



## **Inquiry into Methamphetamine Use in Victoria**

### **Submission from AMA Victoria**

#### **Introduction**

AMA Victoria welcomes the opportunity to comment on the Inquiry into Methamphetamine Use in Victoria particularly in light of recently published academic research and anecdotal evidence obtained by AMA Victoria, which indicates that the harms arising from ice use are increasing.

Victorian doctors' experience suggests that ice use has been an escalating problem in Victoria over recent years with devastating results. New policies are needed to limit these trends and their impact across society.

#### ***Forms of methamphetamine***

Methamphetamine is a stimulant drug available in a number of different forms. Powder form, traditionally known as 'speed', is usually of low purity and can be snorted, injected or taken orally. Methamphetamine base, a damp oily substance, is of higher purity and is typically injected. Crystalline methamphetamine (crystal or "ice") is methamphetamine in its purest form and is usually smoked or injected.

Methamphetamine can produce an initial sense of well-being and euphoria. It heightens confidence and alertness but intoxication leads to agitation. Pseudoephedrine, available from pharmacies as a symptomatic treatment for the common cold, is the usual base for the illicit manufacture of methamphetamine.

#### ***Concerns***

Most of the health problems related to methamphetamine use occur among those who have become dependent on the drug. Risk factors for dependence include smoking, injecting and frequent use, especially in those taking pure forms that produce a more intense high.

Dependent methamphetamine users often experience serious mental health problems, with common features including agitation or aggression, depression and anxiety, impaired concentration and motivation, and psychosis. These features sometimes, but not always, improve with abstinence.

Dependent users can also have poor physical health including insomnia, poor appetite, weight loss, palpitations, nasal problems (related to snorting) and injecting site abscesses.

Methamphetamine-induced psychosis is of particular concern to the medical profession, with paranoia and hallucinations being prominent clinical features of psychotic episodes. Anecdotal evidence from AMA Victoria members indicates that this is an ongoing concern among Victorian doctors.



Psychotic episodes may arise from methamphetamine use and may arise in people with vulnerabilities, but they also occur in people who are psychologically robust. The risk for the latter group is dose and frequency dependent.

Many users require hospitalisation for their own safety or the safety of others, and require high intensity management by Emergency Department (ED) staff and mental health teams and services.

Other methamphetamine related problems include social isolation, family disruption and relationship problems, and financial problems. Injecting users are at risk of blood-borne virus infections or unplanned pregnancy. Many crimes and acts of violence are understood to be methamphetamine related.

### ***Evidence of methamphetamine use in Victoria***

The findings of a recent study in the Medical Journal of Australia have been well-publicised.<sup>1</sup> The report outlines that ambulance call-outs to ice users have tripled in two years and harm from ice has risen higher than the previous peak in 2006. While overall meth and amphetamine use remains stable in the general population, ice use is rising among some groups of existing drug users.

The MJA study found that from 2009/10 to 2011/12, meth and amphetamine-related ambulance attendances in metropolitan Melbourne doubled (from 445 to 880 cases), mostly due to rising ice-related attendances (from 136 to 592 cases). The reasons for ambulance call-outs ranged from anxiety, paranoia or hallucinations to physical health problems, such as high heart rates, palpitations, gastrointestinal symptoms or injury resulting from assault, self harm or accidents.

The report also found that in 2011/12, the rate of people seeking meth and amphetamine-related treatment was two to three times higher than in 2009/10, for both face-to-face treatment, including counselling and withdrawal programs, and telephone counselling.

Anecdotal evidence from Victorian doctors suggest that ice use appears most often among those from lower socio economic backgrounds and that young males from a variety of ethnic backgrounds are commonly presenting at hospitals with methamphetamine-related issues.

These patients have often taken ice in combination with alcohol and heroin, which has the potential to involve medical and behaviour issues: they can become aggressive, overactive, confused and unsure of what they are doing, which requires expert management by hospital and ED staff.

An additional consequence is that hospital waiting rooms are frequently occupied by 'gangs' or ethnic-related groups, which are connected with the patients presenting with methamphetamine-related issues.

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<sup>1</sup> Trends in amphetamine-related harms in Victoria, Cherie Heilbronn, Caroline X Gao, Belinda Lloyd, Karen Smith, David Best and Dan I Lubman, Med J Aust 2013; 199 (6): 395.



### ***Consequences of methamphetamine use***

The consequences of methamphetamine impact across society, which is why methamphetamine use is an urgent and pressing public health problem.

Methamphetamine is usually taken in a home environment with friends, often before going out to socialise, and use is known to straddle all social groups. Users appear to underestimate the risks of dependence and their health consequences.

Information obtained by AMA Victoria also suggests that some patients with ADHD are reportedly using methamphetamine to 'self-medicate' and manage their condition; however, by doing so, they are at risk of schizophrenia-like psychosis. AMA Victoria members have stated that these patients can be better treated with specific medication prescribed by a psychiatrist, but access to these treatments is limited by the fact that they are not subsidised by the PBS.

### ***Treatment options for severe methamphetamine dependence***

The Royal Australasian College of Physicians has noted that the absence of an effective pharmacological treatment for severe amphetamine dependence leaves an important gap in the potential treatment options. The withdrawal and abstinence syndrome can be protracted, with sleep, for example, being disrupted for a long time. It can therefore present a major challenge to health services.

Urgent research is needed to develop a suitable treatment and management options for methamphetamine dependence. Secure environments are needed to provide physical and emotional safety for both patients and staff.

### ***Impact on health services***

As outlined above, many of those who are agitated or psychotic are also heavily intoxicated with alcohol, increasing the risks of aggression towards staff and creating clinical management challenges. Presentations related to amphetamines are typically of high acuity, result in prolonged length of stay in the ED and consume considerable resources. A significant proportion will require sedation and intensive nursing, medical and security inputs to manage them safely.

Amphetamine users frequently re-attend EDs, and it can take several days to differentiate between an amphetamine induced psychosis and exacerbations of other psychiatric conditions such as schizophrenia.

For those who do present at hospitals for methamphetamine psychosis, not all need the high intensity care available by admission as an inpatient. It is possible that many patients who are agitated rather than psychotic can be managed more appropriately in a low intensity environment rather than admitting them to hospital or police custody.



## **Recommendations**

A range of targeted strategies, including a comprehensive public education program on the health and social consequences, are needed to reduce harmful effects of methamphetamine use. Public policy should provide for generic programs aimed at young people.

EDs and other health care facilities must be adequately staffed to ensure personal safety at all times. Acute management of patients is best handled by a multidisciplinary emergency team including emergency physicians, nurses and security staff as required; optimal support is provided by a multidisciplinary team with specialist training in addiction medicine.

Behavioural Assessment Rooms (BARs) are an effective facility in which to treat these patients in a specific environment by specially trained staff, where patients can be calmed down and the effect on other patients and staff can be minimised. BARs have been used with effect at St Vincent's Hospital in Melbourne and are being introduced at the Western Hospital in Sunshine.

Access to pseudoephedrine-based medications should be tightly regulated, with strict control of quantities supplied, in accordance with therapeutic standards and professional guidelines. Accordingly, we support the inclusion of pseudoephedrine in Schedule 3 and Schedule 4 of the national Standard for the Uniform Scheduling of Medicines and Poisons and related requirements under the Victorian Drugs and Poisons regulations.

At the same time, it is important that government funding facilitates widely available education and training opportunities for health professionals responsible for managing patient access to pseudoephedrine-based medications, including doctors, pharmacists and pharmacy support staff; educational seminars and training courses can help to prevent inappropriate, supply, misuse and diversion of these medicines in the community.

In the experience of AMA members, GPs are a preferred source of help for many methamphetamine users and early intervention within primary care may help prevent dependency and the onset of more serious health consequences. However, the vast majority of GPs are neither in contact with the police nor with specialist drug agencies.

There should be a sustained investment in the training of GPs on how best to engage drug users and in the application of evidence-based brief motivational interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug related harm. GPs also need to have a range of options for referral of methamphetamine users.

There is a need for further research into the best treatments for those with severe methamphetamine dependence, and into the needs of patients with methamphetamine related problems presenting to EDs and their accommodation requirements. Low intensity supervised hostel-type accommodation may be suited to the needs of medically stable but agitated users who are not psychotic, rather than admitting them to hospital or police custody.



Methamphetamine should never be referred to in the media as a 'recreational', 'soft' or 'party' drug.

Strong law enforcement policies are needed to limit the supply of methamphetamines in the community and to reduce the serious and wide-reaching harms of ice use in Victoria.