



# 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.



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# 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
<b>Young (18-24)</b>	Red		Red	Blue	Blue					
<b>Uni Students</b>	Red		Red	Blue		Blue				
<b>Rave Partiers</b>	Blue	Blue	Red	Blue		Blue				
<b>General (25+)</b>	Blue	Red	Red	Red	Blue	Blue		Red	Red	Red
<b>GLBT</b>	Blue	Blue	Red	Red	Blue	Blue				
<b>Drivers</b>							Red		Blue	
<b>Construction / labor</b>			Blue	Blue	Blue	Blue	Red	Blue	Blue	
<b>Hospitality</b>			Blue	Blue	Blue	Blue	Blue	Blue		
<b>Rural / regional</b>			Blue	Red	Blue	Blue				
<b>Sex workers</b>							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.



## BACKGROUND AND METHODOLOGY



## 2 BACKGROUND TO THE RESEARCH

### 2.1 Methamphetamines in Australia

Amphetamines have been a feature of drug use in Australia for a number of years, with concern about the levels of use among young people first raised in the mid to late 1980s. The 1990s brought significant changes in the nature of amphetamine use in Australia, and has resulted in larger numbers of people becoming regular or occasional users.

Firstly, there was a change in the manufacture and supply of amphetamine to the more potent chemical derivative of methamphetamine, which now accounts for over 90% of all amphetamines seized in Australia<sup>1</sup>. Compounding this was the introduction of crystalline methamphetamine (commonly known as ice or crystal meth) into the Australian market in the late 1990s. The introduction of ice has been strongly associated with increased harms among existing users of methamphetamines<sup>2</sup>, and the take up of smoking methamphetamine among a broader group of 'recreational' drug users<sup>3</sup>. At the same time that crystalline methamphetamine emerged on the Australia drug market, domestically produced methamphetamines began to be marketed as high purity damp or oily powder called 'base'<sup>4</sup>.

All forms of methamphetamines can be used administered using a variety of methods, the most common of which include snorting, swallowing, smoking through to injecting. Methamphetamines are usually sold in the quantity of a 'point', which is approximately 0.1 grams of 'base' or 'ice', or half-to-one gram of the low purity powdered 'speed'<sup>5</sup>

These changes in manufacture and supply have resulted in methamphetamines being the second most commonly used illicit drugs used in Australia today, with almost one in ten Australians (9.1%) having ever tried methamphetamines. To some extent, these statistics disguise the prevalence of methamphetamine use among younger Australian. The 2004 National Drug Strategy Household Survey<sup>6</sup> found that one in five (21.1%) Australians aged 20-29 years claimed to have methamphetamines in their lifetime. Some 10.7% reported doing so within the past 12 months<sup>7</sup>.

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<sup>1</sup> McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007.

<sup>2</sup> Topp, et al, 2002 cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>3</sup> McKetin, R., et al, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>4</sup> McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>5</sup> McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>6</sup> Australian Institute of Health and Welfare, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>7</sup> All figures quoted are drawn from McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007.



According to the National Drug Strategy Household Surveys, undertaken every three years, the lifetime and current prevalence of methamphetamine use has not changed significantly since large increases were first reported in the mid to late 1990s<sup>8</sup>. However, data sourced from Australian Crime Commission's Illicit Drug Data Report from 2000 to 2006 indicate increases in methamphetamine related arrests from approximately 8,000 in 1999 to almost 10,000 in 2004. Similarly, hospital admissions due to the use of stimulants (other than cocaine) increased from approximately 7,000 to just under 10,000 in the same period<sup>9</sup>.

## 2.2 Background to this Research

These increasing rates of methamphetamine related problems, and increases in use of other psychostimulants in Australia, highlighted the need to develop coordinated, complementary and innovative interventions focused on the use of these drugs. To this end, the Australian Government allocated over \$15 million to the National Psychostimulants Initiative from 2003-4 to 2009-10. Measures taken under the initiative aim to address prevention, treatment, harm and supply reduction of psychostimulants, including methamphetamine.

One of the difficulties facing the National Psychostimulants Initiative is that it is difficult to define the typical characteristics of methamphetamine users given the significant number of people (estimated at around 1.5 million<sup>10</sup>) who have tried the drugs. Regular users, those that use the drug at least monthly, can vary from highly functional young 'new' users and 'recreational' users from a range of demographic backgrounds, through to chronic dependent users who are more likely to be injecting drug users, possibly from low socio economic backgrounds and with a range of comorbid mental and physical health problems<sup>11</sup>.

A number of surveys of methamphetamine users have identified that the majority are young adults who are socially networked with other users of the drug<sup>12</sup>. These studies also identify that regular users are often dependent on government allowances or, if they are employed, are in a variety of non-skilled and semi-skilled occupations. One of these studies highlights that while highly educated people in high-level management and professional occupations may use methamphetamines, they are usually under-represented in surveys due to the way in which they are conducted<sup>13</sup>.

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<sup>8</sup> Australian Institute of Health and Welfare, 1999, 2002, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>9</sup> McKetin, R., 2007 in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>10</sup> Australian Crime Commission, 2000-2006, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>11</sup> McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>12</sup> Lynch *et al.*, 2003, McKetin *et al.*, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

<sup>13</sup> McKetin *et al.*, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

The Department of Health and Ageing, in consultation with the Expert Reference Group (ERG) that has been engaged to advise the Department National Psychostimulants Initiative, identified a number of sub-groups of methamphetamine users that it is believed would benefit from targeted approaches to information, treatment and other interventions. These groups (the 'target audiences') include, but are not limited, to:

- the gay, lesbian, bisexual and transgender community (GLBT);
- regular rave / dance party attendees;
- Indigenous people;
- those living in rural and regional areas;
- workers in particular industries, eg long-haul truck drivers, construction, hospitality
- young people aged 16-24 years;
- university students; and
- general users, including occasional/recreational users (people aged 25+ years)



### 3 RESEARCH OBJECTIVES

The overall objective of this research was to assist in the development of targeted interventions, resources and support by identifying patterns of use and harms associated with methamphetamine use among specific groups in Australia.

To achieve this, the research sought to conduct a full exploration of the different target audiences':

- patterns of use, including social contexts and drug use practices;
- motivations for use;
- knowledge of risks and harms associated with use including the perceived severity of risks;
- awareness, attitudes and behaviour with regards to harm reduction practices;
- awareness of and attitudes toward treatment and support services including Needle and Syringe Programs, peer education and so on;
- behaviour with regard to treatment and support options; and
- barriers and motivators to seeking treatment.

## 4 METHODOLOGY

### 4.1 Overview

The research involved a two stage qualitative methodology. The initial stage involved research among stakeholders and service providers and consisted of 2 group discussions and 16 in-depth interviews conducted face-to-face or by telephone. A second stage of research among methamphetamine users from the target audiences followed. This comprised 34 small group discussions and 18 face-to-face or telephone interviews. Twelve of these interviews were with Indigenous Australians. Each small group discussion comprised between 4-7 respondents and was of approximately 1½ hours duration.

### 4.2 Stage 1: Research with Stakeholders and Service Providers

The research objectives outlined above were consistent across both stages. In addition, the initial research among stakeholders and service providers sought to:

- gain stakeholder feedback on the broad approach to discussions and methodology with the target audiences;
- apply any learnings that stakeholders and service providers may have in dealing with methamphetamine users; and
- gain feedback on the proposed sample structure.

The final sample of stakeholders and service providers is described in the table below.

**Table 1: Final sample of stakeholder and service providers**

GROUP / DEPTH	ORGANISATION	NO. OF RESPONDENTS	LOCATION	STATE
Group 1	Service providers, needle and syringe program managers and pharmacists	6-8	Sydney	NSW
Group 2		6-8	Melbourne	VIC
Depth 1	Alcohol & Other Drugs Council of Australia	1	Canberra*	ACT
Depth 2	Australian Users Leagues	4	Canberra	ACT
Depth 3		1	Perth*	WA
Depth 4		1	Sydney	NSW
Depth 5	State based AIDS Councils	1	Perth*	WA
Depth 6		1	Brisbane*	QLD
Depth 7		1	Hobart*	TAS
Depth 8	State & Territory AIDS and Hepatitis Councils	1	Darwin*	NT
Depth 9		1	Cairns*	QLD
Depth 10	Rural and Regional AOD Treatment Centres	1	Hope Forest*	SA
Depth 11		1	Armadale*	WA
Depth 12		1	Orange*	NSW
Depth 13		1	Metro and Regional	NSW, SA, WA
Depth 14	1			
Depth 15	1			
Depth 16				

\* Interviews conducted by phone



As main findings from the stakeholder research were later validated through group discussions with target audiences, these have not been reported on separately. However, stakeholders made a number of recommendations in regard to the structure of the sample among target audiences, including:

- having injectors and non-injectors in different groups;
- recruiting on the basis of concern levels about use of ice;
- incorporating sex workers in the sample; and
- incorporating high end professionals in the sample, for example people working in financial services and banking.

As a result of the stakeholder research, all groups were subsequently recruited on levels of concern over use of ice. Sex workers were included in the sample either as specific in-depth interviews or as respondents in the group discussions. Recruitment of high end professionals was attempted, however this proved difficult due to potential respondents' concerns for their anonymity<sup>14</sup>. As such, the resulting discussion groups targeting professionals consisted of respondents on medium to high incomes. Due to the range of variables used in the discussion group segmentation, it also proved to be a difficult task in recruitment to have completely separate groups of injectors and non-injectors. Sections 4.4 and 4.5 discuss recruitment Issues encountered throughout recruitment more detail.

### 4.3 Stage 2: Research with Target Audiences

The proposed sample comprised 36 small group discussions consisting of 4-6 respondents among the target audiences, and 12 individual or paired depth interviews with users among the Indigenous population conducted by the Cultural and Indigenous Research Centre of Australia (CIRCA). The sample proposed was segmented according to target audience, frequency of methamphetamine use, gender, and state. The final sample included 34 small group discussions and 18 in-depth interviews with a similar distribution across groups of target audiences, frequency of use, gender and state as that proposed.

The table below illustrates the differences in these variables between the proposed sample and that achieved.

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<sup>14</sup> Given the difficulties in targeting this group in this study and in the methodology used in other community surveys (McKetin, R. *et al*, 2005 cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007), some consideration should be given to other methods of encouraging participation should further research among this audience be undertaken.

**Table 2: Differences between Proposed and Final Samples**

TARGET AUDIENCE			STATE/ TERRITORY		
	PROPOSED	ACHIEVED		PROPOSED	ACHIEVED
Gay, lesbian, bi-sexual and transgender	4	4	NSW	9	8 + 4 depths
Regular rave / dance party attendees	4	3	SA	6	6
Mix rave party attendees / young people / uni students	3	3	WA	8	8 + 1 depth
Workers in particular industry	9	7 + 1 depth	VIC	9	8
Young people aged 16-24	4	4	NT	4	0
University students	3	4	QLD	0	4
General (including occasional / regular) and those over 25 yrs	5	6			
Rural / regional	4	3 + 4 depths			
Professionals	0	3			
Sex Workers	0	1 depth			
Indigenous	12 depths	12 depths			
FREQUENCY OF USE**			GENDER#		
	PROPOSED	ACHIEVED		PROPOSED	ACHIEVED
Heavy - several times a month	13	13 + 2 depths	Males	15	12 + 3 depths
Regular - at least once a month	10	10 + 2 depths	Females	12	10 + 3 depths
Occasional - less than once a month	9	10 + 2 depths	Mix males/ females	9	12
Stopped using – not within the last 3 months	4	1			

Tables 3 and 4 (below) show the final sample.

**Table 3: Final group sample of methamphetamine users**

GRP	TARGET AUDIENCE	USAGE	CONCERN	GENDER	LOCATION	STATE
1	Gay, under 30's	Heavy	Not concerned	M	Metro	NSW
2	Rave party attendees	Regular	Not concerned	M	Metro	NSW
3	High-end professionals	Occasional	Mix	M	Metro	NSW
4	Construction	Regular	Mix	M	Metro	NSW
5	Hospitality	Heavy	Occasional	F	Metro	NSW
6	Young	Occasional	Concerned	F	Metro	NSW
7	Uni students, 18-21	Regular	Not concerned	Mix	Metro	NSW
8	General	Occasional	Mix	Mix	Metro	NSW
9	Gay	Heavy	Not concerned	F	Metro	SA
10	General	Heavy	Not concerned	M	Metro	SA
11	Truckies, construction, hospitality (older)	Regular	Not concerned	M	Metro	SA
12	Professionals	Regular / Occasional	Mix	F	Metro	SA
13	Young, Uni students, Rave party attendees	Regular	Not concerned	Mix	Metro	SA
14	General (incl. sex workers)	Heavy	Not concerned	F	Metro	SA
15	Gay	Regular	Mix	F	Metro	VIC
16	Rave party attendees	Occasional	Not concerned	Mix	Metro	VIC
17	Rural / regional	Occasional / Heavy	Not concerned	Mix	Regional	VIC
18	Rural / regional	Occasional / Heavy	Mix	Mix	Regional	VIC
19	General	Not any more	Not concerned	M	Metro	VIC
20	Young	Regular	Not concerned	M	Metro	VIC
21	Uni students	Heavy	Mix	M	Metro	VIC
22	General	Heavy	Mix	F	Metro	VIC
23	Hospitality	Regular	Mix	Mix	Metro	WA
24	Professionals	Occasional	Mix	Mix	Metro	WA
25	Drivers / construction / labour	Heavy	Mix	M (one F)	Metro	WA
26	Young	Occasional	Concerned	Mix	Metro	WA
27	General	Heavy	Not concerned	F	Metro	WA
28	Young, Uni students, Rave party attendees	Occasional / Heavy	Concerned	Mix	Metro	WA
29	University / TAFE students	Occasional	Not concerned	F	Metro	WA
30	Gay	Regular / heavy	Concerned	M	Metro	WA
31	Construction / labour / hospitality	Occasional	Mix	Mix	Regional	QLD
32	Young, Uni students, Rave party attendees	Occasional	Concern	F	Regional	QLD
33	General	Regular	Not concerned	M	Metro	QLD
34	Rave party attendees	Heavy	Not concerned	Mix	Metro	QLD



Table 4: Final in-depth interview sample of methamphetamine users

ID	TARGET AUDIENCE	USAGE	CONCERN	GENDER	STATE
1	Rural / Regional	Heavy	Not concerned	M	NSW
2	Rural / Regional	Heavy	Not concerned	M	NSW
3	Rural / Regional	Occasional	Concerned	F	NSW
4	Rural / Regional	Not any more	Concerned	F	NSW
5	Taxi driver	Regular / Heavy	Not concerned	M	WA
6	Sex worker	Regular / Heavy	Concerned	F	QLD
ID	TARGET AUDIENCE	USAGE	AGE	GENDER	LOCATION
7	Indigenous	Regular / Heavy	18-27	M	Illawarra, NSW
8				M	
9				M	
10				M	
11				F	
12				F	
13			32-36	M	Western Sydney, NSW
14				M	
15				F	
16			28-34	M	Inner Sydney, NSW
17				M	
18				F	

#### 4.4 Recruitment

The primary recruitment strategy used was to identify potential respondents through accredited recruitment specialists and then to use the technique of ‘snowballing’. This involves recruiters identifying people who may know other people who fit the profiles of the target groups. Once identified, the nature of the study is explained and they in turn are asked to approach others who fit the profiles of the people required in the sample. Blue Moon has used this technique successfully in the past on a number of projects involving users of illicit drugs.

Another method used by some recruiters was to contact organisations that offer support and assistance for drug users. This method is useful for reaching groups such as intravenous drug users. However, it does have the limitation of only targeting those who have already sought some assistance or support for their drug use. Despite these strategies, a number of difficulties were encountered during recruitment. These in turn resulted in the changes (described above) that were made to the proposed sample.

The first difficulty was recruiter reluctance. In contrast to previous research undertaken with users of illicit drugs, many recruiters were unwilling to approach people on the topic of methamphetamines, particularly when the example of ice was given as a potential drug that could be used. This reluctance was based on:

- a perception by many that all methamphetamine users are ‘junkies’;

- an unwillingness to ask people on their database due to anticipated negative reactions; and
- general fear of encountering people who use methamphetamines, particularly by those that held the groups in their offices.

The second difficulty encountered through recruitment was a greater reluctance by respondents to admit to their use of methamphetamines, particularly ice, than that previously experienced with research among users of other drugs. Many tended to fear loss of anonymity by attending groups and this made the use of snowballing difficult. This fear was exacerbated among the target groups where the social network was smaller and there was greater potential of respondents encountering someone they already knew or may meet in the future. This was also the primary driver of changing the location of the proposed Northern Territory groups to Queensland.

Recruitment in Indigenous communities was just as difficult. In previous research among users of illicit drugs, CIRCA had successfully recruited respondents through rehabilitation centres, Aboriginal Medical Services, youth workers, Indigenous researchers and their network of community organisations. These recruitment channels did not prove effective for users of methamphetamines, with a number of barriers identified.

Firstly, there was little awareness with Indigenous researchers and community organisations of methamphetamine use. Secondly, recruitment through Aboriginal Medical Services was not possible due to:

- concerns of anonymity;
- the need for ethics approval by some services; and
- indications from stakeholders that Indigenous users of methamphetamines were likely to be accessing mainstream services rather than Indigenous services due to the stigma associated with methamphetamine, specifically ice, use in their communities.

All research among Indigenous users was undertaken in urban areas, as opposed to also incorporating respondents from rural and regional areas. The sample was changed as research among stakeholders indicated uncertainty about the prevalence of methamphetamine use in regional, rural and remote locations. Stakeholder perceptions of use outside of urban areas tended to be anecdotal and were unable to be substantiated when organisations were contacted to assist in recruitment.

#### 4.5 Learnings from Recruitment

In contrast to previous research among users of illicit drugs, the reaction of recruiters illustrated a greater stigma held among the general public towards ice users, which also extends to users of other methamphetamines. Later group discussions indicated that methamphetamine users recognise this public perception, resulting in a reluctance to discuss use of the drugs with those outside the 'social' using circle. There was also some indication

during recruitment that the use of snowballing was made more difficult by the fact that heavier users tend to disguise the extent of their use even from those within their 'social' circle.

#### 4.6 Discussion Areas

Semi-structured discussion guides were developed for use in both stages of the research to ensure that all the issues were covered in every interview. The use of semi-structured guides allows the respondents themselves to dictate the flow of discussions with guidance from the moderator, rather than the questions being administered in the question/response format common in quantitative research.

A separate but similar guide was prepared for the Indigenous target group. All discussion guides are appended (Appendix A). Each guide was approved by members of the Department prior to use.

#### 4.7 Research Timing

The initial research stage among stakeholders and service providers occurred between 10-21 September, 2007. The majority of fieldwork among the target audiences was conducted between 2-23 October, 2007. The fieldwork concluded with a small number of Indigenous interviews on 5 November, 2007.

## DETAILED FINDINGS



## 5 UNDERSTANDING THE BROAD CONTEXT OF METHAMPHETAMINE USE

Some broad influences that influence all the target groups were identified in the research. These can be categorised into two areas:

- 1 Knowledge of and attitudes to different methamphetamines; and
- 2 Geographical differences.

Each of these influences are discussed in detail below.

### 5.1 Knowledge of and Attitudes to Different Methamphetamines

Official definitions of the three main forms of methamphetamines - speed, base and ice / crystal meth – often clearly differentiate the drugs in terms of appearance and purity of methamphetamine. 'Speed' is commonly identified as white powder and is recognised as similar to the drug consisting of amphetamine sulphate which was available prior to the relatively recent growth of methamphetamines in Australia. While it is recognised that what is known as speed currently consists of methamphetamine, it is generally regarded as having low levels of purity (about 10%)<sup>15</sup>.

The name 'base' is used to describe the substance that contains a greater level of purity of methamphetamine (about 20%)<sup>16</sup> and is more of a paste or 'toffee like' in appearance. Base is commonly thought to be a shade of brown in colour. Ice/ crystal meth is recognised as the highest in levels of purity of methamphetamine (towards 80%) and is identified by its crystallised, white appearance.

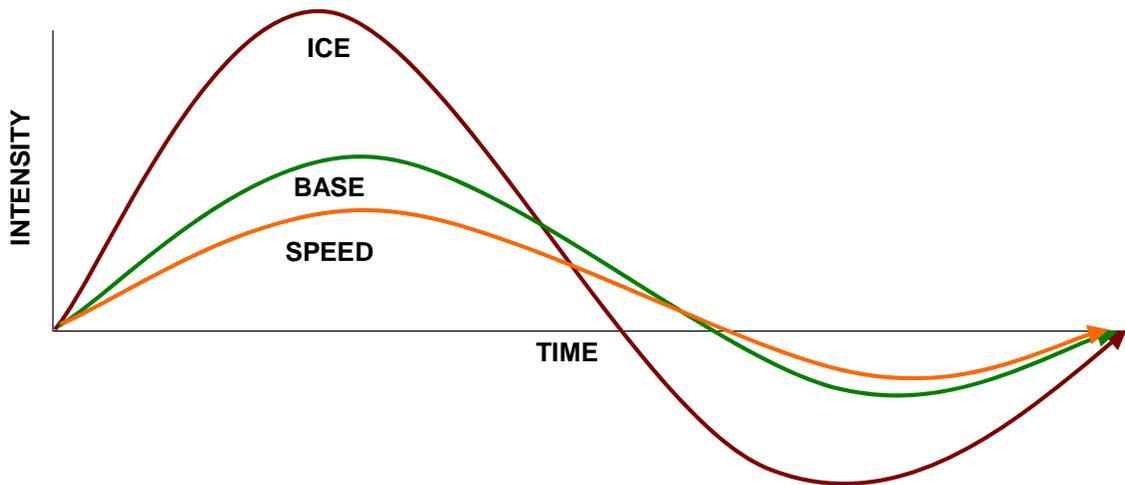
Users themselves also clearly articulated these differences and readily discussed the different forms of methamphetamine in terms of purity, intensity and length of the highs and comedowns. These differences in the experiences of taking these different forms of methamphetamine were commonly described by respondents using a wave-like pattern.

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<sup>15</sup> NDARC, 2006, 'Methamphetamines, Mental Health and Drug Law Reform.' 2006, NDARC Fact Sheets,

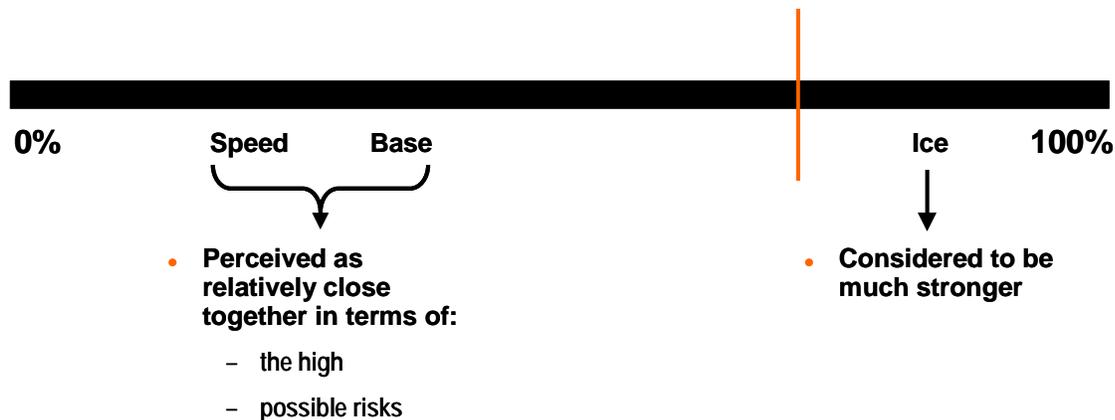
<sup>16</sup> Ibid.

Figure 1: Perceived differences in the three identified forms of methamphetamine



Differences were also often defined on a linear scale in terms of purity. Both in 'official' definitions and in the perceptions of many users, a large gap was believed to exist between the purity and strength of speed / base and ice. The diagram below illustrates this perception, with speed and base considered relatively close together in purity of methamphetamine and therefore the subsequent high and low, and possible risks of using the drugs. In contrast, ice was thought to be at the far end of the spectrum in terms of purity of methamphetamine, and was perceived as much stronger, with a greater high and low, and with greater risks to using.

Figure 2: Perceptions of forms of methamphetamine on a linear scale of purity



However, descriptions of what is available and used do not always fit these perceived definitions. This was illustrated by the differences in the name that some respondents gave the methamphetamine they were taking and their subsequent description of it. The following are two examples of this.

A respondent, who claimed he used 'speed' on a regular basis and claimed to never want to try base or ice, described the drug he was taking as:

*"Sometimes it's powder, or it's gooey, sometimes it's harder...it can be brown, pink, white...sometimes it's stronger too..."*

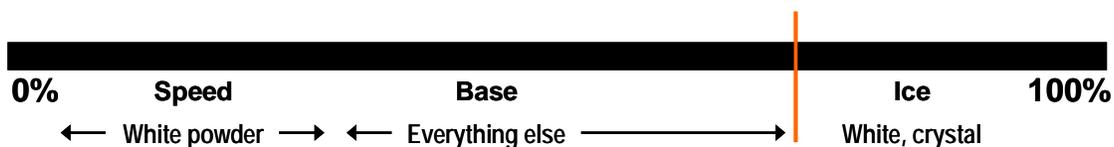
Similarly, a regular rave party attendee who used base and claimed he would never try ice, described the base he was using as follows:

*"It can be soft or it can be hard, depends what's around...usually brown...you've got to see how strong it is too."*

While the general perception among many younger and recreational users was that 'if it's not white and crystallised, it's not ice', these descriptions indicate that the perceived gap in 'purity' is not so clear cut in reality. As the above examples indicate, many who claimed that they would never use ice may actually be using drugs much stronger and with greater risk than they believe.

Experienced users were more aware that the three forms of methamphetamine do not fit clearly into the commonly believed definitions of appearance and purity levels. They were more aware that a broad range of methamphetamines were available that varied in strength along the linear scale of purity. Figure 3 indicates that while 'speed' occupies a place at the lower end of the scale and 'ice' occupies a place at the higher end, the section in the middle is more fluid and made up of various permutations of methamphetamines that may not always fit the perceived definition of 'base'.

Figure 3: The actual linear scale purity



The quotes below from more experienced users also illustrate this:

*"It's just meth...its purity depends on what ingredients the cook can get his hands on and how long he's got to do it...it could be base, really strong base or ice..."*

*"Wet, dry, crystal, paste – depends who's made it and the recipe they've used, what website they got it from."*

The commonly held perceptions of how different ice is to speed and base by younger, less experienced users carries some implications for how information about the drugs are presented. As many see ice almost as a completely different drug than what they use:

- they may not see the information on ice as relevant to them as they assume they are only taking other methamphetamines, not ice;
- they may feel they are relatively safe in their use of speed and base as they draw a line between these drugs and ice; and
- they may not link certain risks with their drug taking, thinking that the risks only apply to the more pure form of methamphetamine (ice);

*"It's speed, not ice".*

This is not to say that the established definitions should be challenged. Defining ice as a much stronger methamphetamine with greater risks appears to be a valuable awareness and prevention measure. Many younger, less experienced methamphetamine users found the information in the recent ice campaign as relevant and credible and readily cited it as a reason not to use ice. However, in development of targeted interventions and information strategies, it will be useful to understand that while many hold the perception that a large gap exists between speed / base and ice, the permutations of methamphetamines that are produced in reality do not fit established perceptions and definitions.

## 5.2 Geographical Differences

A number of differences were noticed across geographic areas. These related specifically to the reported availability of different forms of methamphetamine in specific geographic areas, and in the names used to describe the different forms.

## Geographic differences and claimed availability of methamphetamines

These findings have been based on the differences in claimed availability that existed across user groups in each jurisdiction, regardless of frequency of usage and concern levels.

Respondents in Western Australia claimed that ice was the primary methamphetamine available, with some references to base. A similar trend emerged in Queensland, where ice was claimed to be the most commonly available. In contrast, the dominant methamphetamine in terms of availability and usage in South Australia was base, although it was commonly called 'meth'. Ice was known to be available in this state but was more difficult to get. In all these jurisdictions it was claimed that powdered speed was not able to be obtained at all.

In New South Wales, it was claimed that both ice and powdered speed were readily available, and there were claims that base was becoming more available and more frequently used. The trend was similar in Victoria; however users tended to refer to base as a paste, and call it 'smokeable speed'.

Interestingly, many of the more experienced methamphetamine users commented negatively on the move away from powdered speed to other forms of methamphetamine. As stated by one,

*"If speed was available I'd choose that over ice any day. There's no such thing as speed anymore, it's all methamphetamines now."*

The apparent differences in availability and supply across geographic areas were exacerbated in regional and rural communities. Inconsistent drug supplies meant that most methamphetamine users would take whatever permutation of methamphetamine that was available. The quotes below illustrate these points.

*"If you can't get goey, you get whatever they're selling as goey."*

*"It's easier to get ice in (regional town) now than it is to get marijuana."*

## 6 SPECIFIC TYPES OF METHAMPHETAMINE USERS AND BEHAVIOURAL CONTEXTS

### 6.1 Overview of Behavioural Contexts and Target Audiences

When attempting to categorise users, the research found that discriminating factors relate more to behaviour and motivation for use rather than purely demographic factors. While demographic and socio-economic status both play a role, it was apparent that the how, why and when someone uses is better understood through the behavioural context in which drugs are used in addition to the particular methamphetamine(s) one considers using.

This was consistent across all the target audiences specified in the research brief, with the one exception of younger people (16-24 years) living in regional communities. For this group the demographic variables of geographic location and age were a strong indicator of their pattern of drug use. Users in this target audience indicated that methamphetamine use was typically a habitual weekend experience. Boredom appeared to be a key factor contributing to this, with many respondents claiming that they were unsure of what people do on a weekend if they are young and living in a regional community if they did not go out and use drugs. It was apparent that the smaller social networks in these communities resulted in the perception that there is limited choice of social interaction apart from with people who use drugs, and going to venues where drugs are found.

With the exception of this target audience, feedback from the specific target audiences resulted in three distinct behavioural contexts emerging. These included

1. Social Use: motivated by the disinhibitory effects of methamphetamines;
2. Functional Use: motivated by the enabling effects of methamphetamines; and
3. Dependent Use: motivated by the perception of normality from reliance on methamphetamines.

The table below (Table 5) provides an overview of how the target audiences for the research fall into these behavioural contexts. It illustrates how each of the behavioural contexts can be further categorised into more specific behavioural sub-groups. Sections 6.2, 6.3 and 6.3 discuss these in detail.

Table 5: Target audiences and behavioural contexts

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

## 6.2 Social Use

Social use of methamphetamines is primarily motivated by the drugs' ability to reduce inhibitions. Users claim to experience enhanced confidence and increased ability or motivation to converse with others. Other key motivations for use include enhanced energy and stamina, alertness and physical senses of touch, smell, sight, and sound. The majority of those using in a social context claim that methamphetamines give an intensity and an 'edge' to social experiences, almost allowing them to venture into a different dimension. Used in this context, most social users consider methamphetamines to be 'normal' and 'socially acceptable', although acceptance of specific methamphetamine forms and the frequency of their use vary.

There are common behavioural characteristics that define social users which are distinct from other user groups. Firstly, drug use in this context is always in association with parties, clubs, social events and gatherings which involve other people. In fact, sharing the experience with others is a critical element of the appeal and is often the focal point of the occasion. This is in contrast to other groups where the focal point may be considered the drug itself. For most social users, using alone is commonly frowned upon as this is considered as more consistent with drug dependent behaviour rather than social use.

As a group, social users are also unique because of the parameters they place on their usage. More so than other user groups, social users place definable boundaries around their drug intake to ensure that use is kept under control. These boundaries are defined even more carefully when the methamphetamine being used is ice. The quotes below provide some examples of the parameters that social users place on their drug use:

*"If I catch myself falling into the trap of doing it multiple days, binges, then I'll have a break for a few months, just let myself chill and relax and get perspective again, I'm very careful."*

*"If I start overdoing it I have anywhere up to 6 months break and then I'll start having it again."*

*"I don't use everyday and I don't take more than anyone else around me is. It's only to go out on...you'd never do base by yourself...its no fun then".*

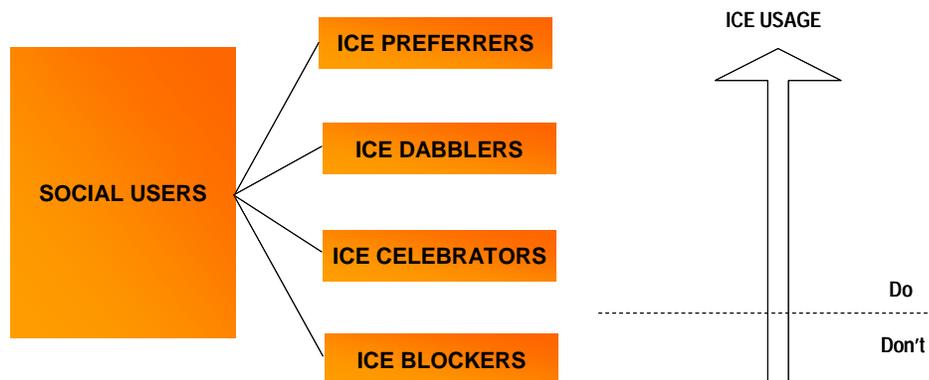
*"I'd never take drugs at work".*

In comparison to other user groups, social users also appear to place greater importance on maintaining goals and an interest in non-drug activities such as their employment of studies, and in circles of friends who are not regular drug users. They tend to place a greater onus on maintaining good health than other user groups. As long as these self-imposed personal parameters are in place, and use is relatively occasional as opposed to everyday, the consensus is that use of methamphetamines in a social context is relatively low risk.

### Types of social users

Social users of methamphetamines are able to be segmented into four distinct sub groups based on their attitudes and behaviour toward ice. The following diagram shows each of these four sub groups and their relative ice usage. Each is discussed in detail below.

Figure 4: Social user sub groups



## Ice Blockers

Ice Blockers are methamphetamines users who do not use ice. While they are motivated to use other methamphetamines in a social context for the effects described above, Ice Blockers make a conscious decision not to use ice. While drug use may still be as frequent as every weekend or fortnight, this group's preference is for what they perceive a 'safer' repertoire of drugs. Most commonly, this includes speed, base, ecstasy (commonly known as pills among methamphetamine users) and marijuana. To a lesser extent, LSD and magic mushrooms are also used.

For Ice Blockers, the comparative potency and associated risks are considered to be leagues apart from other methamphetamines, so much so that its benefits are not perceived to outweigh potential risks. There is a fear around ice-taking, which cause this group to abstain from use. This fear is based on either one of two things:

- The fear of side-effects from using ice, particularly those highlighted in the recent ice advertising campaign. Ice Blockers with this fear consider ice 'evil' or the 'monster' drug; or
- The fear of the irresistibility of ice, whereby Ice Blockers consider ice as 'so good, it's bad'.

The first of these fears is typically found among younger methamphetamine users aged 16-24 years, who are usually students and rave party attendees. This group have not tried ice before. Their fears are often based on things they have seen in the media, in advertising and stories heard through friends, rather than personal experience. Often these are specific side effects such as uncontrolled scratching, the potential for immediate addiction, and possible psychotic episodes. However, their fear can also be more generalised, relating both to the social stigma that the general community is believed to associate with using ice, and the potential for the intense effects of the drug to cause them to behave in a way which results in social disgrace among peers. While most are adamant they would never try ice, they claim to regularly use other drugs such as speed, base and pills.

In contrast, those that fear the irresistibility of ice are typically older users (25+ years), commonly including professionals, older ravers and gay, lesbian and bisexual users. These people have usually tried ice before in a social context, and subsequently believe the increased potency and effects of the drug are appealing enough that they could potentially become addicted if given further opportunity to use.

*"It's like super speed. You can just see the potential addictiveness when you take it, so to me it's like 'oh no stay away from it'."*

For these Ice Blockers it is the fear of losing control of their ability to manage their drug use that prevents them from using ice. They believe that if they lost control over their use, they would become exposed to the long term risks that are considered to be inevitably associated with any drug addiction. This belief strengthens their resolve not to use ice again. Instead, Ice Blockers who fear the irresistibility of ice also limit their drug usage to speed, base and pills.



## Ice Dabblers

Ice Dabblers use ice opportunistically. That is, while ice is neither their drug of choice nor a drug they proactively seek, they will use it on occasions when it is offered by others. For this sub group, the motivations for use of ice are primarily peer driven and centre around a desire to be on 'the same level' and sharing the same experience as their friends.

*"I would use it if someone offered it to me but I would never buy it."*

*"The night is about being with my friends so I'm happy to take whatever they're having so that I can be on the same level and share the experience".*

Ice Dabblers encompass a range of target audiences, most commonly ravers, gay, lesbian and bisexual users, hospitality, university students and people from rural and regional areas. This group includes both young and old users and people with a range of occupational aptitudes from skilled, semi-skilled and unskilled working categories.

Attitudes toward drug taking among this group tend to be somewhat laissez-faire. If the drug is perceived as coming from a known, trusted source, most are receptive to taking almost any drug socially. Heroin is perhaps the only exception to this. Pills and speed are usually preferred by this sub group, partly due to the ease of administering when in public, although many claim to also use base relatively regularly. Ironically, many Ice Dabblers have a low regard for ice compared with other drugs. However, unlike Ice Blockers, when faced with the opportunity to use it among peers, they typically find it easier to submit rather than resist.

*"You try and stop yourself and you try and stop your friends from getting involved in it but sometimes it just creeps into the circle and you find yourself taking it."*

Given their relaxed attitude to drug taking, it was not surprising that poly drug use is very common among Ice Dabblers. On any given night out, often a mix of drugs are taken. This mix may or may not include ice, depending on availability and social company. For a minority, when ice does feature, its inclusion may be a main focus of the night with use occurring at a house party or even before going out to pubs or clubs. However, for most of this social sub group, when ice is used it is often introduced during the later stages of the evening at someone's house after leaving a dance venue or club. When asked to describe how ice is used, this social sub group often reported behaviour that was similar to that described below:

- speed before going out;
- followed by one or a number of pills once out;
- then additional speed later in the night to enhance and sustain the effects of the pill;

- for some, alcohol may also be consumed throughout the stay at the venue, although this can depend on the venue and tended to occur less at venues such as raves; and then
- a smaller more intimate group of friends would return to someone's house for a 'kick on' / or 'come down party'.

It is at this latter stage, that marijuana and ice are most likely to feature. Which of the two drugs used appears to depend on availability and the intended length of the party. Use of ice will ensure that party continues much longer than if marijuana is used.

Frequency of methamphetamine use for this sub group depends on the age and social interests of each individual. Similarly, whether they use ice or not will depend on age and social interests. Some follow a poly drug use pattern such as that described above as frequently as every weekend, while others only do so once every 6-12 months. Depending on the drug and the users' personal preference, the most common forms of administration of methamphetamines among this group include either snorting, ingesting or smoking.

In comparison to other drugs, Ice Dabblers only use ice occasionally. For some it is limited to only one or two previous experiences. Despite this, it is important to recognise that the low frequency of use among this group is usually a consequence of limited exposure, rather than an act of will or discipline. That is, the limited use of many Ice Dabblers is due to external reasons such as infrequent social contact with their 'ice' circle of friends, limited availability among their peer group, or infrequent attendance at 'kick on' parties where ice is most likely to be available.

### Ice Celebrators

Ice Celebrators are those social users that consciously limit their ice usage to special occasions. Based on the drug's increased purity and potency, Ice Celebrators regard ice as a more 'exclusive' drug experience, and claim to have respect for its effects, both good and bad. While they may or may not use other drugs on a regular basis, they typically limit their ice intake for special, infrequent occasions such as all-weekend rave events, special birthdays, certain festivals, weddings, New Years parties and so on. Their ice intake is usually planned ahead of time, and unlike many other occasional users, Ice Celebrators typically initiate the purchase rather than rely on the drug being offered to them.

This sub group are typically older (25-35 years), and include professionals, gay, lesbian and bisexual users and older ravers. Most Ice Celebrators have been attending the 'rave scene' for many years, and generally have a relaxed attitude toward drug taking in this context.

The frequency with which Ice Celebrators use other methamphetamines is strongly dependent on their existing active interest in clubbing and raves. Frequent clubbing appears to correlate with higher use of speed and base, while infrequent use typically relates to users tiring of the rave 'scene'. Some Ice Celebrators claim to now only use drugs infrequently, for example, every 6-12 months. In these instances, ice is often the only drug they would use.

### Ice Preferrers

Ice Preferrers are the social users who claim ice as their drug of choice. While other drugs may be used occasionally, ice is the primary drug they seek for use in a social context. Ice Preferrers are categorised by their preference of ice being based on the potency of the drug due to its purity and the intensity of experiences this provides. This is in direct contrast to other social user sub groups, who are either frightened of the intensity of the purity and experiences (Ice Blockers), or simply prefer the lower intensity of other methamphetamines (Ice Dabblers). Ice Preferrers differ from Ice Celebrators in terms of perceptions of suitable occasions for use. For Ice Celebrators the drug's potency and intensity is why it is saved for special occasions. For Ice Preferrers, these characteristics are why they use it for any social occasion. Many claimed to have moved to ice from a previous preference for speed and see it as providing better value for money than other methamphetamines. These unique motivations are illustrated by the quotes below.

*"Ice has killed speed now because it's the same thing but so much more effective".*

*"The hit just seems cleaner than the other drugs".*

*"You get more bang for your buck".*

Ice Preferrers are typically older, with a greater frequency drug use. They are from a range of occupations, encompassing professionals and unskilled workers and include the gay, lesbian and bisexual, general users aged 25 plus years, and older regional and rural target audiences. University students and ravers are less common in this social sub group than others.

Unlike other social users, Ice Preferrers' social interests are not about going out, dancing and meeting new people. This may be due to the relative unavailability of clubs and rave parties, for example in regional and rural areas, or due to undesirability with users feeling they have out grown the club or rave scene. For this sub group, the focus of the social occasion is in enjoying intense conversation and shared experiences with an 'inner circle' of friends. A house party with close friends is a typical context for use. Circulating the ice pipe is often an essential part of the shared experience, and carries the same sense of social interaction as passing a joint<sup>17</sup>. Many claimed that smoking ice in this context often continues throughout the night and into the next day.

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<sup>17</sup> The social experience of sharing the methamphetamine pipe is also commented on in McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

As it is their drug of preference, Ice Preferrers usually have some on hand. This results in increased frequency of ice use in comparison to other social user sub groups. Ice Preferrers typically claim to use the drug weekly, or at least fortnightly.

*"Most Fridays we'll have a few friends come over and we'll just sit around smoking and drinking, playing some music".*

*"I may smoke on and off throughout the weekend with my partner, or when people drop by".*

While smoking is the most common route of administration for Ice Preferrers, a minority prefer to either inject or snort, preferring the longer, more fulfilling high.

*"Smoking it is just so wasteful, you always need more".*

### Summary of social user sub groups across target audiences

The following tables summarises which of the target audiences are more prevalent in each of the four social user sub groups described above.

Table 6: Summary of social user sub groups across target audiences

	SOCIAL			
	BLOCKERS	CELEBRATORS	DABBLERS	PREFERRERS
Young (18-24)	Red	White	Red	Blue
Uni Students	Red	White	Red	Blue
Rave Partiers	Blue	Blue	Red	Blue
General (25+)	Blue	Red	Red	Red
GLBT	Blue	Blue	Red	Red
Drivers	White	White	White	White
Construction / labour	White	White	Blue	Blue
Hospitality	White	White	Blue	Blue
Rural / regional	White	White	Blue	Red
Sex workers	White	White	White	White

Note: Red indicates greater prevalence and blue less so. No shading indicates little or no apparent representation of target audience in the behavioural sub group.

### 6.3 Functional Issues

Functional use of methamphetamines is primarily motivated by the enabling effect of the drugs. Achieving a certain task is what use in this context is based upon. Most often, this refers to functioning in employment. In this context, methamphetamines are used to enhance confidence, alertness, concentration, motivation, energy and stamina, or suppress appetite and lose weight. Increases in one or all of these characteristics effectively enable the user to achieve the task more quickly or with greater thoroughness.

Attitudes of functional users to methamphetamine use differ markedly to that of social users. While social users readily recognise the illicit nature of their drug use, functional users are less inclined to. Those who use in this context self-permit methamphetamine use by justifying it as a 'means to an end'. Further, many functional users are reluctant to see themselves as drug takers, particularly the more regular users. Instead, many see themselves as workers simply trying to get the job done or people with a goal to achieve.

Feedback from the research suggests the prevalence of methamphetamine use in a functional context at the workplace is relatively widespread. Not only was it claimed to be used in many unskilled or semi-skilled roles, such as trades and construction, labouring, driving, hospitality and sex workers but also in more professional roles such as IT, management, finance, and in the area of health. University students can also be included in this behavioural context when using to study or to complete assignments to meet a deadline. Drug use in this context is considered acceptable, and in small number of cases, even expected:

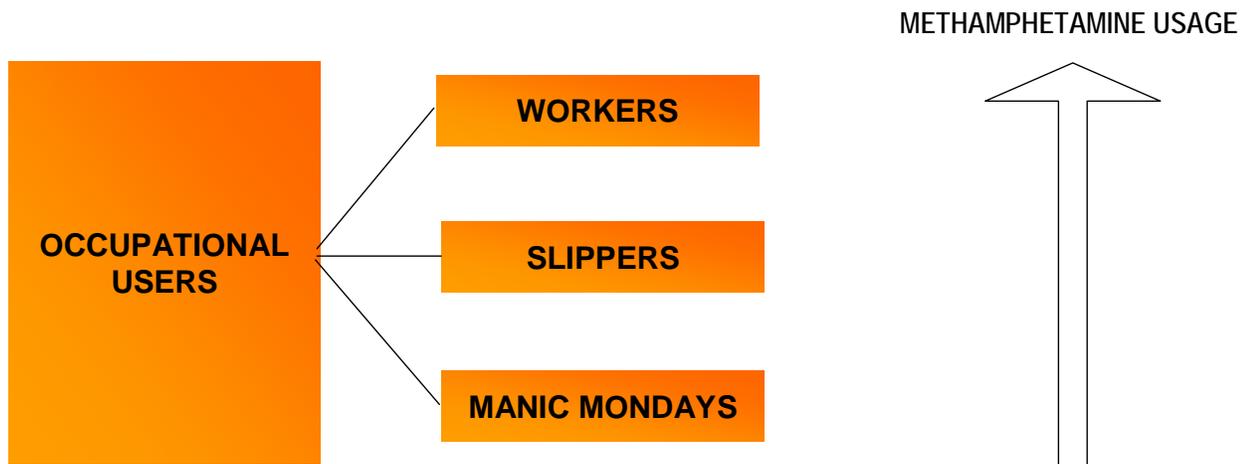
*"A lot of people at my work do use drugs but we don't have drug tests so it's fine"*

Speed and base are the common choice of methamphetamine used in this behavioural context. The longer lasting, lower intensity effects of these two drugs compared to ice, mean they are considered more suitable for tasks of longer duration such as a day labouring, long periods of time spent driving or concentrating on details. Although not as common as speed or base, ice is used in a functional context particularly by those who require a more intense effect over a shorter period of time. For example, some sex workers found ice useful for the increase in stamina and disinhibitory effect that it produced over the short term. A minority of other functional users used ice rather than speed or base as it was their drug of preference socially, so it is usually readily available.

#### Types of functional users

Like social users, sub groups of functional users were able to be identified. Although similar in many ways, sub groups of functional users were able to be differentiated according to levels of use and attitudes toward methamphetamine usage.

Figure 5: Functional user sub groups



### Manic Mondays

Manic Mondays are social users who have experienced a lapse in discipline. This user group can encompass any one of the target audiences involved in the social use of speed or ice. Target audiences that regularly use methamphetamines to go out to a venue or club, such as gay, lesbian and bisexual users, ravers, young people, university students, hospitality workers, labourers, and those from regional and rural communities are particularly susceptible to falling into this category. However, this functional sub group was most prevalent among general users aged 25 years and over.

The key difference between the Manic Mondays sub group and social users is that they have allowed themselves to break one of their own rules of not using at work, and have let their weekend drug use flow into the first day of their work week. While this is typically a Monday, it could be also be a Tuesday or Wednesday for groups such as hospitality workers or students.

Manic Mondays still have a social user's attitude to drug taking, that is, it is very much a social activity to do with friends to enhance the social experience at a club or house party. However, occasionally, when the social occasion has lasted longer than normal - *"a big weekend"*- Manic Mondays allow themselves to use in the morning before work rather than call in sick. Essentially they are compensating for not limiting the amount of partying or drug taking that occurred on the weekend as social users will do.

This sub group fear taking methamphetamines at work for a number of reasons. They fear being caught by their employer and potentially losing their job. Further, they believe that once a person starts using regularly at work, they are at risk of becoming dependent. For these reasons, functional use in this context was claimed to be very rare. When it occurs, it is considered an absolute 'necessity':

*"I would never normally take drugs on a Monday, but I'd barely slept the night before so I needed something to keep me awake".*

### Slippers

Slippers are functional users who regularly use methamphetamines to get through the working day or a specific task. Usually they are workers or students who use drugs to help them function throughout their working or study week in addition to social use on weekends. Typically, they evolve from Manic Mondays as their attitudes and behaviours have become more comfortable with regular, mid-week use after having taken once or twice at work as Manic Mondays with no repercussions. Despite being aware of some of the immediate risks and effects of methamphetamine use, Slippers believe they function relatively normally in this state and inadvertently place themselves at risk of becoming more regular functional users.

Slippers usually encompass the same target audiences as Manic Mondays, although some other groups fall directly into this category. Some university students regularly use methamphetamines to enhance their energy and concentration for study and assignments. These students will actively seek out methamphetamines specifically for this reason, rather than simply to recover from using them the night before. A small number of respondents, usually women, were also identified to fall into the Slippers category as their primary motivation for using methamphetamines was to suppress appetite and lose weight. As stated by one:

*"I've been on a meth diet this week, trying to lose weight for my holiday"*

A number of Indigenous women claimed weight loss as the primary motivator for beginning to use methamphetamines in the first place. They claimed that this was often at the encouragement of their friends or family.

Speed and base, or drugs like dexamphetamine are the preference for functional users in this sub group. Ice may be used on the odd occasion, depending on what was taken the night(s) before and is available on hand, but it was not uncommon for some Slippers to avoid ice altogether due to a fear of the risks and potency (typically younger / university students). Others may dabble in ice socially, but its use was not perceived as appropriate in a functional context, due to the intensity of the high is making it difficult to concentrate. Further, the length of the comedown experienced when using ice defeats the purpose of having to use drugs to get through the day. The quotes below illustrate the preference of Slippers for speed and base:

*"(speed is) a longer hit, and not as high, so at least you can still function properly".*

*"I'd never do speed or ice at uni, but a couple of dexies is nothing to help me get through".*



The typical routes of administration for methamphetamines in this context is snorting, smoking, and ingesting. Rarely are they injected.

## Workers

Workers stand apart from other functional groups. This sub group uses methamphetamines almost exclusively for functional reasons, usually improving performance on the job, rather than as part of a social interaction. The key distinction between Workers and other functional user groups is that they are more self-permitting of their own usage behaviour. They are also more frequent users.

Workers are the least likely of all the functional sub groups to consider themselves as illicit drug users. Unlike other sub groups, their drug use is a 'necessity' for keeping their job, not as something that could potentially cause job loss. The research found that functional use in this context was more prevalent in certain industries, particularly those requiring heavy or continuous labour, late shifts or long hours. Some examples of the occupations of respondents that fall into the Workers category include construction, truck and taxi drivers, road workers, sex workers, dancers and hospitality workers, and trades such as plumbers and electricians.

*"There's no shortage of workers, and so many of them are much younger, stronger and faster than us older blokes. I need the extra strength (drugs) give me, otherwise I'm without a job" (construction worker).*

Anecdotal evidence suggests that a small minority of employers accept, and even encourage, drug use. Often, however, it is still an unspoken behaviour within the workplace. The quotes below provide some examples of functional use as an expected part of employment.

*"I know a site where it's common knowledge the boss actually puts speed in the water to get all the blokes to work faster" (labour worker).*

*"The boss knows what's going on. There's no way we could meet his deadlines without (drugs)" (truck driver).*

Base or speed are usually the preferred methamphetamine used by Workers, partly due to ease of administration. White powder can be easily scooped onto a finger, or other device such as a door key, and snorted, ingested or sprinkled in a cigarette. Both powder and paste (base) easily stirred into water.

The other reason while these forms of methamphetamine are preferred is due to the more consistent, sustained high they provide. This makes them more appropriate for longer shifts lasting 6-8 hour shifts. A small number of sex workers and dancers were the only exception to this preference. For this small group, ice was preferred for the more intense, more disinhibitory high it provides over a shorter period of time. In this instance, the route of administration tended to be smoking or injecting.

Behaviours among Workers often border on dependency with use being frequent and sometimes continuous, over comparatively longer periods. This could be anywhere from 4 to 7 days in succession depending on the role. In order to avoid the effects of the comedown, drug use may unintentionally carry over to time spent outside of employment, such as the weekend or day off.

Workers in industries where employment is short term contractual or where there is a high degree of competition for roles, such as labouring and construction, often feel trapped into continued use. Even if they are consciously aware of their increasing reliance on drugs, they perceive that stopping use will require taking time off to detox. This in turn means no or low productivity and potential loss of job, resulting in financial problems. Other Workers in competitive employment or more flexible roles, such as some drivers and self-employed professionals, claimed they control the habit through self-imposed detox breaks every few days.

### Summary of functional user sub groups across target audiences

The following tables summarises which of the target audiences are more prevalent in each of the three functional user sub groups described above.

Table 7: Summary of functional user sub groups across target audiences

	FUNCTIONAL		
	MANIC MONDAYS	SLIPPERS	WORKERS
Young (18-24)			
Uni Students			
Race Partiers			
General (25+)			
Gay, lesbian and bisexual			
Drivers			
Construction / labour			
Hospitality			
Rural / regional			
Sex workers			

**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.

## 6.4 Dependent Users

For the purpose of this research dependent use has been categorised using the following definition: 'uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences'<sup>18</sup>. This definition has been used as it encompasses both psychological as well as physical dependence. Both health and social problems are included as indicators of addiction, rather than symptoms related to physical withdrawal being used as the only determining factor.

Therefore, users in the dependent behavioural context have been determined based upon their claims of uncontrollable, compulsive cravings that cause them to use methamphetamines repeatedly. This can be a craving for either the drug, or the act of taking the drug (particularly injecting). Many within this behavioural context were motivated to use methamphetamines by the sense of 'normality' they believed the drugs provided, allowing them to 'get through the day': Other motivations for use include the temporary escape that methamphetamine use provides from mental and lifestyle problems, and for many injectors, it is the psychological fulfilment gained from using the needle. The quotes below articulate these motivations.

*"I just can't do much but stay in bed unless I have it".*

*"The only time I feel normal and able to face the world is when I'm using".*

*"It's an escape...I don't have to think about my life and myself".*

*"It's all about the feel of the steel".*

Use in this context is typically much 'heavier' than other user groups both in terms of frequency and dosage. Frequency of use among dependent users ranges from 3-4 days per week to several times per day. In regards to dosage, many claim to have built up a tolerance by this stage of drug taking and as a result are having more than one hit at a time to feel the effects<sup>19</sup>. In addition, the more pure forms of methamphetamines such as base or ice were used.

Dependents come from a broad cross-section of society. Some are from low socio-economic or unemployed backgrounds, while others work in skilled and semi-skilled employment, for example, clerical positions, nursing, IT, and finance. Although dependents are typically older than social users, usually aged 30 and above, some are as young as 25 years. The degree to which dependents appear to function within mainstream society tends to differ significantly according to both the primary drug used and the primary mode of administration.

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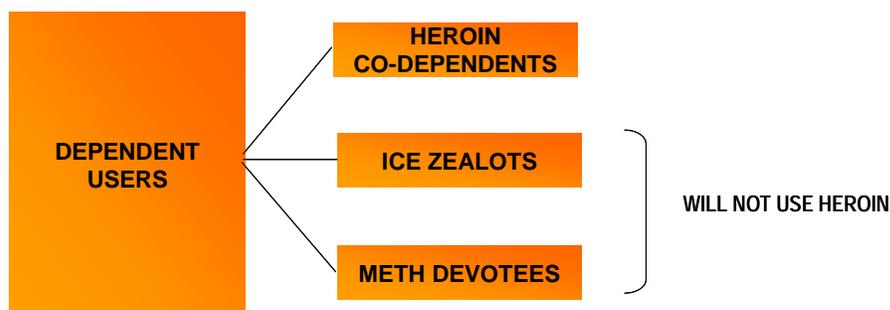
<sup>18</sup> Leshner, Dr A., Director of the National Institute of Drug Abuse within the US National Institute of Health, [http://www.nida.nih.gov/Published\\_Articles/Essence.html](http://www.nida.nih.gov/Published_Articles/Essence.html)

<sup>19</sup> Also stated in McKetin, R., 2007, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

## Types of dependent users

Like other behavioural user groups, dependents also comprise a number of sub groups. Differences between these groups relate to demographic, poly drug behaviours, attitudes toward ice and mode of administration.

Figure 6: Dependent user sub groups



### Meth Devotees and Ice Zealots

Meth Devotees and Ice Zealots are similar in some regards. Both groups crave the high achieved through methamphetamines, and dislike the idea of heroin. Both use it as a functional and social enabler.

*"Why would you do slowey when you can use goey?"*

The majority of both sub groups include users who are in employment. As many place high importance on maintaining this foot hold in mainstream society, this often involves keeping their addiction confidential.

These sub groups also have some marked differences. 'Meth devotees' are typically older (aged 30 years or over) and cross the spectrum of occupations from skilled, unskilled to unemployed. They rarely use in a social context and their drug of preference is speed or base, although they will use ice if these are unavailable. Often they have been using methamphetamines for a extended period of time, and will often regard these drugs in the same way others regard their 'morning coffee' – as a necessary pick me up in the morning. The primary mode of administration is injection, although a minority snort. Meth Devotees are unlikely to be poly drug users.

In contrast, Ice Zealots are typically younger (aged 25-30 years), and are more likely to be unskilled, unemployed or part time workers. They use regularly in a social context, although this is more likely to be at house parties than going out to clubs or dance venues. The primary difference between these users and the 'Ice Preferrers' social user sub group, is that Ice Zealots use frequently alone throughout the week as they work flexible hours or not at all. Ice Zealots prefer the purity and intensity of ice to other methamphetamines, and their primary mode of administration is smoking. As they still use drugs regularly in social situations, they also regularly come into contact with and use other drugs such as speed, ecstasy and marijuana<sup>20</sup>.

<sup>20</sup> McKetin, *et al.*, 2005, cited in, in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007, also identified this particular sub group in a discussion of who uses ice.

The impetus to dependency also differs between the two groups. For Ice Zealots, dependency appears to be more of a gradual slide from social smoking to more regular, solitary use. Some examples are provided the quotes below.

*"It's something about the smoke, I just found myself wanting more and more. I'd put the pipe down and then 2 hours later I'd want it again. I'd wake up in the morning and want more".*

*"My boyfriend and I used to do it together, and still do. But I'll also sneak it during the day now when he's at work and the baby's asleep."*

Meth Devotees, on the other hand, often relate their dependent use to a trauma or other instance in their life where they allowed their personal parameters on usage to slip. Examples included loss of a job, a relationship break up and being a victim of abuse. For one respondent, it was the dramatic increases he noticed in his productivity at that was the specific cause of his now dependent use. . Again, the quotes below contain examples.

*"I use to only do it occasionally. One day I walked home to find my girlfriend in bed with my best friend and I couldn't deal with it, drugs were my escape. That was 10 years ago now."*

*"I only ever used on a Friday night...I was a weekend only girl, until that bastard bashed the XXX out of me (partner of a number of years)".*

*"I used at work a few times, realised no-one noticed, I got more done, so I just kept using."*

### Heroin Co-Dependents

Heroin Co-Dependents represent the extreme of all methamphetamine users. They typically use drugs on a daily basis, often several times a day. Drug use is frequently alone, but can also be with others who often have the same drug habits.

They are distinguishable from other dependent groups primarily by their current or past use of heroin. Those who were not currently using heroin were receiving heroin replacement treatment, such as methadone<sup>21</sup>. Their principle mode of administering drugs is intravenously. While users from other dependent sub groups may also inject, Heroin Co-Dependents will often rationalise their motivation for using methamphetamines in this way as more for the psychological fulfilment of the needle, rather than the drug itself as is the case with Meth Devotees and Ice Zealots.

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<sup>21</sup> Also found in McKetin *et al.*, 2005, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

They may use methamphetamines for a number of reasons. The most common of which is the poor availability or quality of heroin, which is becoming an increasing problem for some. Second to this, is the preference to use methamphetamine while on methadone treatment as they are more likely to feel a 'hit' than if they used heroin. Lastly, some claim that methamphetamine helps to balance the docile effects of methadone:

*"The methadone calms me down, the goey gets me going...I can still do things then while I'm on the methadone".*

Their preferred methamphetamines are base and ice, although usually Heroin Co-Dependents are the least discriminatory of all user groups in this regard.

Of all the user groups, Heroin Co-Dependents are perhaps the most homogenous. Similar to Meth Devotees, Heroin Co-Dependents are typically older than other user groups. They are typically the least functional of all the user groups, often unemployed and of low socio-economic status. Many also suffer a range of co-morbid physical and mental health issues. They are also more likely than other dependents to have a long history of contact with either drug treatment services or providers, such as needle and syringe programs and heroin replacement programs, or the criminal justice system. In many regards, Heroin Co-Dependents often appear to fit the widely held social stereotype of 'junkies'.

### Summary of dependent user sub groups across target audiences

The following tables summarises which of the target audiences are more prevalent in each of the three dependent user sub groups described above.

**Table 8: Summary of dependent user sub groups across target audiences**

	DEPENDENCY		
	ICE ZEALOTS	METH DEVOTEES	HEROIN CO-DEPENDENTS
Young (18-24)			
Uni Students			
Race Partiers			
General (25+)			
Gay, lesbian and bisexual			
Drivers			
Construction / labour			
Hospitality			
Rural / regional			
Sex workers			

**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.



## 7 POLY DRUG USE

Poly drug use is common among methamphetamine users, particularly those who use in social contexts where the occasion involves clubs, pubs, dance venues, festivals and rave parties. The majority often use speed and base as the baseline on which to add any one or more of a range of other drugs as they believe that its effect is generally known and consistent. The most common drugs used in conjunction with methamphetamines include ecstasy, cocaine (more prevalent in Sydney), marijuana and alcohol. Other drugs used to a lesser extent include dexamphetamine (dexies), GHB (liquid ecstasy), ketamine and a minority also used LSD.

The mix of illicit drugs used can depend on a number of things. Most often users would be seeking a particular effect to suit the social situation they are in, and will choose from among the range of drugs that they are familiar with to achieve it. For others, poly drug use is simply a matter of availability, that is, what is on offer. The level of drug intoxication also has a role. Often the more intoxicated the user, the more likely they will consider using more or other drugs to maintain an effect. The quotes below provide examples of poly drug use.

*"If we're at home we'll usually just smoke ice and have a few drinks, maybe some pot later to sleep."*

*"Sometimes if you have a bit of K with a pill it enhances it or you have a bit of G with a pill, there's so many different combinations."*

*"On Saturday night I had everything except cocaine and heroin. I started off smoking Ice, then got to the party and took 5 pills then I had ½ a gram of K and then I had vials of G before I went home."*

*"If someone offered me speed I would probably take it as well. I can't say I've ever said no to someone offering me drugs."*

It should be noted that despite the frequency of poly drug use across methamphetamine users, many had a repertoire of drugs that they would choose from. Also most had a list of drugs that they would not use at all. For example, GHB and ketamine were often considered to be off limits for some, others disliked the hallucinogenic effects of LSD and would never use it, and others would never use marijuana as they believed it made them paranoid. These limitations were sometimes based on their own previous negative experiences on these particular drugs, but at other times were simply due to what they had heard about the effects.



Mixing methamphetamines with prescription drugs and vitamins is also common, particularly among older, more experienced users, or those who are particularly health conscious. This behaviour was particularly common among gay men compared to other target audiences. Prescription drugs, such as Valium, can be used to neutralise the comedown effects of insomnia, anxiety or depression from methamphetamine and other illicit drugs, and vitamins are used to manage health risks and nutrient deficiency:

*"I'll wash it down with a few Berocca's or Vitamin C's or Double X which is a nutrition product. I have lots of vitamins. I truly believe that helps."*

*"The people who tend to snap on the stuff are the people who don't realise I'm depriving myself of calcium and that's an important neuro-transmitter."*

Among the Indigenous community, heavy alcohol use was also reportedly combined with methamphetamine use, with claims that some alcohol binges lasted as long as two days. While other target audiences commented that they would sometimes drink more than normal while using methamphetamines, or alternatively that they would use methamphetamines if they were feeling the effects of drinking too much alcohol, this was not suggested to be to the same extent as found among Indigenous users.

In contrast, the most recent findings from the Ecstasy and Related Drugs Reporting System (EDRS) indicate that patterns of alcohol use among regular ecstasy users, of whom 71% claimed to use some form of methamphetamine, show high rates of risky drinking<sup>22</sup>. It is highly likely that heavy alcohol use does occur in conjunction with methamphetamines, however, respondents in most target audiences in this research did not report their alcohol consumption as excessive, particularly when discussing poly drug use.

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<sup>22</sup> Black, E., *et al.*, 2007, 'An overview of the 2007 EDRS: the regular ecstasy user survey findings. EDRS Bulletin, October 2007, National Drug & Alcohol Centre.

## 8 SEX AND RELATIONSHIPS

The disinhibitory nature of methamphetamines makes them an appealing tool to aid sexual activities. Many used them to enhance senses, increase energy and stamina, increase confidence, and reduce anxiety, making sex more fulfilling. As the quotes below indicate, ice is regarded as being particularly effective for this:

*"Ice is sex. Speed is more chatty, more partying, and happy to go shopping."*

*"A couple of times with someone it's like let's have a dirty weekend and that was just the ice but other than that it was always with other drugs."*

*"My ex he actually only has sex when he's on crystal meth, because it is so much better and you can go forever and so forth."*

Methamphetamine use to enhance sexual activities is really only found among the social user groups. Although it is particularly prevalent among gay men, it was also apparent among heterosexuals in other target audiences.

*"It's not just gay men it's women, it's straight couples, it's everybody who just have this attitude that yeah we've been on the juice all night, pub's shut let's go back to somebody's place and just get it on."*

Gay men commented on places and situations where drugs, particularly methamphetamines, and sex were considered to go hand in hand. These included sex on site venues, local parks, and after-club house parties. Unsafe sexual and drug practices were claimed to be rampant in these places.

A number of women in heterosexual relationships commented that they found methamphetamines not only useful for sexual enhancement, but also for relationships in general.

*"My boyfriend and I would just hire a caravan, drive up the coast, park it somewhere quiet and have a drug sex weekend...coke, speed, e's, all good."*

*"It's not only about sex, we're just nicer to each other, more open when we use meth (base). We talk about things we'd never say to each other ...it can bring you closer."*

*"My husband and I just talk and talk...about things we wouldn't normally. It's good for our relationship."*



## 9 INFORMATION SOURCES

### 9.1 Social Users

Social users tend to be active seekers of information and rely strongly on their peers as a source. They are primarily interested in understanding what drugs to take, their likely effects and where to obtain them. This was consistent across all target audiences that fall within the social behavioural context - rave / dance party attendees, young people aged 16-24 years, students, gay, lesbian and bisexual and general users aged 25 years and over.

The primary aim of accessing information for social users is understand the drugs and their effects in more detail, and enhance the social experience they have planned. As part of this, they also have an interest in understanding what risks might be associated with the different drugs in order to be able to monitor and manage use throughout the social experience.

*"You don't want to get to messy and wipe yourself out..."*

Older social users claimed to also rely strongly on their experience. Over time, they had become very well informed about drug type, quality, risks, harms, and management of these risks and harms from their own experiences and those of others. In addition to peers, many older social users had accessed information from other sources, such as GPs, health centres, and support services.

Social users also identified the Internet as an important source of information, with many claiming that at least one within their circle of friends used it regularly. Younger social users used the Internet more as a method to help plan the night ahead rather than only rely on peer information while already out for the night. The information they sourced tended to be the same as that they would learn gain from peers, about the drugs and likely effects, just in greater detail.

A typical example of the type of information sourced on the Internet was 'The Pill Report' that details the ingredients in different types of ecstasy tablets and posts comments on experiences from those who have used them. While methamphetamines do not have an equivalent website, social users had a great deal of interest in learning about the chemical composition of different methamphetamines different effects they produce. This type of information is readily shared with peers across a broad social circle.

The Internet was also used for information and guidance on managing use and minimising any risks and harms associated with use. While social users may look for this information in relation to all methamphetamines, it was considered as more relevant to the use of ice simply due to the perceived greater risk. This type of information will often be shared among a closer circle of friends than information related to drug types and effects. Some older, more experienced social users claimed that they had accessed information such as this from user websites by organisations such as NSW Users and Aids Association (NUAA) and the Australian Injecting and Illicit Drug Users League (AIVL).

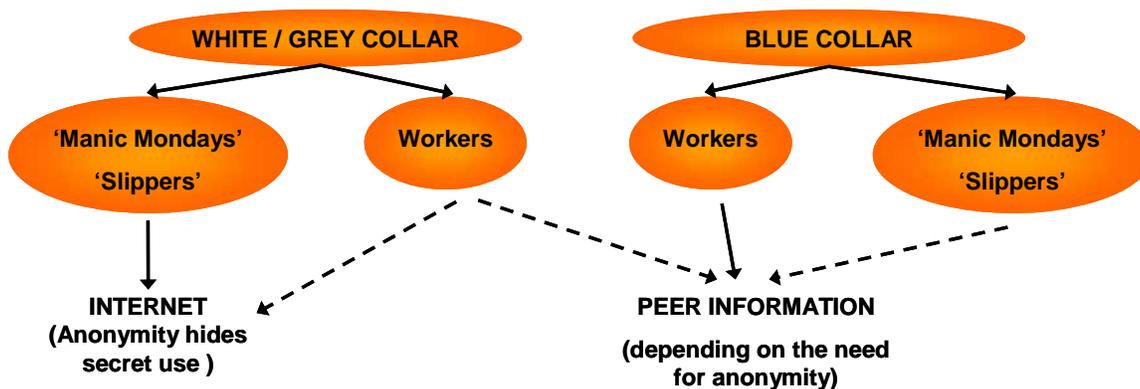
## 9.2 Functional Users

Functional users did not tend to be active information seekers. While many functional users, such as Manic Mondays and Slippers had sourced information through their social use, seeking new information in terms of use within the functional context was rare. On occasions when functional users claimed to have looked for information, the source largely depended on their profession and behavioural context.

Functional users in white or grey collar professions will more likely make use of the Internet to gain information. This medium will usually be accessible given their profession and enables the users to remain anonymous, effectively maintaining the secret of their drug use at work. It is highly likely that for Manic Mondays and Slippers in white and grey collar professions, the Internet is their only source of information within a functional context. Workers within white and grey collar professions could source information either from the Internet or from colleagues depending on the degree of secrecy surrounding their regular use.

Workers in blue collar professions source information predominantly from a small circle of peers with whom they more readily acknowledge use of methamphetamines within the workplace. On the other hand, Manic Mondays and Slippers in blue collar professions are likely to be attempting to keep their drug use a secret within the workplace and are less likely to try to source information even from colleagues they may know well. The diagram below illustrates these possible avenues of information sources for users in a functional context. Dotted lines indicate potential for seeking information from that avenue depending on the secrecy surrounding drug use.

Figure 7: Source of information for functional users



### 9.3 Dependent Users

Dependents tend to draw on their own experiences for information, as well as on treatment and support services. As with other behavioural user types, dependents readily access certain information from their peers.

Dependents rely heavily on their past experience to assess quality and likely effects of drugs. They claimed to be extremely knowledgeable on the likely strength of different methamphetamines based on appearance, and on which mode of administration could be used to achieve the most effective high. For example, some had learnt from past experience that while they may prefer injecting base, they would only smoke ice. This was a very individual experience with different dependents having different preferences.

*"It's better to inject goey, and smoke ice if that's what you end up with"*

Treatment and support services were often accessed for 'new' information. Often this information would be on topics such as how to minimise possible harms from the mode of administration, such as minimising risk of vein damage as an injector. For this type of information, Heroin Co-Dependents would access heroin replacement treatment and support services, and 'Meth devotees' (often injectors) will source information from NSPs and user groups. Ice Zealots will continue to rely on peers who they use with socially.

Information from peers was generally related to continuing use. Dependents reported sharing information readily with other dependent users on topics such as:

- ways to manage 'money' – where and how to get more;
- where to find more / better quality / preferred drugs;
- how to make the hit last longer if a new form of methamphetamine has become the most readily available on the market, for example, ice over base; and
- dealing with legal situations that arise – what to say and how to get help.

A number of dependent women claimed to readily share information on how to cut down or quit with their peers. They would offer tips and a safe place in which to manage withdrawal, and offer advice on treatment and support services that they may have heard about or experienced.



## 10 RISKS AND HARM PREVENTION

### 10.1 The Comedown

All users groups readily associated the comedown from drugs as a negative aspect to the experience. All also clearly identified the symptoms of a comedown as including a range of the following:

- depression;
- feeling scattered;
- anxiety;
- short temper;
- nervousness / paranoia;
- being unmotivated; and
- experiencing difficulty sleeping.

Despite this, consistent across all user groups was the perception that comedowns themselves are not perceived as a risk. Instead, the effects are usually seen simply as a 'hangover'. For social users these hangover effects are something to be managed until they pass. This was usually achieved by other drug use, predominantly cannabis and/or alcohol, or simply sleeping it off and getting through it. The quotes below illustrate this view that comedowns are something to be managed rather than be considered risks:

*"I know I'll feel scat on Monday and Tuesday, then probably want to kill myself on Wednesday but by Thursday I'll be right."*

*"My husband and I agree not to talk to one another until Wednesday after a big weekend."*

*"I just try and get through Monday...doing what I need to do."*

However, for functional and dependent users, the effects of a comedown are often what prompts the next hit. Effectively, this means they do not experience a comedown. The quotes below contain examples the experiences of by functional and dependent users in these circumstances:

Examples from functional users:

*"The comedowns are XXXX.... You try hard to make sure it doesn't really happen at work, but you can't avoid it if you have a big weekend. Having a little top up on a Monday morning helps."*

*"If I've got to use to avoid the comedown at work, I will."*

Examples from dependent users:

*"I just keep getting more anxious until I score again."*

*"Everything's better after I get on it again."*

*"You try and not use again, but the anxiety just gets too much...I end up hangin' for it and then get to the stage where I'll do anything. That's usually when I end up having to go have sex with ugly fat (men)."*

*"I don't comedown. I make sure I stay on a certain level and it's all fine. If I've got none, I go to sleep.....your body tells you when it's time to have rest."*

## 10.2 Risks Associated with the Different Methamphetamines

Most of the perceived risks are seen to apply across all methamphetamines, but are considered to be exacerbated when using ice. It was believed to be harder to manage the short term risks of ice, as well as having greater potential for recreational use to become an addiction.

*"Everything...the high, the low, the good bits, the XXX bits are just more intense on ice."*

In contrast, speed and base, are seen to be significantly lower risk to use. The intensity of the high is not as great as ice, and users claim some maintenance of control over their thoughts and actions despite the disinhibitory effects. In short, while speed and base may increase confidence, users did not believe they were likely to place themselves in as risky or extreme situations as they may do while on ice.

Speed and base are also not considered to have as great a potential for addiction. This perception was based on perceptions that speed and base have been around for a relatively long time compared to ice and many people make use of the drugs without showing any appearance of dependency. Further, speed and base are not perceived to have the physical dependency of something like heroin. In contrast, ice has been positioned to have the same potential of addiction as heroin. These views were consistent across the majority of groups whether they had used ice or not.



bluemoon

### 10.3 Awareness of Risks Associated with Different Methamphetamines

Awareness of risks was relatively consistent across all groups regardless of the form of methamphetamine used and frequency of use. Risks are commonly divided into three categories: societal, mental health, physical. Both short term and long term risks are found in these three categories.

#### Societal Risks

Societal risks are defined by situations that involve interaction with others. *Short term* societal risks are situations where the effects of a comedown could influence the user's interaction with others, such as:

- arguments with friends or family when feeling scattered, depressed, tired and so on;
- lack of productivity and / or motivation at work and experiencing Manic Mondays, Terrible Tuesdays and Woeful Wednesdays; and
- some younger users fearing their parents finding out.

These situations are readily identified as simple short term effects of using drugs rather than actual risks. Social and functional users see these effects as something that is accepted as part of the comedown and able to be managed in much the same way as a hangover from alcohol is managed.

*Long term* societal risks are identified as situations where drug use has impacted in other areas of life outside of the social behavioural context. These long term risks include:

- loss of family and/or friends;
- lack of money, potentially leading to poverty;
- loss of employment and becoming unemployable;
- being stigmatised as a 'junkie';
- having to find other means than legitimate employment to support a drug habit, for example, theft;
- inflicting violence on others including sexual or physical assault; and
- incarceration in gaol or treatment centre.

*"You end up giving up everything you worked for and everything you love"*

## Mental Health Risks

Mental health risks are those that relate to the individual's state of mind. *Short term* mental health risks are often perceived to be symptoms of a comedown, and therefore something to manage. These included:

- depression or anxiety when coming down;
- anxiety, stress or other emotions related to lack of sleep (difficulty in sleeping); and
- the potential for doing 'crazy' or extreme things during use of the drug.

*"I just go crazy...do mad things."*

Psychosis was identified as the main *long term* mental health risk. Users believed this to be caused by either long term use of methamphetamines over many years or an extended period without sleep. Other long term effects include the loss of all ability to reason and the risk of suicide caused by extreme depression.

## Physical Risks

Physical risks are those that affect an individual's body. Users of all methamphetamines identify that there were *short term* physical harms associated with their drug use, including:

- teeth grinding and through this, teeth decay;
- loss of weight, which was a concern more for males than females;
- loss of vitamins and nutrients that was detrimental to the body;
- harm from the other ingredients used to 'cut' the methamphetamine; and
- the potential for accident or violence for oneself or from others,

*"It's the moral code you would normally have that does not apply."*

The *long term* physical risks identified were similar to the short term risks, just more extreme. Users identified that frequent use over the long term could cause:

- continued weight loss to the point of looking malnourished;
- rapid ageing;
- loss of physical appearance in terms of developing acne, looking gaunt, having pale skin;
- for ice users, the potential to develop scars caused by scratching their skin; and

- potential for increased blood pressure, heart problems, and stroke (more so for dependent users).

The risk of sexually transmitted infections through unsafe sexual practices, particularly HIV and hepatitis, was considered both a short term and long term risk<sup>23</sup>. This was perceived as more relevant to the gay community than heterosexual users.

#### 10.4 Risks Associated with Methods of Administration

The one area of potential physical harm from use where awareness was not consistent across behavioural contexts and target audiences, was the specific risks associated with different methods of administering the drugs. Whereas most respondents were knowledgeable about the risks associated with injecting, there appears to be only limited awareness of the risks of smoking methamphetamines, and almost none on the risks of snorting or swallowing.

All users identified that when injecting drugs, there is potential harm from blood borne diseases such as Hepatitis C and HIV. Similarly, the majority were aware of the potential for vein damage caused by injecting. In contrast relatively few recognised any potential for the transfer of contagions from smoking methamphetamines with others, and while the possibility of lung damage was noted, this was not considered to be more likely than if smoking cigarettes or marijuana. Those who reject smoking cigarettes and marijuana tend to believe that inhalation of any substance could cause damage, and those that do smoke cigarettes and / or marijuana do not feel that smoking methamphetamines was likely to cause any more damage than these two substances.

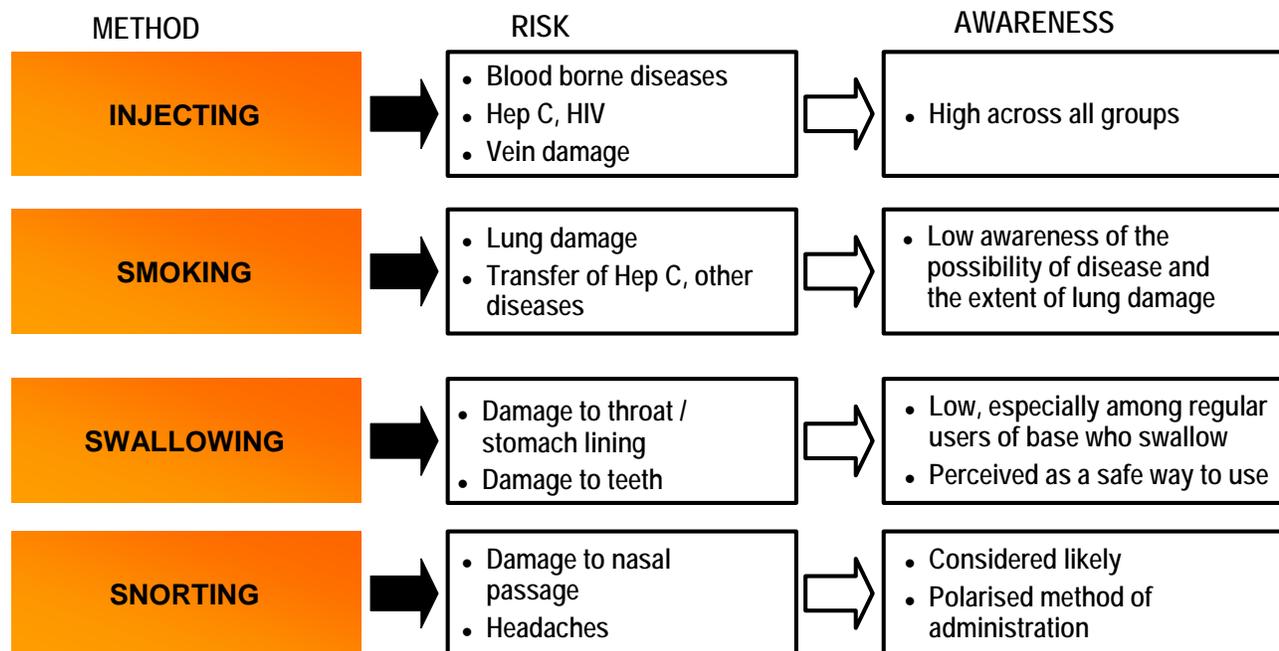
Few, if any, identified the potential damage to teeth, throat or stomach lining from ingesting methamphetamines, particularly base. In fact, among regular social users of base, ingestion is considered a safe way to use the drug and actually enhances its appeal for use. While it is thought that some caution may be needed if someone were to swallow ice, this is more associated with belief that ice is simply more dangerous to use than other methamphetamines than any knowledge in regards to the physical damage swallowing could cause.

Snorting was a method of administration associated with the use of powdered speed rather than any other methamphetamine. This method of administration polarised users. While all assume that the method of use could cause damage to nasal passages and headaches, there are those who like the physical act of snorting and will do so regardless of these effects. For others, these effects just cause them to reject the method of administration even if powdered speed is available. The figure below (Figure 8) summarises the risks associated with different methods of administration and the awareness of these risks across user groups.

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<sup>23</sup> Also argued in Rawson *et al.*, 2002, cited in *Illicit Drug Use in Australia: Epidemiology, use patterns and associated harm*, (2<sup>nd</sup> edition), Ross, J., (ed), National Drug & Alcohol Research Centre, 2007

Figure 8: Risks<sup>24</sup> and awareness associated with methods of administration



### 10.5 The Risk of Law Enforcement

Law enforcement is considered more of a ‘nuisance’ than a risk or deterrent. It tends to impact more on ravers, gay men, regional and rural users, and functional users whose occupation involves driving, such as taxi and truck drivers, than other target audiences.

Regular attendees of raves, dance parties and festivals readily identified that there tended to be a greater police presence at these events than there used to be, and gay men claimed that there was often regular police surveillance of sex on site venues, and areas such as parks where sexual behaviour commonly occurs. Respondents from regional and rural towns indicated that often the police in their local town would have a ‘crack-down’ on drugs. This usually involved a greater police presence around social venues such as pubs and clubs on a Friday and Saturday night, and around the locations of suspected dealers for a short period of time. Functional users such as taxi and truck drivers indicated that police roadside drug testing would likely impact on their drug use if it were introduced in the state where they lived. This is due to the potential for loss of licence, and therefore their income.

Across all of these target audiences, the risk of law enforcement tends to prompt a change in strategy of use rather than not using at all. Common practices include:

- taking drugs before entering the venue or at home;

<sup>24</sup> Descriptions of possible risks are based on information drawn from ‘Crystal – Effects – Health – Sex – Help’, ACON (the Blue Book), as well as respondent knowledge.

- only carrying a limited amount if there is need to take some to the venue;
- ensuring that the drugs can be disposed of readily, such as having loose pockets so they are easy to empty, should the police arrive; or
- hiding drugs in difficult to search places such as underwear; and
- not driving under the influence – get a cab instead or have a designated driver, much like the practice is with alcohol (more applicable to social users than functional users).

Often these strategies result in potentially risky drug taking practices. Some respondents claimed that in order to avoid having to simply dispose of the drugs when police arrive they would consume all that they had on them, or at least much of it. At times, this resulted in taking two or three times more than they had originally planned. Often, they had set aside these drugs for use throughout the night or weekend or for others. Others indicated that in a haste to use the drugs before the police arrived, they would take less care when administering. The main example provided was of injecting quickly and not taking as much care to follow needle hygiene and other harm prevention practices that they would normally.

Notably, the concept of community enforcement rather than law enforcement is a strategy that appears to have been used relatively successfully in some Indigenous neighbourhoods. The example given was of 'The Block' in Redfern. The community decided, several years ago, that ice was not allowed within the confines of the neighbourhood. If residents of The Block want to sell, buy, or use ice, they have to go elsewhere. Residents of The Block ensure that any offender is discouraged from doing so again should they breach the community rules. Ice users on The Block are the lowest of the low. This approach was implemented due to increasing levels of violence in the community in regards to use of the drug. Indigenous respondents claimed that it has been a significant deterrent.

## 10.6 Relevance of Risks and Preventing Harm

While all users might be aware of a large number of risks, the perceived relevance of these to themselves strongly relates to the behavioural context in which they use methamphetamines. Social and functional users only see the short term risks identified in Section 10.3 as relevant to them. They tend to 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.

Social and functional users do not perceive the long term risks they identify as applicable to themselves as they clearly differentiate themselves from dependent users by the self imposed parameters they place on their drug use. These parameters allow social users, in particular, to claim that they use responsibly, and responsible use will minimise long term harm. Simply stated, they do not see themselves as at risk of addiction or other long term risk as long as they stay within certain self-imposed boundaries, such as:



- managing the frequency and the amount they are using;
- are conscious of the type of drug and on what occasions they use it;
- monitor the accepted impact their drug use has on other areas of their lives;
- are conscious of the money they spend (often they have a planned amount); and
- only use what and when their friends are using, and in the same quantities.

The quotes below illustrate this perception that responsible use is the primary means of ensuring that the long term risks that accompany dependency do not occur.

*"If you don't take the (harm minimisation precautions) you're going into risk of the next stage, the constant drug user, and going down the junkie road."*

*"You have the choice; you can either live that sloppy lifestyle and endanger your life or actually go the other route and do it responsibly."*

What is perceived as responsible use is shown by the examples given in the quotes below.

*"It's not like I use it everyday...but every weekend that I go out – yeah."*

*"You certainly couldn't deal with a family wedding on ice, but a bit of meth (base) in your champagne is great. Much more fun!"*

*"I'd never take it when I had to go to work the next day...you plan ahead."*

*"There's some weekends I know I can't go out,...just don't have the money."*

*"I don't go looking for it, but if there's a bit of ice there, then yeah, I'd have some."*

As a result of this perception, social and functional users talk about ways they 'manage' their drug use so that it does not become a problem and how they are able to overcome short term effects, rather than any 'harm minimisation' practices they use.

## Social users

Social users see short term physical risks as really the only risks necessary to manage as these are those that they identify as relevant to themselves. The potential for teeth grinding and decay is managed by ensuring that they chew gum or something similar while using. Loss of weight is managed by ensuring that they eat and drink before using and as soon as they can while coming down. Similarly, the more health conscious claim to ensure they replenish lost nutrients and vitamins by taking vitamin replacement tablets and eating protein based foods, such as eggs and nuts, when coming down.

The potential physical risk of accident or violence is managed by ensuring that they are always with a group of friends when using drugs. The perception is that should anything dangerous occur through an accident or violence, there is always a friend around to ensure help from emergency services if it is required. To avoid this potential altogether, social users claim they made a practice of testing the strength by only taking a small amount of a new batch of the methamphetamine first. This allows them to then ascertain how much of the drug they need to get the effect they are seeking, without risking the potential of their actions getting too extreme. The potential for harm from the ingredients that the drug had been cut with is managed in a similar way; by only trying a small amount of a new supply first. Buying from the same source is regularly cited as the best way to manage this potential risk. Carrying a condom, and then trying to remember to use it when it is needed, is seen as the only way of managing the potential of contracting a STI through unsafe sexual practices.

Social users also identified ways they managed short term societal and mental risks, however these strategies were perceived to be more about managing the short term effects of a comedown than any real potential harm. To minimise the varying degrees of depression, anxiety, insomnia and paranoia experienced during a comedown, many social users plan ahead and ensure they have cannabis, alcohol or even a small amount of the methamphetamine (a minority) on hand to use. The potential for conflict with family and friends due to moodiness or a short temper is managed by trying to avoid these people as much as possible during that time.

The majority of social users minimise the potential for drug use to impact on their employment, through taking too much sick leave and generally lacking in productivity, by making sure they adhere to a time to stop taking drugs on the weekend. Many commented that as long as they stopped by a certain time on Saturday night or Sunday morning, the effects of a comedown had usually dissipated enough by Monday morning to ensure that colleagues or employers did not notice any difficulties they may be experiencing. The quotes below illustrate this,

*"I never take anything after 6am on Sunday."*

*"...for me, it's when the sun is coming up...I have to be home and in bed by the time the sun comes up"*

## Functional users

Functional users identify with the same short term risks as social users. The exception is in regards to loss of employment, which for users in this behavioural context is a real short term risk. Manic Mondays and Slippers fear calling in sick too often so use methamphetamines again to enable themselves to get through a workday. These groups, however, also fear the potential of getting caught using at work and possible loss of employment. In contrast, for some Workers, loss of employment is more to do with not taking drugs than *taking* them. For this group, their use of drugs is due to the need to continue in employment.

Possibly, due to their frequency of use, many functional users tend to fear the potential for dependency much more than social users although they still maintain guidelines surrounding their use in order to minimise long term risk. Manic Mondays and Slippers advocate many of the same parameters of responsible use as social users and are often aware that they have broken the boundaries they set themselves, particularly those around employment. On the other hand, Workers have a different set of boundaries that they claim differentiate them from dependents. These include:

- always using smaller, measured amounts and never bingeing;
- ensuring regular periods of time (days) without using where possible, and
- maintaining control over and managing other areas of their life such as finances and homelife, and most importantly maintaining employment.

This last point is the boundary that Workers most strongly believe as differentiating them from dependents. In their perception, people who have become dependent on methamphetamines are not able to maintain a family, relationships and employment. The fact that they can, is the critical factor in Workers believing themselves as not being dependent or an 'addict', despite the frequency with which they use methamphetamines.

## Dependent users

For the majority of dependent users, the long term societal risk factors are the most relevant. Many identified with the loss of employment and the need to find other methods of gaining money such as sex work or theft, loss of family (including some mothers whose children had been removed from them), and the potential for violent behaviour towards others. While some respondents from all dependent sub groups identified with these long term societal risks of drug use, all Heroin Co-Dependents found these relevant to their own lives.

For some dependents in the Meth Devotees sub group, these long term societal risk factors are not considered as applicable. While these respondents are regular injectors of speed and base, they claim to lead and manage a 'normal' life. They claim that this is illustrated by their ability to maintain employment, finances and relationships with others. This group is differentiated from the functional Workers sub group, as they openly admit to using the drug everyday in order to continue living a normal life rather than for work purposes only. Furthermore, while all Meth Devotees inject as a method of administration, a range of methods can be found among the Workers group. For this group of Meth Devotees, the risks most relevant are identified as physical (both long and short term).

Dependent injectors all claim to practice needle hygiene. They readily identified that access to needle and syringe programs enables them to ensure they have clean equipment and also provides them with knowledge on how to minimise vein damage. Injectors generally believed that given the accessibility to safe and clean equipment, they really had no reason to not practice safe injecting. However, most injectors indicated they knew others that sometimes shared equipment., though none claimed this applied to themselves.



## 11 TREATMENT AND SUPPORT SERVICES

### 11.1 Awareness and Knowledge of Treatment and Support Services

Perceptions of control over drug use relate directly to awareness and knowledge of treatment and support services. As social users have the perception that they are responsibly using drugs within certain boundaries, their awareness and knowledge of treatment and support services is limited. Similarly, while functional users recognise the potential of dependency within themselves, the boundaries and guidelines they place on their use create the perception that there is little need to know about treatment and support services. Users in both these behavioural contexts find it difficult to identify treatment and support services outside of emergency services, and services like detox and rehab, and Narcotics Anonymous (NA).

Emergency services are those that might be used for isolated, one off instances that occur when using drugs in any social situation. They could be due to accidental injury or acute incidents that may be caused by taking too much of a drug or underestimating its strength. These services are seen to consist of the triple 0 emergency services such as ambulance and police, along with hospitals and even specialist psych wards or services for more extreme one off psychological difficulties that may occur by accident when using methamphetamines. The majority of social and functional users claimed that they would not hesitate to call emergency services should one of their friends need it.

*"I had a friend that just lost it once, he freaked out...took too much and he ended up in this ward up at xxxx."*

*"I'm just taking it slow now, I had a bit of a freak out last week and these guys nearly called the ambulance...."*

In contrast, services such as detox, rehab and NA are considered to be completely different to emergency services. These services are thought to be for when long term, serious intervention in drug use is required and are only really relevant for people who are dependent. Social and functional users identify these types of services as only for those who had lost everything else in their life such as their job and family. This perception was shown by the use of phrases such as *"for when people hit rock bottom"* and *"services for junkies"*.

As dependent users accept their reliance on methamphetamines, they tend to have greater awareness and knowledge that treatment and support services are available. Many could spontaneously identify by name some of the detox and rehab services local to their geographic area and some had experienced these services themselves. In addition, injectors were aware of local needle and syringe programs and 'Heroin Co-dependents' knew of clinics that offered heroin replacement programs. Despite this greater knowledge, dependent users had the same difficulty as social and functional users in identifying alternative treatment and support services besides emergency services and detox and rehab.



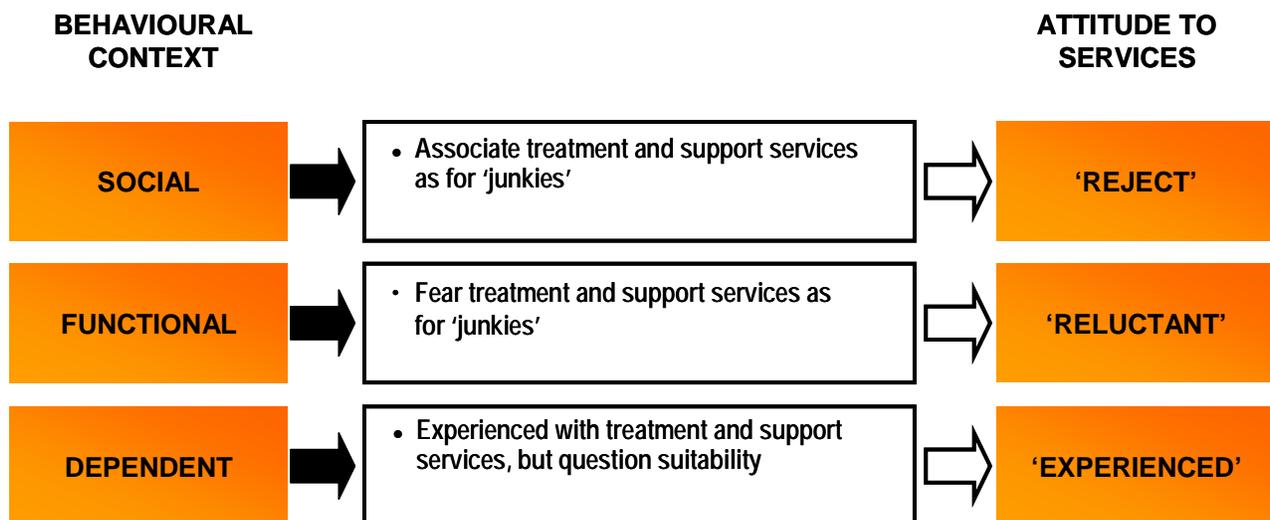
## 11.2 Attitudes to Treatment and Support Services

Across all user groups, there is a noticeably large gap in knowledge of any treatment and support available for methamphetamine use between emergency services for short term concerns and services that are perceived as only applicable for dependents. Attitudes to treatment and support services tend to reflect this gap and may carry some implications for social and functional users, particularly if they begin to question their own use of methamphetamines. On 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 have lost families and employment and are therefore perceived as irrelevant to their needs.

As social users strongly associate treatment and support services as only for those they perceive as dependents, typically called *"junkies"*, they tend to reject seeking assistance from these services themselves even if they are contemplating where to get more information on cutting back or giving up. Functional users have a similar perception of treatment and support services, however as they tend to recognise that their behaviour is closer to that of dependency, they fear that treatment and support services are only for "junkies". This fear manifests itself in an attitude of reluctance. If functional users were to seek assistance from these services, as the only ones they are aware of as available to them, they perceive this as admitting to themselves and others that they are a *"junkie"*.

Dependent users in the research were often experienced with the treatment and support options of detox and rehab. Based on this experience, dependents often questioned the suitability of the services. Many felt that after having failed to stop using drugs once they had been to detox and rehab previously, they would have difficulty trying again. The figure below (Figure 9) provides a summary of attitudes to services across the users from each of the behavioural contexts.

Figure 9: Attitudes to treatment and support services



The perceived lack of a middle ground in what services are available is a barrier to social and functional users even contemplating that they may need treatment and support. Should these users wish for more information on possible support options, there is little awareness or knowledge of where to go for assistance that is relevant. A number of questions that social and functional users may ask if they were to contemplate treatment were able to be identified. These assist in understanding what types of services may be seen as relevant to these groups:

- *Where do I go if I have a methamphetamine problem or addiction?* Not only do social and functional users associate detox and rehab as only for those who have lost everything, or for junkies, there is also a strong perception that these types of services are for people with a heroin or prescription drug addiction rather than methamphetamines.
- *Where do I go to check whether what I'm experiencing is a dependency problem?* As many social and functional users at risk of developing dependency on methamphetamines continue to be highly functional, there are question marks regarding what actually makes a person addicted. Users identify a physical dependency that occurs when people are addicted to heroin, but they do not have the same perception in regards to methamphetamines. The majority indicated a belief that addiction to methamphetamines is predominantly psychological. Due to this, social and functional users may question whether their own self-imposed boundaries on use are what other people agree on as safe or not.
- *Where do I go for advice in minimising harms or managing use better?* The general perception is that all treatment and support services will advocate going 'cold turkey'. For most users across all behavioural contexts, this can be enough of a barrier to not even begin to cut down or contemplate stopping use.
- *Where do I go to get advice on how to manage my job / stay in employment without having to use drugs?* This type of information is particularly relevant for Workers, who have the belief that giving up methamphetamines will result in loss of employment.

It should be noted that there are some exceptions to this perceived gap in services, with some of the target audiences having well-established support and health networks. The most well known of these was the gay, lesbian, and bisexual community which is strongly supported by groups such as state and territory based AIDS Councils. While not established to deal with methamphetamines specifically, many of these provide information on use and management, harm minimisation processes, ways to cut back or quit and treatment and support options that are available. The AIDS Council of New South Wales (ACON) was an example of one such group particularly active in the area of methamphetamine information.

The established presence over a period of time of these organisations has resulted in a greater acceptance of information from them by their targeted audiences. Unfortunately, given that the organisations are for highly specific audiences, in this instance the gay community, the information they produce is not perceived as having the same relevance across other target audiences within this research.

### 11.3 Indigenous Issues on Treatment and Support Services

Both Indigenous stakeholders and users raised a number of issues in regards to attitudes towards treatment and support services. The first of these was identified during the recruitment of Indigenous users in the research with the difficulties encountered in recruiting methamphetamine users through treatment and support services that would normally be used by Indigenous Australians with concerns on drug or alcohol.

Stakeholders indicated that due to the stigma associated with use of ice in Indigenous communities, concerns for anonymity were particularly strong among this target audience given the smaller social networks of users. As a result, stakeholders believed that users were more likely to access mainstream services rather than Indigenous specific services, as they would normally do when concerned about other drug use.

The second issue relates to access to detox and rehab services. As illustrated by the quote below, some Indigenous stakeholders and users believed that the only detox and rehab available for Indigenous methamphetamine users was incarceration.

*"It has been my experience that the detoxification / rehabilitation that users get are PRISONS!"*

### 11.4 Motivations and Barriers to Accessing Treatment Services

#### The self-help approach

Not surprisingly, methamphetamine users will initially attempt to cut back or to stop using altogether by themselves. They indicated that assistance from treatment and support services would only be sought if these attempts of self-help were unsuccessful. A typical pattern of the methods social and functional users employ to assist themselves to cut down or quit is to:

- Firstly, attempt to go without at 'normal' drug using occasions. Social users will still go to the social situation where they would normally use drugs but consider not using. Similarly, functional users will try not to use at work and social situations (if they usually do so); and
- Secondly, if this fails, they will remove themselves from the situation where they would normally use methamphetamines altogether. For those that use drugs in a social context, this could involve not associating with the friends they would normally use the drugs with and socialising with other circles of friends. Some reported having moved away from suburbs and locations to avoid the lifestyle.

For Workers in the functional context, the second stage of the self-help approach is more difficult as it could involve having to change employment, which is not a viable option for some. However, even among social users, some target audiences have greater difficulty in avoiding the social networks and occasions where they may use methamphetamines. This was particularly relevant for those who are involved in smaller social networks, such as rural / regional, Indigenous, and gay, lesbian and bisexual communities. For these target audiences, it is more difficult to disassociate themselves from established friends, as there are fewer options of other social networks from similar locations or lifestyle. The quotes below contain examples of the experiences of some of these target audiences.

*"What else do people do on the weekend if they don't go out (and take drugs)? I don't know anyone that doesn't...its what everyone in (regional town) do on a Friday and Saturday"*

*"All my friends are all encouraging each other not to sort of have ice anywhere near us but then if someone's getting it for someone else and there's usually some leftover and that's where it starts."*

*"It would be good not to think about it and not to do it and you'd save a lot of money but there is just so much temptation when you're out in the club and everyone has got their tops off and you feel amazing and there's nothing really better than that."*

It is only when self-help approach fails, that users are open to seeking information, or assistance from treatment and support services.

## **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 the boundaries they believe define responsible use are challenged. That is, they recognise that they may not be adhering to the boundaries of use that they impose on themselves. Motivation to cut back or give up using altogether can be strengthened by social users identifying the risks of violence, relationship difficulties and employment problems as relevant to themselves. Social users identified a number of instances in which they had questioned the frequency with which they used methamphetamines, with the result of either cutting back on the frequency of use or of stopping altogether. These included:

- not stopping at the time they had originally planned on the weekend and experiencing more severe difficulties at work than they were used to that week, with some feeling their job may be in jeopardy;
- experiencing or witnessing friends' risky or extreme behaviour that could have resulted in serious injury or accident;



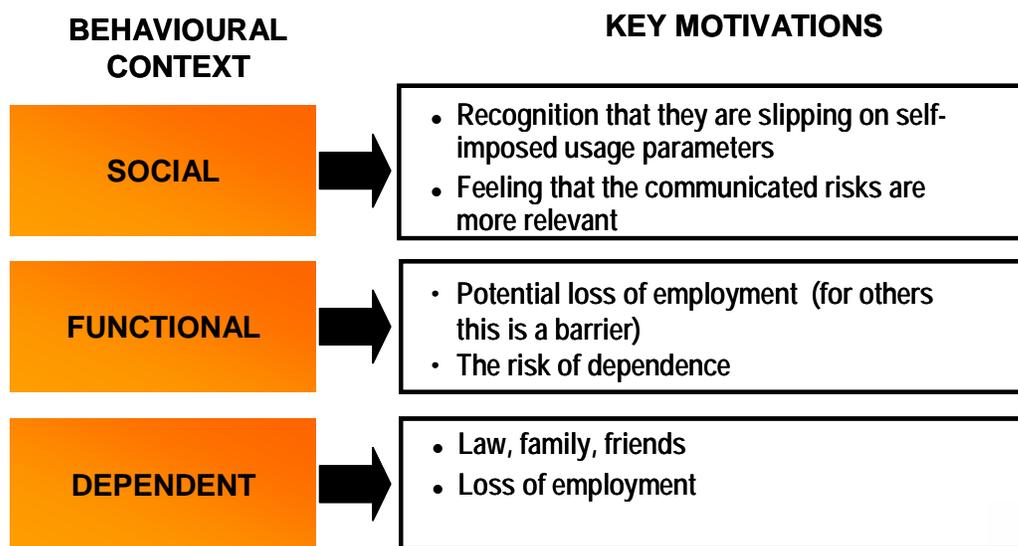
- recognising that the money they were spending was that originally planned for other things, such as saving for a house, the mortgage or to travel;
- experiencing psychological distress or difficulty while using – “freaking out”; and
- realising that they were no longer returning phone calls of friends who did not regularly use methamphetamines.

For some functional users, in particular Manic Mondays and Slippers, the social motivations still apply although the real potential for loss of employment is a key motivating factor to cut back or cease using altogether. As these sub groups start to use methamphetamines to maintain employment while hiding their social use, the potential that this strategy is not working anymore is a key motivator to contemplating cutting back or stopping. In contrast, potential loss of employment is a barrier to seeking assistance to stop using methamphetamines for the Workers sub group. Among this group, it is more the fear of how close they are to being dependent and all the possible consequences, such as a loss of family as well as employment, which will provide some motivation for stopping use. However, for most of this sub group the key motivator will be assurance of continued employment despite stopping use of methamphetamines in a functional context.

Dependent users who had previously experienced treatment and support services claimed that the primary driver for seeking assistance had been through problems with the law, or due to pressure from family or friends. A small number indicated that when their continued use had interfered with employment to the extent that some had lost their job, they had been motivated to attempt to discontinue use. Those who had not experienced treatment and support services previously indicated that it would likely be due to these factors that they seek help.

The figure below summarises these key motivations across users groups.

Figure 10: Key motivations for seeking treatment and support



## Barriers

There are number of barriers that exist for social users when contemplating treatment and support services. The most critical of these is the perceived relevance of such services. As they believe that treatment and support is only for 'junkies' - those who have hit rock bottom - and they have little awareness of any assistance available apart from 'detox' and 'rehab', they do not identify the services they are aware of as relevant. This is the case even if they were to actively seek information on how to cut down or stop using. As stated by one respondent,

*"I don't have sores, I'm not too skinny, I've still got a job. That's only for people who have nothing..."*

A number of other barriers were also identified. These included:

- fear of loss of anonymity and confidentiality;
- fear of being stigmatised by society, family and friends as a 'junkie' which is exacerbated by media attention and the perceived public image of ice (and by default other methamphetamines);
- having to 'give up' completely rather than cutting back;
- having to disassociate from social networks and friends who may be users;
- fear that the treatment and support service will not work and that all efforts, such as disassociating from friends, will have been in vain; and
- judgment by the service provider.

Functional users share these barriers; however, their greatest fear is loss of employment. As they, like social users, view the only options of treatment and support as 'detox and rehab' functional users fear having to take an extended period of time off work to attend. For Manic Mondays and Slippers this fear is based on the potential for employment being terminated due to extended sick leave and the likely unwillingness of employers to employ someone who has admitted to a drug problem.

As stated above, for Workers the basis for fear of loss of employment lies with the fact that methamphetamine use can be accepted, and in a small number of cases expected, in the work place by the individual, the industry, other employees and even the employer. Stopping use, particularly to take time off to receive treatment and support, would directly jeopardise income.

For dependents that had already experienced some form of treatment or support, failure of success previously is a barrier to trying again. Many claimed to have high expectations when originally attending treatment services, only to have experienced worse mental health difficulties and even increased drug use when they had started use again after rehab.

*"It's when you give it a go, come out and try and stay straight and realise you can't...then you know you've (messed) up everything."*

These users believe that it is the lack of support available after detox and rehab that makes it difficult not to begin using methamphetamines again. In their experience, often the only housing available on a low income is in areas where it is extremely easy to obtain drugs, and many experience relationship problems with friends and family who continue to carry some suspicion towards the user after they have left rehab. These issues are exacerbated by difficulties in finding employment.

*"No one wants to hire you if you've been in rehab."*

Private support after rehab, such as through counselling, is seen as costly and therefore unobtainable by many. Those that had experienced public counselling services claimed to have been given a limited number of sessions with counsellors that they perceived as being highly judgemental towards them. Most felt that they would have had greater long term success in not using again if a 'methamphetamine' substitute was available. It was thought that if they could at least access replacement therapy, they may not begin to use methamphetamines again when facing difficulties after rehab.

## 12 DEVELOPING TARGETED INTERVENTIONS

### 12.1 Attitudes to Different Types of Support Options

As stated, there was little spontaneous mention of possible treatment and support services apart from 'detox and rehab'. In order to provide insight into the acceptability for targeted intervention strategies, a list of potential services was provided to stimulate discussion in the groups. These services included:

- Online referral and information;
- Online counselling;
- Telephone referral and information;
- Telephone counselling;
- Face-to-face counselling (one on one);
- Group counselling; and
- GPs.

Furthermore, as most groups had difficulty in identifying services as applicable and relevant to themselves, feedback was gained using projective techniques such as: 'What type of person would use this type of service? When? Why?'

Online sources are seen as an effective initial point of contact as they are accessible for most and are anonymous if only used for information seeking. This type of service was considered ideal as a first port of call that provides both '*should*' and '*could*' advice to methamphetamine users. '*Should*' advice or information is the type that assists in identifying for users whether concerns they have signify difficulties in use or not. '*Could*' advice or information then identifies different services that the user could pursue for further assistance. Online sources are considered less effective as a medium for counselling, as this would require interaction. Although conducted in a faceless electronic environment any interaction would likely raise concerns and questions about continued anonymity.

Telephone services are also considered to have the strength of anonymity and easy accessibility if a freecall number is available. They were identified as particularly relevant for people in rural and regional areas, who may have limited options in regards to face-to-face assistance and, in many cases, online sources. Like online, telephone services are thought to be more useful for referral information rather than extended counselling. However, telephone had the benefit of being able to provide some reassurance and counselling in a crisis capacity. A referral for more long term assistance could then be given. It was thought that this type of service would be very useful for family or friends affected by drug use.



Face-to-face counselling is seen as a longer term treatment service and relevant for those with emotional or mental health difficulties, of which drug use is a symptom. It was identified that this service options had a number of limitations. Firstly, it is perceived as lacking anonymity, particularly in rural and regional areas. Secondly, if provided free, most considered it likely to only be available for the short term and therefore be relatively ineffective. The alternative of private face-to-face counselling is very cost-prohibitive for the majority. Lastly, many of those who had experienced counselling for drug use and other issues claimed it had been impersonal, fake, forced, and ineffective. The cause of this was the perception that the counsellor had little empathy or understanding of what the user was experiencing.

*"They talk to you like they are reading out of a textbook."*

*"They don't know me, they don't know what I'm going through...at least my friends know the full story"*

Group counselling is strongly associated with rehab centres and 'addicts', so deemed as irrelevant for social and functional users who may be contemplating seeking assistance. Awareness of group counselling options is limited to services such as Narcotics Anonymous (NA) and Alcoholic Anonymous (AA) with the widely known 'Twelve Steps' approach. The few that had been to NA strongly criticised these services as they had found the meetings to be a place where it was easy to get drugs from other attendees. These respondents claimed that as most attendees are forced to attend by law or their family, the groups consist of many people not really wanting to give up. The result is that it is easy to source drugs.

Views on the usefulness of GPs were polarised. The primary barrier identified with using a GP is the potential for judgement, particularly if the relationship had been a long term one. Compounding this is the possibility of a breach in confidentiality if the GP also treated other family members. These barriers are further exacerbated in regional and rural areas, where:

*"Everyone knows everyone."*

*"You'd see them down the street."*

On the other hand, those who have an open relationship with their GP believed that it was best for their health to be open and honest about their use of drugs with them. In addition, those living in an urban area identified that they always have the option of visiting another GP if they feared judgement or breaches of confidentiality from the one they regularly attended.

*"I tell them everything...you've got to."*

*"If you don't want to go to your normal GP, you just pick another one."*

GPs were identified as a relatively inexpensive option to gain a referral elsewhere or if the user wanted medication to assist them dealing with issues such as anxiety or depression while they were attempting to stop using methamphetamines. They were not considered an option for any type of counselling, even in the short term.

## 12.2 Considerations for 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 will likely involve interventions that tap into, or at least raise further contemplation, of the motivators for seeking treatment. Increasing awareness of appropriate support options is likely to be most effective if it is possible to communicate that other options are available besides short term emergency services at one end of the treatment spectrum, and detox and rehab positioned at the other end.

### Social users

For social users, the approach to increasing perceptions of the need for treatment and support 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. Risks that carry the greatest relevance include the potential of violence either for themselves or others, the potential for accident when pushing physical limits too far through extreme actions, and relationship difficulties as they avoid non-using family or friends:

*"My friends would leave a message for me and I'd never return the call...I started to think about cutting back then."*

Social users also identified with the potential risk of difficulties in employment, or less than optimum productivity in the workplace, preventing them from moving ahead in their career or in the goals they had set for their life. Another relevant risk among younger users included shortage of money preventing them from doing other things such as travelling or buying a home.

There is also the potential to educate social users on new risks that they might not be aware of. Given the perception that swallowing base is a benign method of administration, it may be possible that education of the physical short term risks such as damage to stomach lining, could be effective.

As well as reinforcing risks, social users may be motivated to contemplate their drug use through challenging them on how well they are managing the self imposed control parameters they place on themselves to ensure responsible use. This will involve reminding social users of, and asking them to self-assess, on how well they are maintaining the boundaries they have established to differentiate themselves from dependents. A number of questions that relate to these boundaries were identified, including:

- do they use outside of a social situation?
- do they use more than their friends?
- are they more tired? Are their teeth cracking?
- have they been in a potentially violent situation?
- have they done extreme or crazy things they consider dangerous when using drugs?
- is it having any impact on their job? Study?
- are friends saying they are going too hard / too fast?
- do they still hang out with 'non-using' friends?
- do they regularly spend more than they'd planned?
- have they ever borrowed money to buy drugs? Got it on 'tick'?
- what else do they do socially outside of experiences using drugs?
- can they go out / to a wedding / have friends over for dinner without using drugs?

### **Functional users**

For functional users, possible approaches will differ depending on the sub group. A similar approach, as that for social users, could be used for Manic Mondays and Slippers as they are also using in social situations. Placing a greater emphasis on the potential for loss of employment could assist in achieving greater cut through of risk messages with these sub groups.

For Workers, the approach could involve both:

- reassurance that treatment and support does not have to interfere with maintaining employment; and
- challenging them with the reality of how frequently they are taking drugs.

## Dependent users

Dependent users, who do not use heroin, will respond better to the offer of treatment and support options, if they can be reassured that what is being offered is not simply an approach of 'going cold turkey'. They fear that treatment and support will not offer an alternative that helps them to 'wean' off the drug over time, despite usually recognising that the dependence is not physical. Support options that assist them to believe they can continue to function 'normally' without methamphetamines will help in addressing the fear that they cannot. Above all, like Workers many of these users would respond better to services that cater for the fact they are still doing 'normal' things like maintaining employment.

## The services on offer

For all groups, the perception of existing services should also be addressed. An effective focus could be to highlight that:

- information and support is available specifically on methamphetamine use as opposed to other drugs like heroin and so on;
- information and support is available in other formats besides 'detox' and 'rehab';
- there is information and support available before people hit rock bottom;
- services are non-judgemental and there is no 'stigma' associated with use;
- services assist, not reprimand; and
- services can be accessed anonymously and in confidence.

## Communicating with users

Targeted interventions may need to involve both information and more active interventions. There are a number of standard information channels that could be used to communicate both motivating messages and raise awareness of appropriate services. Mainstream media could potentially be used, as while many spoke about the effect of the current ice campaign, they also pointed out that it did not offer any assistance of where help might be available.

Targeted media sources, such as street press, gender and age specific magazines, could be useful for challenging the parameters of responsible use for social and functional users. This could be done in a manner that encourages them to self assess their methamphetamine use in a manner that recognises what they perceive as using safely. Public information in target audience specific places, such as sex venues, universities, clubs, raves, pubs, truck stops could also be used in a similar manner.

The Internet was identified as potentially an effective tool to raise awareness of available services and to prompt self-assessment of use. This medium could be effectively used to provide knowledge that will assist in minimising harm and movement to dependency, particularly if directed through sites where users may search for information on how to manage harms or what is in drugs.

Active interventions that force compliance or diversionary strategies may be useful for some users in the functional category. These could involve approaches such as encouraging active interventions by employers in workplaces like industry applied drug testing (particularly relevant for drivers), and industry specific support information on tools for managing long hours or labour intensive work without using drugs. Diversionary programs would likely have some impact in areas where drug taking is more of a factor of boredom than anything else, such as in regional and rural communities and some Indigenous areas.

## 13 METHAMPHETAMINE USE AMONG INDIGENOUS COMMUNITIES

### 13.1 Methodology

As described in the main section on methodology in this report, CIRCA conducted twelve in- depth interviews with methamphetamine users. These were as follows:

- six with users from the Illawarra region (4 male, 2 female, aged 18 to 27 years);
- three with users from Western Sydney (One 36 year old female, one 32 year old male, and one 33 year old male);
- three with users from Inner Sydney (through Redfern Community Centre, one 28 year old male, one 30 year old male, and one 34 year old female).

The interviews were conducted in urban locations in NSW as:

- methamphetamine use was not seen to be an issue in remote locations but to be more prevalent in urban areas; and
- most people said it was not an issue in the NT “yet”;

Methamphetamine use was anecdotally identified in a few regional locations, although this was unsubstantiated. For example, a few stakeholders said that they had heard it was an issue in several regional areas, but this was not substantiated when contact was made with organisations in these locations.

In addition to the interviews with methamphetamine users, four depth interviews were conducted with stakeholders, including Drug & Alcohol Units of several Aboriginal Medical Services and Mental Health Services across Australia. These were completed in NSW, SA, and WA.

### Recruitment Challenges

Recruitment of users was conducted through Indigenous researchers, and through the Redfern Community Centre. Initially attempts were made to recruit through services, and over 30 organisations were contacted. This included Aboriginal Medical Services (AMS), and drug and rehabilitation services. It was not possible to recruit through these organisations for several reasons:

- indications that most users are not accessing services due to the stigma / sensitivity and concerns regarding anonymity. Stakeholder believed that Indigenous users may be more likely to access mainstream services rather than Indigenous services; and
- services that had methamphetamine users required ethics approval to participate.

Recruitment was also difficult because many stakeholders were unsure of the prevalence of methamphetamine use, and perceptions of incidence levels tended to be unsubstantiated and anecdotal. This differed from previous experiences of CIRCA when undertaking research on sensitive topics. In the past, issues are scoped with Indigenous researchers and community organisations, and in almost all cases there is a base level knowledge of the topic and the key individuals or organisations to contact. This was not the case when discussing methamphetamine use.

In the end, Indigenous researchers were used to recruit methamphetamine users through their personal contacts. These researchers all knew several users, suggesting that in urban areas methamphetamine use is quite prevalent, even though many organisations noted that people are not presenting to Indigenous services.

### 13.2 Patterns of Use

Most people included in the research had reduced or stopped using methamphetamines, or were planning to do this despite still using regularly. Further, most were users of ice rather than other methamphetamines. Therefore, this provides a slightly skewed picture of patterns of use among Indigenous Australian. However, those who had reduced their use of methamphetamines talked of previous heavier consumption patterns, as well as current patterns.

This research suggests that drug use for many starts at an early age. While the age when people had started using drugs varied, almost all had started before they were 19 years of age, with several starting with marijuana at around 12 years of age. Only one person had started at an older age, being 28 years when they first started using speed, and this person also became involved in making speed at the same time as they started using.

Poly drug use was very common, with a wide range of drugs being used, including alcohol, cannabis, amphetamines, ice, speed, ecstasy/pills, benzodiazepam, coke, fantasy, and rush. A few people from Illawarra and Western Sydney had used heroin, and all three participants from Redfern had used heroin. Several talked of using ice and alcohol together, and marijuana to *"help come down"*. Others talked of starting on speed and then using heroin to *"bring you back down, and then the addiction set in"*. Alcohol binges, some for at least two days, and methamphetamine use was also common, although the research suggests that often the pattern is for methamphetamines to become the primary drug of choice.

*"A lot of us started drinking and smoking (marijuana), and then speed comes along and you find you can drink a lot more, and go on big binges. I used to notice that they could be up all night and drink and drink and drink, and I started asking why, and asked them to score for me, and then I started scoring myself. It's all linked, it all fits together. You're not getting too smashed, too drunk, you're all right. Generally it will take over alcohol and smoking, and you'll end up drinking less and smoking (gunga) less. Not a lot of users are big drinkers, whereas once they were."*

The way ice was used varied, with the most common technique including either smoking, snorting or ingesting the drug. There were a few that injected ice, while others had very strong objections to injecting because of a fear of needles or of contracting diseases. Research suggests these drug segments see themselves quite differently, and that 'shooters' and 'smokers' are discrete groups, especially given that all participants talked of using in a social setting/with peers. There were about seven who injected ice, and of these three shared needles with 'trusted' partners in an exclusive arrangement. This arrangement was viewed as safe because of the exclusive arrangement with their partner. Injecting was seen as *"better value for money"*.

Many had used drugs for numbers of years, up to 15 years. This is not surprising given that drug use had started at a young age. There were a few recent users who had been using methamphetamines for the last couple of years, although the majority had used for 10-15 years. Within this group some identified as social users (when they go out), while others were habitual users and had accessed treatment for the addiction. Around half of the participants had been or were currently utilising substance misuse services. A few used ice or speed 4-5 times a week, while others were occasional users. Social users spoke of regulating their use, although the boundaries may be somewhat blurred, creating an illusion of control.

*"I am careful that I do not use too much or too often, and not in a regular pattern as I am very aware of the risk of addiction. I do not really use speed now, as I like the ice too much."*

The perception of the level of control was the main factor that determined whether people saw themselves as an 'addict' or a 'social' user.

Stakeholders questioned the use of labels such as occasional users:

*"I do not know anyone who uses Ice occasionally, they might have started off being occasional users but it is a quite addictive substance as you would know."*

As mentioned earlier, there were mixed responses when discussing the prevalence of methamphetamine use in Indigenous communities. Many organisations did not feel that it was very prevalent, although there were concerns that this may change in the near future, while a few identified a very high incidence of use in regional and remote communities. In WA, a stakeholder indicated that methamphetamines are available in rural and even remote communities in WA, especially coastal communities.

*"There isn't a community in Australia where you couldn't get anything you want in 2-3 hours. Even in some of the remote communities. More and more Indigenous folk are selling to Indigenous folk. Previously it wasn't the case, but now it is."*

This stakeholder identified young Indigenous women as an important target. He noted that he had heard of injecting use among children as young as 10-13 in a remote community in WA.

A service in Adelaide identified a very large number of Indigenous injecting methamphetamine users, and estimated that they see approximately 350 Indigenous clients a year. This stakeholder felt that access to clean needles and safe practice information was a key issue of concern for these users.

This stakeholder also felt there had been an increase in the use of ice due to limited availability of speed.

*"It's getting harder to access the ingredients needed to make speed. So 'truckies speed' is vanishing."*

## Impact on family

The stakeholders identified the significant impact of methamphetamine use on families and communities. One treatment service spoke of the concerns among families because *"every authorised intervention is traumatic"*, and that often the family feel very guilty about contacting authorities. This service indicated that families and communities find it very difficult to cope with methamphetamine use because of the aggressive behavior associated with use, and because often there are several users in the one family.

*"Indigenous people are very tolerant people, and will put up with negative responses for a long time. Meth has changed all that. It is too much for the families to deal with. If Indigenous families can't deal with it, that's saying something."*

It was noted that the prevalence of methamphetamine use has lead to greater concerns about safety in communities and for households. This stakeholder also believed that as Centrelink payments are spread over a fortnight, this means that *"invariably there is someone in the community who has money on any given day of the week, so there is no recovery time in communities."*

### 13.3 Motivators

The most common motivator identified for first trying ice or speed was peer pressure/friends, with a desire to try something new and to try something their friends were trying:

*"To be accepted in the crowd."*

*"Because everyone else was doing it."*

Drug taking was clearly seen as a socialising activity, and initial use was an experiment to address curiosity. Family break-up, weight loss, price and accessibility were also identified as motivators. In every case, the common experience was of friends or family encouraging use of the drug, or they had used the drug before and identified positive benefits. Several people said their friends/family had compared ice to coke, and this encouraged the use. One person had been told that you cannot OD on ice when he first tried it.

Perceptions of speed before trying were primarily positive. Perceptions of ice were mixed, as there was some awareness of the negatives in terms of being addictive, potent and dangerous, but this was not true for all. These negative perceptions were based on what had been learnt at school, or in the media, or from people they had seen in the community.

*"It was the same effect as my friends had said, but I didn't realise how hard it would be to get away from the drugs once you have started".*

Most had a very clear memory of their first time – where, when, and who with. Participants remembered their heart racing, increasing confidence, and feeling excited. A wide range of 'first time' scenarios were identified, including in a stairwell of a building, in a car driving from the north coast, at a party, at a friends house, at a night club, and at an aunties house. For example:

*"I was driving on a long trip with my cousin who 'had some lines' to keep awake and I tried it too."*

*"People said it's good, we drink all night, and can keep going the next day, and they said 'go on 'cous, just try it', and I didn't want to be the odd one out."*

*"They (friends) said it's like coke, and I said oh yeah, if it's like coke I'll try it."*

A few women were encouraged by family members (mother and partner) to use ice for weight loss.

*"I was with a school friend and her mother. Her mother took it quite often to help her clean the house. She offered it to her daughter (my friend) who was really overweight to help her curb her appetite. My friend was about 15, I was 14. We took it in a cup of coffee and then went out to a nightclub in Penrith. We were really excited about trying it; I only knew of positive things about speed, that it gave you energy and stopped you being hungry, and that you lose weight on it."*

*"The first time I tried ice was with my husband. He was tired of my whining that I had put on weight and thought I was fat. He told me that he would get me some, but he would control how much I had 'cause he didn't want me getting too hooked on it. We smoked it together, and I remember the first week I got a really bad chest infection from smoking it. I was really eager to try it 'cause I knew you drop weight fast on it. It worked really well too, but the come down is hard and I get really moody when I am coming down."*

The positive effects of methamphetamine user were easily identified. These related primarily to the emotional state achieved when using the drugs. Positives included:

- enjoyment, *"happy feeling"*, euphoria, getting the high, feel good, confidence;
- temporarily forget problems, all problems disappear;
- weight loss; and
- social elements.

Significantly, the negative effects of methamphetamine use were also easily identified, and included:

- addiction;
- panic attacks, sleep problems, paranoia, psychosis, hallucinations (greater association with ice);
- family problems, effect on relationships - *"Coming down and knowing problems are still around"*;
- cost;
- violence / aggression;
- body aches; and
- risk of infection / vein damage (injecting drug users only).

However, these side effects were only identified after regular use, as most said that when they first tried speed and ice their perceptions of the drugs were primarily positive, as they were based on recommendations from their peers/family. Almost everyone spoke of the difficulties of 'coming down' from ice and speed, and a few used marijuana or heroin to help the 'comedown.'



The main source of information on the positives and negatives of methamphetamine use were friends/peers, personal experience, and the experience of others around them. Media also contributed to the level of understanding of the impact of methamphetamine use, and through the media, drugs were seen to affect lower socio-economic families as well as role models.

### Differences between speed and ice

The main perceived difference between speed and ice was the intensity of the high, or the potency, with ice identified as 'more potent.' However, a few noted that this came at a cost, as the 'come down' from ice was seen to be harder than for speed.

As the table below highlights, both ice and speed are strongly associated with an excitement and rush, although the intensity of ice is perceived to be greater, and this in turn has led to a stronger preference for ice over speed.

There were mixed responses when discussing price, as some felt that speed is cheaper than ice, while others noted that ice is cheaper:

*"Speed is the poor man's coke, and ice is the poor man's speed."*

Speed	Ice
<i>"ultimate excitement"</i>	<i>"super confident"</i>
<i>"a rush, like you could do anything"</i>	<i>"paranoia"</i>
<i>"like you're racing inside"</i>	<i>"makes you feel like Superman"</i>
<i>"super charge"</i>	<i>"potent, fast, quick effects"</i>
<i>"excitement, energy"</i>	<i>"excitement" "incredible rush"</i>
Speed cheaper than ice, side effects not as bad, not as effective as ice	Many preferred the high from ice to speed – more potent, powerful, immediate affect <i>"some super charge speed"</i>
Minority prefer speed – because it is cut, is not as potent as ice	Negative – come down from ice is hard, has bad side effects, costs more, more addictive BUT Majority prefer ice – more effective/potent



#### 13.4 Knowledge of the Risks and Harm Associated with Methamphetamine Use

As identified earlier, most had reduced use or stopped use in the last few months, with the others identifying a desire to change, although there had not been a significant change in their behaviour. Most imagined that in the future they would stop using. This therefore provides a skewed sample to some extent, as the participants were well aware of the risks associated with methamphetamine use and because of this had attempted to reduce or stop the use.

The research identified an increasing awareness over time of the risks and harm associated with use, primarily because the impact of the drug use on the lives of the participants was more significant over time. As well, several people identified the effects of drugs on others in the community as highlighting the negative impacts that drug use has over time. This included death, incarceration, mental illness, and being excluded from family/peer groups because of stealing and dishonesty. Many also had examples of paranoia that had led to concerns about drug use. Others spoke of family break-up as the instigator for wanting to change. All of the risks were seen as real, and based on personal experiences, or experiences of friends/family.

*"My mates don't talk to me no more. I had all the friends in the world, but no more friends or family coming around. Now I've cut down the love's starting to come back.."*

*"Friends ripping each other off and getting angry over bad deals."*

*"You see spinners die – I've seen a lot of good people here die of overdose."*

Aside from the long term risks identified above, paranoia and hallucinations were major risks identified in the research, and potential motivators for reducing use. One participant described trying to reduce his rate of use in an effort to avoid becoming paranoid as,

*"the more you take the more chance you have of hallucinating and being paranoid".*

This same participant described a particular instance of hallucinating, where he believed he had worms crawling out of his skin. This encouraged him to try to reduce his rate of use. Many others referred to paranoia:

*"I get heaps paranoid, I think people are talking about me, and I get in heaps of fights, I get angry."*

The impurities in the drug, and the fact that *"you don't always know what you're getting"* was a common risk reported.

A few mentioned risks associated with sharing needles (Hep C and HIV/AIDS), although awareness was limited. The few that shared needles with a close partner identified this as a safe, exclusive arrangement. A stakeholder from a clean needle exchange program (SA) said that many users mix base with water and then inject, but that most are injecting incorrectly, risking vein damage. This stakeholder gave an example of running a session on safe injecting, where it was found that 95% of the users were injecting incorrectly.

There were some discussions of steps taken to minimise the risk and harm associated with methamphetamine use. Using with others was an important safety measure, as people were worried about overdosing or having a psychotic episode. A few spoke of not sharing needles, or only sharing with a trusted partner as a step to reduce risks.

When prompted about specific risks, many felt getting into trouble with the law was a possibility, and this included being pulled over by the police, being searched and caught in possession of the drugs or equipment or chemicals used in the manufacture of the drugs. The few social users did not see this as a realistic possibility. Losing friends was identified as a realistic possibility, due to violence, aggression and theft, as was not being able to “get a job”. A few had experienced these risks themselves, or had seen this happen with others that they knew.

*“I realised once my family packed up and left, I hit rock bottom and came to terms with things and it made me realise that I had to get off them [drugs] otherwise I would lose them forever.”*

*“There’s a meth user here that’s so talented, more talented than most, but he’s ripping me off, ripped his family off, no-one has any love or respect for him anymore.”*

The social users did not feel that this is a potential risk, although they acknowledged this could be in the future.

*“It hasn’t really affected my relationships with friends and family too much yet, though I can see the potential for me withdrawing from them.”*

However, stakeholders felt users may be aware of the risks but “don’t care – they feel they are 10 feet tall and bullet proof”.

*“When you are living in poverty with nothing, and all you ever see is the negative side of town, you are looking for a quick fix. Unfortunately meth does it so well. For many meth isn’t a negative experience – for most it’s a positive experience.” (Stakeholder)*



This difference in response is likely to be due to the skewed nature of the sample towards those who had or were hoping to reduce their drug use, and therefore more likely to have experienced significant negative effects. The few who identified as social users were less likely to associate their drug use with the risks identified, suggesting that this group do not view these risks as relevant.

The main sources of information on harm minimisation are television programs and advertising, doctors and friends. However, the research indicates that seeing others' negative experience has a significant impact.

*"You would be surprised at the number of people who use heroin that see people on the ice, and they do see the results of it, this makes a few realise that Meth is not for them, and they will come in and get on a program, especially if there is no heroin around." (AMS)*

A stakeholder from Adelaide discussed the need for targeted programs for methamphetamine users as there was currently very limited information, and certainly no Indigenous-specific information.

### 13.5 Treatment

Most participants had reduced or were planning to reduce their drug use, or *"at least have it under control"*. The steps to reduce use included staying away from other users, and making a pact with their partners. Most were also accessing substance misuse services including assessment and referrals to detox programs and rehabilitation, residential rehabilitation, and relapse prevention programs. Knowledge of services comes from family, friends, and doctors. There was a high level of awareness of needle exchange programs, and the understanding of the importance of using clean needles came from family, friends, television, and doctors.

The primary motivators for seeking treatment are to *"keep out of jail"*, *"keep their children"*, and because of a genuine desire to make positive changes in their life. A few had children and did not want their children to know of their drug use, or to become involved with drugs themselves. While about half had tried residential rehabilitation in the past, and had found it beneficial, all had relapsed. One person had stopped cold turkey, and had gone away to stay with family when they stopped. Several felt concerned that their use may increase despite their desire to reduce their frequency of use, and this was due to the ready availability of the drugs, being around others who also use, and the difficulty in being able to refuse an offer to use. As one participant stated, *"the temptation is always present"*. Other motivators for reducing drug use were age, wanting a family, or losing their family. The older participants appeared to be more determined to cease drug use. It appears that ideas on treatment are influenced by what is known to work for others in similar situations to the drug user.

However, stakeholders challenged this with regards to accessing treatment services, suggesting that for most users' detoxification happens in response to incarceration:

*"It has been my experience that the detoxification/rehabilitation that the users get are prisons!" (AMS)*

There were strong concerns among stakeholders that methamphetamine users often fall through the cracks in terms of accessing emergency at hospitals, being referred to mental health services and being sent to corrective services, with limited access to appropriate services and rehabilitation. Prison was also identified as potentially leading to unsafe practices with regards to sharing needles.

*"People are flicked from drug and alcohol services to mental health services, and often end in the justice system. In the justice system there are unsafe IV practices. People take these drugs and unsafe practices of usage back to communities." (Stakeholder)*

Barriers to accessing treatment services focused on the rules and lack of freedom that these services offer.

*"I don't want to have to follow their rules."*

*"No freedom."*

*"I feel the program is judging me, as in preaching."*

Others acknowledged the psychological addiction:

*"You have got to deal with the needle in your head, the psychological addiction, the feel of the steel."*

Redfern provided an example of a community response to methamphetamine use. Users said that it had been decided within the community several years ago that ice was not allowed, and that when people use they have to go elsewhere, based on the increase in the levels of violence as a result of this drug use. The participants said that they cannot buy or use methamphetamines in the Block, and that using ice was really frowned upon.

These participants also said that people in the community will "growl" at you if you are using in the community, and based on the discussions this appeared to be a significant deterrent.

*"I reduced my use because friends and family would growl at you. They'll tell you what you've done. It's everybody's business here."*

*"On the block they don't allow it. It was too devastating when it hit here, everyone was fighting each other, so consensus was that it wouldn't be allowed here. When I get on it, I go and score at Waterloo and have it there."*

These participants felt that ice was on the bottom of the ladder in the drug hierarchy, and therefore there was no tolerance of this drug in the community.

*"Alcohol is at the top, it's acceptable. Then gunga, then heroin, then speed, pill poppers and ice is really down on the bottom, because people don't know what they're doing, have no respect for themselves and other people. They go crazy."*

### 13.6 Information, Treatment and Support

While the research is unclear with regards to the prevalence of methamphetamine use in Indigenous communities, especially remote and regional communities, it is clear that it is an issue of increasing significance. The users that participated in the research recommended television advertising as an effective method for delivering harm minimisation messages, with many recalling the advertising that demonstrates the effects of psychosis from methamphetamine use. Stakeholders felt that this is a critical message, as it is the one risk that can have a very significant impact, and potentially change the quality of life of the user forever, as it can often trigger mental illnesses like schizophrenia.

*"It's like Russian roulette. It (a psychotic episode) affects 1 in 10. This is the message that needs to be promoted." (Stakeholder)*

Stakeholders were also focused on prevention, and suggested that diversionary programs for young people are needed.

One stakeholder in particular felt that training for hospital and drug and alcohol services was needed in order to educate staff about methamphetamines and to assist in breaking down the stigma attached to users. It was felt that this would encourage more users to seek help. If possible, combating the impact of peer pressure on encouraging drug use should be a major focus, as positive recommendations from friends and family were important in every case when ice or speed was tried for the first time.

Redfern also highlighted an example of where the community can potentially address drug use, and it will be important to encourage a collaborative approach with communities so that the community owns the decision to limit the impact of drugs in the community. For other substance use issues, such as petrol sniffing in central Australia, empowering communities to address substance use can be very powerful and effective.

*"They need pretty solid collaborative approaches and consultative approaches with key communities and workers in the sector – grass roots. Somehow they need to form some relationships where communities can take ownership of the problem and have input into the solution." (Stakeholder)*

A few participants also recommended the use of role models when delivering messages about the harm associated with methamphetamine use, especially using people who have overcome their addiction in delivering messages about harm minimisation and risks. Given that awareness of the risks and harm associated with drug use tended to be based on their personal experiences, or those of others around them, this suggests that seeing the experience of other users that they can relate to may be effective. This approach will also need to account for the diversity within Indigenous communities in terms of age, lifestyle, and location (remote, regional and urban).

## 14 SUMMARY AND RECOMMENDATIONS

### 14.1 Key findings for Social Users

#### Target Audiences

Young people aged 16-24 years, university students, rave partiers, gay, lesbian and bisexual users, rural and regional, and some general users aged 25 years or more, were the primary target audiences using methamphetamines in the social behavioural context. Among workers in the specific industries that were targeted, hospitality workers were more likely to use socially, as well as in a functional context, than construction workers and labourers were.

#### Characteristics of Social Users

The primary motivation for using methamphetamines among these social users is the drugs' disinhibitory effects. Users claimed to experience enhanced confidence, increased ability or motivation to converse with others, enhanced energy, alertness and greater physical sensation. Social users are characterised by a number of behavioural characteristics. Firstly, they only use at parties, clubs, social events and other gatherings that involve others, as they see the experience as being one to share. Using alone is frowned upon. Secondly, social users place parameters around their usage that they perceive clearly differentiates their responsible use of drugs from those who develop a dependence. These are what they believe ensures their drug use continues to be low risk. The most common of these parameters are:

- only using when others are using;
- only using the same amount as friends; and
- not allowing use to affect other areas of their lives such as employment.

As a result, social users claim to only use methamphetamines at the weekend or at special events.

#### Types of Methamphetamines Used

Speed and base are the most common methamphetamines used across all social users. These drugs are clearly differentiated from ice, and are used in the same context as each other. Speed and base are the methamphetamines most commonly used at clubs, raves, parties and other social events because they provide a lower, less intense high over a longer period of time. They are also easier to carry and administer than ice, as they are commonly snorted (powdered speed only) or ingested (either alone or mixed in a drink). It is important to note that social users often do not clearly differentiate between speed and base. While it is understood that base

is higher in purity and stronger than powered speed, the difference is not considered as substantial, and most social users will use both depending on availability. In the majority of cases when they are asked, users do not differentiate which they are using and will use the terminology of 'speed' to describe all forms of methamphetamines with the exclusion of the white, crystallised form which they identify as ice.

Ice, on the other hand, is considered to be a vastly different drug in terms of purity and strength by social users. Given this, and also due to the fact that it requires equipment for use, it is most commonly used in private premises (not out at clubs and raves). This is usually at a house party, an after party, or for a small minority of social users, before going out to clubs, raves and so on.

## Patterns of Use

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. Younger people within all the target audiences in the social user group - youth, students, rave partiers, gay, lesbian and bisexual users, rural and regional - more commonly fell into this category than their older counterparts. That said, a number of the general users over the age of 25 years, were also Ice Blockers.

Other social users will use ice opportunistically when it is offered to them by others at locations such as house parties after a night out (Ice Dabblers). Ice is not their drug of choice, they would prefer other drugs including other forms of methamphetamine and they do not actively seek it out. In fact, they will often have a low regard for ice comparative to other drugs. However, this group tends to be characterised by being receptive to taking almost any drug in a social situation, so will use ice when it is offered by their peers.

'Ice Celebrators' were the third social sub group able to be identified. This sub group consists of those social users who consciously limit their ice usage to special, infrequent occasions, such as all weekend raves, New Year parties, birthdays and special celebrations, although they may or may not use other drugs on a regular basis. If they do use other drugs, it is highly likely that they will use other methamphetamines on a more frequent basis. These users are characterised by planning their ice use ahead of time and will purchase the drug themselves rather than rely on it being offered to them. Older people within the target audiences in the social user group - youth, students, rave partiers, and gay, lesbian and bisexual users - more commonly fell into this category than their younger counterparts.

The final social sub group were social users who claim ice as their drug of choice ('Ice Preferrers'). This sub group may use other drugs occasionally, but 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. The context in which they use is almost always in a house party situation, where circulating the ice pipe results in

intense conversation and shared experiences with an 'inner circle' of friends. Often they are older and claim to have 'outgrown' the rave / club scene where speed and base are more commonly used.

Poly drug use is common among social users of methamphetamines (although less so among Ice Preferrers). While speed and base will almost always feature, users will pick among a repertoire of other drugs to enhance the experience of the night. The drugs that are most commonly used in conjunction with speed and base are ecstasy, cocaine (more prevalent in Sydney), marijuana and alcohol. Other drugs used to a lesser extent include dexamphetamine (dexies), GHB (liquid ecstasy), ketamine and a minority also used LSD.

### **Differences in Motivation and Behaviour of Target Groups**

While the underlying motivations and the behavioural context of use are consistent across target groups, some audiences exhibited certain motivational and behavioural characteristics that have impact on recommendations. These included:

- 1 Differences in availability of the three forms of methamphetamines is exacerbated in rural and regional communities. Inconsistent drug supplies mean that methamphetamine users were more likely to use whatever permutation is available. This may result in many younger users being exposed to stronger forms of methamphetamine than they anticipate, as what they are told is simply 'speed' may be a much stronger form.
- 2 Boredom is a key factor contributing to the habitual use of methamphetamines among young people living in rural and regional communities. The smaller social networks in these communities resulted in the perception that there is limited choice of social interaction with people outside those who use drugs, and going to venues where drugs are found.
- 3 The enhancement of sex is a key motivator for many gay men using methamphetamines, particularly ice. Some may reserve the use of ice for this activity and only use other methamphetamines for social activities. In certain places and situations drugs, particularly methamphetamines, and sex are considered to go hand in hand. These included sex at on site venues, local parks, and after-club house parties. This often leads to unsafe sexual practices.
- 4 Ravers, gay men and rural and regional users were more likely to experience the impact of law enforcement when using methamphetamines. This occurred for ravers when police targeted rave parties, for rural and regional when a police 'crackdown' occurred in the town, and for gay men when police increased their presence at sex on site venues and parks where sex occurs. In these circumstances, law enforcement often prompted a change in strategy of using rather than discontinuing use. This can lead to dangerous practices when greater quantities of drugs are used in a shorter period of time in order to dispose of them quickly.



## Attitudes to Risk and Harm Prevention

Social users believe themselves to use drugs responsibly. In fact, they are defined as a group by the self-imposed parameters they place on their methamphetamine use. As such, they do not see themselves at risk of harms from their drug usage. They can identify a range of societal, mental and physical risks, but tend to perceive these as only applicable to long term, dependent users. That said, there are a number of physical risks that they identify as possible from short term usage, and are therefore relevant to themselves. These include:

- teeth grinding and through this, teeth decay;
- loss of weight, which was a concern more for males than females;
- loss of vitamins and nutrients that was detrimental to the body;
- harm from the other ingredients used to 'cut' the methamphetamine; and
- the potential for accident or violence for oneself or from others.

Social users claim to mitigate these risks by chewing gum, ensuring that they eat as soon as possible when coming down, using vitamin tablets, trying to buy from the same source to ensure a consistency in quality of the drug, and always using with friends in case of accident or violence. Rather than identify these as harm minimisation strategies, social users see these actions as part of using drugs responsibly.

## Treatment Approaches

The majority of social users, particularly younger users, perceive that they will discontinue using methamphetamines in the future as their lives and lifestyles change. They believe that their use will cease when they stop going to raves, clubs, and so on, when they get a 'proper' job, and/or when they settle down with marriage and children. Until then, use of drugs is considered almost as a rite of passage – something that is done when young. Older social users maintain that if they wanted to stop using, they could, and their frequency of use tends to vary and change with what is going on in their lives. Across all, it was considered that if they wanted to stop using, it would simply be a matter of not going to the social places where they tend to use methamphetamines – a self-help approach. As such, social users do not see the relevance of treatment services for themselves.

This lack of relevance is enhanced by a low awareness of treatment and support services outside emergency services (ambulance and police) that can be called on for unforeseen accident or violence, and detox and rehab services that they perceive are only for people who have a long term dependency on methamphetamines. Neither of these options are perceived as likely to have the information on cutting back or stopping use that is relevant to



their needs, should they be looking for it. In effect, there is a gap in the services available to social users who may want information on how to cut back on use, minimise harms from using and of where to go for support outside a detox and rehab centre<sup>25</sup>.

## 14.2 Social User Recommendations

The following recommendations are applicable across all of the target audiences that fit within the social users category - young people aged 16-24 years, university students, rave partiers, gay, lesbian and bisexual users, rural and regional, and some general users aged 25 years or more. As the majority of their methamphetamine use occurs while out with friends at a club, pub, dance venues, raves and so on, a similar broad strategy for the development of interventions can be followed for all.

### Patterns of Use

- 1 Many social users, particularly those that are younger, strongly perceive that speed and base have much lower levels of purity and potency than ice, and therefore do not see similar risks associated with the use of these less pure forms of methamphetamines. This makes some social users susceptible to using forms of methamphetamine that are much stronger than what they originally perceive, as they tend to feel that if the methamphetamine is not white and crystallised, it's not ice, and therefore they feel safer in using. While it would be useful to develop interventions that highlight that there are permutations of base that are almost as strong as ice, this would likely have the reverse effect of lessening the fear that many have of ice now. The current emphasis of the preventative campaign of ice being a much stronger, more frightening methamphetamine, appears to be effective among many younger users and should be maintained.

That said, interventions that are targeted towards social users should take into account that it is speed and base that are most commonly being used at public venues, so any intervention that targets ice specifically would be considered largely irrelevant. Interventions will need to strike a careful balance between prompting social users to think about their use of speed and base without lessening the risks associated with the other methamphetamines when compared to ice, or in decreasing the impact of the current campaigns that aim to prevent the use of ice.

### Developing Interventions

- 2 Development of interventions should recognise the current perceptions of social users in regards to the relevance of support and information services for themselves, as well as addressing the perception social

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<sup>25</sup> The exception to this perceived lack of services was among the gay and lesbian community, where established organisations such as ACON provide such information.

users hold of who these services are currently aimed at (that is, they are only for dependent users). This would require a two-sided approach to development of interventions:

- interventions should aim at increasing motivations for giving up, cutting back on use and, if required, seeking support and treatment; and
- eliminate the perception that the only services available with information and support are detox and rehab services.

3 The approach with social users should be one of minimising harms in order to prevent a continuance into more dependent behaviour. Strategies that aim to prevent use would be seen as irrelevant, and likely to not be deemed credible, as users perceive themselves relatively educated on the risks of taking methamphetamines.

### **Approach 1: Motivating to Cut Back or Cease Use**

4 Critical to increasing motivations to give up and cut back among social users will be in recognising that they hold the attitude that they use drugs responsibly. They do not see their use as harmful, as they have a set of control parameters on their use, which they believe differentiate them from dependents. Any intervention that tries to establish that any type of drug use at all is dangerous will be seen as irrelevant, and therefore dismissed. Instead, social users can be challenged to whether they are sticking to the boundaries they place on drug use – effectively asking them to self-assess whether their use is still within the boundaries they determine as responsible.

5 Other means of motivating social users will be on reinforcing the risks they see as relevant, particularly the potential for accident or violence while doing extreme things – ‘doing things they wouldn’t normally do’ and in the potential for loss of relationships. These are risks that are considered credible by social users.

6 Organisations such as ACON should be consulted on strategies that are being used to combat the risk of unsafe sexual practices when using methamphetamines. These organisations would have a greater awareness of the issue and of how this risk may be highlighted to gay men in an effective manner.

7 Recognition should be given to the fact that users will attempt to cut back or quit themselves, and that many will be able to achieve this without the need to access treatment and support services. Consideration could be given to providing information through relevant channels that will assist users in being successful during their attempts at giving up or cutting back themselves.

## Approach 2: Raising Awareness of Appropriate Information, Support and Treatment Services

- 8 Social users do not know of any information, support or treatment service aimed at them. Currently, they are only aware of detox and rehab services being available to people using methamphetamines, and these are considered as only useful to 'junkies'. Even if they wanted information or support social users would not contact these services as they are not considered appropriate for themselves. Strategies should aim to eliminate the perception that services are only for dependents, and raise awareness that there are services available for people who just need some information on how to go about cutting back.
- 9 Critical to this will be in the availability of such services. Strategies to eliminate the perception that information and support services are only for dependents will not be effective unless alternatives to detox and rehab are established. Further, these services should be designed with users of psychostimulants, in particular methamphetamines, in mind.

### Communication Channels

- 10 Development of targeted interventions will need to take into account what information can be made available in a more public forum and what should be limited to targeted channels. For example, it may not be suitable to have harm minimisation messages on standard information channels that reach the broader public. However, targeted channels would provide a means of delivering these messages.
- 11 Standard information channels, such as the mainstream media, could be used to raise awareness about relevant information and support services and eliminate the perception that assistance services are only for dependents.
- 12 Targeted media sources, such as convenience advertising at the locations where methamphetamines are used, and other channels that are specific to each target audience such as student council magazines or newsletters at universities, could be used to deliver messages aimed at motivating social users to contemplate giving up or cutting back on use. For example, a checklist of the boundaries social users place on their usage could be posed as questions on a poster or a hand out at raves. This would provide a tool for self-assessment and encourage users to think about their own use, without being immediately dismissed as just another 'anti-drugs' campaign.
- 13 Locations where this type of information could be seen by social users are clubs, dance venues, raves, pubs and so on. Other targeted media sources would include age and gender specific magazines. Information such as this is available from media companies for the mainstream audience.
- 14 Strategies that are aimed at the gay and lesbian target group should take into consideration the information and publications that are already produced by organisations such as ACON. Their experience in

developing messages and disseminating information for this audience will be important to incorporate in moving forward with this audience.

- 15 Similar channels could be used to deliver harm minimisation messages, rather than more mainstream channels.
- 16 The Internet could offer a highly effective tool to prompt self-assessment and to deliver harm minimisation messages to social users. Links from websites that are frequently used, such as 'the Pill Report', and others that provide information on what is in drugs, should be considered.

### Other Strategies

- 17 Consideration should be given to the development of more active interventions for certain social user groups. Diversionary programs may be useful in regional and rural communities where boredom and a lack of other social options are key drivers for take up and continued use of methamphetamines. Such strategies will require further development and will also require local community buy in and assistance.
- 18 Recognition that law enforcement can lead to dangerous drug taking practices in some instances should be taken into consideration when executing such activities.

## 14.3 Key Findings for Functional Users

### Target Audiences

Functional users of methamphetamines can be found among any of the target audiences found within the social users group – young people aged 16-24 years, ravers, students, gay and lesbian users, and rural and regional users. However, functional use was more common among the older users within these groups and among the respondents that fell into the general users over the age of 25 years target group. It should be noted, that functional use by these target audiences groups was often due to excesses of social use rather than primarily motivated for functional purposes. That is, their primary motivations for using methamphetamines were still that of social users.

The target audiences of workers in particular industries such as construction, labouring, hospitality, long haul truck drivers and sex workers, fall directly into the functional user category. However, use of methamphetamines in an employment context is not limited to these only and was found among respondents from a number of industries, including both unskilled and semi-skilled roles. As well as the targeted industries (trades and construction, labouring, driving, hospitality and sex workers) functional use was found in more professional roles such as IT, management, finance, and in the area of health. University students can also be included in this behavioural context when using to study or to complete assignments to meet a deadline.

## Characteristics of Functional Users

Functional use of methamphetamines is associated with achieving a specific task, most commonly in the context of employment. The key motivation is the enabling effect of the drugs, with methamphetamines used to enhance confidence, alertness, concentration, motivation, energy and stamina, depending on the nature of the task. Increases in one or all of these characteristics effectively enable the user to achieve the task more quickly or more thoroughly.

Functional users are characterised by the way they justify their drug use to themselves. Many see their use of methamphetamines as a 'means to an end' and usually do not acknowledge the illicit nature of methamphetamine use. Further, many functional users are reluctant to see themselves as drug takers, particularly the more regular users. Instead, many see themselves as workers simply trying to get the job done or people with a goal to achieve.

## Types of Methamphetamines Used

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. Speed and base are considered more suitable for tasks of longer duration such as a day labouring, long periods of time spent driving or concentrating on details. Ice may be used in a functional context by those who require a more intense effect over a shorter period of time. For example, some sex workers prefer the intense short term high of ice. As with all target audiences, preferences for a particular form of methamphetamine are usually balanced against availability.

Typical routes of administration for methamphetamines in this context varied widely. They could be from labourers who may snort powdered speed, to trade and construction workers who regularly dissolve base in water to ingest, to drivers that are regular injectors. Note, these are examples only. Different routes of administration were used across all industries.

## Patterns of Use

Users in a functional context can be segmented into three sub groups, two of which illustrate contexts where the line between social use and functional use becomes blurred. The first of these 'Manic Mondays', are social users who have experienced a lapse in discipline. Methamphetamine use is very much a social activity to undertake with friends, but these users also take drugs to get through the first day of the working week following social use. 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, or during times of the year when a lot of festivals or raves are happening. 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, as their attitudes and behaviours become increasingly comfortable with more regular, mid-week use.

Some university students fall directly into the category of Slippers. They regularly use methamphetamines to enhance their energy and concentration for study and assignments. These students will actively seek out methamphetamines specifically for this reason, rather than simply to recover from using them the night before.

Both of these functional sub groups can include any of the social using groups that are discussed above. They tend to identify similar risks and harms and have similar awareness and knowledge levels on treatment services.

The final functional sub group, 'Workers' differ greatly from others within this behavioural context. This group tends to encapsulate workers from the specific industries that are identified in the research brief, however is not limited to these only. Workers use methamphetamines almost exclusively for functional reasons, usually for improving performance on the job, rather than as part of social interactions. For example, methamphetamines are used in construction and labouring to keep up energy, stamina and motivation and to get the job done as quickly as possible. For truck and other drivers, methamphetamines help maintain alertness and concentration during long hours on the road and enable them to maintain tight deadlines. Hospitality workers use the drugs for all of these reasons over the long shifts they do.

The key distinction between Workers and other functional user groups is that they are more self-permitting of their own usage behaviour. Whereas Manic Mondays and Slippers identify that their functional use is a result of their social use, and will fear being caught using at work as it may result in job loss, Workers often perceive their drug use as a 'necessity' for keeping their job. Workers in industries where employment is short term contractual or where there is a high degree of competition for roles, such as labouring and construction, often feel trapped into continued use. Anecdotal evidence indicated that drug use was accepted, even encouraged, by a small minority of employers.

Behaviours among Workers can border on dependency with use being frequent and sometimes continuous over comparatively longer periods (from four to seven days in succession depending on the role). Some may continue use of the drug to time spent outside of work in order to avoid a comedown.

### **Attitudes to Risk and Harm Prevention**

Like social users, functional users are aware of many of the risks associated with drug use but tend to see most risks as only relevant to those who use frequently over a long period of time. And again, similar to social users they will more readily identify with the impact of some physical risks that they can see might affect them in the short term rather than other societal or mental risks.

Unlike social users, functional users see the possibility of loss of employment as the biggest risk to their drug taking, however, this is viewed differently according to which sub group they are in. The sub groups of Manic Mondays and Slippers (social users who have gone too far) fear calling in sick, so use methamphetamines again to enable themselves to get through a workday. However, they fear the potential of getting caught using at work

and subsequent loss of employment. These groups - Manic Mondays and Slippers - advocate many of the same parameters of responsible use as social users and are often aware that they have broken the boundaries they set themselves, particularly those around employment. They may hold some fear of increasing dependency, given the frequency with which they are using although they still maintain guidelines surrounding their use in order to minimise long term risk.

In contrast, for many of those who fall into the Workers, loss of employment is more to do with not taking drugs than *taking* them. For this group, their use of drugs is due to the need to continue in employment. Workers are usually aware of the frequency with which they use and have a set of boundaries that they claim differentiate them from dependents. These include using smaller, measured amounts (not bingeing), having regular days off using, maintaining control over and managing other areas of their life such as finances and homelife, and most importantly maintaining employment. It is this last point that is the critical boundary that Workers most strongly believe differentiates them from dependents. In their perception, people who have become dependent on methamphetamines are not able to maintain a family, relationships and employment. The fact that they can is the key factor in Workers believing themselves as not being dependent or an 'addict', despite the frequency with which they use methamphetamines.

### Treatment Approaches

Functional users have the same lack of awareness in regards to treatment and support services outside of emergency services and detox and rehab as social users. Similarly, they tend to carry the same perception of detox and rehab services as social users, that is, they are for *"junkies"*. One of the key factors that these users claim differentiates them from *"junkies"* (or dependents) is their maintenance of employment. The Catch-22 is that this is the very aspect of their lives that motivates Workers (within the functional user group) to use, and is also the key barrier to seeking support or treatment. All functional users, but Workers in particular, fear that taking time off work to receive treatment and support would directly jeopardise income. This fear is exacerbated in the small number of cases where methamphetamine use is expected in the work place (by the individual, the industry, other employees and even the employer).

As these workers do not perceive themselves as having any options for treatment and support than rehab and detox, they do not identify any services as relevant to their specific needs. While they may fear that their frequency of use indicates increasing susceptibility to dependency, they do not see themselves as a dependent, and they do not see the services on offer as suitable for them.

#### 14.4 Functional User Recommendations

The following recommendations have been designed predominantly for the Workers sub group of the functional user category. These can be applied directly in the industries specified as of interest in the research brief –



construction, labouring, hospitality and long haul truck drivers as well as other industries that the research indicated has relatively high usage of methamphetamines. Some recommendations have also been made for students that use in a functional context. The recommendations that have been provided for social users can be used to target those functional users that fall into the Manic Mondays and Slippers categories.

Key to discouraging use within the specified industries would be to eliminate the reasons that Workers need to maintain high levels of concentration and alertness over time. For example, long haul truck drivers will be less likely to take methamphetamines if they did not have to stay awake and drive for long periods to meet tight deadlines. Similarly, hospitality workers would be less likely to use methamphetamines in a functional context if they did not have to work such long shifts with few opportunities for social activities. Unfortunately, recommendations in regards to regulations and nature of each occupation are unpractical and this avenue has not been pursued in the development of recommendations.

### Patterns of Use

- 1 The underlying motivation for use of methamphetamines by Workers in particular industries is on maintaining employment. As such, they justify their usage as it provides a means to an end and they identify the loss of employment as a strong barrier to stopping use. Exacerbating this barrier, is the perception that it is their maintenance of employment that sets them apart from dependent users.

The overarching strategy for the development of interventions aimed towards Workers should take into account the fear that they hold of stopping use of methamphetamines being equal to a cessation of employment.

### Developing Interventions

- 2 Critical to development of interventions for Workers will be providing information, support and treatment options that allow users to maintain employment. This will directly address the perception they hold that the only options for support services are detox and rehab centres, and that they will have to take time off work to attend.
- 3 A two-sided approach to the development of interventions could be pursued with Workers from specific industries. As with social users, interventions should aim to:
  - increase motivations for giving up, cutting back on use and if required seeking support and treatment; and

- eliminate the perception that the only services available with information, support and treatment are detox and rehab services.

### **Approach 1: Motivating to Cut Back or Cease Use**

- 4 Workers will only be open to being motivated to cut back and/or cease use of methamphetamines if they can be, firstly, reassured that they can stop using methamphetamines and maintain employment. Interventions should make allowances for this or the cessation of use will not be considered.
- 5 After this, Workers should be motivated to cease use by being challenged about the frequency of use. Most fear dependency and will respond if measures are provided on how to cut back on use without jeopardising their employment.
- 6 Recognition should be given to the fact that users will attempt to cut back or quit themselves, and that many will be able to achieve this without the need to access treatment and support services once they are motivated to do so. Underlying both the recommendations above should be the provision of information on possible approaches that will assist Workers in their attempts to quit on their own and still maintain employment. For example, encouraging a long haul truck driver, who is accustomed to using methamphetamines on long trips, to cease use, will be more effective if alternative methods or hints on how to accomplish the trip are provided. Similarly, providing measures to hospitality workers on how to complete long shifts at work, and also enjoy options for social activity in their time off that do not involve methamphetamines would be useful.

## Approach 2: Raising Awareness of Appropriate Information, Support and Treatment Services

- 7 Workers are only aware of information, support or treatment services that they perceive are for dependents, that is detox and rehab. As they believe they are not dependents (as proved by them maintaining employment in their perception), they will not consider these services. Measures to raise awareness about information and support services that are aimed specifically at people who feel they must use to maintain employment should be implemented.
- 8 Before the above recommendation is considered, there is a need to identify if such services are available and/ or possible.

### Communication Channels

- 9 Standard information channels such as the mainstream media could be used to raise awareness about information and support services that are not detox and rehab, and that focus specifically on methamphetamines. This will assist in eliminating the widely held public perception that drug assistance services are only for dependents.
- 10 Any interventions that aim to raise awareness of methamphetamines as an issue, and/ or motivate Workers to contemplate stopping use, should be developed and delivered in cooperation of the relevant industry bodies – truck driving associations, hospitality organisations, regulators for construction and labouring industries. These industry bodies will be best placed to understand appropriate specific communication channels for Workers within these industries.

### Other Strategies

- 11 More active interventions within industries should be considered. Workers in some industries may benefit from encouraging active interventions by employers to provide industry specific support information. With the support of industry bodies it may be possible for industry wide drug testing to be used to discourage use. This was seen as particularly relevant for drivers (truck and taxi), but may be able to be applied across the construction and labouring industries.
- 12 Any of these active interventions should consider the views of the relevant industry body, and will be more effective if developed and implemented with their cooperation.

## Recommendations for University Students that use in a Functional context

- 13 The majority of university students that use methamphetamines in a functional context are also often social users. Therefore, they will be exposed to the same interventions as social users. Consideration should be given as to whether it is appropriate to deliver additional messages regarding the functional use of methamphetamines among students through targeted channels. As an important element of targeting these students will be openly recognising the behaviour that they feel is secret, and asking them relevant questions in regards to their use, any communications may also expose other students to the concept of using in a functional manner. In turn, this could motivate or encourage use.
- 14 If university students that use in a functional context are targeted with specific messages, they may be motivated to consider stopping use or cutting back through a fear of dependency. Students have the perception that they will stop using once they get through the busy times at university, achieve their degree and get out into the 'real world'. Thus some will be motivated to reconsider their use by being challenged:
  - on their frequency and need to use to complete assignments;
  - on whether they are sure they will stop using when they graduate and begin their careers; and
  - on whether they have become reliant on methamphetamines to enhance their mental performance.
- 15 Communication channels for students who use in a functional context include the Internet (via relevant website) and on-campus information and websites. Like students who use in a social context, tools for self-assessment could be delivered via these means.
- 16 Other information that could be considered helpful by students who use in a functional manner will be:
  - tools and strategies on how to get through exam periods without using methamphetamines;
  - information on ways to stop using by themselves (if they are finding it difficult to do so); and
  - the availability of support and treatment services that they can seek help from if they feel it is required. As some criticism was levelled at services that are available on campus, this information should include those available off campus also.

## 14.5 Key findings for Dependent Users

### Target Audiences

Dependent users could be found across the majority of the target audiences identified in the research brief, however, they were most commonly older users within these groups. Further, many respondents that fell into the Dependent behavioural context were drawn from the older general groups aged 25 years or more. These came from 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.

### Characteristics of Dependent Users

For the purpose of this research, dependent use was categorised using the following definition: 'uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences'<sup>26</sup>. This definition was used as it encompasses both psychological as well as physical dependence. Both health and social problems are included as indicators of addiction, rather than symptoms related to physical withdrawal being the only determining factor.

Users in the dependent behavioural context demonstrated an uncontrollable, compulsive craving for either the drug, or the act of taking the drug (particularly injecting). This was claimed to be what prompted their next act of using. The primary motivators for continued use by this group included 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 three to four days per week to several times per day.

### Types of Methamphetamines Used

The more pure forms of methamphetamines such as base or ice are generally preferred by this group. Typically they were injectors (usually had a preference for base) or smokers (usually had a preference for ice). Some claimed to change their preferred method of administration depending on the methamphetamine available, for example, some regular injectors claimed to have a preference for smoking ice over injecting it if it was the methamphetamine available.

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<sup>26</sup> Leshner, Dr A., Director of the National Institute of Drug Abuse within the US National Institute of Health, [http://www.nida.nih.gov/Published\\_Articles/Essence.html](http://www.nida.nih.gov/Published_Articles/Essence.html)

## Patterns of Use

Based on differences in demographics, polydrug behaviours, attitudes toward ice and mode of administration, three behavioural sub groups of dependent users were able to be identified.

Two of these, 'Meth Devotees' and 'Ice Zealots', were similar in many ways. These two sub groups regularly used methamphetamines, but never heroin ('methamphetamine only' dependents). The majority of respondents in these two sub groups claimed to be employed, and their drug use is often highly confidential.

Despite these similarities, differences existed between the two sub groups. Most Meth Devotees claimed to have used methamphetamines for a long time and often regarded these drugs as a necessary pick me up in the morning (much the same way other people regard their 'morning coffee'). 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 allowed their personal parameters on usage to slip and they became accustomed to continued use. 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 rather than a specific trauma or instance in their lives (as with Meth Devotees). They are regular poly drug users.

The final dependent sub group, 'Heroin Co-Dependents', represent the extreme of all methamphetamine users. This sub group differ markedly from other dependent groups and are characterised by their current or past use of heroin and heroin replacement therapies. 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. Drug use is frequently alone and can be as often as several times a day.

## Attitudes to Risk and Harm Prevention

Many dependent users found the long term societal risk factors that all respondents identified as possible with long term use as relevant to themselves. Many had experienced loss of employment and the need to find other methods of gaining money such as sex work or theft, loss of family (including some mothers whose children had been removed from them), and the potential for violent behaviour towards others. However, a number of dependents in the Meth Devotees sub group did not consider these as relevant to themselves as they claimed to lead a 'normal' life despite being regular injectors of speed or base.. This was seen to be illustrated by their ability to maintain employment, finances and relationships with others. This group is differentiated from the functional Workers sub group, as they openly admit to using the drug everyday in order to continue living a normal life rather than for work purposes only.

Dependents were less willing to admit that they found the long term physical or mental risks that were identified across groups, as relevant to themselves. . While they might have felt these harms could occur to others, very few claimed to experience these themselves. For example, while they might admit to *“freaking out”* while on methamphetamines, none claimed to have experienced any form of speed psychosis.

Perhaps the most relevant risk that dependents identified was the possibility of contracting blood borne diseases through sharing of needles. However, all dependents claimed to practice needle hygiene and felt that the access provided to clean and safe equipment at needle exchange programs ensured that they never shared equipment (although most claimed to know others that did).

## Treatment Approaches

As dependent users accept their reliance on methamphetamines, they tend to have greater awareness and knowledge that treatment and support services are available with many able to identify by name the detox and rehab services local to their geographic area. Many had experienced these services. Injectors tended to be aware of the local needle and syringe programs and ‘Heroin Co-dependents’ knew of clinics that offered heroin replacement programs. Despite this greater knowledge, dependent users had the same difficulty as social and functional users in identifying alternative treatment and support services besides emergency services and detox and rehab.

The drivers behind dependent users having previously sought out assistance from treatment and support services were problems with the law, or pressure from family or friends. For a small number it had been loss of employment. Those that had experienced treatment and support identified the key barrier to attempting again, had been the failure to succeed the first time. Critically, their expectations of what they would receive at support services were not met. Further many identified a lack of support and difficulties experienced finding housing, employment and so on after detox and rehab as influencing their decision to start using methamphetamines again. Many believe that they would have been more likely to be successful after treatment if their addiction was assisted by a methamphetamine substitute.

## 14.6 Dependent User Recommendations

### Patterns of Use

- 1 Recognition should be given to the stark differences found between dependents who only used methamphetamines and those who also used heroin. Those who use ‘methamphetamines only’ tend to perceive themselves as more capable to functioning in the ‘normal’ world than users of heroin. This has implications in how services are developed and targeted.



- 2 Similarly, there is a tendency in public information to associate dependent use of methamphetamines primarily with ice. Any interventions and services developed for dependent users should be designed in recognition that this is not the case in reality (although ice will be used if other methamphetamines are not around).

### Developing Interventions

- 3 Currently, dependent users have the perception that support and treatment services do not cater for the unique needs of a 'methamphetamine only' user, compared to a heroin co-dependent user. This creates much of the negativity towards existing services and the fear of attempting to use them either for the first time, or for a repeated attempt. Interventions for dependent users should be focused on assessing the suitability of the services themselves for methamphetamine users before any attempts to address the perceptions of these services should be considered.
- 4 Methamphetamine users who do not use heroin feel that their needs in regards to treatment and support services are different than heroin users in the following ways:
- They perceive their 'addiction' as primarily psychological, rather than physical, and it is claimed that 'detox and rehab' services are not perceived to cater for their immediate and ongoing psychological needs for any length of time. It is perceived that they seem to be better equipped to getting heroin users on heroin replacement programs, then placing users into the community again. As 'methamphetamine only' dependents do not have a replacement therapy they perceive their psychological needs as different and the real core of their addiction rather than physical elements.
  - For many, their greatest fear is that they will not be able to function 'normally' in society without methamphetamines. By services advocating that users 'cut ties and start fresh' (as it is claimed that many do) this fear is exacerbated rather than overcome. While this approach may be necessary for some users, it is considered with trepidation by most. This service approach then becomes a key barrier for methamphetamine users in seeking treatment;
  - Existing services almost always use a residential 'detox and rehab' approach which is a barrier to those who do not want to leave existing employment (as many Meth Devotees claimed to be in) to get assistance. It is perceived that the majority of heroin co-dependents do not have jobs to lose when wanting to seek treatment; ;
  - There is no methamphetamine substitute as there is a substitute for heroin. While most identify that their addiction is predominantly psychological, they feel that such a substitute would help in dealing with difficulties they encounter in adjusting to not using methamphetamines. The alternative of not having a substitute (going 'cold turkey') is a barrier to contemplating treatment.



An assessment should be made as to whether existing treatment and support services are equipped and knowledgeable about the different needs of methamphetamine users (such as those mentioned above), as opposed to those who use also use heroin, and as to whether these perceptions and claims are accurate from the service perspective. A more detailed understanding on these issues, and what they would recommend in regards to treatment of 'methamphetamine only' dependents, should be gained from those working in treatment and support services.

- 5 Given the current perception that there is a lack of treatment and support services that are both trained and equipped to assist with methamphetamine users, some consideration should be given to providing staff of hospitals and established drug and alcohol services training about the specific needs of those dependent on methamphetamines. Users currently feel that there is a stigma attached to methamphetamine users among the staff of these generalised services, which is a barrier to seeking treatment and support.
- 6 Only after such an assessment of the status of services is completed should attempts to change the existing perception that dependents have of services be considered. Channels of communication through which this could be done are through frequently used programs such as needle and exchange centres, other service providers, and user websites.

#### 14.7 Indigenous User Recommendations

Difficulties in recruitment in Indigenous communities (discussed in the methodology and in the previous section) resulted in a skew in the sample to urban, dependent users. This has an impact on the recommendations that can be made in regards to the target audience.

- 1 Although the research was unable to ascertain the prevalence of methamphetamine use within Indigenous communities, stakeholders clearly felt that there was a role for *prevention* messages to discourage initial use within this target audience, as some saw it as an issue that could increase in significance.
- 2 Both users and stakeholders identified that the risk for psychosis from methamphetamine use, as shown in the recent ice advertising on television, was an effective and critical message to use within a campaign aimed at prevention. Given the claimed resonance of this message in this target audience, consideration should be given to further developing this message for Indigenous communities.

- 3 It was also suggested by stakeholders that diversionary programs should be considered within an approach aimed at *prevention*. This assists in acting as a barrier to take up of methamphetamines due to boredom or a sense of disempowerment.
- 4 It was also apparent that there is a need for harm minimisation messages to be provided for people already using methamphetamines within Indigenous communities (as has been recommended for other target audiences who use in a social behavioural context).
- 5 While users suggested television as an appropriate medium for these messages, this should be balanced with broader policy objectives in regards to drug use. As with other audiences, harm minimisation approaches may be better suited to targeted communication channels, such as age, gender and/or culturally specific print media, or locations where methamphetamines are commonly used such as clubs and pubs.
- 6 As suggested above in the dependent users section, some consideration should be given to providing education about methamphetamines for staff in hospital and drug and alcohol services to assist in overcoming the stigma that is perceived to be attached to users.
- 7 The community approach that the Block in Redfern has used of 'banning' ice usage should be highlighted to empower other Indigenous communities. This allows each individual community to own the decision to limit the impact of drugs within their community. . Such an approach has been used effectively for other substances.
- 8 The use of role models - people who have overcome difficulties with methamphetamines - delivering messages on minimising harm from use and in overcoming addiction could be an effective tool to get Indigenous users to contemplate treatment.
- 9 If this avenue is pursued it should account for the diversity within Indigenous communities in terms of age, lifestyle, and location (remote, regional and urban).

APPENDICES  
A RESEARCH INSTRUMENTS



## DISCUSSION GUIDE – STAKEHOLDERS AND SERVICE PROVIDERS

### 1. Introduction (5-10 mins)

- Explain nature of research, advise on recording, reassure of confidentiality
- Respondent to explain:
  - Name, role, background and nature of organization – its purpose / strategic aim
  - Who funded by, types of services offered, and people using the service
  - Specific services / programs related to methamphetamines
  - What proportion of overall client base are methamphetamine users
  - What do they primarily use the service for

### 2. Patterns of Use (10 mins)

- How widespread is the use of methamphetamines in your community?
- Thoughts about recent trends in relation to drug use: what's changed.
- Who is using the drug - are there different types of users? Who? How do they differ? Explore.
- Explore whether common usage patterns exist (and how it might differ by user group). Probe:
  - Typical frequency of use ('occasional/recreational' vs. 'heavy' user)
  - environments / contexts where used
  - form of meth generally used (i.e. speed, base, crystal)
  - preferred routes of administration (e.g. inject, smoke, sniff)
  - other drugs (including alcohol) used as same time as meth
- Are there common characteristics that define methamphetamine users? What are they?

*Throughout the discussion, researcher to listen for how users are grouped, and check relevance of existing research groups: gay/lesbian/transgender/bisexuals; indigenous; rave/dance party goers; rural/regional residents; hospitality/long-haul truck drivers/construction; young 16-24yrs; uni students; occasional/recreational users.*

### 3. Motivations for Use (5 mins)

- What do you think the appeal of using methamphetamines is?
  - Does it differ for different types of users? How so?
- Why preference for meth over other drugs?

### 4. Awareness of risks and harms associated with use (10 mins)

- How aware do you think users are of the risks and harms? Explore any differences that may exist between different user groups.
- What risks / harms are users aware of? Perceptions of severity for each?
  - Do they consider encounters with law enforcement as a 'real' risk?
  - What threat, if any, does the fear of prosecution pose?
- What information do you provide on risks / harms? Where else do they get it from?
- What's most effective? Why?
- Are they receptive to receiving more? If so, from whom and how should it be communicated? (e.g. pamphlets, internet, TV campaigns, peer education). Probe feeling toward govt. comms.

### 5. Harm Prevention Practices (5 mins)

- How aware are your clients of harm prevention practices?
- What are users' general attitudes toward harm prevention practices?
- Are they commonly / consistently used? Why / why not? Explore.
- Do you provide information on this? What form? Where else do they get information from?
- How effective do you think this information is? Why / why not?

### 6. Awareness, attitudes and behaviour toward treatment and support (5 mins)

- Other than your own, what other treatment or support services do users tend to rely on? Explore the type of services offered, and how attitudes / behaviour might differ according to user groups.
- Motivators / barriers to seeking treatment and support? How can barriers be mitigated?
- What makes an effective service in your mind?
- What are the barriers that prevent services from being effective? What else is needed?

## 7. Summary (5 mins)

- What programs do you think the governments' National Psychostimulants Initiative should focus on?
- Who should be their main target?
- What key messages should be used / advice on how users' should be communicated to? Probe any differences by user groups.

If necessary, recap on the user-group segments to check if they think we've included all the relevant user groups: gay/lesbian/transgender/bisexuals; indigenous; rave/dance party goers; rural/regional residents; hospitality workers; long-haul truck drivers; construction workers; young 16-24yrs; uni students.

Thanks and close



## DISCUSSION GUIDE- TARGET AUDIENCES

### 1 Introduce

- Nature of research (drugs), reassure anonymity, tape recording
- Respondents intro: name, where live, who with, age, do for a living, interests

### 2 Explore attitudes towards drugs in general

- First thoughts / associations with drugs? Probe: occasions? Images?
- Different types / classes?
- Perceptions of type of drugs available now? How's it changed in last few years, if at all?
- What types of people take drugs?
- Hands up who's tried ...pot? Speed? Coke? Ice?
- Own usage:
  - When did they start taking drugs – how old?
  - Which drugs have they taken over the years
  - What was the first drug they took?
  - Do they remember what prompted them to start taking drugs?
  - Overall good and bad things relating to taking drugs

### 3 Perceptions, attitudes and behaviours of speed and ice

- [SELF-COMPLETE] – associations with speed, ice and ecstasy– won't be asked to read out
- First thoughts, associations relating to speed (then repeat for ice)
- Usage experience:
  - When first taken – who with? when? What prompted to try?
  - How did they feel about IDEA of trying?
  - What were you expecting? What influenced this?
  - Expectations vs. reality – effects? After-effects?
  - Good and bad aspects
  - Were associations mainly positive / negative
- How long have they been taking it for? How often?
- How do they take it (does this vary, does it matter to them)
- What situations do you take it now? What other drugs, if any, do you take?

- Motivations for continued use (for ice probe: sexual enhancement)?
- What about their friends? Is what they do the same as their friends? More or less?  
[Repeat for ice]
- If they have taken both, how do they compare the two experiences
- Still take both? Why / why not? Why prefer one over the other?
- If they have only taken one, why haven't they tried the other drug

## 6 Current usage of speed / ice

### If they no longer take it

- Why not, what made them stop
- Was it easy to stop? How'd you do it?
- Have they had support to help them stop, if so from where
- What messages would they give people who wanted to stop

### For existing users

- Has their usage gone up or come down
- Have their attitudes towards speed / ice changed over time, if so how, in what ways
- What has made them take more / less speed / ice
- Would they like to take it more / less often, why
- What is their image of 'the Ice user' and 'the speed user'. Are they different? Do they think the general public has different images and if so what are they and why are they different?
- Are they concerned they might end up taking it more often than they would like
- Do they feel more positive / negative about speed / ice now and if so, what specifically has altered their view
- Do they take any steps to curb their usage, if so what
- (For heavy users in particular) do they think of themselves as addicts, why, why not

## 7 Risks and harm prevention

- Do they think of speed or ice as a risky drug to take, why, why not
- What are the risks involved that they are aware of?
- Are the risks worth it for what they get? What makes it worth it?
- Do they do anything to minimise harm, if so what and why do they do this

- If injectors, do they tend to share needles, follow safe practices, etc.
- How bad do they think the risks are in relation to speed / ice
- Do they believe these are genuine risks or a media 'beat-up'
- If they are aware of risks, how did they find out about them
- Are they interested in finding out more about the risks?
- How would they like to find out this kind of information?
- Where does most of their information about drugs, and about specific drugs come from?
  - TV, websites, pamphlets, peer information
- Where do you think your friends get their information from?
- How do you know to trust it? What makes you trust it?

## 9 Harm prevention practices

- Are they aware of harm prevention practices they could adopt? Where learn?
- Do you do any? Which? When? How often? When does this vary?

## 10 Help and support services

- Are they aware of help and support services, if so, what? How learn?
- Are they interested in knowing any? Why / why not?
- IF NOT INTERESTED IN KNOWING – TALK ABOUT OTHERS...eg. Why would someone go??? What would have happened in their life to make them want to/ think about going to a treatment and support service?
- Would they ever use any? Which? Why / why not? (What type of person would use a treatment or support service?)
  - If haven't used, why not? What would make them want to use them?
  - (Why would someone go to a treatment or support service?)
  - (Why don't people go to a treatment and support service?)

TRY AND PROBE ON THINGS THAT MIGHT TRIGGER BEFORE A CATALYST  
EVENT LIKE loss of jobs, homeless, no friends etc

PROMPT WITH LIST

- Are you aware of anything like this available? What type of person would use this type of service?
  - (How would someone like that find out about a treatment or support service?)
  - (What would be especially useful for such a person in a treatment or support service?)

#### IF HAVE USED

- If have used, what kind of service did they use and how did they think about the service?
  - Did they find any aspects of the treatment / support off-putting, if so what and why was it off-putting?
  - (What things would not be useful for someone in a treatment or support service?)
  - Did the service provide the assistance they were looking for? Use again?
- Have they ever been in a situation where been concerned about safety of self / friend? What happened? Seek help? If so, who? If not, why?
- IF NOT RAISED ALREADY - Have you or your friends ever been in a situation where you need these services? For immediate help? For long term help?

#### 8 Future expectations

- What do they think will happen with regard to their use of speed / ice in the future
- Can they see themselves stopping, if so, what would make them stop
- Gauge reactions to a range of different potential scenarios.
- What about if you realize that you have been :
  - Using more often in larger amounts, over a longer period than intended?
  - Feeling the need to cut down or finding that you can't?
  - Spending a lot of time hooking up, getting high or coming down?
  - Neglecting important stuff to get high?
  - Suffering from withdrawal or avoiding it with continual use?
- For each, explore the extent to which they are realistic possibilities and how concerned they are about them. More serious scenarios include:
  - getting into trouble with the law
  - losing their job
  - losing friends

Thank and close

## Overall Objectives

- What are the key factors that affect this particular group type
- How they use ice / speed
- How much they know / care about the risks and harm minimization
- Attitudes towards support / treatment
- Insights into what might be potentially successful intervention strategies



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