NIDAC/NACCHO online consultation

Amphetamine-Type Stimulants use

August 2014

Contents

Key points

Background

- There is little information available about the use of amphetamine-type substances (ATS), such as ice or speed, among Aboriginal and Torres Strait Islander people. Recently there have, however, been anecdotal reports of increases in the use of ATS among Aboriginal and Torres Strait Islander people in some locations. This survey was developed to obtain information from front-line workers who come into contact with Aboriginal or Torres Strait Islander people using ATS.
- The Survey was developed by the National Indigenous Drug and Alcohol Committee (NIDAC) and the National Aboriginal Community-Controlled Health Organisation (NACCHO) and administered online through Survey Monkey in early 2014.

Respondents

- There were 156 respondents to the survey. Just over 20% worked at an Aboriginal and Torres Strait Islander-run organisation (ACCHO, AMS or AOD service), and just under 40 per cent worked at an non-Indigenous run AOD service, with other respondents from other health services. Respondents' work roles included AOD workers, managers, nurses, counsellors and psychologists, and health workers.
- Most respondents worked in New South Wales, Victoria, Queensland, and Western Australia, with a small number of responses from the ACT, the Northern Territory, and South Australia. Urban, rural and remote areas were all represented.

Limitations

- The survey sample is not representative of workers who come into contact with Aboriginal and Torres Strait Islander people who may be using ATS, and respondents were self-selected. Some states and territories are represented by only 3 to 4 respondents.
- The survey was intended as a consultation survey only, to gather some information on what front-line workers are seeing regarding ATS use among Aboriginal and Torres Strait Islander clients. It was not geared towards establishing any generalisable information on prevalence and patterns of use, or on harms.

Main Findings

- Most respondents (96 per cent) had Aboriginal and Torres Strait Islander clients who used ATS.
- 79 per cent of respondents stated that ATS use is a significant issue among their Aboriginal and Torres Strait Islander clients, and 92 per cent stated that ATS use is a significant issue in their local community.
- Most respondents (88 per cent) reported a recent increase in ATS use among their clients. Overall, comments received may indicate that levels and patterns of use differ by area.
- Injecting and smoking of ATS were the most commonly seen routes of administration.
- Problems most commonly associated with ATS use included agitation or aggression, depression and anxiety, financial problems, psychotic problems such as paranoia and hallucinations, sleep problems, criminal activity, and family breakdown.

What needs to be done

- Many respondents expressed a need for urgent action to address ATS use in their community.
- There is a need for more dedicated research to better understand current trends in the use of ATS among Aboriginal and Torres Strait Islander communities, noting that trends are likely to differ by area.
- More than half of respondents in urban areas indicated they needed more resources, knowledge or guidance, and linkages to other services to respond to ATS use. Around two-thirds of respondents from rural areas, and just under 90 per cent of respondents from remote areas, also indicated such needs.
- About two-thirds of respondents stated that Aboriginal and Torres Strait Islander communities are not provided with sufficient information on ATS harms and risks.
- Respondents also noted a need for treatment approaches (medical and psychosocial) that are specific to ATS use and for supporting research to guide such approaches; and for more culturally appropriate resources, Aboriginal and Torres Strait Islander staff, and staff training.

Introduction

There is little information available about the use of amphetamine-type substances (ATS), such as ice or speed, among Aboriginal and Torres Strait Islander people.

Data from national surveys is very limited in usefulness. The National Drug Strategy Household Survey includes only a small sample of Aboriginal and Torres Strait Islander people, while the National Aboriginal and Torres Strait Islander Health Survey was subject to various methodological issues (NIDAC 2012). It is not possible to generalise prevalence rates or information on use patterns from these surveys, or to draw conclusions about use in particular areas.

With these caveats in mind, we may note:

- the National Drug Strategy Household Survey for 2010 reported that 3.6 per cent of Aboriginal and Torres Strait Islander respondents had used meth/amphetamines in the year prior to the survey, and 4 per cent were ex-users. The figures for non-Indigenous respondents were 1.9 per cent and 5 per cent respectively (AIHW 2011a).
- the National Aboriginal and Torres Strait Islander Social Survey reported that in 2008, 11 per cent of respondents had ever used amphetamines or speed, and 4 per cent had used amphetamines or speed in the previous 12 months (in AIHW 2011b).
- the National Aboriginal and Torres Strait Islander Health Survey reported that in 2004/05, 7 per cent of respondents had used amphetamines or speed in the previous 12 months (ABS 2006).
- A 2008 government study of methamphetamine use, which included a section on use among Aboriginal and Torres Strait Islander people, indicated variations in use prevalence and trends in different locations, according to interviews with people who used methamphetamines (Department of Health 2008).

In recent years NIDAC and the ANCD have received reports (via consultations and informal discussions) of increases in the use of ATS among Aboriginal and Torres Strait Islander people in some locations. Increases in arrests and seizures indicate that ATS use may be increasing in the general population (ACC 2014).

This survey was developed to obtain information from front-line workers who may come into contact with Aboriginal or Torres Strait Islander people using ATS. The survey was targeted at workers at Aboriginal Medical Services (AMSs), alcohol and other drug (AOD) organisations including services run by Aboriginal people, and related health services, who were involved in treating some Aboriginal and Torres Strait Islander clients.

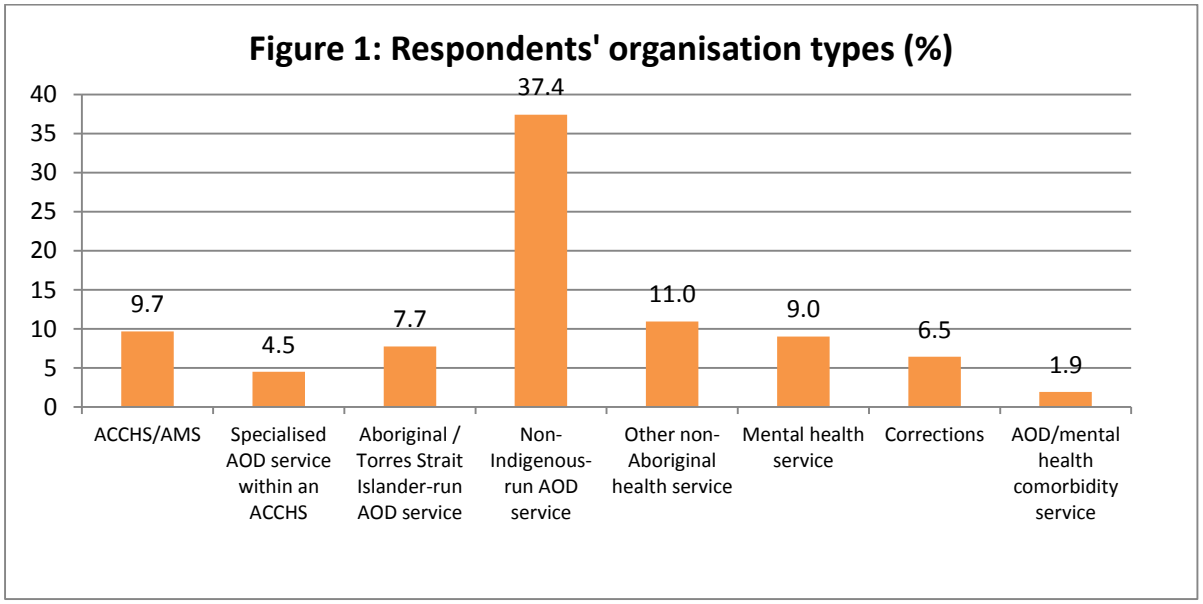
The survey was run online using Survey Monkey during March – April 2014. Information about and a link to the survey was distributed through the adca-updates and nspforum listserves; the NIDAC Weekly News; networks of NIDAC and NACCHO members and staff; and the Mental Health Council of Australia weekly newsletter.

Respondents

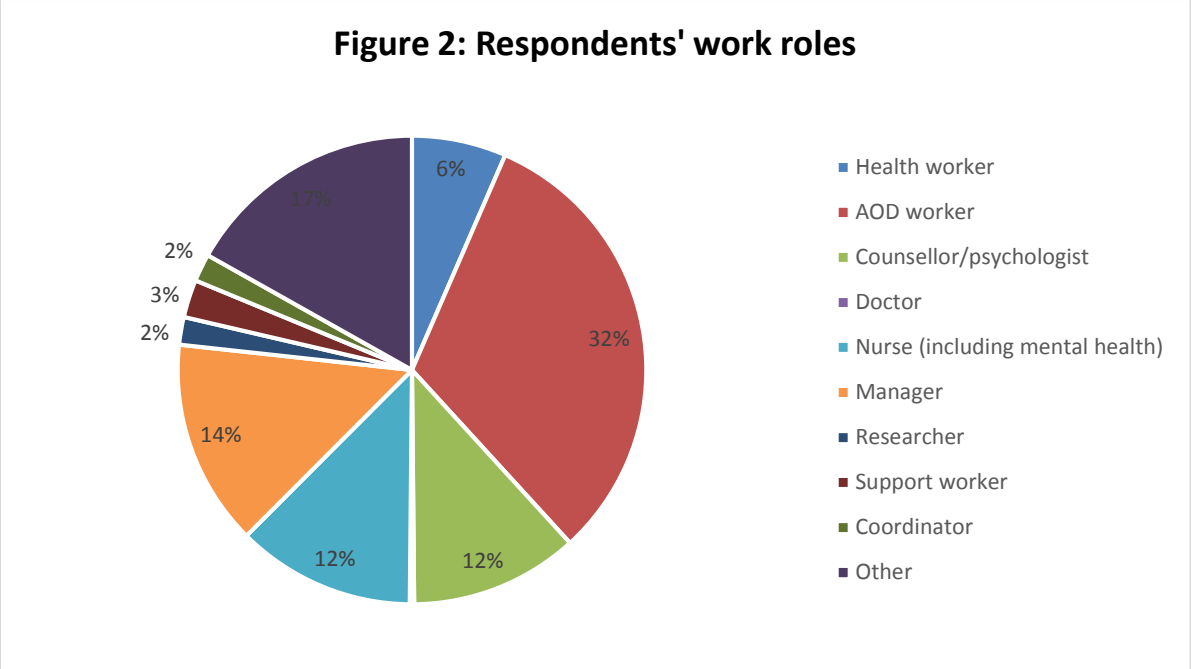
There were 156 responses to the survey. To enable data breakdowns respondents were first asked about the sort of organisation they worked for; their work role; their area type (i.e. urban / rural / remote); and their state or territory of work.

Ten percent of respondents worked at an ACCHO or AMS; 5 per cent worked at a specialised AOD service within an ACCHS; 8 per cent worked at an Aboriginal and Torres Strait Islander-run AOD service; 37 per cent worked at a non-Indigenous run AOD service; 11 per cent worked at an other non-Aboriginal health service; and 9 per cent worked at a mental health service. Twenty-two per cent thus worked at an Aboriginal and Torres Strait Islander-run organisation. Respondents could provide alternate responses to those listed; these answers revealed that a further 7 per cent of respondents worked in prisons or correctional health, and 2 per cent worked in organisations providing both AOD and mental health services (Figure 1).

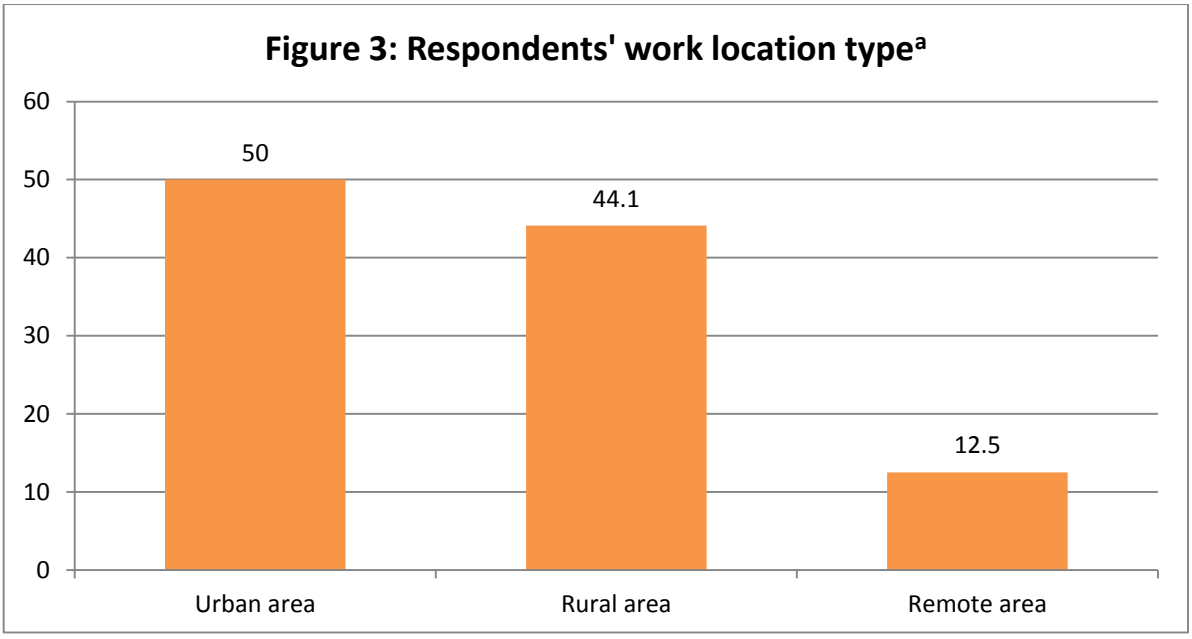
Other kinds of workplace (represented by 2 or fewer respondents) included peak bodies; universities; non-Indigenous-run AOD services which had outreach or engagement workers; Aboriginal Trust-run AOD services; Aboriginal Corporations; youth services; Aboriginal learning centres; foster care organisations; community safety organisations; drug user organisations; Indigenous women's refuges; homelessness centres; and government.



Seven per cent of respondents stated they were health workers; 32 per cent were AOD workers; 12 per cent were counsellors or psychologists; less than 1 per cent were doctors; 12 per cent were nurses; and 14 per cent were managers. Further information entered by respondents showed that a further 3 per cent were support workers; 2 per cent were researchers; and 2 per cent were co-ordinators (Figure 2). Work roles represented by less than 2 per cent of respondents included case workers; youth workers; outreach workers; occupational therapists; and peer educators, among others.

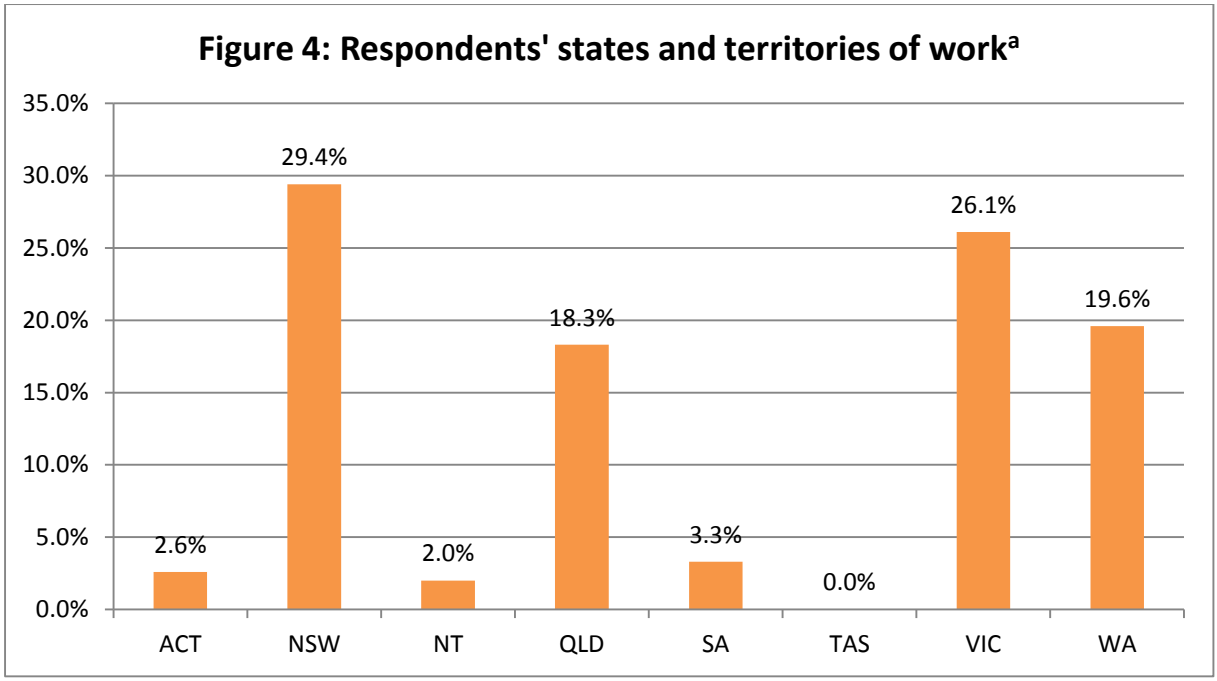


Fifty per cent of respondents worked in urban areas; 44 per cent were in rural areas; and 13 per cent were in remote areas (respondents could choose more than one option) (Figure 3).



a. Figures total over 100 as some respondents worked in more than one location.

Three per cent of respondents were in the ACT; 29 per cent were in NSW; 2 per cent were in the Northern Territory; 18 per cent were in Queensland; 3 per cent were in South Australia; 26 per cent were in Victoria; and 20 per cent were in Western Australia. There were no respondents from Tasmania (Figure 4).



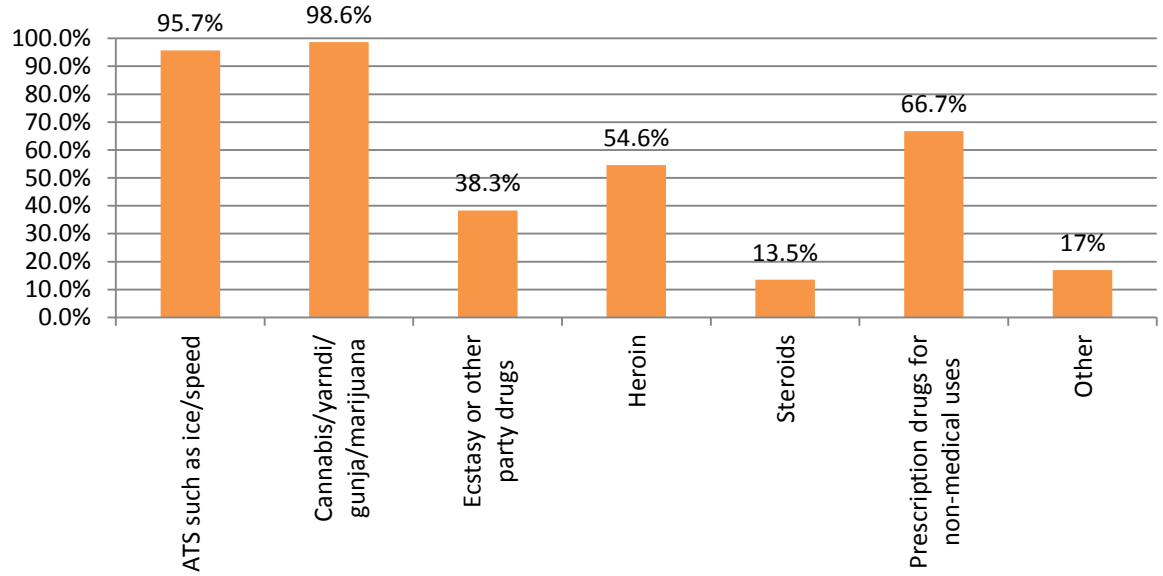
a. Figures total over 100 as some respondents worked in more than one location.

Amphetamine-type stimulant use amongst Aboriginal and Torres Strait Islander clients

Respondents were asked a series of questions on their experiences with clients in relation to ATS, as well as other drugs.

Respondents were asked whether any of their Aboriginal or Torres Strait Islander clients used various drugs. Ninety-six per cent of respondents stated that they had Aboriginal and Torres Strait Islander clients accessing their organisation who used ATS such as ice and speed; 99 per cent stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used cannabis; 38 per cent stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used ecstasy or other party drugs; 55 per cent stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used heroin; 14 per cent stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used steroids; and 67 per cent stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used prescription drugs for non-medical purposes (Figure 5; see Table 1 for a jurisdictional comparison and Table 2 for comparison by area type). All 15 respondents who worked at an ACCHO/AMS stated they had Aboriginal and Torres Strait Islander clients accessing their organisation who used ATS.

Figure 5: Respondents reporting any Aboriginal or Torres Strait Islander clients using particular drugs, %



Respondents could specify other drugs which were not listed. A number of these responses noted alcohol use. Others noted the use of benzodiazepines; new psychoactive substances; tobacco; volatile substances; kava; valium; and performance and image-enhancing drugs (PIEDs).

Whilst answers to this question are not informative of either prevalence or the extent of use amongst clients, it may be noteworthy that nearly as many respondents had come into contact with clients who used ATS, as with clients who used cannabis. However, it should also be borne in mind that the survey sample is small, and self-selected in response to requests for information on ATS use among Aboriginal and Torres Strait Islander peoples.

Table 1: Respondents reporting any Aboriginal or Torres Strait Islander clients using particular drugs, per cent, states and territories

	ACT (4)[a]	NSW (47)	Qld (28)	Vic (40)	SA (5)	WA (30)	NT (3)
ATS	100	97.5	88.9	100	100	92.8	100
Cannabis	100	100	96.3	97.2	100	100	100
Ecstasy/party drugs	50	47.5	37	27.8	50	42.9	0
Heroin	25	67.5	33.3	58.3	75	57.1	0
Steroids	0	20	22.2	5.6	0	7.1	0
Prescription drugs for non-medical uses	100	77.5	59.3	52.8	75	78.6	0

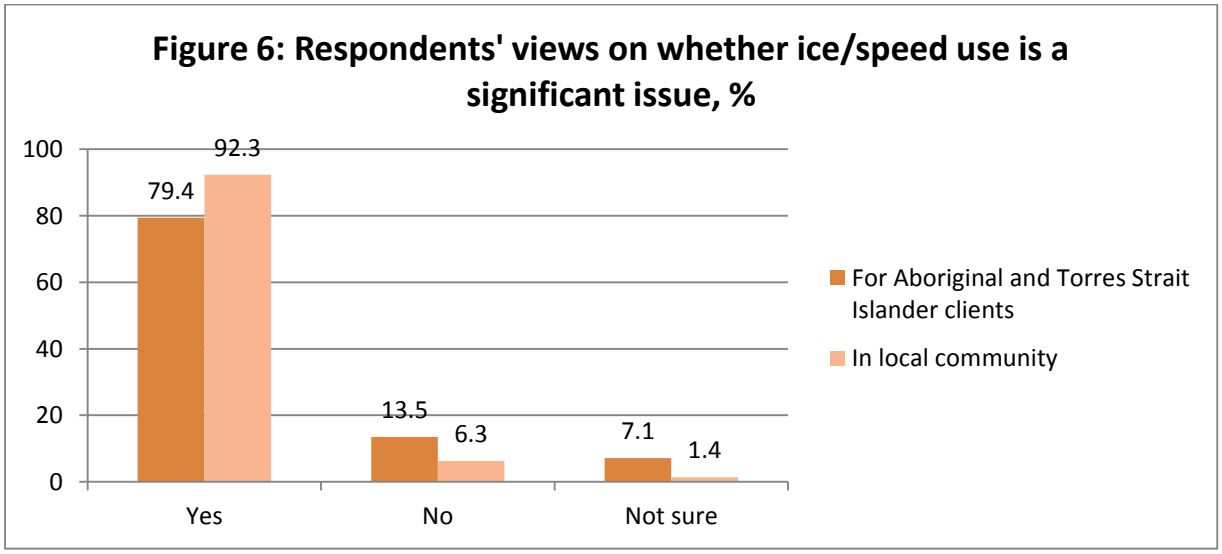
a. Numbers in brackets are the number of respondents who worked in each state or territory.

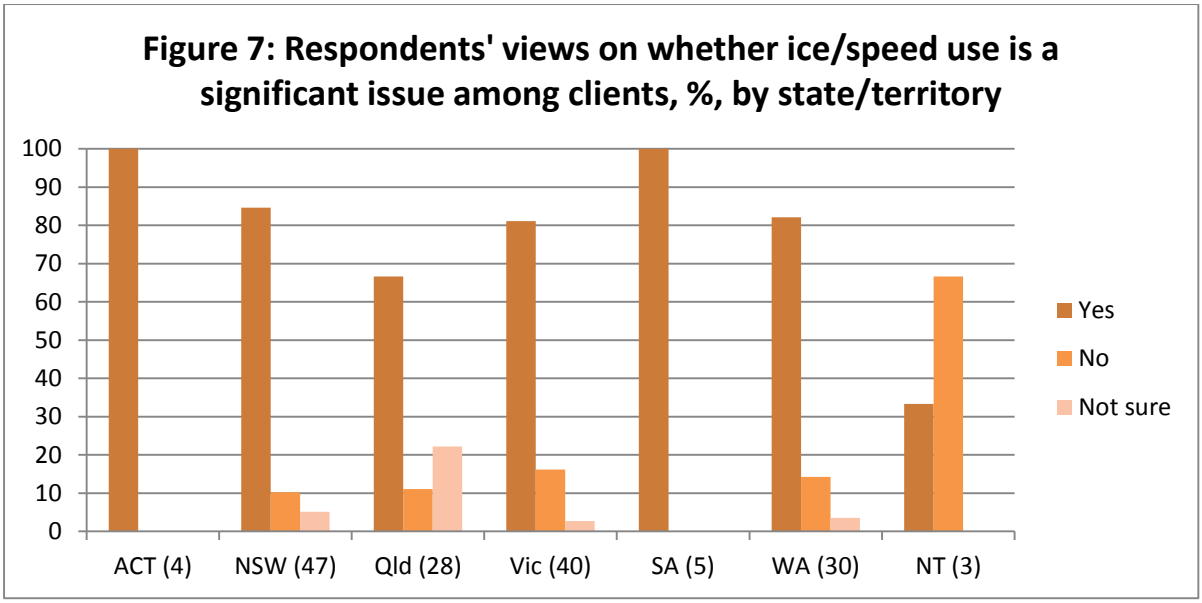
Table 2: Respondents reporting any Aboriginal or Torres Strait Islander clients using particular drugs, per cent, area types			
	Urban area (76)[a]	Rural area (67)	Remote area (19)
ATS	98.5	95.3	89.5
Cannabis	100	98.4	100
Ecstasy/party drugs	43.3	42.2	21
Heroin	61.2	57.8	36.8
Steroids	11.9	17.2	0
Prescription drugs for non-medical uses	68.7	68.8	68.4
a. Numbers in brackets are the number of respondents who worked in each area type.			

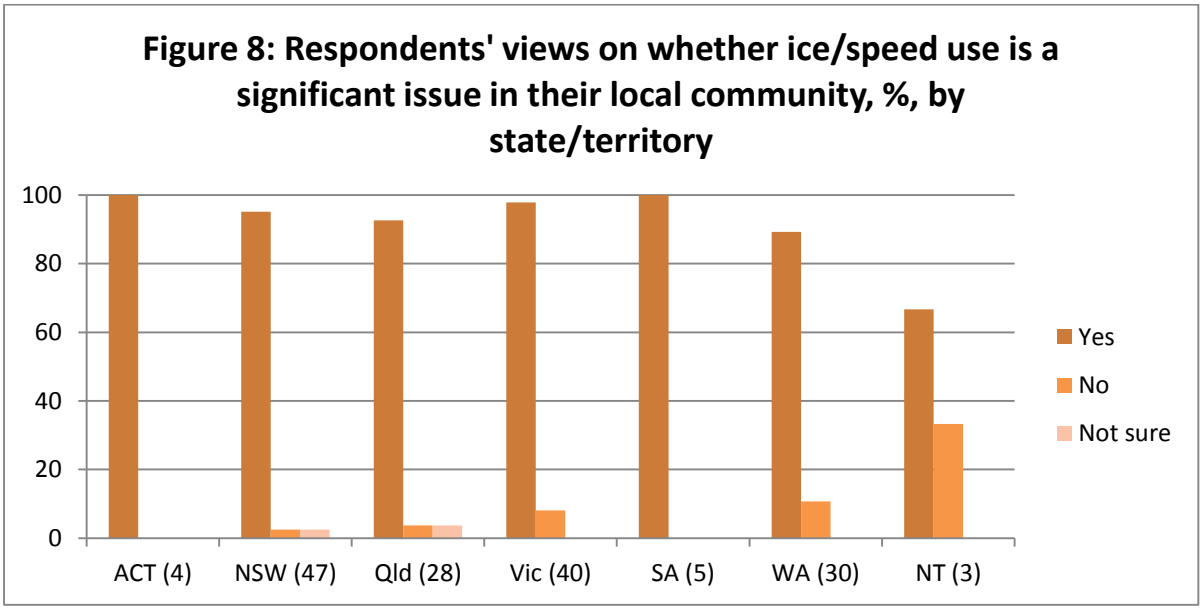
Asked for their view of whether the use of ATS was a significant issue among Aboriginal and Torres Strait Islander clients of their organisations, 79 per cent of respondents stated that it is; 14 per cent stated it is not; and 7 per cent were not sure (Figure 6; jurisdictional comparison provided in Figure 7). Seventy-three per cent of respondents who worked at ACCHOs/AMSs stated that ATS was a significant issue among their clients.

Additional comments in response to this question provided some further detail. Further comments relating to prevalence varied widely, from respondents who stated that ATS use is epidemic, to respondents who stated that it is not a major issue. Others noted they had seen a recent increase in use or in injecting. Several respondents commented that use amongst Aboriginal and Torres Strait Islander people was similar to or lower than use among non-Indigenous people; and two responses stated that clients using ATS did not tend to seek help for it.

Asked whether they thought the use of ice or speed was a significant issue in their local community more generally, 92 per cent of respondents stated that it is; 6 per cent stated that it is not; and 1 per cent were not sure (Figure 6; jurisdictional comparisons are provided in Figure 8). Eighty per cent of respondents who worked at ACCHOs/AMSs stated that ATS was a significant issue in their local community.







Numbers in brackets are the number of respondents who worked in each state or territory.

In the additional comments in response to this question, a number of respondents noted recent increases in use. Several stated that ATS is the most-used drug in their area, or was coming close in prevalence to cannabis. Two respondents stated it was particularly used by young people, but others stated the increase occurred over all demographics and age groups. One response noted that use was subject to availability in the area. Two responses stated that people who had existing problems with other drugs or alcohol now appeared to be using ATS, but one response also stated an apparent increase in people presenting with ATS problems who had not previously used drugs. Several respondents also noted a lack of support services for people who used ATS and sought assistance, or lack of awareness about risks. One response stated that some people used ATS without experiencing any problems. One noted that any powdered drug was referred to as being “ice” or “meth”, but it was not always clear what drugs were.

Respondents were asked whether they thought the use of ice or speed among their clients had been increasingly recently. Forty-three per cent stated it had been increasing significantly; 33 per cent stated it had been increasing by some amount; 12 per cent stated it had been increasing by a small amount; 7 per cent stated there was no increase, and 6 per cent were not sure (Figure 9; Tables 3 and 4 provide jurisdictional and area type breakdowns). Eighty-eight per cent of respondents thus indicated that use had been increasing recently among their clients. All respondents who worked at an ACCHO/AMS stated that use amongst their clients had been increasing recently (57 per cent said there had been a significant increase; 29 per cent some amount of increase; and 14 per cent a small increase).

Figure 9: Respondents' views on whether ice/speed use had been increasing recently amongst their clients, %

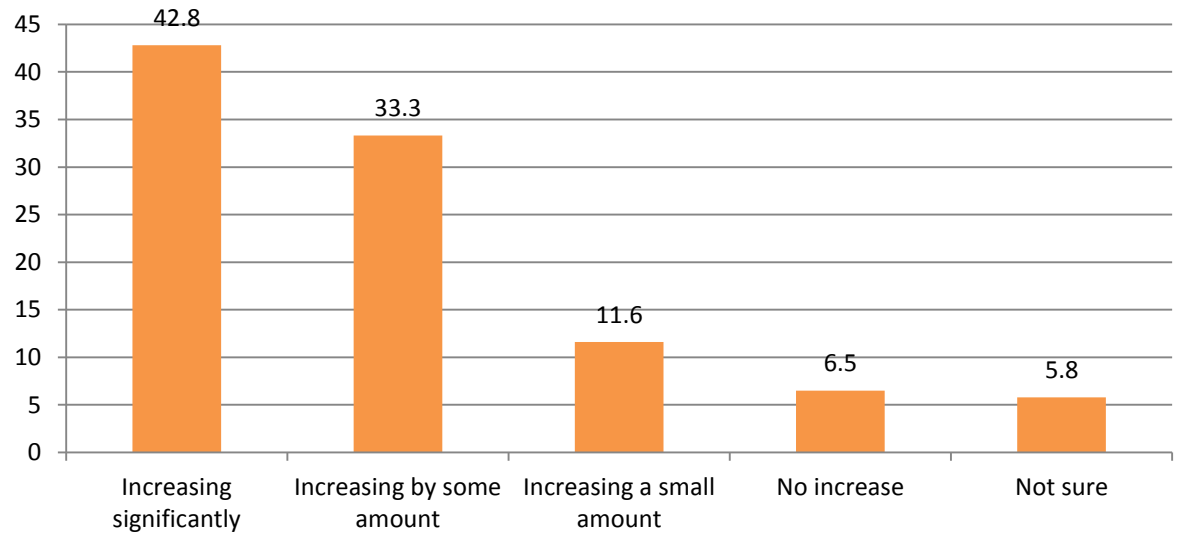


Table 3: Respondents' views on whether ice/speed use had been increasing recently amongst their clients, per cent, area types

Area type	Increasing significantly	Increasing by some amount	Increasing a small amount	No increase	Not sure
Urban (68)[a]	**45.6**	35.3	8.8	7.4	2.9
Rural (61)	**42.6**	31.2	11.5	6.6	8.2
Remote(18)	**44.4**	22.2	22.2	5.6	5.6

a. Numbers in brackets are the number of respondents who worked in each area type.

Table 4: Respondents' views on whether ice/speed use had been increasing recently amongst their clients, per cent, states and territories					
State/territory	Increasing significantly	Increasing by some amount	Increasing a small amount	No increase	Not sure
ACT (4)[a]	**50**	25	0	25	0
NSW (39)	33.3	**35.9**	7.7	7.7	15.4
Vic (36)	**68.9**	22.2	8.3	5.6	0
Qld (26)	19.2	**50**	23.1	3.9	3.9
SA (4)	**50**	25	0	25	0
WA (28)	**46.4**	35.7	10.7	3.6	3.6
NT (3)	**66.7**	33.3	0	0	0
a. Numbers in brackets are the number of respondents who worked in each state or territory.					

In the additional comments in relation to this question, two respondents stated that ATS use had been an issue for at least a decade. Several also commented on the availability and purity of ATS increasing over time, though some also noted intermittent availability in their area.

A follow-up question asked how long respondents thought any increases had been occurring for. Of those who thought there had been an increase, 20 per cent indicated this occurred in the last year; 44 per cent stated this occurred in the last 2 years; 27 per cent stated that this occurred in the last 3 to 4 years, and 9 per cent stated this occurred over more than 5 years (Figure 10; Tables 5 and 6 provide area type and jurisdictional comparisons). Whilst some additional comments given in answer to this question noted they had seen increases in the last six months, another stated increases had occurred over the last 10 years, and another stated use was seasonal.

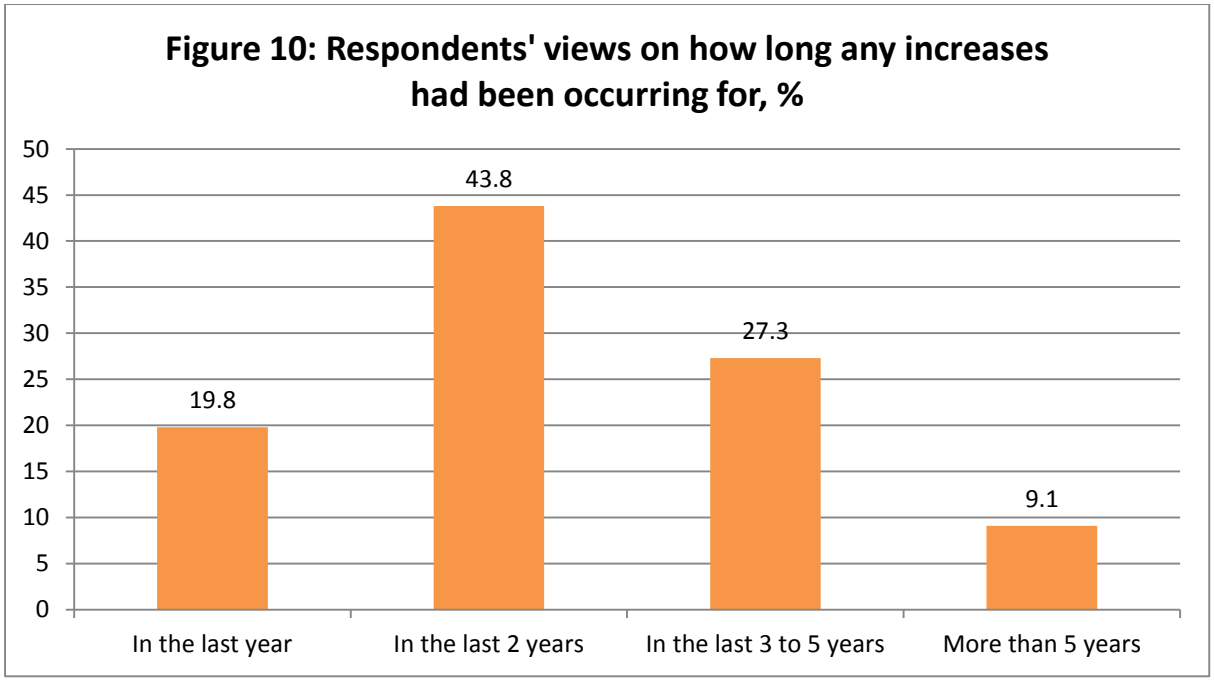
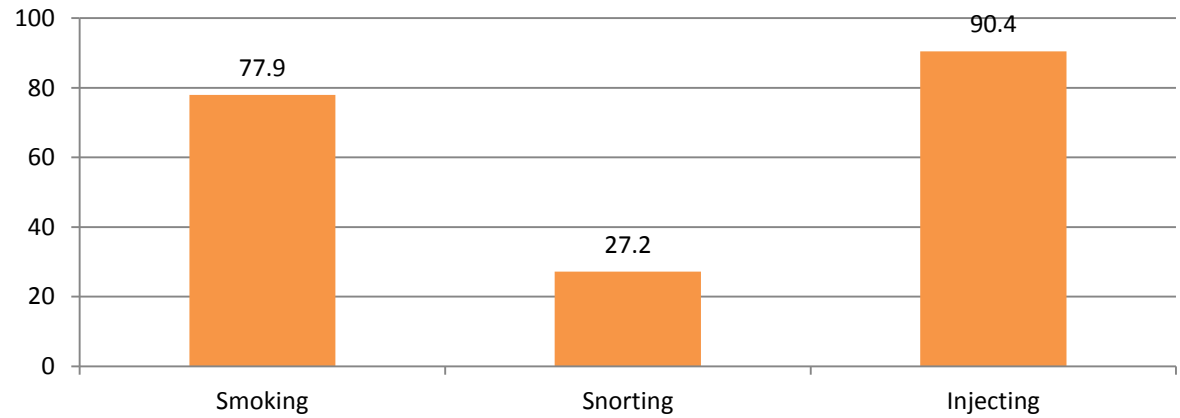


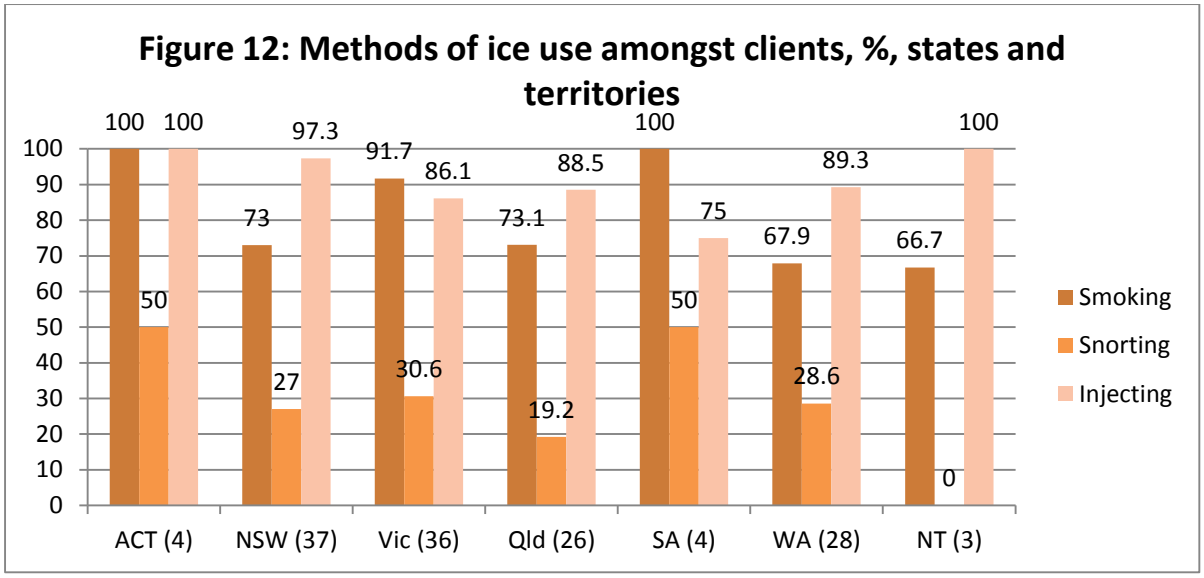
Table 5: Respondents' views on how long any increases had been occurring for, per cent, area types				
Area type	In the last year	In the last 2 years	In the last 3 to 5 years	More than 5 years
Urban (60)[a]	13.3	**43.3**	26.7	16.7
Rural (53)	22.6	**45.3**	28.3	3.7
Remote(16)	18.8	**68.8**	12.5	0
a. Numbers in brackets are the number of respondents who worked in each area type.				

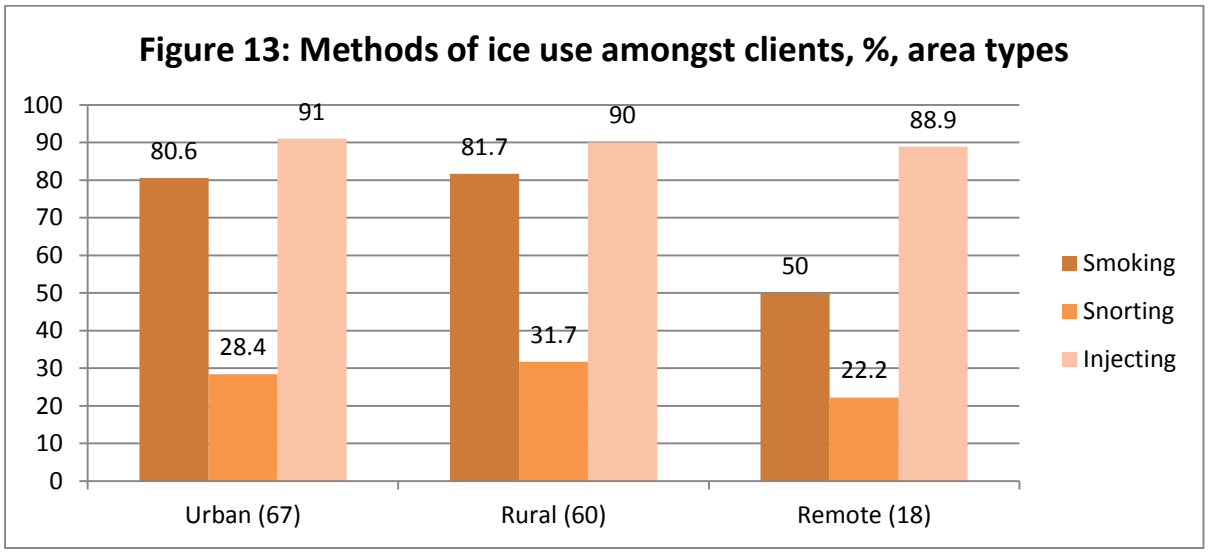
Table 6: Respondents' views on how long any increases had been occurring for, per cent, states and territories				
State/territory	In the last year	In the last 2 years	In the last 3 to 5 years	More than 5 years
ACT (3)[a]	**33.3**	**33.3**	**33.3**	0
NSW (39)	12.9	**38.7**	**38.7**	9.7
Vic (34)	20.6	**55.9**	20.6	2.9
Qld (23)	**39.1**	30.4	26	4.4
SA (3)	**33.3**	**33.3**	**33.3**	0
WA (26)	11.5	**42.3**	23	23
NT (3)	0	**100**	0	0
a. Numbers in brackets are the number of respondents who worked in each state or territory.				

Respondents were asked what techniques their clients used when using ice. Respondents could choose more than one option. Seventy-eight per cent stated their clients who used ATS smoked it; 27 per cent stated clients who used ATS snorted it; and 90 per cent stated clients who used ATS injected it (Figure 11; Figures 12 and 13 provide breakdowns by area type and jurisdiction). These figures may suggest that injecting is the primary or preferred method of use by many. This trend was reported in each of the three areas types, and in all jurisdictions other than Victoria, South Australia and the ACT (noting the small number of responses especially from the latter 2 jurisdictions). It should be noted, however, that it is not clear how many respondents worked at needle and syringe programs or other services which would be more likely to bring them into contact with people who inject drugs, than with those using drugs who do not inject.

Figure 11: Methods of ice use amongst clients, %



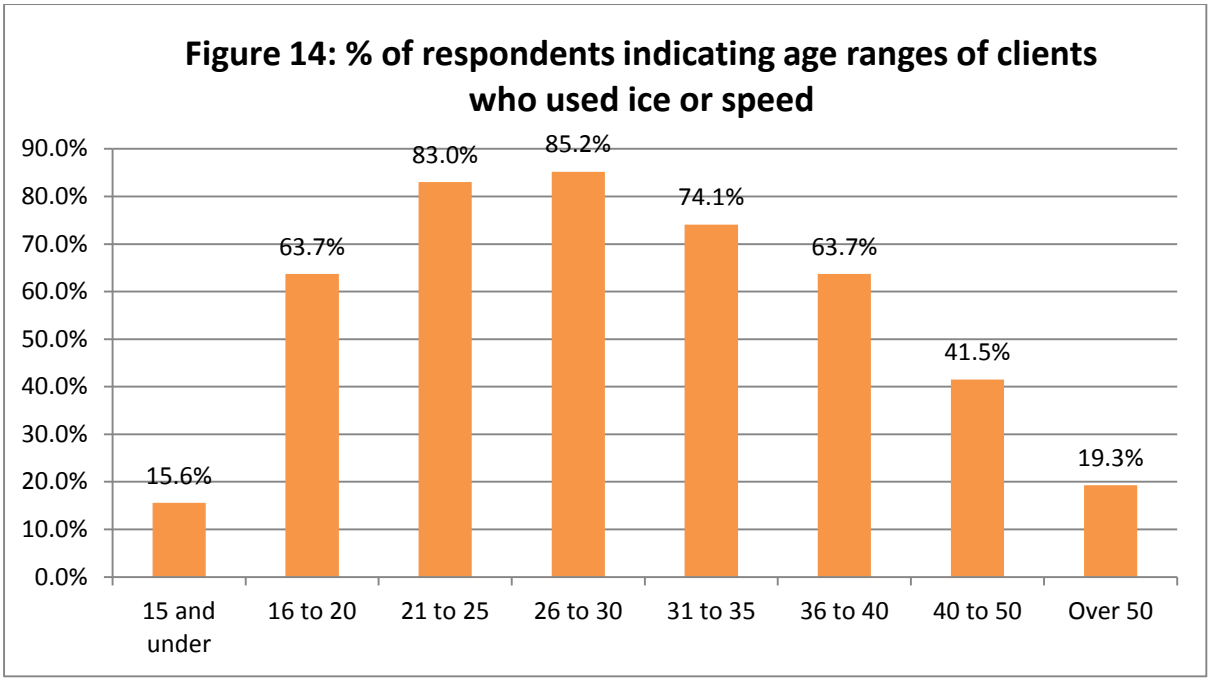




Numbers in brackets are the number of respondents who worked in each state or territory.

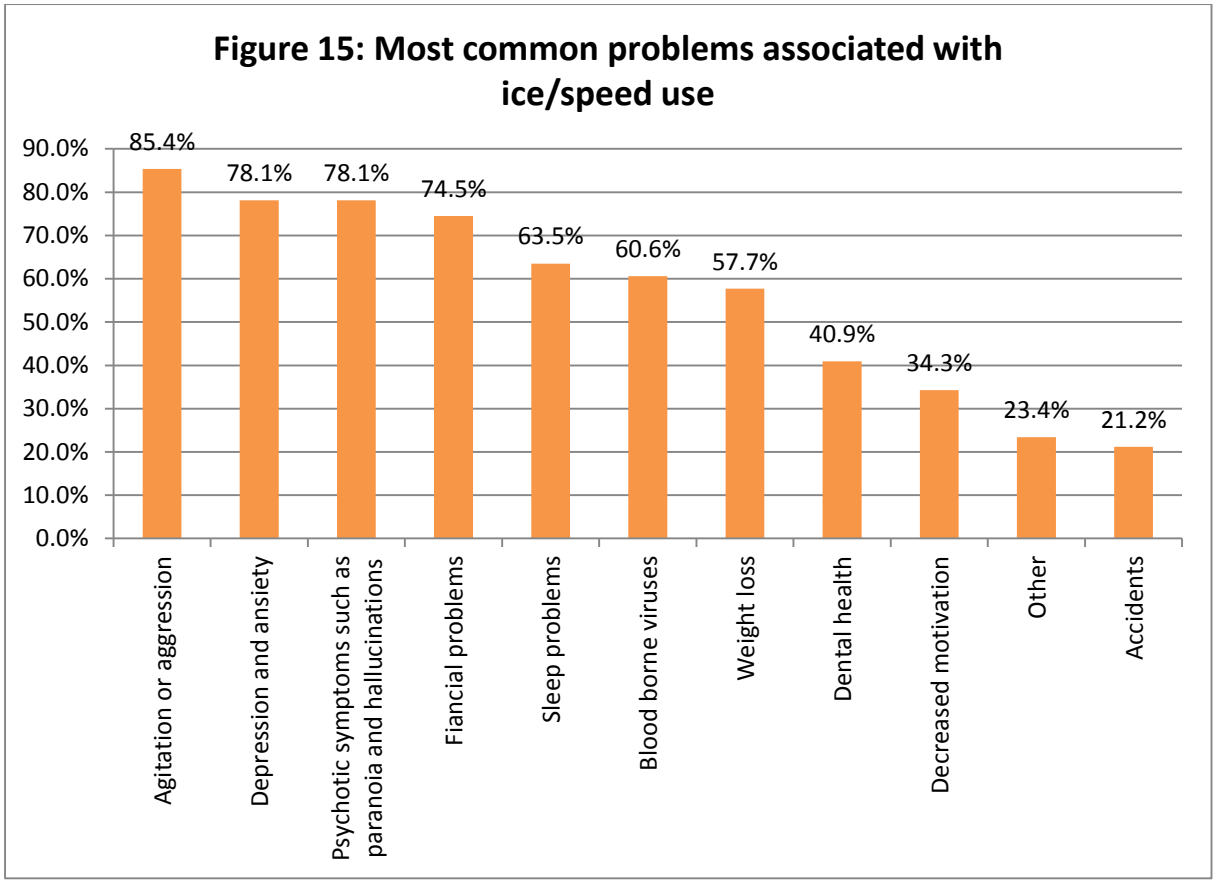
In the additional comments to this question, several respondents noted that ATS was also sometimes ingested. Two comments stated that smoking and injecting were the most common routes of administration, three comments noted that injecting was most common, and one noted that injecting was increasing. One comment stated that clients with a history of injecting drug use were the most likely to inject ATS.

Respondents were asked to indicate the age range of clients who used ice or speed, and could choose multiple options. Sixteen per cent indicated clients aged 15 and under; 64 per cent indicated clients aged 16 to 20; 83 per cent indicated clients aged 21 to 25; 85 per cent indicated clients aged 26 to 30; 74 per cent indicated clients aged 31 to 35; 64 per cent indicated clients aged 36 to 40; 42 per cent indicated clients aged 40 to 50 used; and 19 per cent indicated clients aged over 50 (Figure 14).



The additional comments may indicate that age groups using ATS differ by area or by the services accessed: two comments stated that use was primarily seen among young people; one stated an apparent increase in use among people over 50; and other comments noted clients using ATS were typically in their 20s, typically mid-thirties to mid-fifties, or typically under 45.

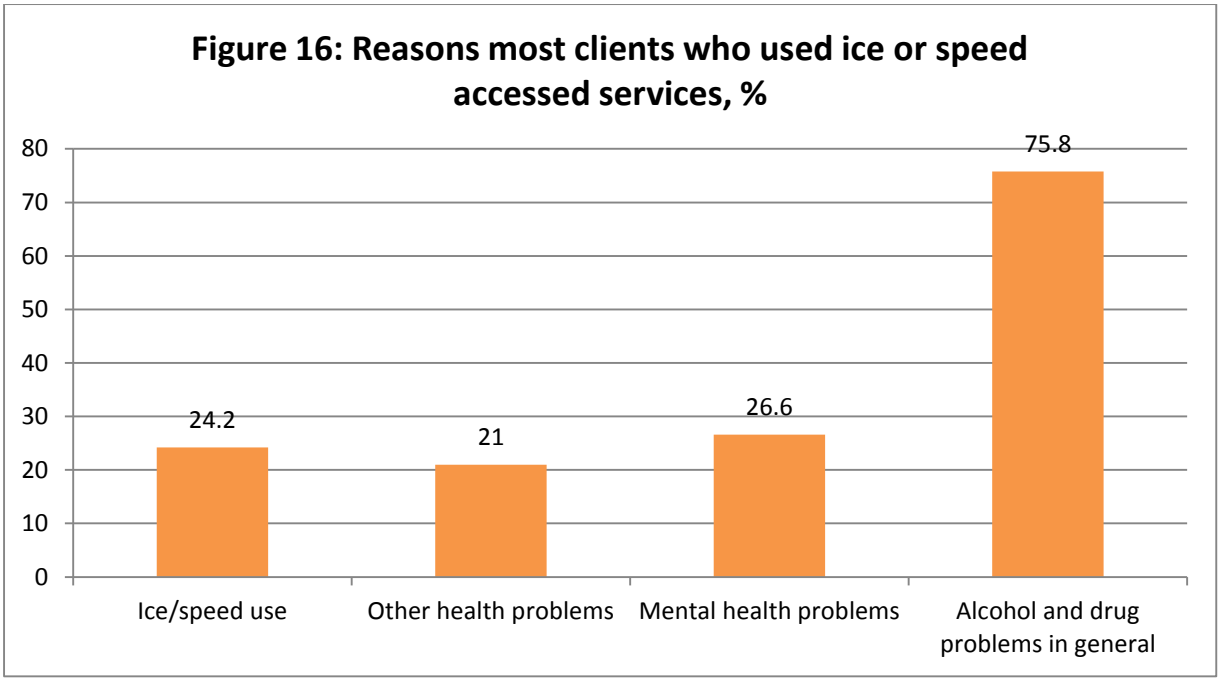
Respondents were asked what the most common problems associated with the use of ice or speed amongst their clients are. Eighty-five per cent indicated agitation or aggression; 78 per cent indicated depression and anxiety; 78 per cent indicated psychotic problems such as paranoia and hallucinations; 75 per cent indicated financial problems; 64 per cent indicated sleep problems; 61 per cent indicated blood borne viruses; 58 per cent indicated weight loss; 41 per cent indicated dental health problems; 34 per cent indicated decreased motivation; 21 per cent indicated accidents (Figure 15).



Of the 32 additional comments given in answer to this question, 13 noted that clients using ATS may become involved in criminal activity, leading to contacts with the justice systems or incarceration. Twelve of the responses stated that ATS use could be associated with family breakdowns or problems, such as domestic violence, child neglect, or child removal. Three responses noted that ATS use could be associated with increased sexual risk-taking or risk of sexual exploitation, and could also increase other risk-taking behaviour such as gambling, injecting of drugs, or driving while intoxicated. One response noted increased isolation, and another noted housing problems.

The survey asked for what reason clients who used ice or speed were accessing services. Twenty-four per cent stated that most accessed services for ice or speed use; 21 per cent stated most accessed services for other health problems; 27 per cent stated that most accessed services for mental health problems (38 per cent of those selecting this option worked at mental health services and another 31 per cent worked at an ACCHO or AMS); and 76 per cent stated most accessed services for AOD problems in general (Figure 16).

Of respondents who worked at ACCHOs/AMSs, 28 per cent said that most clients who used ATS accessed services for this use; 36 per cent said they accessed services for other health problems; 57 per cent said they accessed services for mental health problems; and 71 per cent said they accessed services for AOD problems in general.



Of the 34 additional comments provided in answer to this question, 17 stated that clients were often ordered or referred to them through the courts or sought help due to experiencing legal problems. Eight responses noted that clients accessed their services to obtain sterile equipment or other services provided by needle and syringe programs (e.g. harm reduction information), so that their contact was not necessarily made in response to having experienced any 'problem'. Four further responses stated clients came into contact with their service seeking other general support services, e.g. with housing.

Service provider information

Respondents were asked what type of services they provided to clients presenting with ice or speed-related issues. Seventy-four per cent stated they provide treatment and advice on site; 64 per cent stated they refer them to specialist treatment services; 33 per cent dispensed needle and syringes; and 73 per cent referred to support services (Figure 17; Tables 7 and 8 provide breakdowns by jurisdiction and area type). While respondents were not asked further about what sort of treatment was provided on site, additional comments provided in answer to this question noted that respondents' organisations provided a range of treatments or advice, including withdrawal services, counselling services, case management, residential rehabilitation, peer education, harm reduction information, mental health services, and general health services.

Among respondents who worked at ACCHOs/AMSs, 85 per cent stated they provide treatment and advice on site; 85 per cent that they refer clients to specialist services; 31 per cent that they provide needles and syringes; and 85 per cent that they refer clients to support services.

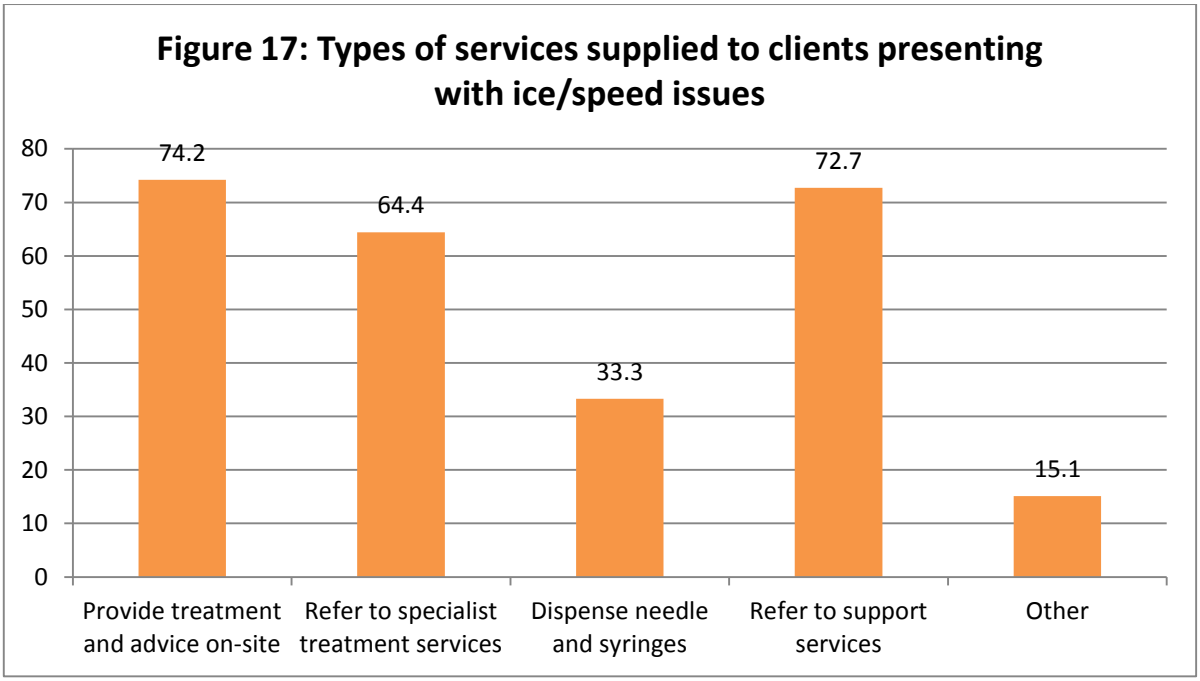


Table 7: Types of services supplied to clients presenting with ice/speed issues, per cent, by state/territory				
State/territory	Provide treatment and advice on-site	Refer to specialist treatment services	Dispense needle and syringes	Refer to support Services
ACT (4) [a]	50	75	0	100
NSW (37)	64.9	62.2	21.6	67.6
Vic (35)	85.7	65.7	48.6	77.1
Qld (24)	79.2	66.7	25	70.8
SA (3)	33.3	100	100	100
WA (28)	71.4	60.7	35.7	71.4
NT (3)	100	66.7	33.3	67.7

a. Numbers in brackets are the number of respondents who worked in each area state or territory.

Table 8: Types of services supplied to clients presenting with ice/speed issues, per cent, by area type				
Area type	Provide treatment and advice on-site	Refer to specialist treatment services	Dispense needle and syringes	Refer to support Services
Urban (66) [a]	78.8	62.1	37.9	69.7
Rural (56)	62.5	73.1	28.6	80.4
Remote(16)	82.35	64.7	47.1	76.5

a. Numbers in brackets are the number of respondents who worked in each area type.

Respondents were asked whether they felt they had enough resources, knowledge, and linkages to other services to assist clients with issues with ice or speed. Although 36 per cent said they did, 55 per cent also stated their service needed more resources; 31 per cent stated they needed more knowledge or guidance; and 34 per cent stated their service needed more linkages to other services (Figure 18; Tables 9 and 10 provide jurisdictional and area comparisons).

Figure 18: Respondents indicating a need for more resources, knowledge/guidance, service linkages, %

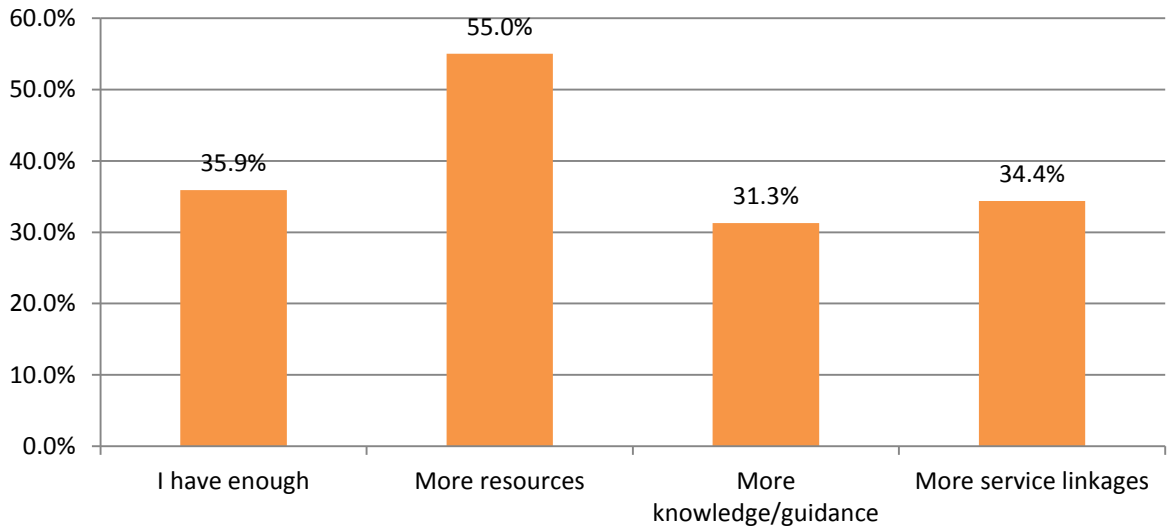


Table 9: Respondents indicating a need for more resources, knowledge/guidance, service linkages, per cent, area types

Area type	I have enough	More resources	More knowledge/ guidance	More service linkages
Urban (64) [a]	43.8	57.8	21.9	32.8
Rural (59)	33.9	47.5	35.6	39
Remote(16)	12.5	68.8	43.8	31.3

a. Numbers in brackets are the number of respondents who worked in each area type.

Table 10: Respondents indicating a need for more resources, knowledge/guidance, service linkages, per cent, states and territories

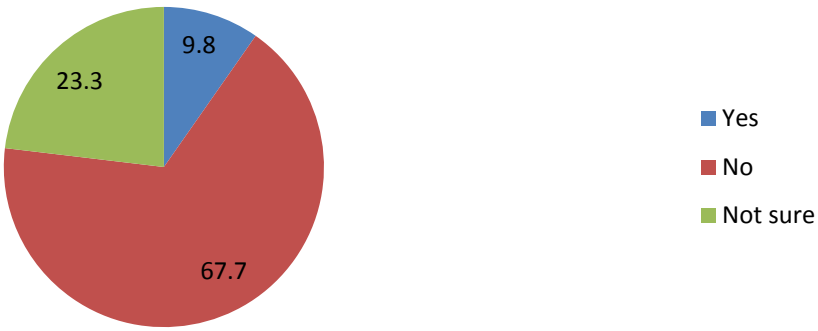
State/territory	I have enough	More resources	More knowledge/ guidance	More service linkages
ACT (4) [a]	50	75	25	50
NSW (37)	38.5	46.1	28.2	20.5
Vic (35)	37.1	65.7	28.6	34.3
Qld (21)	33.3	52.4	52.4	42.9
SA (3)	66.7	33.3	0	0
WA (28)	25	57.1	25	46.4
NT (3)	33.3	66.7	33.3	33.3

a. Numbers in brackets are the number of respondents who worked in each area state or territory.

Of the 28 additional comments supplied in answer to this question, 6 stated that their area needed more AOD-specific resources, such as rehabilitation centres or beds; and 6 stated that they needed more culturally-specific resources, such as culturally-appropriate programs, Aboriginal or Torres Strait Islander workers, or a setup that was welcoming to Aboriginal and Torres Strait Islander clients. Three responses noted the need for a better evidence-base surrounding what treatments (including pharmacological treatments) or supports could be effective for people who have problems associated with ATS.

The survey asked whether respondents thought there was enough information being made available to Aboriginal and Torres Strait Islander communities to ensure that people are aware of the risks and harms associated with ice and speed use. Ten per cent stated they thought there was; 68 per cent stated there was not; and 23 per cent were not sure (Figure 19). Additional comments in response to this question noted a need to lift levels of awareness of risks and harms associated with ATS use, as well as with injecting. Several noted that the information that was available to people may not be available in appropriate languages, or suitable in particular cultural contexts. Two responses raised the issue of whether greater efforts to promote awareness of risks and harms could have negative effects (e.g. promoting use).

Figure 19: Respondents' views on whether sufficient information is provided to Aboriginal and Torres Strait Islander communities on ice/speed harms and risks



A final question asked if respondents had any other thoughts on the topic they wished to provide, and there were 49 responses. Many of these responses expressed the need for action, and 16 expressed worries about both the short- and long-term effects of ice use on individuals and communities, some in very strong terms. These responses pointed to a range of specific potential problems, such as violence (including domestic violence), family breakdowns, blood borne virus transmission, incarceration, social and health issues, mental health problems, aggression, and dependence. Some also wrote in general terms of the potential destruction of lives and communities.

Eight responses noted the need for education. This included education for families of people who develop problems with ATS; education for communities in general, and children in particular, of the risks and harms associated with ATS; and education for those using ATS.

Six responses stated that there is a need for more detoxification/rehabilitation centres and beds.

Six responses stated the need for more resources in this area in general, including training for staff surrounding ATS.

Five responses noted a need to develop responses that are specific to ATS, given its differences from other drugs, with responses mentioning a need for ATS-specific treatment centres, pharmacotherapy options, and/or assertive outreach. Differences noted included its connection to aggression and that relapse interacts differently with treatment trajectory. Others noted a need for better knowledge about how to respond to ATS problems.

Six responses noted a need for Aboriginal and Torres-Strait Islander specific, culturally safe or culturally appropriate resources (including resources designed by Aboriginal and Torres Strait Islander people); as well as more Aboriginal and Torres Strait Islander health and AOD workers. Some of these comments stated that there are barriers to accessing treatment or support for many Aboriginal and Torres Strait Islander people.

A small number of respondents noted: a need for prevention, including by addressing underlying issues (psychological, social and economic); the use of ATS with alcohol or other substances, including substitution of alcohol upon addressing ATS use; dissatisfaction with law-enforcement-based responses to the use of ATS; or a belief that current worries about ATS use are an over-reaction.

Conclusions

This survey was intended as a consultation survey only, and therefore results should not be taken to be indicative of any general or specific population.

The results are however suggestive of some propositions which might be the topic of further research:

- ATS use may well be increasing amongst Aboriginal and Torres Strait Islander people (as well as other populations) in some areas.
- It is likely that prevalence and patterns of use differ by area.
- Many of those who use ATS may be injecting.
- ATS may be linked to a range of harms, including agitation or aggression; depression and anxiety; financial problems; psychosis; sleep problems; criminal activity; family breakdown or violence; and increased risk-taking behaviour.

- There appears to be much concern over levels of use, but also concern over the limitations on Australia's current responses. These limitations include lack of information and education about ATS use, lack of specialised treatment responses, shortfalls in treatment and harm reduction availability, shortfalls in staff numbers and training, lack of culturally-appropriate treatment, and barriers to accessing treatment particularly for Aboriginal and Torres Strait Islander people.

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