



**Drug and Alcohol Nurses of Australasia (inc)
DANA**

**Comments on the Draft Proposal
NSW Special Commission of Inquiry into 'Ice'**

Contact Details

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DANA welcomes the opportunity to contribute a brief submission of topics and issues for possible inclusion in the NSW Special Commission of Inquiry into 'Ice'.

Background

The Drug and Alcohol Nurses of Australasia (DANA), is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in Alcohol Other Drug (AOD) issues.

DANA will respond to the Terms of Reference on behalf of our members.

- **The nature, prevalence and impact of crystal methamphetamine ('ice') in NSW.**

'Ice' is the crystalline form of methamphetamine, which looks like shattered glass, is known under several names, but is commonly known as 'ice'. Ice is typically smoked and can be injected. When smoked or injected, it reaches the brain rapidly and is associated with an increased risk of dependence, risk of behavioural and emotional issuesⁱ.

Despite the increased risk of dependence, not all users are likely to end up dependent on methamphetamine. Use varies, from irregular and weekend users, another significant group of methamphetamine user incorporates those who take the substance for social reasons; such as at parties, nightclubs, or with friends. Then there are those who use large quantities of methamphetamine over longer periods of time and smoke or inject methamphetamine. This population is more likely to use multiple different substances and suffer from co-morbid mental and physical health problems.

Nurses working in emergency departments, drug treatment centres, mental health and community health services, and medical clinics and are exposed to the impact of methamphetamine use by members of the community on a daily basis. Nurses often need to manage associated unpredictable behaviours such as mood swings, violence and aggression and psychosis. There are several concerns for nurses working in these environments which include, but are not limited to:

- Lack of clinical expertise to provide effective intervention and care;
- Lack of access to specialist Alcohol and Other Drug (AOD) trained staff, including AOD Nurse Practitioners, to support treatment planning, at point of first contact
- Fear for personal safety when trying to support individuals who are psychotic and potentially aggressive
- Limited or no access to AOD Hospital Consultation and Liaison services, especially after hours
- Lack of specialist treatment teams, AOD Hospital Consultation and Liaison Teams, particularly in rural and remote areas within NSW jurisdiction.

The 2016 National Drug Strategy Household Survey found rates of methamphetamine use were 2.5 times higher in remote or very remote areas compared to rates among those living in major cities or regional areas; especially for people aged 18-24 years. This is also supported by data from the 2018 report of the National Wastewater Drug Monitoring Program which found that average consumption

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of methamphetamine in regional areas exceeded consumption in capital cities^{iv}. Data from a regional / rural MERIT Program demonstrated that 48% of people were amphetamine users. Non-Indigenous and Indigenous people are at risk.

The adequacy of existing measures to target Ice in NSW

Alcohol and other drug use, including methamphetamines, is commonplace in our society resulting in increasing levels of harm and emergency responses required by acute care and specialist services. These services are not currently well resourced to respond to the increasing demand for intervention and treatment. There is also a lack of community services, for example *Stimulant Treatment Clinics*, which specialise in the treatment of methamphetamine dependence.

Methamphetamines have less predictable impacts on the individual than previous illicit substances identified and used. This is largely due to the chemical makeup of the substance which can vary according to manufacturing techniques. Methamphetamine use can result in either/or physical and/or mental health issues. This results in the individual being referred to health services depending on their presenting symptoms.

Case coordination is difficult due to the way services are currently planned. This often results in persons with both mental health and substance issues slipping between the gaps in services, as professionals tend to only work within their scope of expertise. The current service system does not allow for an easy referral to an alternate service or a transition to a different mode of care, therefore does not necessarily respond to the needs of the individual. This can result in the individual being referred to and receiving only one type of treatment.

The safety of nurses, health professionals and others, must be a priority for health services managing members of the community who are presenting with symptoms or issues related to methamphetamine use. This requires health services to provide intensive resourcing, which includes:

- Allocation of additional nurses with specialist AOD qualifications, including AOD Nurse Practitioners, in the management of AOD treatments, in hospital and community settings
- Ensuring appropriate security measures are in place to protect nurses delivering care
- The provision of suitable environments and facilities that provide enough space to deliver care and minimise stimulation
- Enhancing knowledge and skill of the existing nursing workforce on how to work effectively with people impacted by harm associated with methamphetamine use. This includes, the person using the substance as well as family and significant others
- Ensuring that all nurses and midwives entering the workforce are trained, from undergraduate level, on how to manage and treat people with harms associated with alcohol and other drug use
- The provision of specialist AOD Nurse Practitioner consult liaison services to staff working in A&E to ensure rapid referral to the most appropriate care setting

Options to strengthen NSW's response to ice, including law enforcement, education, treatment and rehabilitation responses.

In developing strategies to address the impact of Ice use, it is critical that all professional and community education address the stigma and discrimination which is experienced by people when accessing health services. It is recognised that stigma is a fundamental social cause of health

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inequalities, and has been shown to worsen stress, reinforce differences in socioeconomic status, delay or impede help-seeking and lead to premature termination of treatmentⁱⁱ.

Discrimination and stigma associated with alcohol and other drug use is exacerbated when issues of substance use are discussed with populations who may be already marginalised or judged. These populations who are also vulnerable to harms associated with substance use may include people living in rural and remote communities, people with mental health issues, Aboriginal people, people in contact with the criminal justice system, pregnant women, Lesbian, Gay, Bisexual, Transgender or Intersex people.

All professionals, including nurses and midwives, who treat people who use alcohol and other drugs have a responsibility to provide care and intervention that is free from stigma and discrimination. For people who use Ice, it is the labelling and stereotyping of these individuals that often leads to their exclusion and rejection; and discrimination in relation to the care and treatment received. This may have a negative impact on their:

- willingness to access medical assistance for treatment of health conditions.
- ability to receive quality treatment from a broad range of health practitioners, and
- motivation to disclose their AOD use, a history of injecting, or associated conditions.

There is a paucity of evidence available regarding treatment options for methamphetamine users. Compulsory treatment is unlikely to yield significant results as this goes against the fundamental principles of successful AOD treatment. Consideration could be given to:

- the development of services to support women and young children
- Ensuring treatment services are geographically accessible and located in regions where methamphetamine use is more prevalent.
- Ensuring intervention, treatment and referral is provided through multiple entry points to ensure a broad range of users have access to services.
- Development of Outreach Services to engage populations who may not normally access treatment
- Ensure treatment centres are flexible about admission procedures and are available after hours and on weekends.

Attention also needs to be given to the impact of methamphetamine use on families. Not only the impact on parents and carers looking after someone using the drug, but also the impact on children and young people in the care of adults using methamphetamines. In this instance the assessment of dependence and the overall impact of use becomes more complex as it is also the impact on parenting that needs to be considered. The outcome of a trial of family rehabilitation, presently underway in Queensland, should be monitored^v.

It is imperative that the non-dependent population is targeted as they are at greatest risk of developing future problems, leading to increased burden of disease on both the individual and their community, should their methamphetamine use increase and continue.

Treatment for methamphetamine dependency and withdrawal is somewhat different to many other AOD disorders. No single drug dependence treatment intervention fits all methamphetamine users and there is no universally accepted pharmacological treatment. Treatment should be based on underlying reasons for use, symptomatology, rather than, a blanket approach to care.

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DANA supports The World Health Organisationⁱⁱⁱ identified nine key principles for enhancing treatment outcomes for amphetamine-type stimulant abuse, outlined below:

- Improved availability and accessibility of treatment services.
- Improved screening, assessment, diagnosis and treatment planning for Amphetamine related problems.
- Evidence informed treatment for dependence.
- Treatment for amphetamine dependence with regard to human rights and patient dignity.
- Targeting of special sub-groups and populations.
- All treatment services for amphetamine related problems should seek alliances with the criminal justice system.
- Enhanced community involvement and participation.
- Implementation of clinical management for treatment services to improve accountability and efficiency.
- Policy development and strategic planning to coordinate services.

In Summary

DANA commends the Draft Proposals for the NSW Special Commission of Inquiry into the Drug 'Ice'. In the context of the Terms of Reference, DANA believes that the inclusion of the following points to be important to this Inquiry:

- The needs of remote and rural people should be specifically addressed and geographically available services provided
- The AOD specialist nursing workforce, especially AOD Nurse Practitioners, have a special contribution to make
- Treatment options, with multiple entry points to services, need to be provided according to the level of dependence and to non-dependent users as well
- The impact of stigma and discrimination to successful treatment outcome to all groups, but in particular marginalised groups, must be addressed
- Attention to the needs of families.

REFERENCES

ⁱ World Health Organisation (WHO). 2012. *Technical briefs on amphetamine type stimulants: principles of prevention and treatment for the use of amphetamine type stimulants*. World Health Organisation: United Nations

ⁱⁱ Lancaster, K., Seear, K. & Ritter, A. (2018) *Monograph No. 26: Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre. <http://doi.org/10.26190/5b8746fe72507>

ⁱⁱⁱ World Health Organisation (WHO). 2012. *Technical briefs on amphetamine type stimulants: principles of prevention and treatment for the use of amphetamine type stimulants*. World Health Organisation: United Nations

^{iv}<https://cracksintheice.org.au/how-many-people-use-ice>

^v <https://www.abc.net.au/news/2019-01-24/qld-first-drug-alcohol-treatment-facility-parents-support/10743062>