



PATTERNS OF USE AND HARMS ASSOCIATED WITH SPECIFIC POPULATIONS OF METHAMPHETAMINE USERS IN AUSTRALIA - EXPLORATORY RESEARCH

QUALITATIVE RESEARCH REPORT

Prepared for Department of Health and Ageing – Market Research Unit

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Notes on Research

Qualitative Research Methods

Qualitative research deals with relatively small numbers of consumers and explores their in-depth motivations, attitudes, feelings and behaviour. The exchange of views and experiences among participants is relatively free flowing and open, and as a result often provides very rich data that can be broadly representative of the population at large.

The findings are not based on statistics. They are interpretive in nature, and are based on the experience and expertise of the researchers as they analyse the discussions.

Drug Names

Throughout this report, the term methamphetamines is used when referring to the whole group of drugs (speed, base and ice). Where findings relate specifically to one form of methamphetamine, the name of the drug is clearly stated.

Indigenous Research

The research among Indigenous Australians was undertaken by the Cultural and Indigenous Research Centre of Australia (CIRCA). Due to their specialty in the area, Blue Moon regularly partners with CIRCA for work among Indigenous target audiences.

Many of the research findings among Indigenous audiences were consistent with other target audiences. However, due to differences in recruitment processes, and in the primary qualitative methodology and research instruments used compared to the main sample, a more detailed section based on a report from CIRCA has been included as a discrete section in this document. This section on Indigenous issues will allow ease of use by Indigenous specific policy areas of the Department. Specific differences that existed among Indigenous audiences that compliment or were very different from the other target audiences have been incorporated in the main body of this document.

Supplementary Report

A supplementary report that enables the findings to be accessed by each target audience independent of the other has been prepared. This supplementary report provide a summary of each target group in a discrete section. As many of the findings are the same across target groups, this report is not designed to be read in its entirety.



TABLE OF CONTENTS

| | | |
|----------|---|-----------|
| 1 | EXECUTIVE SUMMARY | 7 |
| 1.1 | Background to the Research..... | 7 |
| 1.2 | Research Overview..... | 7 |
| 1.3 | Broad Influences on Methamphetamine Use in Australia..... | 8 |
| 1.4 | Behavioural Contexts of Methamphetamine Users | 8 |
| 1.5 | Risks And Harm Prevention | 12 |
| 1.6 | Treatment And Support Services | 13 |
| 1.7 | Developing Targeted Interventions | 15 |
| 1.8 | Recommendations | 16 |
| 2 | BACKGROUND TO THE RESEARCH | 20 |
| 2.1 | Methamphetamines in Australia | 20 |
| 2.2 | Background to this Research | 21 |
| 3 | RESEARCH OBJECTIVES | 23 |
| 4 | METHODOLOGY | 24 |
| 4.1 | Overview | 24 |
| 4.2 | Stage 1: Research with Stakeholders and Service Providers | 24 |
| 4.3 | Stage 2: Research with Target Audiences | 25 |
| 4.4 | Recruitment..... | 28 |
| 4.5 | Learnings from Recruitment..... | 29 |
| 4.6 | Discussion Areas | 30 |
| 4.7 | Research Timing..... | 30 |
| 5 | UNDERSTANDING THE BROAD CONTEXT OF METHAMPHETAMINE USE | 32 |
| 5.1 | Knowledge of and Attitudes to Different Methamphetamines..... | 32 |
| 5.2 | Geographical Differences..... | 35 |
| 6 | SPECIFIC TYPES OF METHAMPHETAMINE USERS AND BEHAVIOURAL CONTEXTS | 37 |
| 6.1 | Overview of Behavioural Contexts and Target Audiences | 37 |
| 6.2 | Social Use..... | 38 |
| 6.3 | Functional Issues | 45 |

| | | |
|-----------|--|-----------|
| 6.4 | Dependent Users | 50 |
| 7 | POLY DRUG USE | 54 |
| 8 | SEX AND RELATIONSHIPS | 56 |
| 9 | INFORMATION SOURCES | 57 |
| 9.1 | Social Users | 57 |
| 9.2 | Functional Users | 58 |
| 9.3 | Dependent Users | 59 |
| 10 | RISKS AND HARM PREVENTION | 61 |
| 10.1 | The Comedown..... | 61 |
| 10.2 | Risks Associated with the Different Methamphetamines..... | 62 |
| 10.3 | Awareness of Risks Associated with Different Methamphetamines..... | 63 |
| 10.4 | Risks Associated with Methods of Administration | 65 |
| 10.5 | The Risk of Law Enforcement | 66 |
| 10.6 | Relevance of Risks and Preventing Harm..... | 67 |
| 11 | TREATMENT AND SUPPORT SERVICES..... | 71 |
| 11.1 | Awareness and Knowledge of Treatment and Support Services | 71 |
| 11.2 | Attitudes to Treatment and Support Services..... | 72 |
| 11.3 | Indigenous Issues on Treatment and Support Services..... | 74 |
| 11.4 | Motivations and Barriers to Accessing Treatment Services | 74 |
| 12 | DEVELOPING TARGETED INTERVENTIONS..... | 79 |
| 12.1 | Attitudes to Different Types of Support Options | 79 |
| 12.2 | Considerations for Targeted Interventions | 81 |
| 13 | METHAMPHETAMINE USE AMONG INDIGENOUS COMMUNITIES | 85 |
| 13.1 | Methodology | 85 |
| 13.2 | Patterns of Use | 86 |
| 13.3 | Motivators | 89 |
| 13.4 | Knowledge of the Risks and Harm Associated with Methamphetamine Use | 92 |
| 13.5 | Treatment..... | 94 |
| 13.6 | Information, Treatment and Support | 96 |

14 SUMMARY AND RECOMMENDATIONS 98

14.1 Key findings for Social Users 98

14.2 Social User Recommendations 102

14.3 Key Findings for Functional Users 105

14.4 Functional User Recommendations 108

14.5 Key findings for Dependent Users..... 113

14.6 Dependent User Recommendations 115

14.7 Indigenous User Recommendations 117

APPENDICES
A: RESEARCH INSTRUMENTS
B: REFERENCE LIST



LIST OF TABLES AND FIGURES

| | |
|--|----|
| Table E1: Summary of target audiences across behavioural contexts | 12 |
| Table 1: Final sample of stakeholder and service providers..... | 24 |
| Table 2: Differences between Proposed and Final Samples | 26 |
| Table 3: Final group sample of methamphetamine users..... | 27 |
| Table 4: Final in-depth interview sample of methamphetamine users..... | 28 |
| Table 5: Target audiences and behavioural contexts | 38 |
| Table 6: Summary of social user sub groups across target audiences | 44 |
| Table 7: Summary of functional user sub groups across target audiences | 49 |
| Table 8: Summary of dependent user sub groups across target audiences..... | 53 |
| | |
| Figure 1: Perceived differences in the three identified forms of methamphetamine | 33 |
| Figure 2: Perceptions of forms of methamphetamine on a linear scale of purity | 33 |
| Figure 3: The actual linear scale purity..... | 34 |
| Figure 4: Social user sub groups..... | 39 |
| Figure 5: Functional user sub groups | 46 |
| Figure 6: Dependent user sub groups | 51 |
| Figure 7: Source of information for functional users | 59 |
| Figure 8: Risks and awareness associated with methods of administration..... | 66 |
| Figure 9: Attitudes to treatment and support services | 72 |
| Figure 10: Key motivations for seeking treatment and support | 76 |

1 EXECUTIVE SUMMARY

1.1 Background to the Research

Since the 1990s, two significant changes to the manufacture and supply of amphetamines increased the already high levels of concern about the epidemic levels of use of the drugs among young people in Australia. The first involved a shift in manufacture and supply away from amphetamine to the more potent methamphetamine, and the second saw the emergence of crystalline methamphetamine (commonly known as ice or crystal meth). The introduction of ice increased harms for existing users and resulted in an increase in the uptake of smoking methamphetamine among the broader group of 'recreational' drug users. These changes have resulted in methamphetamines now being the second most commonly used illicit drugs in Australia.

In response to this, the Australian Government established the National Psychostimulants Initiative in order to develop a range of coordinated interventions aimed at addressing prevention, treatment, harm and supply reduction of psychostimulants, including methamphetamines. The Department of Health and Ageing (the Department), together with the Expert Reference Group (ERG) that advises on the National Psychostimulants Initiative, have identified a number of sub groups that evidence suggests would particularly benefit from the development of targeted strategies for information provision, treatment and other interventions. These include the gay, lesbian, bisexual and transgender (GLBT) community, regular rave / dance party attendees, Indigenous people, those living in rural and regional areas, workers in particular industries (such as long-haul truck drivers, construction, hospitality), young people aged 16-24 years, and university students. Qualitative research was commissioned among methamphetamine users from these target audiences to inform the development of targeted interventions, resources and support.

1.2 Research Overview

The research program consisted of an initial phase of research involving 16 in-depth interviews with stakeholder organisations and 2 group discussions with relevant service providers. Following this a second phase of research was conducted among the target audiences. This involved 34 discussion groups and 18 in-depth interviews with the target audiences. Twelve of the in-depth interviews were conducted with Indigenous Australians. The group discussions were segmented to ensure coverage of each target audience, frequency of methamphetamine use, gender, and location. The qualitative research was conducted in metropolitan areas of South Australia and Western Australia, and both regional and metropolitan areas of New South Wales, Victoria and Queensland.

1.3 Broad Influences on Methamphetamine Use in Australia

The research identified two broad influences on methamphetamine use that underpin the usage behaviours of all target audiences. The first of these involved the knowledge and attitudes users have toward the three different forms of methamphetamines – speed, base and ice. Users consistently agreed with official definitions that highlight the differences in purity of the three forms of methamphetamines. Many associated speed and base with lower risks of using due to lower levels of purity. However, descriptions of what was available and being used as speed and base indicated the permutations of methamphetamines being produced; in reality do not fit established perceptions and definitions. Many people are using drugs much stronger, and closer to ice in purity levels than they believe.

The second key influence was the differences in reported availability of forms of methamphetamine across geographic areas of Australia. This appeared to impact on the extent to which the different forms of methamphetamines are used. In some areas it was claimed that ice was the primary methamphetamine available and used, while in others it was base. In some, it was claimed that powdered speed was impossible to get, while in other regions all three forms of methamphetamines were reportedly available. These differences in availability and supply, and subsequently what is used, were exacerbated in regional and rural communities. It was also found that 'base' was called by a different name in some states. Users in South Australia referred to it as 'meth', and in Victoria many called it 'smokable speed'.

1.4 Behavioural Contexts of Methamphetamine Users

Discriminating factors between different methamphetamine users relate more to behaviour and motivation for use, rather than purely demographic factors. This was consistent across all the target audiences involved in the research, and resulted in three distinct behavioural contexts emerging.

Social Users

Social users are primarily motivated to use methamphetamines by the drugs' ability to reduce inhibitions. Users claimed to experience enhanced confidence, increased ability or motivation to converse with others, enhanced energy, alertness and greater physical sensation. There are a number of common behavioural characteristics that define social users that are distinct from other user groups. Methamphetamines are always used in association with parties, clubs, social events and gatherings which involve others. The experience is considered one to share, with use alone frowned upon. Social users place definable parameters around their drug intake to ensure use is kept under control. These parameters are what they perceive clearly differentiates their responsible use of drugs from those who develop a dependence, and ensure their drug use continues to be low risk.

Young people aged 16-24 years, university students, rave partiers, gay, lesbian and bisexual users, rural and regional, and general users aged 25 years or more, were the primary target audiences using methamphetamines in the social behavioural context. Social use also occurred across workers in the construction, labouring and hospitality industries to a lesser extent.

Social users of methamphetamines are able to be further segmented into four distinct sub groups based on their attitudes and behaviour towards use of ice. The first of these, 'Ice Blockers', do not use ice despite using other methamphetamines on a regular basis when going out to clubs, pubs and dance venues. This sub group tends to fear ice due to either perceived side effects or the potential for easy addiction.

The second social sub group, 'Ice Dabblers', use ice opportunistically when it is offered to them by others at locations such as house parties after a night out. It is not their drug of choice, they would prefer other drugs including other forms of methamphetamine, nor is it one they would actively seek. Often they have a low regard for ice comparative to other drugs, but as they tend to be receptive to taking almost any drug in a social situation, they will use it when offered by their peers. Poly drug use is common among this group, however use of ice is usually only occasional compared to other drugs.

'Ice Celebrators' were the third social sub group identified. This sub group consists of those social users who consciously limit their ice usage to special, infrequent occasions, although they may or may not use other drugs on a regular basis. As they plan their ice use ahead of time, Ice Celebrators typically purchase ice themselves rather than rely on the drug being offered to them.

The final social sub group of 'Ice Preferrers' are the social users who claim ice as their drug of choice. While they may use other drugs occasionally, ice is the primary drug they seek for use in a social context. Unlike other social users, Ice Preferrers do not regularly use the drug in the context of going out to clubs and so on. They tend to use in a house party situation, where circulating the ice pipe results in intense conversation and shared experiences with an 'inner circle' of friends. As it is their drug of preference, Ice Preferrers usually have some on hand, resulting in increased frequency of ice use in comparison to other social user sub groups.

Functional Users

Functional use of methamphetamines is associated with achieving a specific task, often in the context of employment. The key motivation is the enabling effect of the drugs. Methamphetamines are used to enhance confidence, alertness, concentration, motivation, energy and stamina, or ability to suppress appetite for weight loss, depending on the nature of the task. Unlike social users, functional users are less inclined to acknowledge the illicit nature of methamphetamine use. Many justify their drug taking to themselves by seeing it as a 'means to an end'.

Functional use of methamphetamines appears to be widespread across a number of industries, including both unskilled and semi-skilled roles. Functional users are found in the trades and construction, labouring, driving, hospitality and sex workers, as well as in more professional roles such as IT, management, finance, and in the area of health. Some university students also use methamphetamines in this context. Speed and base are the common choice of methamphetamine used in this behavioural context due to the longer lasting, lower intensity effects of these two drugs compared to ice.

Users in a functional context can be segmented into three sub groups. The first of these, 'Manic Mondays', are social users who have experienced a lapse in discipline. Drug taking continues to be very much a social activity to undertake with friends. The key difference that exists between the Manic Mondays sub group and social users is the former's use of drugs to get through the first day of the working week. This usually occurs when the social occasion lasts longer than expected and users allow themselves to break one of their own rules of not using at work. This user group can encompass any one of the target audiences involved in the social use of speed, base or ice.

The next functional sub group, 'Slippers', are functional users who regularly use methamphetamines to get through the working day or a specific task. They typically evolve from Manic Mondays. After having used drugs once or twice at work with no repercussions, their attitudes and behaviours become increasingly comfortable with more regular, mid-week use. This sub group includes the same target audiences as Manic Mondays (any of the social using groups).

The final functional sub group, 'Workers' differ greatly from others within this behavioural context. Workers use methamphetamines almost exclusively for functional reasons, usually for improving performance on the job, rather than as part of social interactions. The key distinction between Workers and other functional user groups is that they are more self-permitting of their own usage behaviour. For this sub group, their drug use is often perceived as a 'necessity' for keeping their job, not as something that could potentially cause job loss. Anecdotal evidence indicated that drug use was accepted, even encouraged, by a small minority of employers.

Dependent Users

Users in the dependent behavioural context demonstrated an uncontrollable, compulsive craving for either the drug, or the act of taking the drug (particularly injecting) that prompted their next act of using. The primary motivators for this group include the temporary escape that methamphetamine use allows from mental and lifestyle problems, the sense of 'normality' that they perceive use as providing, and for many injectors, the psychological fulfilment gained from using the needle. Frequency of use among dependent users may range from 3-4 days per week to several times per day. The more pure forms of methamphetamines such as base or ice are generally preferred.

The dependent behavioural sub group includes a broad cross section of society. Where some respondents in the dependent behavioural context are from low socio-economic or unemployed backgrounds, others work in skilled and semi-skilled employment, for example, clerical positions, nursing, IT, and finance. Based on differences in demographics, poly drug behaviours, attitudes toward ice and mode of administration, three behavioural sub groups of dependent users were identifiable.

Two of the sub groups, 'Meth Devotees' and 'Ice Zealots', are similar in many ways. These two sub groups regularly use methamphetamines, but never heroin. The majority of respondents in these two sub groups claim to be employed, and their drug use is often highly confidential. However, differences between the two sub groups do exist. Meth Devotees claim to have used methamphetamines for a long time and often regard these drugs in the same way others regard their 'morning coffee' – as a necessary pick me up in the morning. They have a preference for speed or base, are usually injectors, and rarely use in a social context. This group often relate their dependent use to a trauma or other instance in their life where they allow their personal parameters on usage to slip.

In contrast, Ice Zealots regularly use in a social context as well as frequently alone. Their preference is for ice over other methamphetamines, and the primary mode of administration is smoking. Dependency appears to be more of a gradual slide from social smoking to more regular, solitary use. They are regular poly drug users.

The final dependent sub group, 'Heroin Co-Dependents', represent the extreme of all methamphetamine users. Drug use is frequently alone and often several times a day. They are distinguishable from other dependent groups by their current or past use of heroin and heroin replacement therapies. In groups, Heroin Co-Dependents often rationalised their motivation for using methamphetamines as inherently linked to the psychological fulfilment of injecting, rather than the effects of the drug itself. This motivation is not found among other groups with injectors. After this, the motivation for use of methamphetamines is often due to the poor availability or quality of heroin. This group prefer base and ice, however, Heroin Co-Dependents are the least discriminatory of all user groups concerning their choice of methamphetamines.

Summary Table of Behavioural Contexts and Target Audiences

The table below (Table E1) provides an overview of how the target audiences for the research fall into these behavioural contexts.

Table E1: Summary of target audiences across behavioural contexts

| | SOCIAL | | | | FUNCTIONAL | | | DEPENDENTS | | |
|-----------------------------|----------|-------------|---------|------------|---------------|----------|---------|-------------|---------------|----------------------|
| | BLOCKERS | CELEBRATORS | DABLERS | PREFERRERS | MANIC MONDAYS | SLIPPERS | WORKERS | ICE ZEALOTS | METH DEVOTEES | HEROIN CO-DEPENDENTS |
| Young (18-24) | Red | | Red | Blue | Blue | | | | | |
| Uni Students | Red | | Red | Blue | | Blue | | | | |
| Rave Partiers | Blue | Blue | Red | Blue | | Blue | | | | |
| General (25+) | Blue | Red | Red | Red | Blue | Blue | | Red | Red | Red |
| GLBT | Blue | Blue | Red | Red | Blue | Blue | | | | |
| Drivers | | | | | | | Red | | Blue | |
| Construction / labor | | | Blue | Blue | Blue | Blue | Red | Blue | Blue | |
| Hospitality | | | Blue | Blue | Blue | Blue | Blue | | | |
| Rural / regional | | | Blue | Red | Blue | Blue | | | | |
| Sex workers | | | | | | | Red | | Blue | |

Key: Red shaded boxes indicate the target audiences where usage was most prevalent. Blue shaded boxes indicate where target audiences also used in this context, but to a lesser extent.

1.5 Risks And Harm Prevention

While all users groups readily associated the comedown from drugs as a negative aspect to the experience, this was seen much like a 'hangover' that needed to be managed rather than risks of drug taking. Social users tend to find means of managing a comedown that does not involve making use of methamphetamines. Often they will use marijuana or alcohol. Among functional and dependent users, the effects of a comedown were often what prompted the next use.

Users tended to identify similar risks across all methamphetamines. However, due to their lower levels of purity, speed and base were considered significantly lower risk to use regularly than ice.

The risks identified can be divided into three categories - societal, mental health, and physical. Both short term and long term risks are found in these three categories and awareness of different risks was relatively consistent across users in all behavioural contexts. The exception to this was the risks associated with different methods of administering methamphetamines. While a number of risks were associated with injecting, by both those who did use intravenously and those who did not, there were few risks associated with smoking, ingesting or snorting, even by those who used these methods regularly.

While all users might be aware of a large number of risks, the perceived relevance of these to themselves related strongly to the behavioural context in which they use methamphetamines. Social and functional users only see short term risks as relevant to themselves and have the perception that long term risks only occur to people who



use methamphetamines very frequently over a longer period of time. That is, to dependent users. Users in the social and functional behavioural contexts believe that the self-imposed parameters they place on usage are actually responsible use of drugs, and minimises any chance of long term harm. They do not see themselves as at risk of addiction or other long term risk as long as they stay within these self-imposed boundaries.

Law enforcement was seen more as a nuisance rather than a deterrent to drug use. It was claimed to impact more on specific groups such as ravers, gay men, regional and rural users, and functional users whose occupation involved driving, such as taxi and truck drivers, than other target audiences. Often the risk of law enforcement resulted in a change of strategy of using rather than being a motivation to discontinue use.

1.6 Treatment And Support Services

Awareness, knowledge and attitudes

Awareness and knowledge of treatment and support services relate to the three different behavioural contexts. As social and functional users have the perception that they are responsibly using drugs within certain boundaries, they believed they have little need for knowledge of treatment and support services. As such, users in both these behavioural contexts found it difficult to identify treatment and support services outside of emergency services, and services like detox and rehab, and Narcotics Anonymous (NA).

Short term emergency services are reportedly used for isolated, one off instances caused by accident or acute incident from drug use in a social situation. In contrast, services such as detox and rehab are perceived as being for when long term, serious intervention in drug use is required. That is, for people dependent on drugs.

Attitudes to treatment and support services reflect the knowledge gap in treatment and support services. This in turn has implications for interventions that aim to target social and functional users who are contemplating ceasing drug use. On the one hand they identify that short term emergency services are not applicable for their needs, but on the other hand, they are only aware of services that they perceive are for people who are dependent or addicted to drugs. This then makes these services seem irrelevant to their needs.

It is not surprising that methamphetamine users will initially attempt to cut back or to stop using altogether by themselves when they make the choice to do so. Firstly, they will attempt to not use the drug at occasions they would otherwise do so, and should this fail, they will attempt to remove themselves from the situations where they would use methamphetamines altogether. This was more difficult among target audiences where social networks are smaller, such as rural and regional, gay, lesbian and bisexual, and Indigenous communities. Similarly, it is a difficult method for Workers in a functional behavioural context as removing themselves from situation where they would normally use, could cause job loss.

Motivations

Motivations for trying to cut back or give up use of methamphetamines differ between the behavioural contexts of drug use. The key motivation for social users is when they recognise that they are staying within the ring to the self imposed boundaries that they believe define responsible use. Identifying risks such as violence and relationship difficulties can trigger the desire to cut back on use, and in many cases, a gradual cessation of use altogether.

These motivations also apply to Manic Mondays and Slippers although the potential for loss of employment is a key motivator to these sub groups. In contrast, potential loss of employment is a barrier to stopping use for the Workers sub group. The fear of being close to dependency and its possible consequences, such as a loss of family as well as employment, may provide motivation for some Workers. However, the key motivator for this group will be assurance of continued employment despite stopping use.

Dependent users identify key motivations for seeking assistance as problems with the law, or pressure from family or friends. Those who had experienced treatment previously identified these as possible motivations.

Barriers

The barriers for social users accessing treatment and support services, should they begin to contemplate stopping use of methamphetamines, are numerous. The most critical of which is the perceived relevance of such services. Quite simply, they perceive that treatment and support is only for '*junkies*' - those who have hit rock bottom - and as they have little awareness of any assistance available apart from 'detox' and 'rehab', services are usually not thought of as relevant. While other barriers do exist, such as fearing loss of anonymity, these are secondary to perceived relevance.

Functional users share similar barriers to social users, however key to this group is the fear of loss of employment. As they also see the only options of treatment and support as 'detox and rehab', they perceive that they would need to take an extended period off work to attend. For some Workers where use is encouraged, even expected, by either the industry or their employer, stopping use and having to take time off to receive treatment would directly jeopardise income.

For dependents who had already experienced some form of treatment or support, failure of success previously was the primary barrier to trying again. Most identified lack of support after detox and rehab as the cause of beginning to use again.

A number of advantages and disadvantages to potential treatment and support options were cited. Online channels, telephone services and GPs were considered as potentially useful. Firstly, to assess whether the user needed to seek further assistance, and then secondly, to provide a referral to an appropriate service. Different

types of counselling - one-on-one, group, online or telephone - were generally rejected as only being really suitable for people who needed long term intervention and support with emotional issues of which drug use was a symptom. These did not fulfil the type of information, treatment or support that the social and functional user may consider.

1.7 Developing Targeted Interventions

Development of targeted interventions should take into account both the motivators and barriers to seeking treatment that are specific to each behavioural group. This would involve a two sided approach to the development of strategies that aims to increase perceived need among users, as well as increasing awareness of appropriate support options.

Increasing perceptions of need

Increasing perceptions of the need for treatment and support among social users could be one of *reinforcement* and *challenge*. Information will only be credible if the risks they see around them are reinforced, rather than risks they do not identify as happening. Examples include the potential of violence for either themselves or others, for accidents when pushing physical limits too far through extreme actions, and relationship difficulties. There is also the potential to educate social users on new risks that they might not be aware of such as the physical risk associated with ingesting base (usually considered a benign method of use). In addition to reinforcing risks, social users could be motivated to contemplate their drug use by challenging how well they are managing the self imposed control parameters they place on themselves to ensure responsible use. This could involve asking social users to self assess on how well they are maintaining the boundaries they have established to differentiate themselves from dependents.

A similar approach to raising perceptions of need could be used for Manic Mondays and Slippers, as they are also using in social situations. However, this should also include greater emphasis on the potential for loss of employment. The functional sub group of Workers will need a different approach. This group may respond better to intervention strategies if they are able to be *reassured* that treatment and support does not have to interfere with maintaining employment. If this is achieved, they may respond to being challenged with the reality of how frequently they are taking drugs and how close to dependency this is.

Dependent users, who do not use heroin, fear that treatment and support will require them to go cold turkey. As such, they will respond to approaches that do not demand this. The ideal for dependent users would be the availability of a methamphetamine alternative, so they could 'wean' off the drug over time. In lieu of this, services that understand this fear, and aim to assist them to continue to function 'normally' without methamphetamines

would be beneficial. As with Workers, many will respond better to services that cater for the fact that they are still doing 'normal' things like maintaining employment despite their drug use.

Increasing awareness of support options

The perception of existing services could be addressed for all groups. Critical to this will be raising awareness of information, treatment and support that is available besides detox and rehab, and before people hit 'rock bottom'. This should assist in services being perceived as more relevant for social and functional users, providing for interventions before these groups drift into dependent use.

Communicating with users

Targeted interventions may need to involve both information and more active interventions. Standard information channels, such as mainstream media, outdoor and convenience channels at places frequented by target audiences, and specifically targeted media, such as street press, could be used to communicate both motivating messages and raise awareness of appropriate services. Users could also use some of these channels, with the addition of the Internet, as a means to prompt self-assessment. Strategies to minimise harm and movement to dependency, along with methods to assist in the self-help approach to cessation of use, could also be delivered via the Internet. This channel would be appropriate as users currently make use of it to search for information on how to manage harms or in the chemical make up of the drugs.

Active interventions that force compliance could be undertaken, particularly in the functional category. Similarly, diversionary programs may have some impact among target audiences with smaller social networks, such as in regional and rural communities and some Indigenous areas.

1.8 Recommendations

A summary of key findings and recommendations for each behavioural user group can be found in Section 14 of this report. The following is a brief overview of these.

There are a number of factors to take into account when developing treatment and support interventions for the target audiences. Firstly, it will be important to recognise that heavier use of methamphetamines does not always relate to use of ice and that speed and base are at times the preferred methamphetamine among heavier or regular users. Secondly, while users do differentiate speed and base from ice in terms of purity and potency, there are a number of permutations of methamphetamines available in reality that are much stronger than many users of speed and base may expect. However, to raise this in the minds of younger users would lessen the effect that the recent ice campaign has had on preventing young people from beginning to use ice.

For users in the social and functional behavioural groups, it will be important to adopt a two-sided approach to the development of interventions. The first should aim to increase the motivations for seeking treatment, and the other should aim at eliminating awareness and perceptual barriers of available information, treatment and support services. Interventions that aim to raise the perceived need and motivations for seeking treatment will be more likely to be considered relevant and credible if the unique attitudes to, motivators for, and barriers to seeking treatment of each behavioural group are taken into account.

The overall approach to motivating social users to cease use of methamphetamines should aim to minimise harms and prevent dependency through information and support activities. The vast majority will not find messages that aim to prevent use through highlighting extreme risks credible, and will disregard information that attempts to highlight these. Similarly, they will disregard information that offers support and treatment through formal services as irrelevant. Instead they will respond to information that encourages them to self-assess and contemplate whether they are maintaining the boundaries that they impose upon their drug use. Most believe (and many will) that they will discontinue use of methamphetamines when their lifestyles change.

Motivating functional users (particularly Workers) will require messages that reassure users about their ability to maintain employment when ceasing use. Once this is done, Workers may be able to be challenged about their frequency of use, therefore motivating them to give up. For both these user groups, providing information that gives tips and hints designed to assist users as they try and give up themselves, prior to accessing any formal services, would be useful.

The second approach for social and functional users should aim to eliminate awareness and perceptual barriers to treatment. These groups do not see current services as appropriate for their needs. Identifying services that fill the perceived gap between short term emergency and 'detox and rehab' will assist.

Standard public information channels, including mainstream media and target audience specific media sources, would be useful to raise awareness about appropriate services. Many of these information channels would also be effective in disseminating motivating communications to target audiences, however, may not be appropriate for information that aims to minimise harms. This type of communication may best be distributed through targeted channels, where only the related demographic audiences will be exposed to the information. For example, the Internet could be a highly effective tool to prompt users to self-assess and provide knowledge that will assist in minimising harm and movement to dependency.

Workers from particular industries that use in a functional context, may benefit from more active interventions by employers and relevant industry bodies. Examples include, activities in workplaces such as industry applied drug testing (particularly relevant for drivers), and industry specific support information.

The recommendations for targeting dependent users highlight the need for an assessment of current drug support and treatment services. It was identified that there is a need for services that are designed more specifically for dependents that use only methamphetamines (and maybe other psychostimulants), but are not co-dependent on heroin. It was a general perception across all user groups (social, functional and dependent) that current drug support and treatment services are not designed to provide the support and assistance that people who use methamphetamines require. A more detailed understanding of whether this is accurate should be gained.

