



**Paper:**

**Funding required for non-government specialist drug treatment and support services to effectively respond to a 36% increase in demand and rising methamphetamine-related harms**

Final - May 2015

This paper seeks to advise ACT Health (and the ACT Government more broadly) on an appropriate response to the rising methamphetamine-related harms in the ACT, through providing additional funding for drug treatment services<sup>a</sup> and workforce development.

This paper has had input from the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group and specialist drug treatment services.

There has been a 36% increase (from 2010 – 2014) in demand for non-government drug treatment services in the ACT, which has been worsened by the rising methamphetamine-related harms in our community.

This paper, therefore, specifically focuses on the context and evidence to improve the ACT's drug treatment and support response.

**1. Increasing ACT community concern**

There is growing public attention and concern about the impacts of methamphetamine related harms and increasing demand on drug treatment services in the Canberra community.<sup>1</sup>

Throughout 2014 and 2015 the Alcohol Tobacco and Other Drug Association ACT (ATODA) has raised these concerns with ACT Health, including through meetings, submissions,<sup>2</sup> data analysis and a methamphetamine specific symposium co-hosted with the Australian National University.<sup>3</sup> We are grateful for the participation of the Acting Chief Health Officer and other ACT Health representatives at that symposium.

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<sup>a</sup> For the purposes of this working paper the terms 'drug treatment services' includes all Australian Institute of Health and Welfare Alcohol and Other Drug Treatment Services.

## 2. Explaining increased harms from methamphetamines

Commonly known by the street names ‘speed’, ‘ice’ or ‘crystal meth’, both amphetamine and methamphetamine belong to a group of stimulant drugs called amphetamines.<sup>b</sup> It is believed that most of the methamphetamine in Australia is imported rather than domestically manufactured.<sup>4</sup> Illegal manufacture of street amphetamines in Australia is almost exclusively methamphetamine.<sup>5</sup> Australia has the highest rate of methamphetamine use in the English-speaking world.<sup>6</sup>

The population rate of recent<sup>c</sup> methamphetamine use is 2.1%, a figure essentially unchanged for the last 10 years.<sup>7d</sup> This means a small but significant sub-group is at serious risk.<sup>8</sup> Despite stability in prevalence of use, it is clear that there has been increasing harm across the country. The reasons for this are highlighted below.

### Rapid and profound shift from powder amphetamines to the more harmful crystalline methamphetamine

People who use methamphetamine are increasingly favouring crystalline methamphetamine (‘ice’) as their main form of the drug (50% in 2013 compared to 22% in 2010).<sup>9</sup> This means we are seeing methamphetamine users shift to the crystalline form rather than an uptake of the crystalline form by non-drug users.<sup>10</sup>

### Increased purity but stable price

Increased harms are partly explained by a dramatic increase in purity (or strength) of methamphetamine, despite relative stability in price.<sup>11</sup> The average purity of crystal methamphetamine seizures increased from 21% in 2009 to 64% in 2013. This change means that people purchasing the drug obtain far more (in terms of potency) than in previous years for a given purchase amount.

### Increased frequency of use

There has been a significant increase in the proportion of people using methamphetamine daily or weekly (from 9.3% to 15.5%).<sup>12</sup>

### Dependence and other harms

The increased use, frequency of use and purity of methamphetamine has caused an increase in risk and harms. The consequences of methamphetamine use are well-established and include, for example:

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<sup>b</sup> It is not appropriate for governments (or other agencies of authority) to use street names for illegal drugs. This is because street names frequently change; there is not a common community understanding of what these names may refer to; and using terms such as ‘ice’ could be seen as glamourising, and hence promoting, a drug.

<sup>c</sup> Recent use is defined as use in the 12 months prior to the survey taking place.

<sup>d</sup> The National Drug Household Survey 2013 shows that the prevalence of recent meth/amphetamine use in the ACT is 2.2%. This is an increase from 1.4% in the 2010 survey. This data should be interpreted with caution, however it does indicate that the ACT is experiencing similar trends to the rest of Australia.

- Increased likelihood of **producing dependence** as crystal methamphetamine is more harmful than the powdered form, more readily absorbed into the body and gives a more powerful intoxicating effect. People who used crystal methamphetamine weekly are at least four times more likely to report that they had tried to cut back but could not (a proxy measure of dependence).<sup>13</sup>
- Risk of **blood borne virus or sexually transmissible infections** associated with the route of administration (smoking or injecting) and associated behaviours.
- Increased **mental health problems**, with 42% of regular<sup>e</sup> users being prescribed medication for mental health issues, and 30% being classified as highly psychologically distressed on the Kessler 10 Scale.<sup>14</sup>

### Disproportionate impact on the Aboriginal and Torres Strait Islander community

A recent national survey of both Aboriginal and Torres Strait Islander community controlled services and alcohol and other drug agencies found that 79% of respondents reported meth/amphetamines as a significant issue among Aboriginal and Torres Strait Islander clients, and 92% stated that it was a significant issue in their community more generally.<sup>15</sup> These concerns have been echoed in discussions between ATODA and Aboriginal and Torres Strait Islander drug treatment and support services in the ACT. These concerns have also been reported through the media, for example:

“Ms [Julie] Tongs said the increasing use of ice of the past 18 months presented challenges never faced before, with Winnunga [Nimmityjah Aboriginal Health Service] having to call in the police at least once a fortnight to help with a client.

"Some days it's very chaotic here when we have got people in the waiting room that are affected by ice and are psychotic," she said. "Multiply what's happening out there [in the wider community] by about five and that's what we cop most days."

Over a period of just two months, four young men had died as a result of ice use.”<sup>16</sup>

### **3. ACT methamphetamine treatment trends**

The ACT’s methamphetamine use and harm trends are generally consistent with those nationally.<sup>17</sup>

Treatment data is a particularly important measure to assess harms associated with dependence. It provides information on treatment for amphetamines (and includes methamphetamine in this measure). In the ACT, data shows that there has been a rise in people presenting to ACT specialist drug treatment services where amphetamines is a drug of concern.<sup>18</sup> However, research shows that methamphetamine is typically used concurrently with other drugs, so it is also

<sup>e</sup> Regular use was defined as using at least monthly in the 6 months prior to survey.

important to consider the number of treatment episodes where methamphetamine was identified as an issue (even when other principal drugs of concern are identified). Therefore, when both principal and additional drugs are considered, amphetamines are estimated to account for 29%<sup>f</sup> of all drug treatment episodes in 2013-14 in the ACT.<sup>19</sup>

#### **4. Prioritising the ACT's investment where it is most needed, will be most effective and cost-effective: frontline workers and services**

As noted above, there is no widespread increase in methamphetamine use. Instead, what we are seeing is the effects of high purity methamphetamine among a small but significant group of people. This has implications for the sorts of interventions needed and their priority. Instead of broad-based population wide strategies we need targeted strategies to better equip those who work on the frontline and come into contact with people affected by methamphetamine, including strategies specifically designed and delivered by Aboriginal and Torres Strait Islander services.<sup>20</sup>

As a first priority, any new investment to address methamphetamine should build upon, and lever off of, ACT Health's current investment in drug treatment.

#### **5. Need for further investment in non-government specialist drug treatment**

Since ATODA's establishment in 2010, the ACT Budget has not included explicit additional funding for non-government specialist drug treatment. ATODA has not been able to ascertain the last time the ACT Budget included additional funding for non-government drug treatment services.

While the ACT Budget has made recent investments into drug treatment, they have all been for the delivery of services by the ACT Government.<sup>21</sup> Similar investments in non-government services have not been made. Nine of the ten ACT specialist drug treatment services are non-government. Non-government services are essential and equal partners in treating drug problems in the ACT.

For years, non-government services have endeavoured to proactively and positively develop their services within existing resources; however they are no longer able to cope with increasing demand and complexity, including from methamphetamine.

The unsustainable impact on non-government specialist drug treatment services is demonstrated by:

- The total amount of funding for non-government specialist drug treatment services from ACT Health has not increased (beyond indexation) over the last 5 years (2010 – 2014).<sup>22</sup>
- Episodes of care by non-government specialist drug treatment services have increased by 36% over 5 years (2010 – 2014).<sup>23</sup>

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<sup>f</sup> This is an estimate and may be subject to change.

- Waiting lists for treatment can be up to 3 months long, with some waiting lists now closed.<sup>24</sup>
- Amphetamines account for an estimated 29%<sup>9</sup> of all drug treatment episodes in 2013-14 in the ACT.<sup>25</sup>
- Presentations to ACT drug treatment services where amphetamines are a drug of concern continue to increase.<sup>26</sup>

## 6. Impact of methamphetamines on services and workers

ACT specialist drug treatment services have always worked with people who have amphetamine problems and have a range of skills, knowledge and evidence based treatment responses available.

However, the nature and extent of the present-day treatment demand worsened by the methamphetamine problem means that the current funding arrangements are no longer viable. Recent conversations with Aboriginal and Torres Strait Islander services have also highlighted the extent to which already stretched resources are insufficient to provide an effective response to methamphetamine related harms in their community.

Relatively rapid shifts in drug use patterns and the subsequent impact on individuals, communities and treatment services require a workforce and service system that is flexible and adaptive to emerging needs. When sufficient capacity building is in place, the sector has demonstrated that it is well placed to effectively respond to new and fluctuating drug trends and harms in the ACT community.

The impacts of methamphetamine reported by workers and services (which are consistent with the literature and the experiences of other jurisdictions) include:

- **Increasing mental health problems:** including amphetamine psychosis and frequent amphetamine use disorder/mental health comorbidity
- **Increasing client complexity:** including cognitive impairment experienced by long-term methamphetamine users, family conflict and homelessness.
- **Increasing waiting lists:** a wait of up to 3 months is unacceptable and prolongs crisis, risks and harms for people using high potency methamphetamines who want treatment, their families and the community.
- **Need to adapt current treatment approaches:** including adopting new screening tools; managing longer and more sustained withdrawal while in treatment; challenges in treating clients with severe depressant and stimulant problems in the same program; need for longer treatment programs and sustained intensive aftercare.

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<sup>9</sup> This is an estimate and may be subject to change.

- **To date, there is no standard pharmacotherapy treatment for the management of methamphetamine withdrawal or dependence:** this means the same spectrum of treatment options are not available compared to alcohol and heroin.<sup>27</sup>
- **Increasing Work Health and Safety concerns:** there have been increasing reports of aggression, staff burn out, lack of ongoing and high quality workforce development and capacity building (e.g. training).<sup>28</sup>

Workers and services report needing additional sustained and responsive workforce development activities including those specifically about methamphetamines. Workforce development and capacity building strategies are being rolled out in other jurisdictions.

There is no methamphetamine training recurrently provided in the ACT. Fortunately ATODA successfully made a case to ACT Health to contribute resources towards the immediate implementation of one-off accredited methamphetamine training (with an interstate industry provider) for specialist drug treatment workers. This training will include an Aboriginal and Torres Strait Islander alcohol and drug worker specific stream.

While this investment is welcomed and needed, it will only train 24% of the drug treatment and support workforce.<sup>29</sup> This demonstrates that ongoing funding for workforce development and capacity building is required.

## 7. Investing in the methamphetamine response

Governments across Australia are strengthening their methamphetamine responses. For example:

The Victorian Government has undertaken comprehensive policy work with regards to methamphetamine, which has included a methamphetamine package,<sup>30</sup> a parliamentary inquiry<sup>31</sup> and the release in March 2015 of a state-wide funded action plan.<sup>32</sup> As such, the ACT could draw on this existing body of work and closely consider the Victorian approach when developing its response.

The 2015 Victorian responses have included increased funding for specialist drug treatment services and workforce development (\$19 million) and Needle and Syringe Programs (\$1.8 million). Based on population estimates<sup>h</sup> if the equivalent investment was made in the ACT it would be \$1,550,000 million for drug treatment and workforce development and \$115,800 for Needle and Syringe Programs.

The ACT Government needs to strengthen its health response to methamphetamines through further investment in existing drug treatment services.

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<sup>h</sup> ABS population estimates for 2014 for Victoria are 5,841,000 and for the ACT are 386,000

## 8. ACT funding priorities

Research tells us that lengthy waiting lists for drug treatment and support are detrimental to people and that, wherever possible, we should have a treatment on demand model.<sup>33</sup>

Some have suggested a review is needed to determine priorities for action and funding with regards to increased demand for drug treatment and methamphetamine - we do not need another review.

There is a significant body of knowledge regarding how any investment in the ACT drug sector could be best utilised. A number of comprehensive policy processes and the recently undertaken 'Review of the Need to Expand Drug and Alcohol Rehabilitation Services in the ACT' have informed this.<sup>34</sup>

The 36% increase in demand has occurred across **all** non-government drug treatment and support services in the ACT, therefore additional investment needs to be made in **all** of these services, including Aboriginal and Torres Strait Islander community controlled services that provide alcohol and drug treatment and support.

Several services receive minimal funding for specialist drug treatment and support from the ACT Government. Therefore if, for example, a proportional investment (e.g. a 10% increase across all services) was made it would not achieve the goal of meeting treatment demand.

In order to genuinely create more capacity in the drug treatment system a minimum allocation of one full-time equivalent staff member (approximately \$120,000 including on-costs) per service is required. Additional funding for ongoing sector-wide capacity building and workforce development activities must complement this.

It is clear that further investment is needed across all drug treatment and support services, both non-residential and residential programs in the ACT, and that services are already well placed to advise the government on how funding could be best utilised to meet treatment demand.

We also refer ACT Health to ATODA's submissions to the ACT Budget for further information and funding priorities.

## 9. Further information

For further information please contact Carrie Fowlie, Executive Officer, on [carrie@atoda.org.au](mailto:carrie@atoda.org.au) or (02) 6255 4070 or visit [www.atoda.org.au](http://www.atoda.org.au).

### [About ATODA](#)

The Alcohol Tobacco and Other Drug Association's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug (ATOD) related harm, as a result of the ATOD and related sectors evidence-informed prevention, treatment and harm reduction policies and services.



ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation.

The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

The mission of ATODA is to be the peak body representing and supporting the ATOD sector and community in the ACT.

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## References

<sup>1</sup> See for example a range of Canberra Times articles:

- *Treatment for ice addiction increases by 155 percent with specialist fearing unpredictable violence* (November 2014): <http://www.canberratimes.com.au/act-news/treatment-for-ice-addiction-increases-by-155-per-cent-with-specialists-fearing-unpredictable-violence-20141123-11qs1i.html>
- *Fears for drug rehab funding as ACT users shift to ice.* (December 2014): <http://www.canberratimes.com.au/act-news/fears-for-drug-rehab-funding-as-act-users-shift-to-ice-20141227-12djt0.html>
- *Renewed focus on ice welcomed by ACT drug and rehabilitation experts* (December 2014): <http://www.canberratimes.com.au/act-news/renewed-focus-on-ice-welcomed-by-act-drug-and-rehabilitation-experts-20141228-127bfj.html>
- *Another drug rehab raises funding fears as waiting list grows.* (January 2015): <http://www.canberratimes.com.au/act-news/another-drug-rehab-raises-funding-fears-as-waiting-list-grows-20150117-12n6bo.html>
- *How drug users got off ice and came in from the cold* (January 2015): <http://www.canberratimes.com.au/act-news/how-drug-users-got-off-ice-and-came-in-from-the-cold-20150117-12rkmm.html>
- *Rehab services desperate for funding as waiting lists reach many months* (February 2015): <http://www.canberratimes.com.au/act-news/rehab-services-desperate-for-funding-as-waiting-lists-reach-many-months-20150208-137rl6.html>
- *Ice addiction is tearing Canberra families apart with violence, says drug experts* (March 2015): <http://www.canberratimes.com.au/act-news/ice-addiction-is-tearing-canberra-families-apart-with-violence-says-drug-experts-20150325-1m7cb3.html>
- *Canberra community services disturbed by impact of increasing crystal methamphetamine use* (March 2015): <http://www.abc.net.au/news/2015-03-25/ice-addictions-devastating-act-and-nsw-communities/6346460?section=act>
- *Ice taskforce welcomed in the ACT despite concerns for treatment facilities* (April 2015): <http://www.canberratimes.com.au/act-news/ice-taskforce-welcomed-in-the-act-despite-concerns-for-treatment-facilities-20150408-1mghuy.html>
- *'Unacceptable' rehab wait robbing drug users of will to change* (April 2015): <http://www.canberratimes.com.au/act-news/unacceptable-rehab-wait-robbing-drug-users-of-will-to-change-20150419-1mnaf9.html>
- *Overstretched residential drug and alcohol rehabilitation services turn addicts away* (20 April 2015): <http://www.canberratimes.com.au/act-news/overstretched-residential-drug-and-alcohol-rehabilitation-services-turn-addicts-away-20150420-1mozkh.html>

<sup>2</sup> Alcohol Tobacco and Other Drug Association ACT. (2014). *Submission to the ACT Budget Consultation 2015-16*. Canberra: ATODA. Available online at: [http://www.atoda.org.au/wp-content/uploads/ATODA\\_ACT\\_Budget\\_1516Submission\\_Final.pdf](http://www.atoda.org.au/wp-content/uploads/ATODA_ACT_Budget_1516Submission_Final.pdf)



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<sup>3</sup> See for example:

- The Canberra Collaboration Alcohol Tobacco and Other Drug Research Symposium 2014: *The 'ice epidemic': Better understanding crystalline methamphetamine use and treatment responses in the ACT*
- ATODA's submission to the ACT Budget 2015 – 2016 Consultation

<sup>4</sup> Australian Crime Commission. (2015). *The Australian Methamphetamine Market The National Picture*. Canberra: Commonwealth of Australia. Available online at: <https://www.crimecommission.gov.au/sites/default/files/AUS-METH-%20MARKET-%20200315%20FINAL.pdf>

<sup>5</sup> Lee, N. (2013). *Explainer: methamphetamine use and addiction in Australia*. Available online at: <http://theconversation.com/explainer-methamphetamine-use-and-addiction-in-australia-13280>

<sup>6</sup> Australian Institute of Health and Welfare (2011). *National Drug Strategy Household Survey report*. Cat. No. PHE 145. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail/?id=32212254712>

<sup>7</sup> Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report: 2013*. Cat. no. PHE 183. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail/?id=60129549469>

<sup>8</sup> Dietze, P. (2014). *Ice Epidemic? How increased purity of crystal meth explains Victoria's rising methamphetamine related harms*. Victoria: Burnet Institute. Available online at: [https://www.burnet.edu.au/news/436\\_ice\\_epidemic\\_how\\_increased\\_purity\\_of\\_crystal\\_meth\\_explains\\_victoria\\_s\\_rising\\_methamphetamine\\_related\\_harms](https://www.burnet.edu.au/news/436_ice_epidemic_how_increased_purity_of_crystal_meth_explains_victoria_s_rising_methamphetamine_related_harms)

<sup>9</sup> Australian Institute of Health and Welfare. (2013). *Illicit use of drugs (NDSHS 2013 key findings)*. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/2013/illicit-drug-use/>

<sup>10</sup> Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report: 2013*. Cat. no. PHE 183. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail/?id=60129549469>

<sup>11</sup> Scott, N., Caulkins, J., Quinn, C. Dietze, P. (2015). High-Frequency Drug Purity and Price Series as Tools for Explaining Drug Trends and Harms in Victoria, Australia. *Addiction*. 2015 Jan; 110(1):120-128

<sup>12</sup> Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report: 2013*. Cat. no. PHE 183. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail/?id=60129549469>

<sup>13</sup> Lee, N. (2015). *Breaking the Ice: Using evidence to gain perspective on the ice epidemic and what it means for responses*. Drug and Alcohol Research Connections. Available online at: <http://www.connections.edu.au/opinion/breaking-ice-using-evidence-gain-perspective-ice-epidemic-and-what-it-means-responses>

<sup>14</sup> Burnet Institute (2013). *Submission to the Inquiry into the supply and use of methamphetamines, particularly 'Ice' in Victoria*. Victoria: Burnet Institute. Available online at: [http://www.parliament.vic.gov.au/images/stories/LRDCPC/Submissions/Submission\\_19\\_-\\_Burnet\\_Submission.pdf](http://www.parliament.vic.gov.au/images/stories/LRDCPC/Submissions/Submission_19_-_Burnet_Submission.pdf)

<sup>15</sup> National Indigenous Drug and Alcohol Committee & National Aboriginal Community Controlled Health Organisation. (2014). *Amphetamine Type Stimulant Use*. Canberra: NIDAC & NACCHO.

<sup>16</sup> Jon Stanhope joins community sector with a job in Aboriginal health (27 April 2015). The Canberra Times. <http://www.canberratimes.com.au/act-news/jon-stanhope-joins-community-sector-with-a-job-in-aboriginal-health-20150427-1mu38v.html>

<sup>17</sup> Advice from ACT Health based on ACT National Minimum Data Set reports (February 2015) and Social Research and Evaluation (September 2014)

<sup>18</sup> Based on ACT National Minimum Data Set reports from 2010 – 2015, see data requests from ATODA to ACT Health (February 2015).

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<sup>19</sup> Based on ACT National Minimum Data Set reports from 2010 – 2015, see data requests from ATODA to ACT Health (February 2015).

<sup>20</sup> Professor Paul Dietze, Burnet Institute, *'Ice Epidemic?' How increased purity of crystal meth explains Victoria's rising methamphetamine related harms*. October 2014.  
[https://www.burnet.edu.au/news/436\\_ice\\_epidemic\\_how\\_increased\\_purity\\_of\\_crystal\\_meth\\_explains\\_victoria\\_s\\_rising\\_methamphetamine\\_related\\_harms](https://www.burnet.edu.au/news/436_ice_epidemic_how_increased_purity_of_crystal_meth_explains_victoria_s_rising_methamphetamine_related_harms)

<sup>21</sup> Alcohol Tobacco and Other Drug Association ACT. (2014). *Submission to the ACT Budget Consultation 2015-16*. Canberra: ATODA. Available online at: [http://www.atoda.org.au/wp-content/uploads/ATODA\\_ACT\\_Budget\\_1516Submission\\_Final.pdf](http://www.atoda.org.au/wp-content/uploads/ATODA_ACT_Budget_1516Submission_Final.pdf)

<sup>22</sup> Based on data request by ATODA to ACT Health (February 2015)

<sup>23</sup> Based on ACT National Minimum Data Set reports from 2010 – 2015, see data requests from ATODA to ACT Health (February 2015).

<sup>24</sup> Based on reports from ACT specialist drug treatment and support services to ATODA (October 2014 – April 2015).

<sup>25</sup> Based on ACT National Minimum Data Set reports from 2010 – 2015, see data requests from ATODA to ACT Health (February 2015).

<sup>26</sup> Based on reports from ACT drug treatment and support services to ATODA (March 2015). ACT National Minimum Data Set 2014 – 2015 yet to be published.

<sup>27</sup> Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K. & Cash, R. (2007). *Clinical Treatment Guidelines for Alcohol and Drug Clinicians*. No 14: Methamphetamine dependence and treatment. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

<sup>28</sup> Worker and service reports to ATODA (October 2014 – April 2015)

<sup>29</sup> The total workforce is estimated to be 247. This is based on the *2013 ACT Alcohol Tobacco and Other Drug Sector Workforce and Remuneration Profile* (publication pending) and additional information provided by services with regards to the Aboriginal and Torres Strati Islander specific AOD workforce (April 2015).

<sup>30</sup> This package included treatment, workforce development other initiatives, see: <http://www.regen.org.au/media-releases/395-icenalozonefunding>

<sup>31</sup> Inquiry into the supply and use of methamphetamine, particularly ice, in Victoria, Available online at: <http://www.parliament.vic.gov.au/lrdcpc/inquiry/367>

<sup>32</sup> Victorian Government. (2015). *Ice Action Plan* (March 2015). Available online at: <http://www.premier.vic.gov.au/ice-action-plan>

<sup>33</sup> Kaplan, E. & Johri, M. (2000). Treatment on demand: an operational model. *Health Care Management Science*3(3): 171-183.

<sup>34</sup> MacQueen, R. & Biven, A. (2012). *Review of the need to expand drug and alcohol rehabilitation services in the ACT*, Canberra: ACT Health. Available online at: <http://www.health.act.gov.au/sites/default/files/Report%20on%20Review%20of%20the%20Need%20to%20Expand%20D%26A%20Rehabilitation%20Services%20in%20the%20ACT%20%28August%202012%29.pdf>