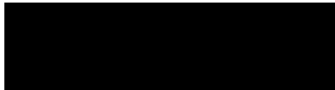
ACT Government | ACT Health

FOI19/18



Dear

Freedom of Information Request: FOI19/18

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health Directorate on 10 April 2019, in which you sought access to:

"Briefings to the Minister for Health and Wellbeing or the Minister for Mental Health related to the management of ACT Government funding and applications for funding and grants provided to or for the Australian National University (ANU), including the management of ACT Government funding for ANU programmes, and the termination of funding or grants, from 31 October 2016 to date."

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act. ACT Health Directorate was required to provide a decision on your access application by 4 June 2019.

Decision on access

Searches were completed for relevant documents and two documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document and the access decision for each of those documents.

I have decided to grant full access to one document, and partial access to one document, under section 50 of the Act. The information redacted relates to personal information of a third-party provider.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2(a)(ii) - prejudice the protection of an individual's right to privacy or any other right under the Human Rights ACT 2004.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
http://www.acat.act.gov.au/

If you have any queries concerning ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely

Dave Peffer
A/g Deputy Director-General
Health Systems, Policy and Research

3 June 2019

ACT Government | ACT Health

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: http://www.health.act.gov.au/public-information/consumers/freedom-information

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[redacted]	***"Briefings to the Minister for Health and Wellbeing or the Minister for Mental Health related to the management of ACT Government funding and applications for funding and grants provided to or for the Australian National University (ANU), including the management of ACT Government funding for ANU programmes, and the termination of funding or grants, from 31 October 2016 to date."***	**FOI19/18**

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	**1 - 23**	Ministerial Brief and attachments	18 May 2017	Partial	2.2 (a) (ii)	Yes
2.	**24 - 100**	Ministerial Brief and attachments	30 October 2017	Full		Yes
Total No of Docs						
2						

ACT Government

Health

MINISTERIAL BRIEF

UNCLASSIFIED

To:	Minister for Mental Health	**Tracking No.:** Min17/332
From:	Nicole Feely, Director-General	
Subject:	Australian National University Mental Health Consumer Research Unit	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- DG 24/4/17
- DDG .../.../...

Purpose

To provide you with information on the ACT Mental Health Consumer Research Unit at the Australian National University.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA 18/5/17

Minister's Office Feedback
Can I please be provided with a copy of the paper on 'Partners in Recovery', thanks.

Background

1. Your Senior Advisor, Jarrah Robbins, requested an information brief on the ACT Mental Health Consumer Research Unit and queried if the Unit had undertaken any research since 2013, based on information available on their website (more information about the website below).

2. ACT Health has had a relationship with the ANU Centre for Mental Health Research (CMHR), of which the ACT Consumer and Carer Mental Health Research Unit (ACACIA) is a part, for many years, through various funding and membership on ACT Health working groups. CMHR provided an Academic Member on the former Suicide Prevention Implementation and Evaluation Working Group associated with the ACT Suicide Prevention Strategy: *Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014.*

3. CMHR has been involved in the area of mental health literacy since 1993. ACT Health has funded research, web-based mental health programs and training dating back to the year 2000. Well known mental health programs such as the web-based 'Mood Gym' and very successful Mental Health First Aid (MHFA) training were developed by CMHR with funding from ACT Health. MHFA has gone on to become a global success, being delivered in twenty three countries and delivered in many different languages, with training available for hearing-impaired people too. By January 2017, 500,000 had undertaken MHFA training in Australia and 2 Million people globally[1]. MHFA was nominated for the 2016 Mental Health Prize in December 2016.

4. Funding for a mental health consumer and carer research unit arose out of a recommendation from a mental health sector review, undertaken by ConNetica Consultants, in 2010. The review provided twelve recommendations, of which recommendation no. 12 included: 'Develop a new approach to outcomes evaluation and accountability including:

   - The establishment of a new territory-wide consumer/carer research unit to drive the collection of outcome measures and results tailored to meet their specific interests, across a range of service settings'.

5. A select tender process was undertaken in 2012 to procure the establishment of a mental health research unit. Three local academic institutes were invited to submit an Expression of Interest. These were the following:

   - Australian National University
   - University of Canberra
   - Australian Catholic University

   The Australian National University, CMHR, was the successful tenderer and the ACT Consumer and Carer Mental Health Research Unit, ACACIA, was established as a result.

6. ACT Health has been funding ACACIA since 2012-2013. This funding was part of a package of $0.500 Million budget initiative for mental health growth in a 2011-12 submission. Following appropriation, seven months pro-rata funding, of $87,476, was made available in the first year.

[1] https://mhfa.com.au/news/2017-01-31/. Retrieved 31 March 2017

Issues

7. ACACIA are expected to pursue opportunities to engage with the peak bodies: ACT Mental Health Consumer Network, Carers ACT and Mental Health Community Coalition of the ACT and ACT Health to ensure wide reach. Additionally, ACACIA provide training for researchers on good practice in participatory methods and focus on broad research dissemination.

8. While prolific researchers, ACACIA have been experiencing difficulty getting some of their recent work published. Dr Michelle Banfield, who leads ACACIA , explains one reason is the subject matter doesn't fit neatly in to a lot of medical journals. A peer reviewed paper on 'Partners In Recovery' is currently under review and another two papers have just been submitted for approval; one with the *International Journal of Mental Health Systems.* ACACIA also produce a newsletter (Insight), academic and community conference presentations, and facilitate public forums and presentations to the ACT mental health sector. ACACIA had a key role in the Service Users in Academia Symposium held at the Australian National University, 21-22 November 2016.

9. Outcomes and Outputs are identified in the Service Funding Agreement for ACACIA to deliver.

   Outcomes:

   - a working model/methodology that promotes Mental Health Consumer and Carer participation in research beyond that of the subject;
   - a Mental Health Consumer and Carer Advisory Group that can inform the research and research priorities for the unit;
   - robust working links with the ACT Mental Health Consumer and Carer organisations; and
   - research that aims to benefit and has application for ACT Mental Health Consumers and Carers for example, research on Consumers and Carers experiences of Territory funded Mental Health community services.

   Outputs include:

   - Continuing implementation of the research agenda.
   - Routine participation of the advisory group and how they are informing the research.
   - Processes toward and outcomes of up skilling consumer and carer participants.
   - Regular research progress reports are to be submitted to the Advisory Group;
   - The mental health community is informed about the Consumer and Carer Research Unit through mental health community forums.

10. ACACIA are required to submit Performance Reports against progress and outcomes of key objectives of their Work Plan. See ACACIA's current Work Plan, associated with the current Service Funding Agreement (2016-2019), at Attachment A.

11. The ACACIA website has recently been updated and Dr Banfield acknowledges the website is not updated regularly and explains ACACIA have minimal resources which they prioritize on research. Additionally, ACACIA rely on general ANU resources to update their website and are unable to do so themselves, with the exception of their profile pages. A visit to the website below provides an updated list of research and publications: http://cmhr.anu.edu.au/research/themes/consumer-and-carer-perspectives

12. Dr Banfield also has an updated profile page, including current work of ACACIA. Visit: https://researchers.anu.edu.au/researchers/banfield-ma

13. For more information on ACACIA's recent accomplishments, please find ACACIA's latest Progress Report, dated December 2016, at Attachment B.

Financial Implications

14. The full amount of annual base funding (2012-13) was approximately $150,000 per year, plus indexation. The total funded amount for 2016-17 is $166,461 (excluding GST) and the Territory makes payment quarterly. The current Services Funding Agreement is to July 2019.

Consultation

Internal

15. The ACACIA Advisory Group membership comprises an ACT Health Mental Health Policy Unit representative; and a Mental Health Justice Health Alcohol and Drug Service (MHJHAD) representative (may be the Consumer and/or the Carer Consultant as required and as appropriate).

    The current ACT Health Member is Ms Rebecca Dawson from the Mental Health Policy Unit. There is no current representative from MHJHAD. Bi-monthly meetings are held at the ACACIA offices.

Cross Directorate

16. Not applicable

External

17. The Advisory Group membership comprises:

    - ACT Mental Health Consumer Network organisational representative
    - ACT Mental Health Consumer Network member representative
    - Carers ACT organisational representative
    - Carers ACT member representative
    - Independent consumer representative(s) (recruited by public Expression of Interest)
    - Independent carer representative(s) (recruited by public Expression of Interest)

Benefits/Sensitivities

18. The benefits of the relationship are that ACT Health has a positive relationship with a local academic mental health research unit, prolific in its research and reach.

Media Implications

19. Not applicable.

Signatory Name:	Rebecca Dawson	Phone: 72519
Action Officer:	Matthew Richter	Phone: 50929

Attachments

Attachment	Title
Attachment A	ACACIA Work Plan 2016-2019
Attachment B	ACACIA Progress Report December 2016

ACACIA: The ACT Consumer and Carer Mental Health Research Unit Work Plan 2016-2019

Aim

ACACIA will conduct mental health research in partnership with ACT mental health consumers and carers with the aim of benefiting the lives of mental health consumers and carers within the ACT.

Project lead

Dr Michelle Banfield will lead ACACIA for the duration of the contract. Dr Banfield is a Research Fellow and senior member of the leadership team at the Centre for Mental Health Research. She holds a prestigious Australian Research Council fellowship to investigate service access and navigation for people with serious mental illness in Australia, and conducts research and evaluation to improve mental health service provision. As an academic consumer researcher, Dr Banfield is recognised as a leader in consumer and other stakeholder involvement in health research, receiving five awards for her work and invitations to speak at local, national and international meetings. Dr Banfield has been involved in the ACACIA initiative since its inception, initially as the Unit's academic researcher and subsequently as a member of the supervisory team. She will provide high level academic input to the design, methods and dissemination of ACACIA projects, supervise the ACACIA team and liaise with stakeholders including chairing Advisory Group meetings. She will spend approximately 10% of her research time on the project.

Project staff

ACACIA will be staffed by academic consumer and carer researchers. These researchers are experts by virtue both of their tertiary qualifications and their lived experience of mental health issues either as a consumer, a carer or both.

The academic will take responsible for the day-to-day running of the Unit with support from the research officer and additional assistance from paid and volunteer interns as appropriate.

Model of involvement

Consumers and carers will be involved in ACACIA research at all stages of the research process, including:

1. Deciding what to research
2. Deciding how to do it
3. Doing it
4. Letting people know the results
5. Knowing what to do next

At every opportunity, involvement processes will be evaluated to ensure consumer and carer feedback in incorporated into the continuous improvement of the model.

ACACIA research will be guided by the ACACIA Advisory Group, who will provide strategic advice on all stages of the research process.

The Advisory Group membership will comprise:

1. ACT Mental Health Consumer Network organisational representative
2. ACT Mental Health Consumer Network member representative
3. Carers ACT organisational representative
4. Carers ACT member representative
5. Independent consumer representative(s) (recruited by public Expression of Interest)
6. Independent carer representative(s) (recruited by public Expression of Interest)
7. ACT Health Mental Health Policy Unit representative
8. [ACT Health Consumer Consultant]
9. [ACT Health Carer Consultant]

NOTE: Previously, the Advisory Group membership included Consumer and Carer Consultants from ACT Health. However, these positions on the Advisory Group have been vacant for the majority of the project due to limited staff availability. It is therefore proposed that additional independent consumer and carer representatives are recruited. The current Advisory Group suggest a better approach may be to seek advice from the Consumer and Carer Consultants on projects as appropriate.

Key objectives

ACACIA will **liaise with the ACT mental health community** via the Advisory Group to ensure research is guided by and relevant to ACT mental health consumers and carers. The Advisory Group will meet six times per year. ACACIA staff will provide regular reports on research progress to the group and regular evaluations of ACACIA progress and Advisory Group operations will be undertaken. Work will also be conducted in partnership with the wider ACT mental health community, including but not limited to the Mental Health Community Coalition of the ACT and Peers ACT.

The Unit will **undertake research projects** that aim to benefit ACT mental health consumers and carers, focusing on areas identified and prioritised by consumers and carers at the 2013 ACACIA Forum. Proposed projects will be discussed with the Advisory Group and opportunities for consumers and carers to contribute throughout the projects will be developed. Projects currently in progress include an exploration of consumer and carer views on ethics and mental health research; a study of current consumer, carer and service provider views on the concept of recovery; and an evaluation of the ACT Partners in Recovery Program (funded by Capital Health Network).

ACACIA will undertake a range of training activities to **build research capacity** in the ACT mental health consumer and carer community. These activities will build knowledge and skills in research methodology, focused on participatory methods, to encourage consumers and carers to get actively involved in both academic and community-based research. Proposed activities include skill-building workshops and short research internships with ACACIA.

ACACIA will also provide **training for researchers** on good practice in participatory methods. These skill-building workshops and seminars will position ACACIA as a leader nationally and internationally in high quality research that effectively involves consumers and carers and is responsive to their needs.

Finally, ACACIA will focus on **broad research dissemination.** This will comprise publications in peer-reviewed journals, plain language reports and research summaries, the ACACIA newsletter (Insight),

academic and community conference presentations, public forums and presentations to the ACT mental health sector. In particular, opportunities will be pursued to engage with the peak bodies – ACT Mental Health Consumer Network, Carers ACT and Mental Health Community Coalition of the ACT – and ACT Health to ensure wide reach.

Measuring outputs and outcomes

A proposed template for monitoring progress and reporting outcomes of key objectives is attached. This template has been updated from the previous ACACIA contract.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
Liaise with the ACT mental health community via the ACACIA Advisory Group and more broadly		
Undertake research projects prioritised by ACT mental health consumers and carers		
Build research capacity amongst ACT mental health consumers and carers		
Train researchers on effective participatory research methods		
Disseminate research findings to research, consumer and carer, and service/policy communities		
Biannual qualitative progress reports and annual financial reports to ACT Health as per schedule 3.		

Budget

Item	Cost
Year 1	
ANU Academic Level B @ 0.6FTE Base salary: $94,287 + 32% on-costs	**$74,788**
Research Officer ANU Level 5/6 @ 0.4FTE Base salary: $73,309 + 32% on-costs	**$38,766**
Research Support Officer (intern) ANU Level 4 @ 0.4FTE for 3 months Base salary: $60,260 + 32% on-costs	**$7,966**
Reimbursement for non-salaried Advisory Group members 6 members x 6 meetings	**$3,600**
Advisory Group meeting catering 6 meetings x $120	**$900**
Travel costs for consumers/carers involved in activities	**$400**
Workshops and forums Venue hire, catering, facilitation	**$5,000**
Research dissemination activities Open access publication costs, conference registrations, printing	**$6,000**
ANU Infrastructure	**$30,380**
TOTAL Year 1	**$167,800**

Year 2	
ANU Academic Level B @ 0.6FTE Base salary: $97,116 + 32% on-costs	**$77,032**
Research Officer ANU Level 5/6 @ 0.4FTE Base salary: $77,876 + 32% on-costs	**$41,180**
Research Support Officer (intern) ANU Level 4 @ 0.4FTE for 3 months Base salary: $62,068 + 23.5% on-costs	**$8,205**
Reimbursement for non-salaried Advisory Group members 6 members x 6 meetings	**$3,600**
Advisory Group meeting catering 6 meetings x $120	**$900**
Travel costs for consumers/carers involved in activities	**$400**
Workshops and forums Venue hire, catering, facilitation	**$5,000**
Research dissemination activities Open access publication costs, conference registrations, printing	**$5,500**
ANU Infrastructure	**$31,604**
TOTAL Year 2	**$173,421**

Year 3	
ANU Academic Level B @ 0.6FTE Base salary: $94,287 + 32% on-costs	**$84,853**
Research Officer ANU Level 5/6 @ 0.4FTE Base salary: $73,309 + 32% on-costs	**$44,448**
Reimbursement for non-salaried Advisory Group members 6 members x 6 meetings	**$3,600**
Advisory Group meeting catering 6 meetings x $120	**$900**
Travel costs for consumers/carers involved in activities	**$400**
Workshops and forums Venue hire, catering, facilitation	**$5,000**
Research dissemination activities Open access publication costs, conference registrations, printing	**$6,000**
ANU Infrastructure	**$32,325**
TOTAL Year 3	**$177,526**
GRAND TOTAL	**$518,747**

Australian
National
University

ACACIA: The ACT Consumer and Carer Mental Health Research Unit

Contract no.: 2015.27504.340

Progress report: December 2016

Contact

Dr Michelle Banfield

T: 6125 6547

E: Michelle.Banfield@anu.edu.au

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
Liaise with the ACT mental health community via the ACACIA Advisory Group and more broadly	**Advisory Group:** The ACACIA Advisory Group continues to be a central part of the Unit's processes. Meetings were held in August, October and December. The Advisory Group was provided with updates on ongoing projects and upcoming opportunities were discussed. Members suggested that keeping track of activities was sometimes challenging with bi-monthly meetings, especially if one was missed. To address this, brief monthly written reports to the Advisory Group have been introduced. The reports note progress on existing projects, upcoming events and work planned for the next month. Feedback and questions are encouraged when the reports are circulated to increase engagement across the life of activities. The first report was circulated in December. ACTMHCN also circulated the report to their consumer representatives. A particular focus in the December meeting was proposed larger scale projects combining several consumer and carer priorities to be submitted for NHMRC funding in 2017; a working group will be formed in the new year to progress this with active consumer and carer input to the design and implementation. In accordance with the Terms of Reference and the new Service Funding Agreement, the independent consumer and carer positions on the Advisory Group were declared vacant at the August meeting and an Expression of Interest process undertaken to place two independent	**Outcomes:** A robust Advisory Group which works in partnership with the academic research team to provide advice on the priorities, development and conduct of research relevant to ACT mental health consumers and carers.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	consumers and two independent carers on the group. Applications for the positions were of a high standard. Consistent with discussions within the Advisory Group on the need to connect with a broader demographic, three of the four new members are young people with ties to youth-related groups and services such as headspace. To encourage consistency of attendance and facilitate continuity, a minor amendment was made to the Terms of Reference and approved at the December meeting. The amendment requests that in the event a member is unable to attend a meeting, that a proxy is nominated where possible. If a member misses three meetings without adequate explanation, their continuing membership will be reviewed. **Participation in community organisations:** Dr Banfield was elected to the Board of the ACT Mental Health Consumer Network for the 2017 term. This will strengthen connections between ACACIA and the Network. Dr Gulliver was successful in her application to the Wellways Consumer Advisory Group, providing connection between ACACIA and community mental health more broadly. Dr Gulliver also attended the Australian Healthcare and Hospitals Association Stepped Care Models for Mental Health workshop.	**Outcomes:** Strong relationships with the broader mental health community.
Undertake research projects prioritised by ACT mental health consumers and carers	**ACT Partners in Recovery evaluation:** The evaluation was completed in September 2016 and the final report delivered to Capital Health Network. Although numbers were limited due to concerns about the acuity of PIR participants, findings indicate the Program had positive effects on quality of life and recovery. Participants were generally	**Deliverables:** (a) Interim report to CHN Mar 2016 (b) Interim report to CHN Jul 2016 (c) Final report to CHN Sep 2016 (d) Project summary on ACACIA website (e) Three academic paper(s) on consumer-centred evaluations and Partners in Recovery outcomes are currently in draft. A fourth paper using network analysis to investigate service use is planned.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	positive about the Program and in particular, the role of Support Facilitators in their recovery.	**Outcome:** This project aligns with two research priorities identified by ACT consumers and carers at the 2013 ACACIA forum: "Evaluation of programs by participants" and "How Partners in Recovery [other programs] and clinical management work together". It provides important insight into the progress and outcomes of Partners in Recovery in the ACT, contributing to quality improvement.
	Ethical considerations for research with carers: This project comprised three parts: 1) An examination of how other researchers have approached the involvement of carers through literature review and a brief survey; 2) A discussion forum with consumers and carers, held 11 June 2015; and 3) In-depth interviews with consumers and carers to explore ideas raised at the forum in more depth. Data collection for all three phases is now complete and analysis and final write up is expected to be completed in early 2017. A key success for this project in 2016 has been the redevelopment of the ethics materials for the project to be much more consumer and carer friendly whilst still satisfying ethics requirements. In response to feedback about the information sheet, Ms Alyssa Morse developed attractive, plain language brochures to improve participant recruitment. These were highly praised by the Chair of the ANU Human Research Ethics Committee and effective at increasing participant recruitment for the project.	**Deliverables: (a)** Plain language summary of project findings for the ACT mental health community. (b) Policy paper to guide ethics committees on consumer and carer perspectives on carer participation. (c) Academic paper(s) on ethical challenges for working with mental health carers. (d) Document for consumers and carers to navigate issues of privacy and consent with each other. **Outcomes**: This project is consistent with the consumer/carer suggestion of research into the integration of the consumer and carer voice into policy. It will inform consumers and carers about ethical considerations in research, develop evidence to support future applications to ethics committees and inform ethics policies and processes. The redevelopment of the project materials has already demonstrated the effect of consumer and carer feedback and innovative solutions to research problems
	Finding the path: Dr Michelle Banfield's ARC Discovery Early Career Researcher Award commenced in January 2015. This three year	**Deliverables:** Conference presentations, plain language reports to community, academic publications. Project design also incorporates a

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	project will combine policy, geographic and quantitative analyses with in-depth exploration of consumer, carer and provider experiences. The focus is on improving access and care navigation for people with serious mental illness in Australia.	roundtable in the third year of the project to synthesise findings in collaboration with all stakeholders including consumers and carers. **Outcome:** A clear understanding of the specific challenges mental health consumers face when accessing and navigating our system and a collaborative plan of action to address these challenges. This project addresses the ACT consumer/carer research priority on service pathways.
	Pilot project to introduce e-health interventions in MHJHADS led by a peer workforce: A feasibility trial is set to commence in early 2017, piloting the introduction of a recovery-oriented e-mental health group therapy program led by a peer worker. The "Stay Strong" program will be trialled in the Adult Mental Health Day Service to improve overall wellbeing. The research project will examine consumers' experiences of the program, its delivery by a peer worker and its effects on quality of life and attitudes to recovery.	**Deliverables:** Regular progress reports to ACT Health partners. Final report on trial outcomes. Presentations and academic papers. **Outcome:** This project is consistent with the consumer and carer priorities on peer-led services and the role peer workers in delivering services, as well as recovery-oriented service provision. It will provide important preliminary information on the feasibility and acceptability of embedding the peer workforce in ACT Mental Health Services as unique contributors and inform strategic implementation of e-mental health programs to support other treatments.
	Proposals under development **Consumer and carer perceptions of recovery:** This project, originally scheduled for late 2016, has undergone redevelopment in response to consumer and carer input. A small qualitative project will commence in early 2017 to explore perceptions and understanding of mental health recovery, with particular focus on the utility of the concept in a post-	**Deliverables: (a)** Summary of findings for ACT mental health community. (b) Academic paper on consumer and carer perceptions of recovery. **Outcome:** This project directly addresses one of the highest priorities from the 2013 ACACIA forum, which was "recovery and fulfilling potential", as well as several other recovery-focused topics under

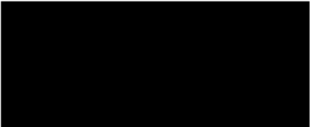
Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	NDIS environment. This will help inform broader research in areas such as recovery-oriented service provision.	treatment and service provision. It may result in improved delivery of recovery-oriented services, based on knowledge of consumer and carer understanding of the term.
	Co-design in stepped mental health care implementation: In May 2016, Dr Banfield was approached to contribute to the Capital Health Network Mental Health Stepped Care Model Working Group. One outcome of this meeting was agreement on the need to measure consumer experience as the stepped care model is implemented, to ensure consumer and carer contribution to quality improvement processes. In late 2016, Dr Banfield also attended a consumer workshop to inform the Primary Mental Health Care Strategic Reform Group on co-design. Work in the stepped care reform space will underpin an application to the National Health and Medical Research Council for 2018.	**Deliverables:** Agreed principles of active co-design. Consumer experience measures to be embedded within program delivery. Possibly ongoing data management and analysis, resulting in regular reporting at program and system level. **Outcome:** The ACT primary mental health care system is a national leader in the involvement of consumers and carers in service design and quality improvement, resulting in positive consumer experience and outcomes.
	Innovative models of service delivery in the ACT: The ACACIA team has been examining possibilities for drawing together a number of service delivery related priorities from the 2013 forum into a large scale project for competitive funding. An application for an NHMRC Partnership Grant will be developed in early 2017 to explore innovative service delivery models of importance to consumers and carers such as trauma-informed care and the embedding of peer workers.	**Deliverables:** (a) Report to ACT Health, community mental health sector and consumer and carer partners on models of service delivery, including any examples of innovation in the areas prioritised by consumers and carers. (b) Academic papers and conference presentations. (c) Presentation to ACT mental health sector. **Outcome:** The project will provide a comprehensive picture of the models of mental health service delivery in the ACT, including the presence and nature of innovative models that have been identified as important by consumers and carers.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
		This may inform practice both in the public and community mental health sector and influence mental health reform.
Build research capacity amongst ACT mental health consumers and carers	**Internship:** The main capacity building activity during 2016 has been the first research internship with ACACIA. Owen Forbes, a young person with personal experience as both a consumer and peer carer has been working as a Research Support Officer with ACACIA since March and completes his contract in December. During this time he has contributed to an ethics application, undertaken qualitative analyses, co-authored three papers including leading one, assisted with marketing and events and actively contributed to ACACIA planning and project design sessions. A formal evaluation of his experience and suggestions for future internships will be conducted at the conclusion of his position.	**Outcomes:** The intended outcome of the internship is to provide consumers and carers with core research skills, enabling them to undertake rigorous consumer/carer research in the community and/or enter academic research positions. Due to his skills and dedication, Owen has been offered a Research Assistant position with the Centre for Mental Health Research in 2017, running a randomised controlled trial to evaluate the Silence is Deadly program to improve help-seeking attitudes and intentions in young men in the ACT.
	Lived experience employment forum: During Mental Health Week, ACACIA staff presented at a forum at the Griffin Centre on employment opportunities for people with lived experience of mental health problems.	**Outcomes:** The forum was a good opportunity to promote ACACIA in the context of Mental Health Week. The presentation attracted a number of new members to the ACACIA consumer and carer register and created connections with several community mental health organisations.
	Masterclass: Representatives from the ACT Mental Health Consumer Network, Carers ACT and the Health Care Consumers' Association of the ACT were invited to attend a masterclass with Professor Diana Rose, described further below.	**Outcomes:** Combining consumer and carer leaders with consumer and academic researchers in an interactive discussion led by an international authority on consumer-led research resulted in a rich and informative session for all.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
Train researchers on effective participatory research methods	**Masterclass:** On 28 November, ACACIA hosted a masterclass with Professor Diana Rose, Professor of User-led Research, King's College in London. Attendees included consumer and carer researchers from ACACIA and Synergy (University of Canberra) as well as independent consumer researchers, academic researchers from the ANU Research School of Population Health and consumer representatives. The workshop consisted of short presentations on Prof Rose's experiences in consumer-led research, particularly in academic settings, and stimulating discussions between all participants on their own experiences and challenges. **Lectures on participatory methods:** Dr Banfield and Ms Morse both lectured in the Research School of Population Health postgraduate course on mental health. Dr Banfield's session covered consumer and carer participation in mental health policy, services and research. Ms Morse's session focused on ethical considerations in mental health research.	**Outcomes:** The masterclass effectively shared knowledge amongst consumer and carer researchers from different backgrounds and facilitated networking and collaboration. Feedback received after the workshop was unanimously positive, with comments such as: "A very big thanks to you and Diana for an excellent workshop yesterday...definitely one of the best I have attended and very inspiring yet practical." "That was an interesting day- thanks for opening it up to others, I enjoyed thinking and hearing about a lot of those things" **Outcomes:** Students enrolled in ANU Masters courses (Public Health, Neuroscience etc) learned the principles of participation and ethical conduct of research in mental health.
Disseminate research findings to research, consumer and carer, and service/policy communities	As projects progress and are completed, the number of research dissemination activities we undertake is growing. Key activities this year include: **Service Users in Academia Symposium:** ACACIA co-hosted the 6th Service Users in Academia Symposium in Canberra during November. This two-day symposium brings together consumer and carer researchers from	**Outcomes:** ACACIA's role as a co-host of the symposium significantly increased its profile in the consumer and carer research community in Australia and New Zealand. A number of researchers from other institutions and the

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	Australia and New Zealand to share findings, discuss innovative methods and network. Keynote speakers included Professor Diana Rose from King's College London, Professor Pete Ellis from the University of Otago and Dr Michelle Banfield, Head of ACACIA at The Australian National University. Dr Banfield's keynote included discussion of ACACIA's objectives and activities and was very well-received.	community have made contact after the event to progress networking and collaboration. Dr Banfield has been asked to join the International Initiative of Mental Health Leadership and the entire ACACIA team will attend a Leadership Exchange event for the Initiative in February 2017. Researchers from other groups also expressed interest in the consumer and carer priorities list developed at the 2013 ACACIA forum and one individual has approached Dr Banfield about commencing a PhD with ACACIA, exploring issues from the priorities list.
	Academic papers: One academic paper is current under peer review and six are in draft, for submission in the next 3-6 months. The academic paper from the 2013 forum was revised and resubmitted to the Journal of Mental Health in October, but due to an administrative error was rejected. To maintain the momentum, it was immediately resubmitted to Research Involvement and Engagement, where it is currently under peer review. Four papers are planned for the Partners in Recovery evaluation: a brief paper describing the development of the evaluation in collaboration with consumers and carers; a paper describing the Program's influence on the main outcomes of quality of life, social inclusion and recovery; a paper describing participant and service provider experiences of the Program and its influence on system-level factors; and a paper using social network analysis to examine care pathways and the connections made by the Program. A methods paper describing the partnerships in ACACIA and the complete findings from the ethics of carer involvement in research project are also in draft.	**Outcomes:** Publications in the peer-reviewed literature will provide exposure for ACACIA research methods and findings in academic circles, contributing to the reputations of the entire ACACIA team who are involved in collaboratively authoring the papers. This includes Advisory Group members who have been offered the opportunity to contribute to the partnerships paper.

Objectives (please address the following objectives)	Program Activities – Please describe here activities undertaken to address objective	Program Outcomes/Deliverables – what outcome does the research unit expect to deliver?
	Presentation at student conference: Mr Owen Forbes, ACACIA's research intern, presented a 15 minute oral paper at the Research School of Population Health Student conference on the ethics of carer involvement in research project. Mr Forbes was the only presenter who was not a postgraduate and his paper was very well received.	**Outcomes:** This paper raised the profile of ACACIA research within the Research School, leading to an invitation to teach in an additional Master of Public Health core course in 2017.
	Insight newsletter: Two issues of ACACIA's newsletter, Insight have been published in 2016. Articles have kept the mental health sector up-to-date on the progress of ACACIA research projects, including opportunities to participate, as well as summaries of events and other research of interest.	**Outcomes:** The ACT mental health sector is kept up-to-date on ACACIA's activities. Feedback from the ACTMHCN indicates that recipients enjoy the newsletter.
	ACACIA website: Work has commenced on improving the ACACIA website to ensure the information is current and informative. New processes within the Centre for Mental Health Research for web content updates will enable regular updates as projects and activities progress. ACACIA projects are also being advertised through the Centre Facebook page and consideration will be given to establishing an ACACIA Facebook page in 2017.	**Outcomes:** ACACIA website is a useful resource on projects and activities, both complete and in progress. Better use of online methods for recruitment of different populations.
Biannual qualitative progress reports and annual financial reports to ACT Health as per schedule 3.	This report forms the qualitative progress report. End of year financial reports will accompany the report as per Schedule 3 of the SFA.	Reports accepted.

Signed: 

Date: 21/12/16

Print name: Dr Michelle Banfield

Position: Head, ACACIA and Fellow, Centre for Mental Health Research

Health

MINISTERIAL BRIEF

UNCLASSIFIED

To:	Minister for Health and Wellbeing	Tracking No.: MIN17/1423 20 OCT 2017
From:	Nicole Feely, Director-General	
Subject:	Australian National University Research – Methamphetamine use in the ACT	
Critical Date:	20 October 2017	
Critical Reason:	For information	

- DG …/…/…
- DDG …/…/…

Purpose

To make you aware of the recent publication of the Australian National University (ANU)/Curtin University research report titled 'Research into Methamphetamine Use in the Australian Capital Territory'.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA ....[signature]............ 30/10/2017

Minister's Office Feedback

This will also be useful for discussions around establishing the Drug & alcohol Court

Background

1. The *National Ice Action Strategy* (2015) commits states and territories to developing

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improved data and research on methamphetamine use.

2. In October 2015, ACT Health provided ANU with $38,000 funding for research to:
   - estimate the number of people dependent on methamphetamine in the ACT;
   - estimate treatment coverage for methamphetamine dependence;
   - document perceived barriers to receiving treatment; and
   - provide descriptive information on people who use methamphetamine.

3. Funding for the project was also contributed by the lead researcher's fellowship and the main interviewer's postgraduate scholarship.

4. The final report, titled *Research into Methamphetamine Use in the Australian Capital Territory* (Attachment A), has been completed and posted on the National Drug Research Institute (NDRI) website. The lead researcher has dual affiliation with both the NDRI and the ANU.

Issues

5. ACT Health was not notified in advance of the publication date for the Report.

6. Previous contract and stakeholder management by the Policy and Stakeholder Relations (PSR) Division involving the author deteriorated, which may have influenced to some extent the lack of notice.

7. The study is largely interview-based, and there are some significant caveats that need to be taken into account when interpreting the findings. These include:
   - a relatively small sample size; and
   - limitations in the selection of participants.

8. The report draws on interviews with 183 ACT residents who had used methamphetamine at least monthly in the last 12 months, and on data from ACT Minimum Dataset for Alcohol and Drug Services (ACT AODTS-MDS) 2015–16. The project was approved by the ACT Health Human Research Ethics Committee.

9. Participants were not recruited directly from drug treatment services, although a number were recruited via advertising near needle and syringe services.

10. The researchers note that their recruitment is likely to have been biased towards an older cohort of injecting opioid users rather than younger methamphetamine smokers.

11. Participants were mainly single (64 per cent), male (68 per cent), unemployed (67 per cent) and living in public housing (70 per cent). Sixteen per cent identified as Aboriginal or Torres Strait Islander.

12. The researchers estimated that there are around 2,200 people aged 18–64 (0.9 per cent) who are dependent on methamphetamine in the ACT, and around 3,800 (1.5 per cent) who have used the drug at least monthly in the last 12 months.

13. The headline finding is the low rate of treatment uptake amongst dependent methamphetamine users in the ACT. The researchers estimate that seven per cent of those interviewed who were dependent on methamphetamine would have received specialist drug treatment in the past year. Treatment was defined as counselling, detoxification or rehabilitation in a specialist setting. Lifetime treatment rates were higher at 31 per cent.

14. Thirty-two per cent of the sample had either received specialist drug treatment or other professional help for their methamphetamine use in the past year.

15. The most common reason for not seeking help was not wanting to stop using. The other most commonly endorsed barriers were perceived waiting times; perceived cost; a lack of knowledge of what treatment involved; and doubts about whether treatment would be effective.

16. Crystalline methamphetamine ('ice') was the main form of the drug used in the past month by almost all (94 per cent) interviewees. More than half the sample were using heroin or enrolled in opioid substitution therapy. Virtually all participants were daily tobacco smokers (97 per cent) and most were daily cannabis consumers (80 per cent).

17. Contact with general health services was high: 90 per cent had attended a GP in the last year and 43 per cent had attended an emergency department.

18. The researchers concluded: "... Providing more treatment places is likely to be a necessary part of the solution ... but it will be more important to engage with consumers to inform them of the services available and to make sure that those services meet their needs."

19. The report contains a disclaimer that views expressed are those of authors and not ACT Health.

20. Noting the research limitations outlined above the Report contains some useful insights that will be used to inform the development of the draft ACT Drug Action Plan.

Financial Implications

21. ACT Health contributed $38,000 in funding towards the study. However, the research has also been funded by researcher scholarship and fellowship payments.

22. There are no additional financial implications, however any future amendments to services are likely to have financial implications.

Consultation

Internal

23. Marketing and Communications have been advised of the online publication.

Cross Directorate

24. The research was originally commissioned by Policy and Stakeholder Relations (PSR). Alcohol and other drug policy functions were transferred to the Population Health Protection and Prevention (PHPP) Division in September 2017.

External

25. The ACT methamphetamine study received input from an ACT working group which included: ACT Health; Alcohol, Tobacco and Other Drug Association ACT (ATODA); and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). The researchers also consulted individual treatment services during preparation of the final draft.

Benefits/Sensitivities

26. The study's estimate of specialist treatment coverage as being seven per cent during the previous 12 months is likely to be highlighted by local media. It will be important to communicate that higher rates of help were received when a range of 'non-specialist' services are taken into account, and that dependent users (i.e. those likely to be in most need) were more likely to have received help.
27. ATODA and ACT AOD treatment services are likely to emphasise that they already provide a substantial treatment to people who use methamphetamine: in 2015-16 amphetamines (21 per cent) were the second most commonly identified main drug of concern for ACT services behind alcohol (44 per cent).
28. ATODA and CAHMA believe that the high level of people receiving methamphetamine-related support from GPs is likely to reflect high engagement with specific services such as the Interchange General Practice among the sample group, rather than GPs more generally. However, the researchers did not ask about specific practices people attended.
29. The researchers' recommendation for low threshold services could be seen as bolstering the case for pill testing/drug checking, and for a possible supervised injecting place/drug consumption room in Canberra.

Media Implications

30. The report may attract local media attention because of its focus on ACT methamphetamine use.
31. On 31 August 2017 the Canberra Times ran an article "$2.8 million for ACT drug treatment flows two years after ice strategy announced". The article highlighted drug counselling and support services commissioned by the Capital Health Network from Karralika, CatholicCare, CAHMA and Gugan Gulwan with funding provided under National Ice Action Strategy.
32. Curtin University has advised they are not planning any proactive media on the article, only reactive if approached for comment.

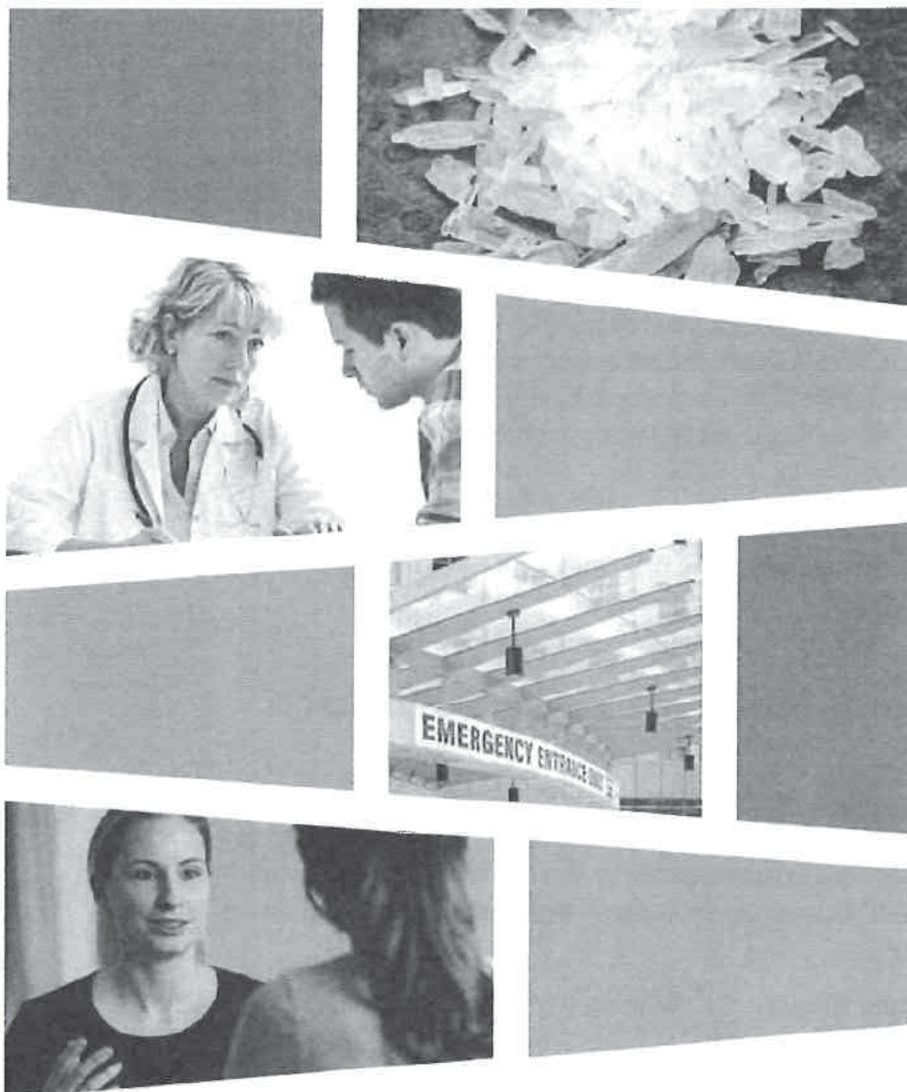
Signatory Name:	Emily Harper, Executive Director, Health Improvement Branch	Phone: 52245
Action Officer:	Chris Kelly	Phone: 51701

Attachments

Attachment	Title
Attachment A	*Methamphetamine Use in the ACT* report.

A

Research into Methamphetamine Use in the Australian Capital Territory



Rebecca McKetin
Alexandra Voce
Richard Burns

October 2017

NDRI
national drug research institute

Curtin University

Australian National University

Curtin University

Preventing harmful drug use in Australia

The National Drug Research Institute at Curtin University is supported by funding from the Australian Government under the Drug and Alcohol Program

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Research into Methamphetamine Use in the Australian Capital Territory

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David McDonald, Social Research & Evaluation Pty Ltd

(Chair) Rebecca McKetin, Associate Professor, National Drug Research Institute, Curtin University, and Visiting Fellow, Research School of Population Health, The Australian National University

Julie Robert, Alcohol Tobacco and Other Drug Association ACT

Alexandra Voce, PhD candidate, Research School of Population Health, The Australian National University.

In addition, we appreciate the support of various individuals and health agencies throughout the ACT for their support of the research, particularly personnel at CAHMA and Directions, who facilitated survey recruitment by advertising the study to their clients. We also acknowledge the contribution of Philip Hull from ACT Health for assisting with obtaining data used in the benchmark prevalence estimation exercise and commenting on the report, the coordination support of ATODA, the ACT Alcohol, Tobacco and Other Drug Strategy Evaluation Group, representatives from various AOD services who provided comments on the draft report, and the support of CAHMA for providing feedback on the survey questionnaire. We acknowledge Bianca Calabria and David Castle for providing support and guidance to Alexandra Voce during her PhD candidature, which included the data collection for this project. Finally, we are incredibly grateful to the individuals who participated in the research for their trust and time.

The terminology used in this report, and the implications for providing treatment and other health services, have been modified based on feedback received by members of the project advisory group.

Funding: The operational costs of the research were supported by a one-off grant from ACT Health. Data collection was carried out in-kind by Alexandra Voce, who was supported by an Australian Postgraduate Scholarship based at The Australian National University. The project coordination and preparation of this report was supported by a Curtin University Senior Research Fellowship, held by Rebecca McKetin, based at the National Drug Research Institute, Curtin University.

Disclaimer: Opinions expressed in this publication are those of the authors and do not necessarily represent those of ACT Health.

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List of abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACT MDS AODTS	ACT Minimum Data Set for Alcohol and Other Drug Treatment Services
ADHD	Attention deficit hyperactivity disorder
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ANU	The Australian National University
ATODA	Alcohol Tobacco and Other Drug Association ACT
AQoL	Australian Quality of Life
BPRS	Brief Psychiatric Rating Scale
BBV	Blood-borne virus
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
GHSQ	General Help Seeking Questionnaire
GP	General practitioner
HIV	Human immunodeficiency virus
OST	Opioid substitution therapy
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
PTSD	Post traumatic stress disorder
SD	Standard deviation
STI	Sexually transmitted infection

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Executive summary

Background

There has been a rapid increase in crystalline methamphetamine use in Australia since 2010. This has been accompanied by an increase in the level of methamphetamine dependence amongst people who use the drug, increased treatment demand, and increased harms related to the drug's use. Specifically, drug treatment episodes for methamphetamine use have more than tripled during this time (10,027 in 2009-10 to 46,415 in 2015-16), as have the number of methamphetamine-related hospital admissions (1,948 in 2009-10 to 10,413 in 2014-15) and arrests for amphetamine-type stimulants (13,982 in 2009-10 to 47,625 in 2015-16). Increases in crystalline methamphetamine use have disproportionally affected rural areas of Australia.

By 2014 it became apparent that this trend toward crystalline methamphetamine use had also emerged in the ACT. There were indications of increased crystalline methamphetamine use among people who injected drugs and an upward trend in the number of people seeking treatment for methamphetamine use: this increased from 198 to 1,392 over the 2009-10 to 2015-16 period, now representing almost one-quarter of all drug treatment episodes.

There have been concerns at a national level about the capacity to respond effectively to the increase in methamphetamine-related treatment demands and the other health needs of people dependent on this drug. Although positive treatment outcomes can be achieved for methamphetamine use, the drug has presented challenges for service providers in terms of the types of clients presenting to treatment and their specific needs, while there have been parallel concerns about access to treatment, particularly in rural and regional areas, and long-wait-times for residential services.

At the time that this research was commissioned, the only available data on the extent of methamphetamine use in the ACT was from the 2013 National Drug Strategy Household Survey (NDSHS). This showed that 2.2% of ACT residents aged 14+ years reported using methamphetamine in the past year. The recently released 2016 NDSHS suggests declining methamphetamine use at a national level, although data specific to the ACT were not available at the time of publication.

Unfortunately, the NDSHS does not capture enough people in the ACT to provide an indication of heavy or problematic methamphetamine use, meaning that it was difficult to know how many people would require treatment or other health services. There was also scant data available on the nature of crystalline methamphetamine use in the ACT, in terms of who is using the drug, patterns of use, problems associated with use, the health service needs of people using the drug, or how methamphetamine use might affect health service use. This type of information is needed to guide health responses to the emerging trend toward crystalline methamphetamine use.

It was in the context of these initial increasing trends in crystalline methamphetamine use, and the lack of data on the extent of dependent methamphetamine use and related health concerns, that the current research was commissioned by ACT Health. The project proposal was developed by ANU researchers and reviewed by the ACT Alcohol, Tobacco and Other Drug Strategy Evaluation Group. The aim of the current research was to better understand the emergence of methamphetamine use in the ACT and how this would affect health service provision. Our specific objectives were to:

A. Estimate the number of people in the ACT who were dependent on methamphetamine
B. Estimate drug treatment coverage for methamphetamine dependence in the ACT
C. Document barriers to receiving drug treatment for methamphetamine dependence in the ACT
D. Provide descriptive information on the demographics of people who use methamphetamine in the ACT, their patterns of methamphetamine and other substance use, the prevalence of key harms associated with use, and to better understand how people who use methamphetamine interact with the health and criminal justice system.

Methods

Survey

We surveyed 183 ACT residents who used methamphetamine at least monthly. Survey participants were recruited between April 2016 and January 2017 using chain-referral, subsequent to advertisements being placed in various outreach health services, public locations and online. Recruitment from drug treatment services and hospitals was deliberately avoided to ensure we did not oversample people represented in the benchmark data used in the indirect prevalence estimation exercise. Surveys were conducted face-to-face at mutually convenient public venues (e.g., cafes, fast-food outlets) and took approximately one hour. Participants were reimbursed for their participation to cover their out-of-pocket expenses. A structured interview schedule was used to assess demographics, current drug use patterns, dependence on methamphetamine, disability, mental health, contact with health services and the criminal justice system, and barriers to treatment. Specific measures within the survey included the Severity of Dependence Scale, the substance dependence section of Mini International Neuropsychiatric Interview Version 6 (MINI), the Barriers Questionnaire, the General Help Seeking Questionnaire (GHSQ), the Opiate Treatment Index subscale for HIV Risk Taking Behaviour, the Australian Quality of Life scale (AQoL), and the Brief Psychiatric Rating Scale (BPRS).

Indirect prevalence estimation methods

We estimated the number of regular and dependent methamphetamine users in the ACT by using the benchmark multiplier method. This involved deriving a multiplier from the survey data (based on the rate at which survey participants attended treatment for methamphetamine use), which we applied to matching benchmark data (i.e., methamphetamine treatment episodes) to derive an estimate of the total population size. The prevalence of regular and dependent methamphetamine use was calculated using the estimated resident population of the ACT aged 18 to 64 years at June 2016.

Benchmark data

The benchmark data was comprised of the number of drug treatment episodes in the ACT Minimum Data Set for Alcohol and Other Drug Treatment Services (ACT MDS AODTS) for the 2015-16 financial year where amphetamines were the primary drug of concern, where the client was aged 18 to 64 years of age and residing in the ACT, and where the main modality of treatment provided was counselling, residential rehabilitation, detoxification or the general category of 'other' treatment (excluding episodes that involved information and education only, support and case management only, assessment only, or pharmacotherapy). We considered two additional benchmark data sources: methamphetamine hospital admissions and methamphetamine arrests. Hospital data could not be obtained within the project timeline because ACT Health was undergoing a system-wide data review (to be completed by 31 March 2018). The methamphetamine arrest data could not be adequately matched to our multiplier, and hence was not used.

Multiplier

Two multipliers for the drug treatment benchmark data were derived from the survey: one multiplier was created for the entire sample, reflecting regular (at least monthly) use; and a second multiplier was created for the subset of the sample who were dependent on methamphetamine. Dependence was defined as having a score of four or greater on the Severity of Dependence Scale, which corresponds to a DSM-III-R diagnosis of severe methamphetamine dependence.

The multiplier was the inverse of the rate of methamphetamine treatment episodes started within the past year, as reported by survey participants aged 18-64 years. Methamphetamine treatment episodes were only included in the calculation of the multiplier if they occurred within the ACT and would have been represented in the benchmark dataset, that is, drug treatment episodes (counselling, detoxification,

rehabilitation) that were completed during the past year, where methamphetamine was the main drug for which the participants was being treated, and the treatment facility submitted data to the ACT MDS AODTS.

Results

Number of regular and dependent methamphetamine users in the ACT

We estimated that there were around 2,200 people in the ACT aged 18-64 years dependent on methamphetamine (95% CI 1,300-3,700) in 2015-16, which was a subset of a larger cohort of around 3,800 people who had used the drug at least monthly within the past year (95% CI 2,300-6,100). This represents less than 2% of the ACT population aged 18-64 years of age (1.5% for regular use and 0.9% for dependent use).

Estimated treatment coverage for methamphetamine dependence in the ACT

Based on these estimates, only 7% of people aged 18-64 years who were currently dependent on methamphetamine in the ACT in 2016 would have received specialist drug treatment (detoxification, counselling or rehabilitation) for methamphetamine use in the ACT within the past year. As indicated in the methods section earlier, this definition of treatment excluded pharmacotherapy and situations where the only service provided was assessment, or information and education, or support and case management. Survey responses indicated that participants were more likely to get professional support from outside of specialist drug treatment services. In total, 45% of participants who were currently dependent on methamphetamine had received some form of professional help for their methamphetamine use in the past year, most commonly from their GP.

Barriers to receiving treatment for methamphetamine dependence

Barriers to accessing specialist drug treatment services included a lack of awareness of services, perceived waiting times or they could not get help when they wanted it (i.e., participants reporting that "I would have to wait too long to get into treatment" and "There was no treatment available when I wanted help"), the perceived cost of treatment, a lack of knowledge about what treatment involved and whether it would be effective. There was lower awareness of specialist treatment services among participants who were not using opioids, particularly among crystalline methamphetamine smokers. Many participants reported that they liked the effects of methamphetamine and did not want to stop using methamphetamine, and this presented a major barrier to their willingness to seek treatment to reduce their drug use, even amongst participants who were dependent on methamphetamine.

Characteristics of methamphetamine use in the ACT

Characteristics of people who used methamphetamine

The sample had a low socio-economic profile, with high rates of unemployment and dependence on welfare and public housing. Forty-two per cent had children under the age of 18 years but only 15% of the sample were living with children: most were single (or separated/divorced, 78%), and living alone (42%), or with a partner (20%) or unrelated adults (22%).

Patterns of methamphetamine use

The use of methamphetamine consisted almost exclusively of the high purity crystalline form of the drug, "crystal meth" or "ice" (94%). Participants had used methamphetamine on a median of 10 days in the past month (range 0 to 28 days). Most (76%) injected methamphetamine, 20% smoked, and the remainder snorted or swallowed the drug. Fifty-one per cent of participants were currently dependent on methamphetamine.

Crystalline methamphetamine use had been taken up amongst an older long-standing cohort of opioid injectors, who both injected and smoked crystalline methamphetamine, and also among a younger cohort of people who usually smoked the drug. These groups had different demographics and other substance use, but both had similar levels of dependence on methamphetamine.

Patterns of other drug use

Polydrug use was the norm. Over half the sample were using heroin or enrolled in opioid substitution therapy (OST). The vast majority of participants smoked tobacco and cannabis daily. Rates of drinking were similar to the general population. Older participants were more likely to inject drugs, use heroin and/or be enrolled in OST. Younger crystalline methamphetamine smokers were more likely to use ecstasy.

Health and well-being of people who used methamphetamine

Participants' quality of life was well below the general population, reflecting poor mental health and poor social relationships. The majority of participants reported a history of depression and/or anxiety, and 35% had been diagnosed with PTSD. Levels of depression, anxiety, suicidality, paranoia and hallucinations were higher amongst participants who were dependent on methamphetamine.

BBV and STI risk

Although access to sterile injecting equipment was high, and needle-sharing was rare, there remained a risk of infections being transmitted via sharing other injection related equipment (28% of participants who injected shared tourniquets, swabs etc.), sexual activity (51% of the sample were sexually active) and sharing of pipes. Pipe sharing was the norm, and 28% of participants who shared pipes had burns or sores on their lips, presenting a potential avenue for blood-borne virus transmission. Participants who were injecting methamphetamine (cf. injecting opioids) had lower awareness of Needle and Syringe Programs (NSPs) than participants who injected heroin or who were enrolled in OST.

Contact with other health services

Participants were heavy consumers of various health services but most of their presentations were not for methamphetamine use per se, but for other issues. Methamphetamine-related emergency department presentations were higher for participants dependent on methamphetamine.

Most participants had contact with a GP: 44% indicated that they had told their GP that they used methamphetamine, and around half indicated that they had either already received help from their GP for their methamphetamine use, or that they would be willing to get help for their methamphetamine use from their GP. Neither detailed information on which specific GP services were utilised, nor the nature of, or satisfaction with, GP interactions, was collected in this study.

Contact with the criminal justice system

Involvement with the criminal justice system was common: around half of participants had a prison history, 28% had been arrested within the past year (usually for methamphetamine use/supply, theft/robbery, assault, damage to property or public order offences). Twenty-seven per cent had undergone roadside drug testing in the past year.

Commentary

The dominance of crystalline methamphetamine use in the ACT signals a shift from lower purity forms of methamphetamine use (e.g., power or 'speed') which have previously dominated the drug market. Similar to other parts of Australia, this trend is likely to be associated with an increase in methamphetamine-related harms and treatment demand, even if the number of people using methamphetamine remains stable.

We found evidence that methamphetamine had been taken up amongst two relatively distinct groups of people: an older long-standing cohort of opioid injectors and a younger group of more recent initiates who usually smoked the drug. These two groups require different policy responses. Evidence of a young cohort of crystalline methamphetamine smokers points to an opportunity for early intervention to prevent the development of dependence and entrenched drug use. In contrast, the use of crystalline methamphetamine use among opioid injectors is more likely to be opportunistic and reflect heavy polysubstance use in this population. This suggests a need for harm reduction strategies, and possibly additional treatment services, to address methamphetamine-related harms in this group.

Levels of regular and dependent methamphetamine use in the ACT are similar to or lower than other parts of Australia, but nonetheless represent a significant and largely hidden population, with high levels of morbidity and complex social welfare needs.

People in the ACT who used methamphetamine had very limited existing specialist AOD treatment services. They were far more likely to have received help for their methamphetamine use from generic health services (e.g., GPs, counsellors) than from specialist drug treatment services. This was underpinned by a poor knowledge of existing services, waiting times to get into treatment and a range of reasons that suggest a lack of knowledge around what treatment options were available and what they cost.

Providing information about what different treatment services are available to people who use methamphetamine will be a critical step in improving treatment coverage for this population. This will need to involve more than providing a directory of services: educating consumers about what treatment involves, the effectiveness of treatment, realistic information around costs and expectations from treatment, wait-times, and support options while wait-listed are required.

An overarching barrier to care was people's desire to keep using methamphetamine. Motivational enhancement strategies can be used to improve help seeking, but this issue flags a need to provide low threshold services and harm reduction information to people who are reluctant to seek help to reduce their substance use (see below).

There is also a need to ensure that services are suitable for people who use methamphetamine, with the capacity to deal with multiple health and social needs. Suicide prevention information is one critical need, while protocols for identifying and managing depression, paranoia and hallucinations are also warranted. A substantial proportion of participants have a history of PTSD, indicating the need for services to be "trauma-informed". Treatment services also need to be integrated with other health, social, welfare and criminal justice support services to meet the broader needs of methamphetamine-using clients.

Harm reduction and education strategies are needed to engage with the majority of individuals who are not currently seeking help from specialist AOD treatment services. These need to cover suicide prevention, information on mental health, social welfare and legal support services, and strategies to reduce the severity of methamphetamine-related paranoia, as well as information about specialist drug services available within the ACT.

Peer support outreach programs will be critical in accessing the majority of people who use methamphetamine but who are not engaged with specialist alcohol and other drug treatment services. Providing information through GPs and emergency departments are other possibilities, as consumers had high rates of contact with these services, even if most of this contact was not directly related to their methamphetamine use.

Risk reduction strategies for BBV and STI may need to be reformulated to ensure adequate coverage for non-opioid injectors and crystalline methamphetamine smokers, and to incorporate multiple potential routes of BBV and STI transmission (i.e., injecting, sexual risk behaviour and pipe smoking).

Conclusion

The ACT has a substantial and largely hidden population of people who use methamphetamine, almost all of whom use the high purity crystalline form of the drug ("crystal meth" or "ice"). This population is comprised of two demographically distinct groups: a new cohort of younger crystalline methamphetamine smokers, and an older long-standing group of people who inject drugs, many of whom also use heroin. Although these two groups had different demographic profiles, they shared high rates of dependence, poor mental health and multiple other social, legal and welfare needs. This population, particularly the crystalline methamphetamine smokers, had low levels of engagement with specialist AOD treatment services within the ACT, and were relying on generic health services (e.g., GPs) for help.

These findings suggest significant opportunity to optimise services to meet the needs of people who use methamphetamine. Providing more treatment and other targeted services is likely to be necessary to remedy this situation, although there are multiple barriers to treatment which can only be addressed through better engagement with consumers, improving their knowledge about the services available, and ensuring the suitability of existing services for people who use methamphetamine.

1 Introduction

The Australian methamphetamine situation

Australia has seen a strong increase in the use of high purity crystalline methamphetamine since 2010 and also a sharp rise in levels of problematic methamphetamine use.[1] Drug treatment episodes for methamphetamine use have more than quadrupled during this time (10,027 in 2009-10 to 46,4415 in 2015-16)[2], and there has been a similarly sharp rise in methamphetamine hospital admissions (1,948 in 2009-10 to 10,413 in 2014-15)[3] and arrests for amphetamine-type stimulants (13,982 in 2009-10 to 47,625 in 2015-16[4]).

The rapid rise in methamphetamine-related problems, including people seeking treatment for methamphetamine use, has been underpinned by an increase in smoking high purity crystalline methamphetamine, or "ice".[1,2] Smoking crystalline methamphetamine has become a popular form of drug use in recreational and social situations, but because of the high dependence liability and health risks attached to smoking ice, this trend has led to a substantially increased demand for methamphetamine treatment, particularly among younger adults.

Smoking crystalline methamphetamine has a high dependence liability due to the rapid onset of the drug's effect when smoked, and the higher bioavailability that is achieved by smoking relative to other non-injecting routes of administration.[5,6] Amongst people dependent on methamphetamine, rates of harm (e.g., paranoia, poor mental health) are similar for smokers and injectors.[7,8]

Increasing crystalline methamphetamine use has disproportionally affected rural areas of Australia. The highest rates of crystalline methamphetamine use are seen amongst young employed men in these rural areas.[9] Drug treatment infrastructure to support people dependent on methamphetamine is often limited in these areas, while other services around HIV prevention and general health care can also be under-developed, particularly as most injecting drug use in Australia has historically been concentrated in major metropolitan regions.

Although positive treatment outcomes can be achieved for methamphetamine use,[10-12] relapse rates are high[10] and reported treatment coverage is low.[13-15] Providing treatment has presented new challenges in terms of the types of clients presenting to treatment and their specific needs.[16] Service providers have expressed a lack of confidence in treating people who use the drug, with service models traditionally designed for alcohol and opioids.[16,17] Less attention has been paid to how people who use methamphetamine interact with other health services (e.g., NSPs), or whether these services are appropriate for their needs.

Methamphetamine use as an emerging issue in the ACT

Over the past five years, indicators suggest a similar upward trend in crystalline methamphetamine within the ACT. This trend first became apparent in 2013-2014, when local drug treatment statistics showed the number of treatment episodes for methamphetamine (closed treatment episodes where "amphetamines" were cited as the primary drug of concern) increased from 196 in 2010-11 to 496 in 2012-13. The increasing popularity of crystalline methamphetamine use was also detected among injecting drug users in the ACT through the Illicit Drug Reporting System in 2014.[18]

Drug treatment data that have since become available suggest that these trends have continued. The number of drug treatment episodes for amphetamines has steadily grown to 1,392 (Figure 1), representing almost one-quarter of treatment episodes in 2015-16. It is noteworthy that not all of these treatment episodes involved clients who were resident in the ACT: 31% were for clients residing in the surrounding hinterland. Additionally, most treatment episodes provided to ACT residents (62%)