



# Methylamphetamine and Other Stimulants Position Statement

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. It is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We believe that the unique cultural and clinical knowledge held by Aboriginal and Torres Strait Islander nurses and midwives is critical to providing culturally safe health and healing services for Aboriginal and Torres Strait Islander people and communities.

Historically, Aboriginal and Torres Strait Islander people have endured disproportionate harm from alcohol and drug use. While the problem with methylamphetamine in Aboriginal communities is not new, there is limited evidence and research around Aboriginal and Torres Strait Islander peoples' use of methylamphetamine, creating huge gaps in knowledge and effective treatment. We do know that frontline services are seeing an increase in use by Aboriginal and Torres Strait Islander people<sup>1</sup>, and our Members are reporting a lack of resources to support effective treatment and prevention for Aboriginal and Torres Strait Islander users.

## Background

Aboriginal and Torres Strait Islander people are more likely to smoke tobacco, use cannabis, drink alcohol at risky levels and use amphetamine than other Australians<sup>2</sup>. This is compounded by relatively higher levels of use in regional and remote areas and amongst unemployed people.

Methylamphetamine is a highly addictive psycho-stimulant. Its growing popularity is linked to the stronger nervous system response (more powerful high) that it provides when compared to other amphetamine-type substances such as ecstasy or amphetamine. Methylamphetamine can come in powder, base, liquid and crystalline forms, with the crystalline form commonly known as ice. Methylamphetamine can be smoked, ingested, snorted or injected; while ice, which is generally smoked, has become the more infamous form of methylamphetamine, powder is the most commonly found

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<sup>1</sup> Queensland Aboriginal and Islander Health Council (QAIHC), QAIHC Options Paper Responding to the National Ice

<sup>2</sup> AIHW Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

form of methylamphetamine in Australia<sup>3</sup>.

The impact of methylamphetamine use is wide ranging. As well as exacerbating already high health risks for Aboriginal and Torres Strait Islander people including chronic disease and mental illness – sustained methylamphetamine use also impacts family safety, income and employment, cultural practices and social cohesion. For communities with already limited access to suitable health, healing and safety services the cost to community capacity and services is large.

Short-term health effects include cerebrovascular accident, poor oral health, weight loss, insomnia, aggression and violence and psychosis. Known long term health effects include hypertension, cardiomyopathy, myocardial infarction and congestive heart failure<sup>4</sup>. For Aboriginal and Torres Strait Islander users of methylamphetamine this can increase already high level health risks such as heart disease, stroke, diabetes and high blood pressure. They are also at increased risk of methylamphetamine related cardiovascular complications due to the likelihood of pre-existing hypertension issues.

One of the most devastating impacts of methylamphetamine use is on mental health and wellbeing. Aboriginal and Torres Strait Islander people suffer from mental health issues at a higher rate than other Australians and are less likely to access mental health services. Drug abuse increases the complexity of treating mental illness together with any underlying trauma. Methylamphetamine use is known to trigger mental illness and is associated with higher levels of psychosis than other amphetamine type substances, methylamphetamine use in particular is linked to heightened levels of aggression and violence<sup>5</sup>. Users may also have difficulty maintaining inter-personal relationships, further contributing to already elevated risks of depression, paranoia and suicide.

For families of methylamphetamine users the risks are high. In the area of maternal and child health, methylamphetamine is associated with many serious health problems including miscarriage, prematurity, stillbirth and maternal death. Children who have been exposed to methylamphetamine in-utero may experience chemical and structural brain differences with evidence it affects memory and attention, leading to behavioural and learning difficulties.<sup>6</sup> They may also have impaired growth, and if born small may have issues with obesity and diabetes later in life. An unborn baby exposed to methylamphetamine may have symptoms of withdrawal in the first few weeks of life and will need to stay in hospital to be monitored for five days or more. If babies demonstrate

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<sup>3</sup> Australian Crime Commission 'ACC Submission to the Victorian Parliamentary Inquiry into Ice' February 2014 [http://www.parliament.vic.gov.au/images/stories/LRDCPC/Submissions/Submission\\_63\\_-\\_Australian\\_Crime\\_Commission\\_submission.pdf](http://www.parliament.vic.gov.au/images/stories/LRDCPC/Submissions/Submission_63_-_Australian_Crime_Commission_submission.pdf)

<sup>4</sup> Darke, Kaye, McKetin & Duffou 'Major physical and psychological harms of methamphetamine use' Drug and Alcohol Review May 2008.

<sup>5</sup> *ibid.*

<sup>6</sup> The Royal Women's Hospital (2016). *Amphetamines (Ice, Speed, Ecstasy)*. Fact sheet retrieved 3 May 2016 from <https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Amphetamines.pdf>

significant signs of withdrawal, they may need to be cared for in Neonatal Intensive Care and or Special Care Units<sup>7</sup>. This, coupled with erratic and often-neglectful behavior of carers who are using, can lead to children facing a myriad of dangers to their health and wellbeing when exposed to methylamphetamine use within their household. Many children of users face ongoing emotional, psychological and self-esteem issues that continue to manifest into adulthood.

As mentioned above, methylamphetamine users will often find it difficult to maintain interpersonal relationships. This can be further stressed by erratic and neglectful behaviour, financial hardship and family violence. The heightened risk of family violence both for partners and children, as well as extended family including the elderly, is one of the more concerning elements of ice use. Effective responses must grapple with finding a balance between ensuring child and family safety as the first priority, while also recognising the central role of family in healing for Aboriginal and Torres Strait Islander people.

For communities wrestling with increased crime and violence linked to methylamphetamine use, a similar problem arises – already high levels of incarceration amongst Aboriginal and Torres Strait Islander people, and its coinciding impact on health and wellbeing including deaths in custody – should be a concern of any response involving increased policing or a ‘tough on crime’ approach.

### IMPACT OF METHYLAMPHETAMINE USE ON NURSES AND MIDWIVES

For nurses and midwives, increased methylamphetamine use is resulting in heavier workloads and a riskier work environment. Many report feeling ill-equipped to deal with users, with a lack of adequate education and training on treatment of methylamphetamine use, intoxication and withdrawal<sup>8</sup>. Violent behaviour is a common concern for nurses and midwives caring for users in primary health care and hospital settings, in the worst case resulting in injuries to staff<sup>9</sup>.

### HARM MINIMISATION AND JUSTICE REINVESTMENT

The National Aboriginal and Torres Strait Islander Drug Strategy outlines an approach of harm minimisation that encompasses three pillars:

- Demand reduction to prevent the uptake and onset of alcohol and other drugs.
- Supply reduction to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs.
- Harm reduction to reduce the adverse health, social and economic consequences

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<sup>7</sup> *ibid.*

<sup>8</sup> CATSINaM, 2015 ‘Yarning Circles: Impact of Ice on our communities and treatment responses’

<sup>9</sup> *ibid.*

of populations and locations of Aboriginal and Torres Strait Islander populations.

It also recognises the importance of Aboriginal and Torres Strait Islander ownership of solutions and holistic approaches that are culturally safe, competent and respectful.<sup>10</sup>

Justice reinvestment is an evidence-based approach that has been trialed with success in communities both domestically and internationally. It diverts funding from the criminal system to community-based programs emphasising diversion and treatment, thus focusing on addressing the underlying causes of crime and illicit drug use.<sup>11</sup> The particular relevance of this approach to Aboriginal and Torres Strait Islander people is the emphasis on the needs and safety of families and communities, but also the success in reducing crime and imprisonment rates.

### Our Position

For Aboriginal and Torres Strait Islander people health is a holistic concept<sup>12</sup>, to effectively understand and address the use of illicit substances by Aboriginal and Torres Strait Islander people it is important to take a holistic approach that incorporates an understanding of both historical dispossession and contemporary social determinants of health.

A comprehensive approach to treatment of alcohol and other drugs is needed. Poly-drug use is common amongst Aboriginal and Torres Strait Islander people - singling out methylamphetamine, or 'ice', shifts focus from the more important issue of overall consumption and harm from all drugs including alcohol and pharmaceuticals. While we must seek to reduce consumption through addressing demand and supply, the importance of methods of minimising harm for people who continue to use cannot be overlooked.

Successful change requires a collective impact model where the focus is on harnessing multiple agencies to address complex social determinants through adoption of a common agenda for change, shared accountability measures, mutually reinforcing activities, ongoing communication and coordination.

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<sup>10</sup> Intergovernmental Committee on Drugs 'National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019'

<sup>11</sup> Australian Human Rights Commission 'Social Justice and Native Title Report 2014'.

<sup>12</sup> National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, Australian Government Publishing Service, Canberra, 1989.

We put forward the following principles for addressing methylamphetamine use in Aboriginal and Torres Strait Islander communities:

- Governments and organisations work in partnership with Aboriginal and Torres Strait Islander communities, organisations and experts.
- Aboriginal and Torres Strait Islander people, whether they are health, education, human service professionals and/or community representatives, are involved at **ALL** stages of planning, implementing, monitoring and evaluating both the overall strategy and specific programs.
- Approaches that build on and expand the capacity of existing programs, e.g. substance misuse services and primary health care services (including Aboriginal Community Controlled Health services), are culturally informed.
- Approaches are family and community-inclusive, not just individually focused.
- Workforce education, pre-registration courses and continuing professional development, include content on treatment and harm minimisation.

## Recommendations

- ① CATSINaM supports the principles and priority areas set out in the ‘National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019’ and application of the Strategy to guide a national approach.
- ① CATSINaM calls for greater investment into research on use of methylamphetamine use in Aboriginal and Torres Strait Islander communities to develop an evidence base on levels of use, and on what works in preventing and treating methylamphetamine addiction.
- ① National Cultural Safety Training Standards be developed for health professionals to ensure culturally safe service delivery to methylamphetamine users, their families and communities.
- ① Increased workforce education resources for nurses and midwives on methylamphetamine use, including during pre-registration courses and continuing professional development.
- ① Any policies addressing methylamphetamine use in the Australian community should have a comprehensive social impact assessment conducted prior to implementation to ensure against adverse impacts on Aboriginal and Torres Strait Islander communities.
- ① In line with the recommendations contained in the Aboriginal and Torres Strait Islander Social Justice Commissioner’s 2014 report, the Australian Government implements holistic justice targets and leads the roll out of justice reinvestment trial sites in all states and territories.