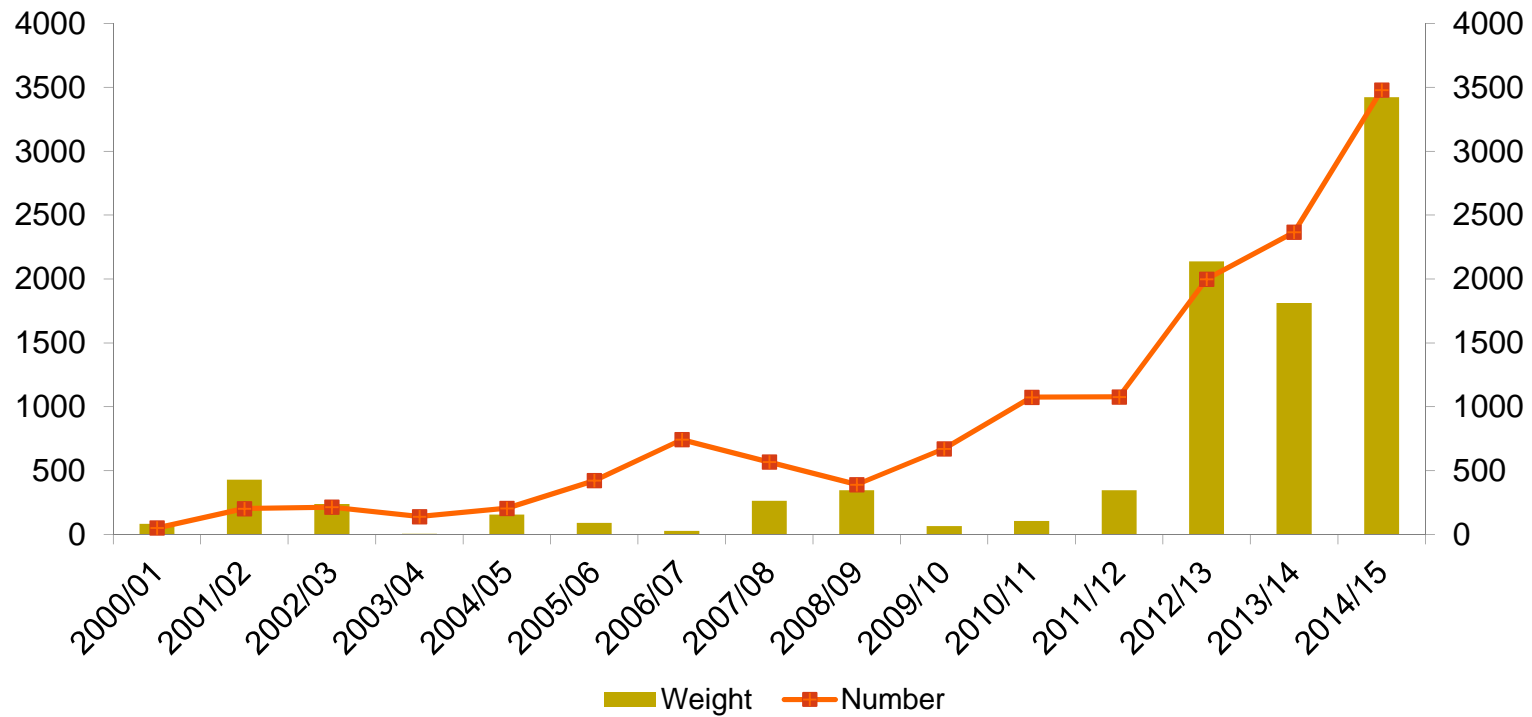


Source: Roxburgh, A. and Burns, L (2015). Cocaine and methamphetamine related drug-induced deaths in Australia, 2011. Sydney: National Drug and Alcohol Research Centre

Indicators of the methamphetamine market

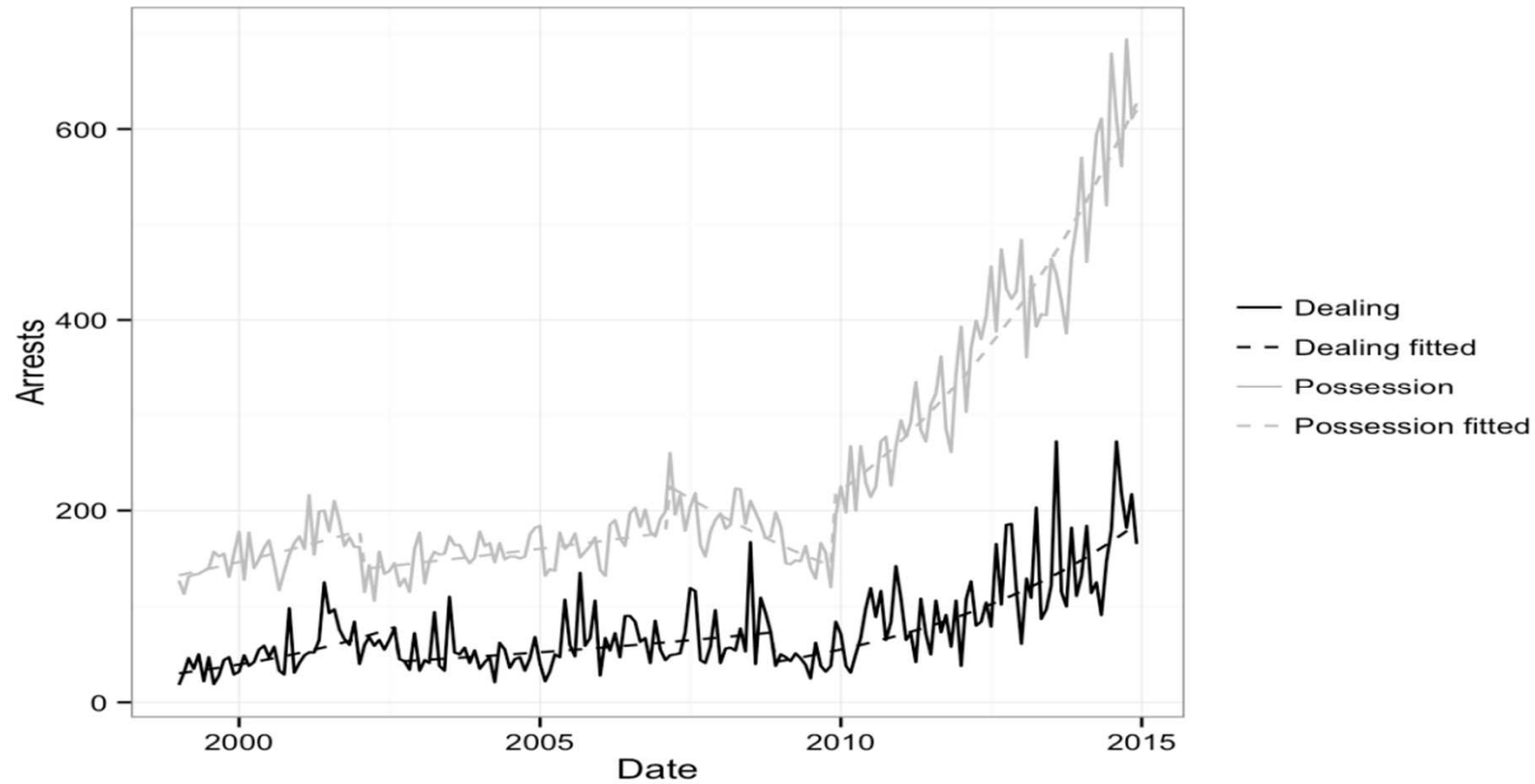
Australian Border detections of amphetamines

Number and weight of ATS* (excluding MDMA) detections at the Australian border, 2000-01 to 2014-15.



Source: Australian Crime Commission, Illicit Drug Data Report, 1995-2015

NSW arrests for amphetamine possession, and dealing/trafficking



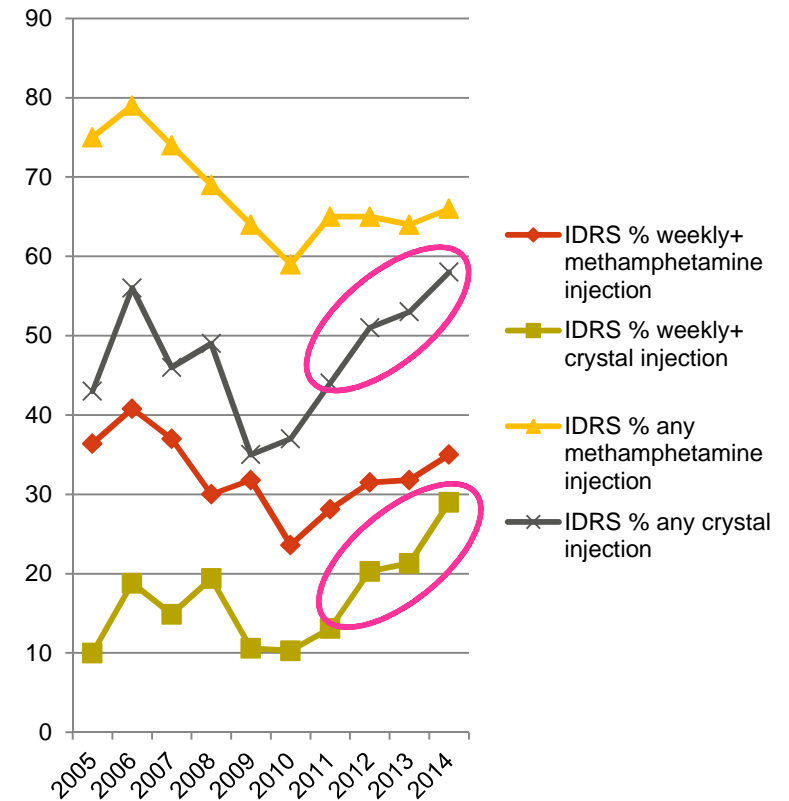
Summary of indicator data

- Consistent evidence of increases in purity, availability and harms
- However, two different explanations could be true:
 - increasing harms reflect an increased risk of adverse consequences among a population of users that is not changing in size;
 - there are people “new” to methamphetamine use who are developing harms;
 - ...or a combination of both

Is use increasing among existing users?

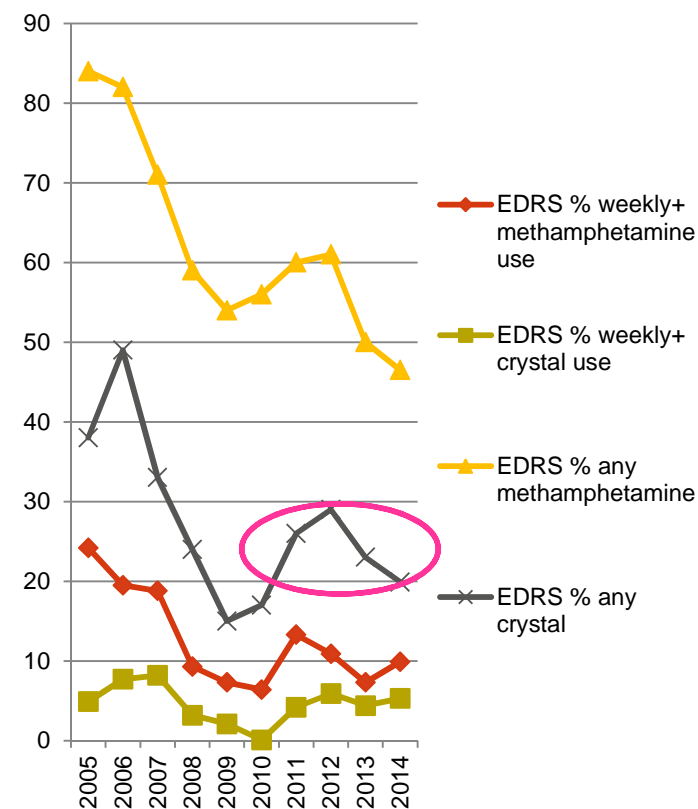
Use among people with established histories of heavy/injecting substance use

- IDRS has been across Australia since 2000 and includes surveys with people who inject drugs in capital cities
- High, stable levels of methamphetamine injection overall among people who inject drugs regularly (IDRS)
- Crystal methamphetamine increasingly used
- Weekly+ use at highest levels (one in three)
- Evidence supporting increasing use in people who inject drugs



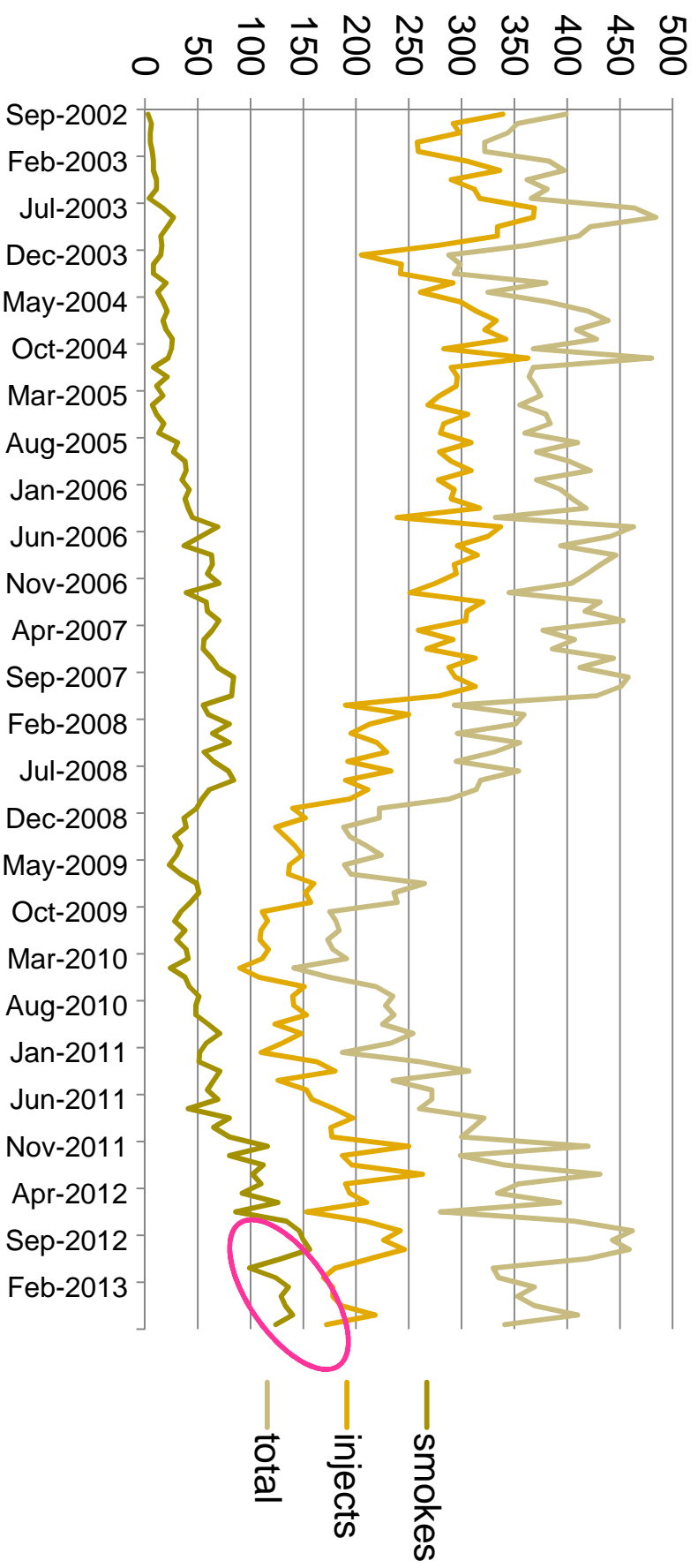
Use among existing methamphetamine users?

- EDRS has been run across Australia since early 2000s
- Includes surveys with regular ecstasy users in capital cities each year
- No evidence that methamphetamine or crystal methamphetamine increasing in EDRS samples

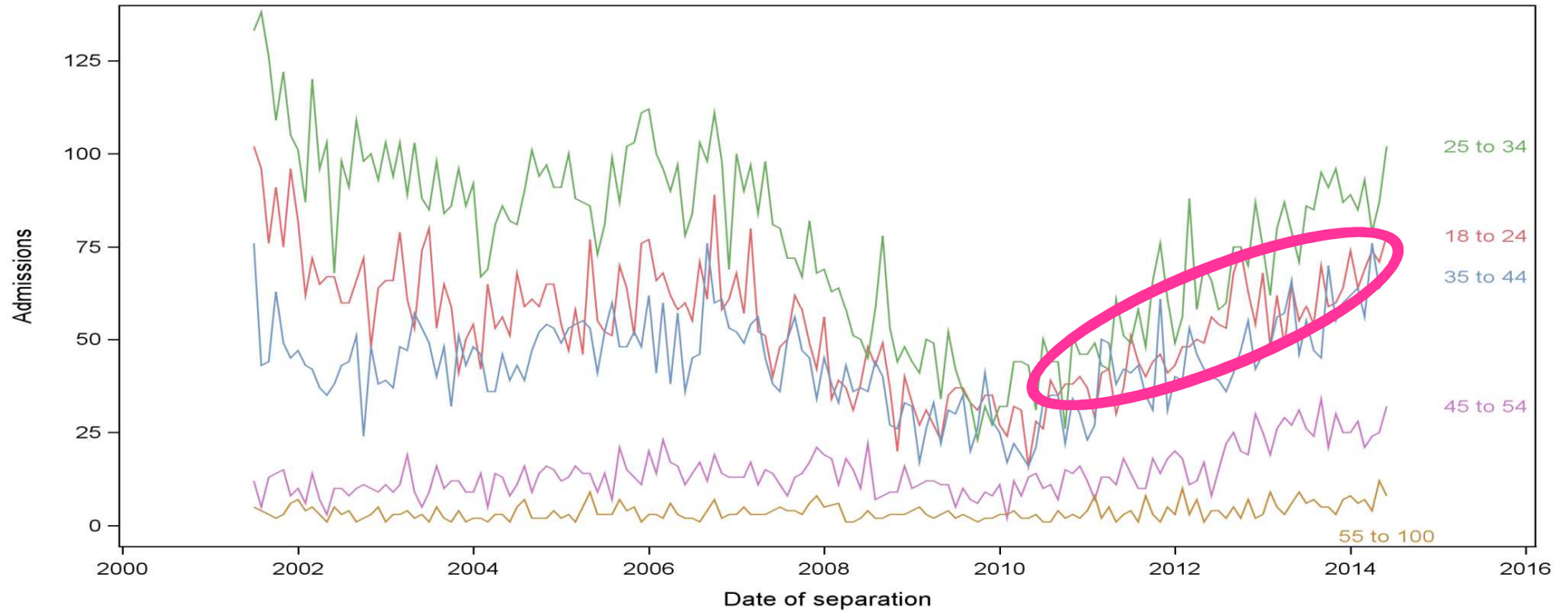


Is there any evidence of “new” users?

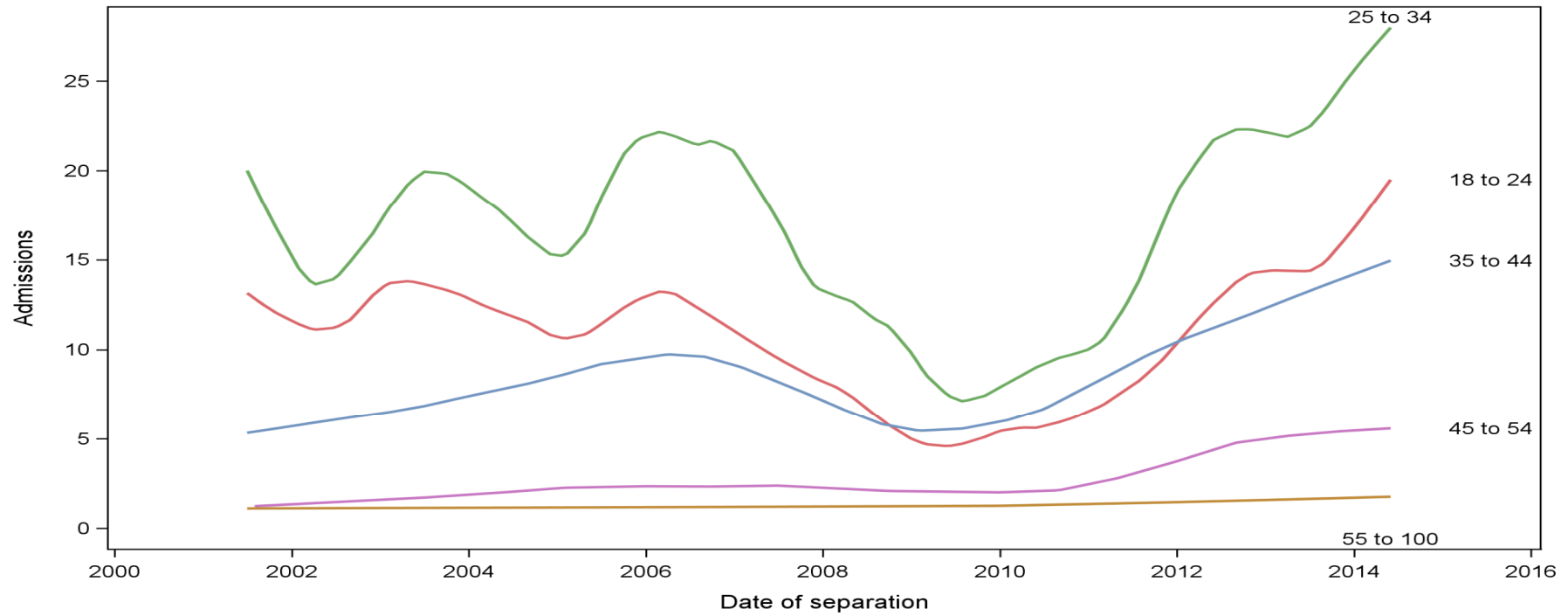
Increasing treatment episodes among people smoking methamphetamine



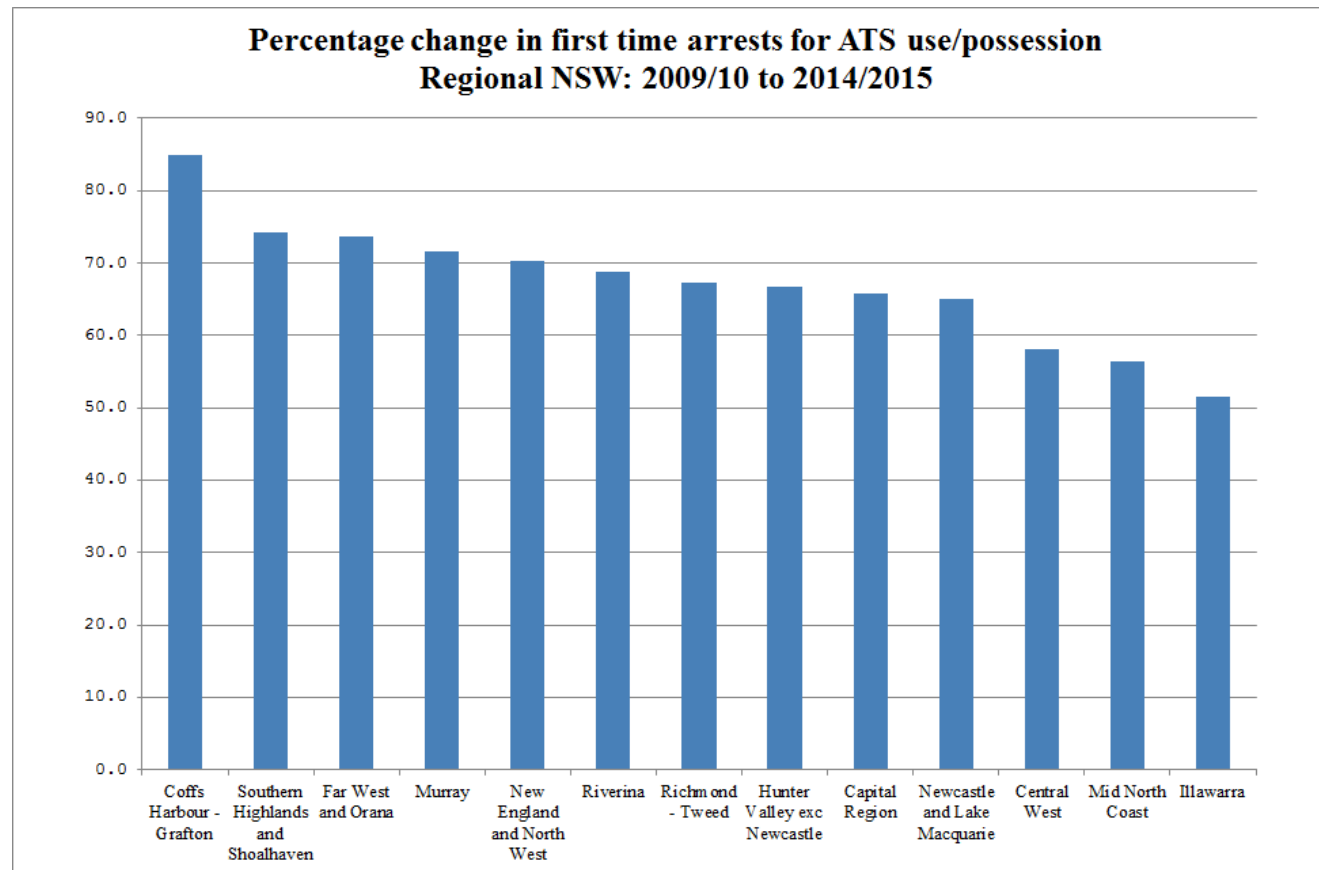
Increases in first-time stimulant admissions, including among 18-24 year olds



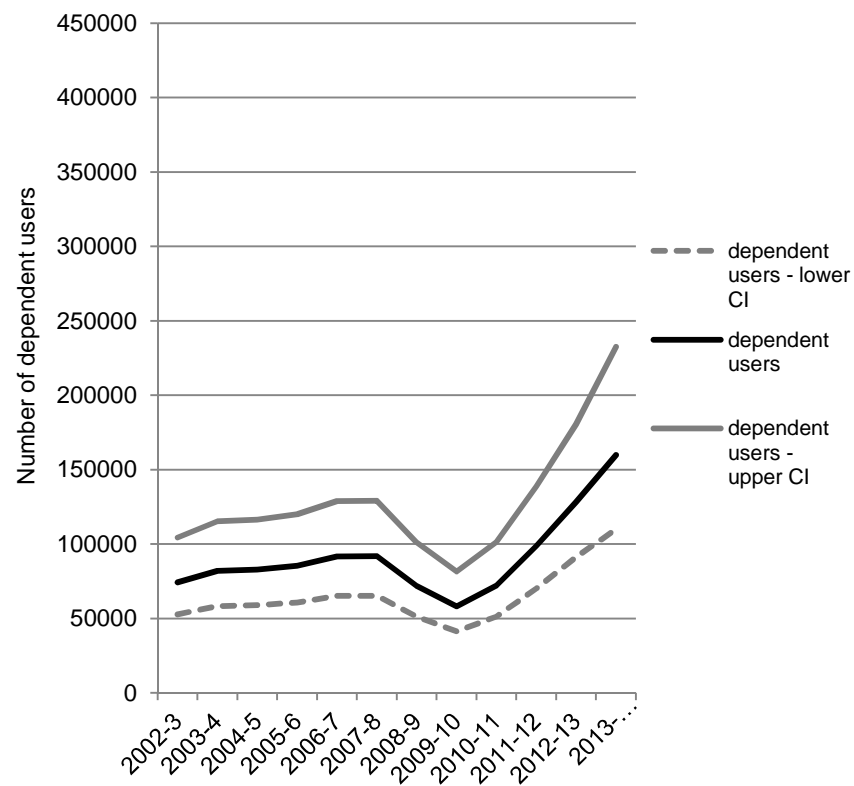
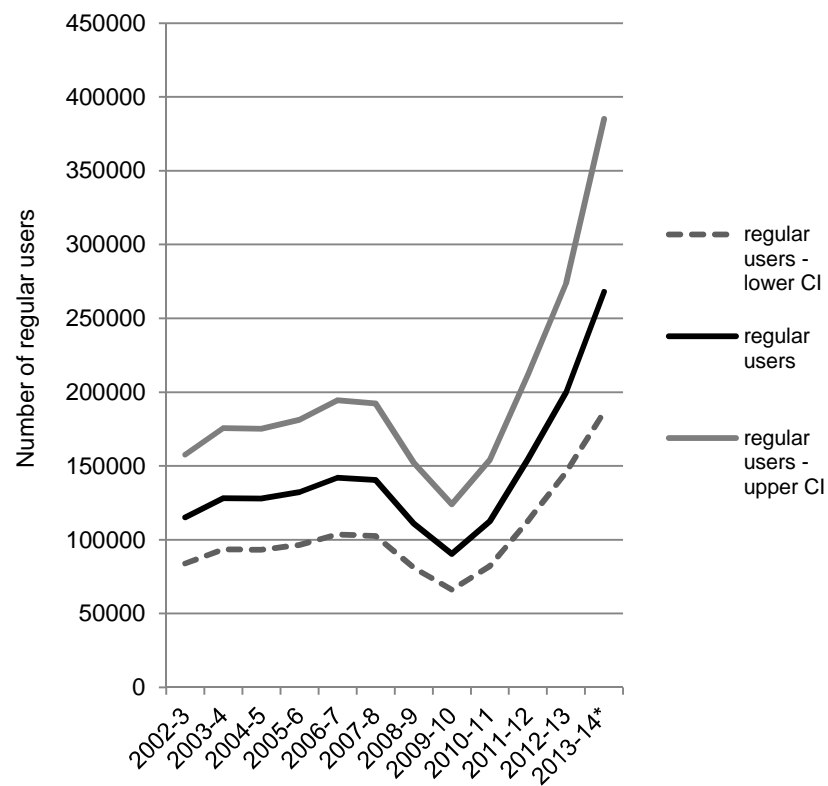
Stimulant psychosis admissions



Increases in first-time arrests for amphetamine use/possession – urban NSW (2013-14 compared to 2009/10)



Estimated number of regular and dependent methamphetamine users aged 15-54 years in Australia, 2002-2014



Source: Degenhardt et al, (MJA 2016)

Challenges for responding

Treatment Services responding but under resourced and lack confidence and capacity

Users reluctance to enter existing treatments

High utilization of emergency services and mental health services other than traditional AOD services

No obvious medication currently available

Poor linkage between courts, probation and treatment

Media...The ice 'epidemic'

ICE TOWNS **the feed**

The rise of crystal methamphetamine, commonly known as ice, is devastating regional Victoria. Ice is highly addictive, it's relatively cheap and a lot of it is produced right here in Australia. It is a drug that is most often associated with bigger cities but as The Feed found out, ice is infiltrating small towns such as Horsham and Shepparton, destroying families and communities...

ICE NATION
A JOURNEY INTO DESPAIR

sky NEWS LIVE SYDNEY

ICE TASKFORCE
ABBOTT: THIS EPIDEMIC IS FAR BEYOND ANYTHING WE HAVE EVER SEEN BEFORE

REMARK WED 20 RANGERS. WESTERN SYDNEY'S ASIAN CHAMPIONS LEAGUE 08:25 AEST

Sewer tests reveal huge increase in use of methamphetamines in Adelaide

September 4, 2014 11:28pm
Nigel Hunt Exclusive The Advertiser



Government response to ICE Taskforce

5 Point Plan, \$300M new money:

- Empower local communities and more support for families
- Target prevention and education to those most at risk
- Further investment in treatment and workforce support
- Focused law enforcement
- Better research, evidence and guidelines

Wide range of recommendations that include

- Renew and disseminate a national suite of evidence based guidelines to assist frontline workers to respond
- Renew and disseminate National Comorbidity Guidelines for alcohol and drug treatment services to assist with managing co occurring alcohol, drug and mental health conditions
- Investment in a specialist addiction medical workforce
- Investment in coordinated local treatment responses through the PHN
- Centre for Clinical Excellence for Emerging Drugs of Concern

Areas of key pressures for change and development

Need for engagement with Primary Care

How PHN adapt to the new role and what resources are used for local planning rather than implementation

- Vast majority of interventions will be community based

Acute presentations Emergency Departments

Links between Prisons, AOD and Mental Health Services

Treatment

- Majority of evidence base is for psychosocial interventions
- Commencing Lisdexamfetamine RCT

Moving forward

- Need to develop a broad understanding of ongoing impact of treatments
- Thorough ongoing evaluation and identification of characteristics of organisations providing good outcomes
- Use such systematic data to develop and shape updated evidence based guidelines



New Psychoactive Substance Use in Australia

New Psychoactive Substances

- Most NPS have little or no history of medical use
- Few comprehensive studies on toxicity
- most studies based on animals work , fatal poisonings in humans or clinical observations in intoxicated patients
- Toxicity, abuse liability and risks associated with long-term use remains unknown

NPS use in Australian general population

National Drug Strategy Household Survey

- Conducted every 3 years
- 2013 survey included data on NPS
- Use in the past 12 months
 - 15% any illicit – (10.3% cannabis, 2.1% amphetamines)
 - **1.2% of Australians (~230,000) used synthetic cannabinoids**
 - **0.4% (~80,000) used another NPS**

Deeper look at NPS use over time

- Ecstasy and related Drugs Reporting System (EDRS)
 - Annual face-to-face surveys, national sample
 - Capital city in every state
 - Regular (monthly) psychostimulant use in past six months

2010-2015: 4,122 participants

Data collected on 26 individual NPS



NPS

PHENETHYLAMINES (2C-x, Benzo Fury, PMMA, DOI, NBOMe)	PIPERAZINES (BZP, TFMPP)
TRYPTAMINES (DMT, 5-Meo-DMT)	PLANTS & EXTRACTS (LSD, Mescaline, Salvia Divinorum, Datura)
SYNTHETIC CATHINONES (Mephedrone, Methyone, MDPV, Other substituted cathinone)	AMINOINDANES (MDAI, 5-IAI)
SYNTHETIC CANNABINOIDS (K2/Spice, Kronic, Other)	ARYLCYCLOHEXYLAMINES (Methoxetamine)

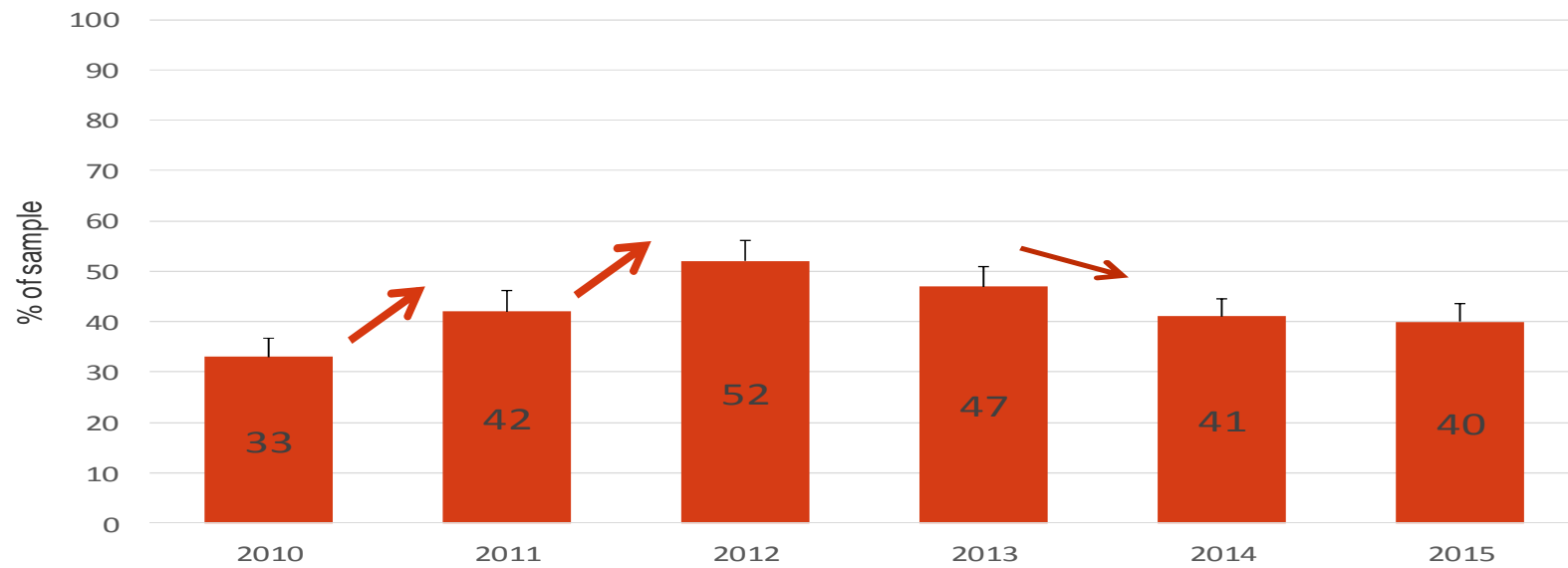
Research chemicals
Party pills and Pellets

Demographics EDRS 2010-2015

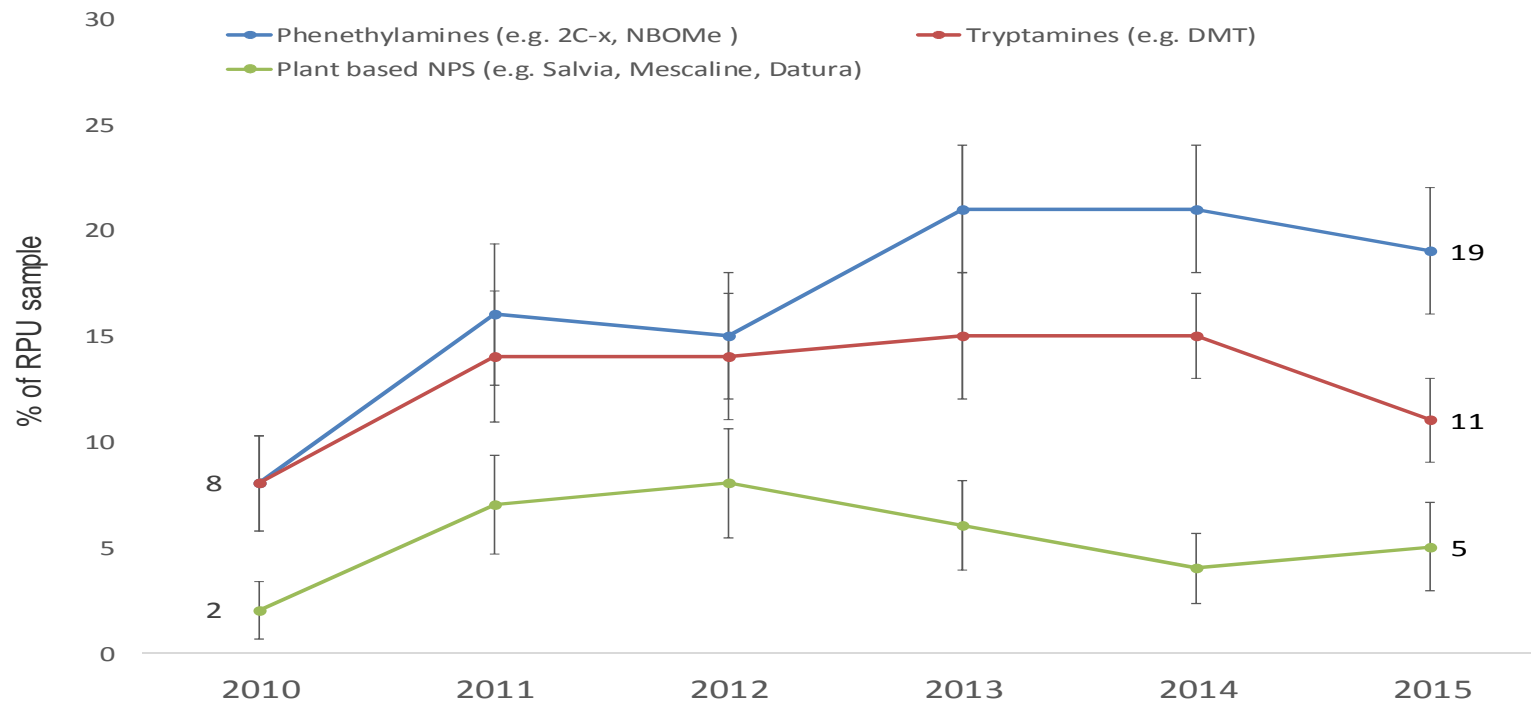
Male	64%
Mean age	24 (SD=6; 16-64)
Tertiary quals (uni)	25%
Current students	32%
Unemployed	16%
Used e & related weekly+	39%
Current drug tx	3%
Self-reported mental health problem	30%
Injection hx past 6/12	8%
Arrested past year	13%



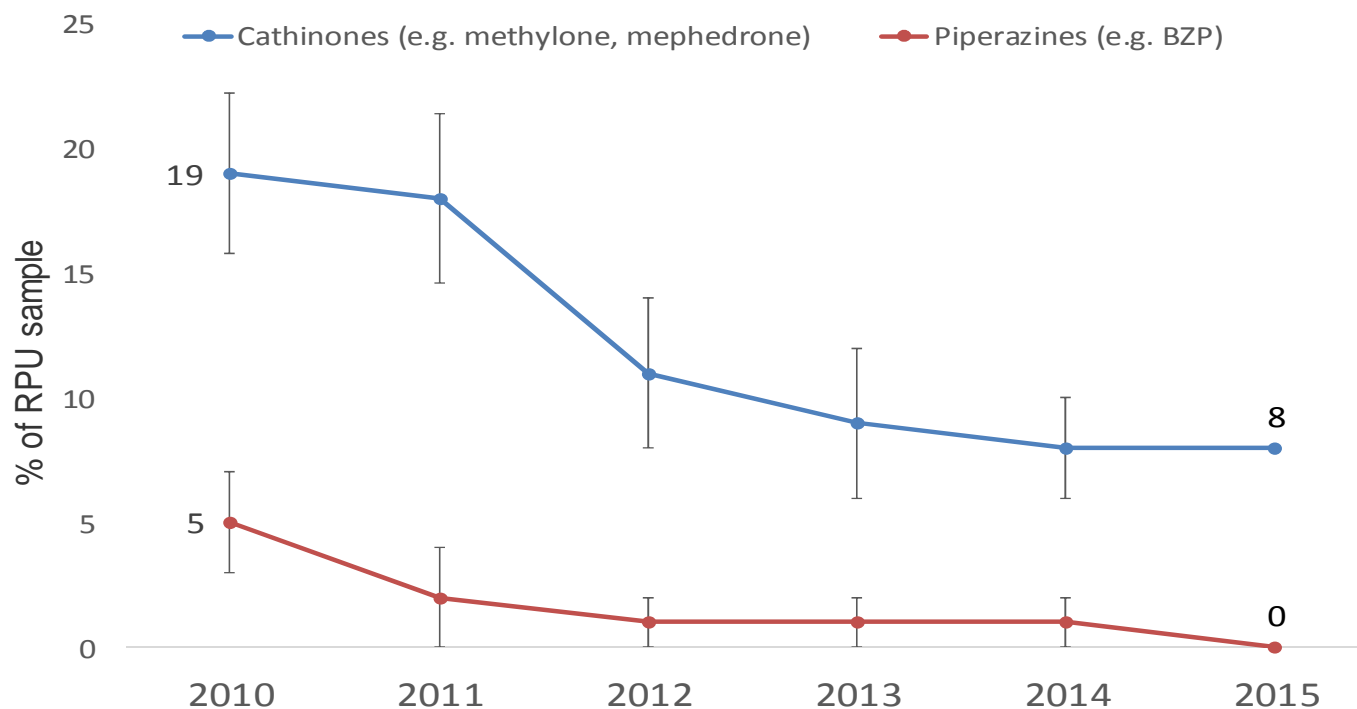
Recent use of 'any' NPS, 2010-2015



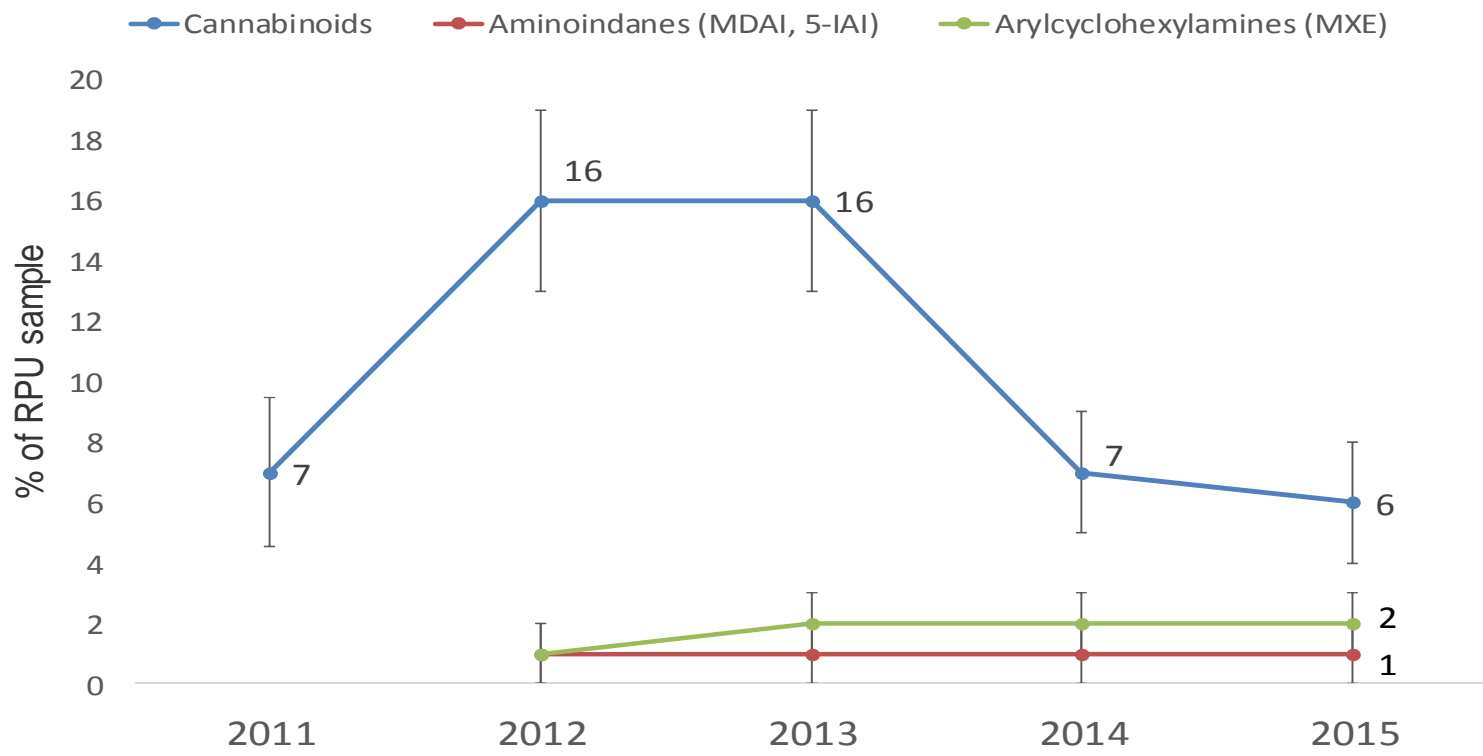
NPS Classes: What's increasing?



NPS Classes: What's decreasing?



NPS Classes: Other patterns



Summary NPS users

- NPS established as a significant and ongoing practice among samples of RPU
- remains a highly dynamic marketplace
- rates of use vary across NPS classes
- Participants seek out NPS similar to the illicit drugs they were already using
- Riskier patterns associated with poly NPS users
 - Binge, overdose rates higher

Challenges for policy

- Ethical and Technical issues
- Legislative issues

Technical and Ethical Issues

- Prevention/HR campaigns
- Identification, analysis and harms assessments
- Treatment capabilities
- Risks from non-substance-specific impairments
 - ❖ Driving
 - ❖ High risk workplaces



Legislative Issues

- Legislative response
 - Queensland, New South Wales, and South Australia there is a 'blanket ban' on possessing or selling any substance that has a psychoactive effect other than alcohol, tobacco and food.
 - other states and territories in Australia specific NPS substances are banned and new ones are regularly added to the list.
- Upstream implications – precursor chemicals
- Alternate sentencing

Summary

- Variety of NPS available but used on a small scale
- Extent of long term harms following use not clear
- Many showing evidence of dependence forming potential
- Best legislative and public policy framework evolving