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Parliamentary Joint Committee on Law Enforcement

Parliament House

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By email [le.committee@aph.gov.au](mailto:le.committee@aph.gov.au)

**Submission to the Inquiry into crystalline methamphetamine**

Thank you for the opportunity to make a submission on the topic of crystalline methamphetamine. I will not repeat the comments made in my submission to the 'Ice Taskforce' as I assume that you will be taking those into account in your Committee's inquiry.

The matters covered here are concerned with

- information systems covering methamphetamine (MA) and other drugs enabling us to respond appropriately at key points in the epidemic curve of drug use
- the ACC's role in mis-representing the nature of drug use and drug related harms in Australia
- law enforcement agencies' limited ability to impact on the MA markets
- treatment of MA use disorders
- the need for an Australian drug harm index.

**Information systems**

Australia has excellent strategic drug information resources, especially the AIHW NDS Household Survey, the NDARC IDRS and EDRS projects and the AIC DUMA project. However, we do not have any tactical drug information systems operating at the national level. Both strategic and tactical systems are needed: strategic to give us the long term picture, generally using data with a long lag time to produce, and tactical (from sources such as ambulance services, hospital emergency departments, police etc) to provide up-to-date, timely, early warning of what is going on.

If we had a functional national strategic early warning system on psychoactive substances, we would have become aware far earlier about the changes in the MA markets and would have been able to respond in a timely manner. Instead, the Commonwealth Govt, operating in an information vacuum, is slashing funding to the single part of the MA response system for which we have sound evidence of efficacy and cost-effectiveness, ie the treatment sector.

I am sure that the Committee is aware of the body of research that guides us in how to respond at different stages in drug epidemics. Because we have no tactical early warning system, and make little use of strategic drug data systems, at any given time we do not know where we are on the epidemic curve. As a consequence, we usually apply the wrong responses. That is what is happening now with the crystalline MA epidemic.

A number of the evaluations of the National Drug Strategy, and related consultancies commissioned by the Commonwealth, have recommended establishing sound systems for monitoring what is happening about drug availability, use and harms. Perhaps it is time to existing their recommendations?

### **The ACC's role in mis-representing the nature of drugs in Australia**

The ACC, and the ABCI before it, used to have a fine reputation but that has now been undermined by its current CEO. In referring to MA use in Australia as a 'pandemic', he is seriously mis-representing the nature of MA supply, demand and use in this country, and is simply wrong. We have no pandemic of 'ice' availability, use and harms. He and his staff should have checked the meaning of the word in a dictionary of epidemiology.

One wonders if Mr Dawson used (misused) the term 'pandemic' intentionally, as some have suggested, with the aim of problem inflation? I am sure that he knows the meaning of pandemic, and knew that we have no pandemic (though of course we have serious MA problems within Australia), so perhaps the Government had instructed him to ignore the evidence and seek to frame the MA situation as some sort of a crisis that law enforcement agencies need to respond to?

In any case, the Committee may care to consider the degree to which the ACC continues be a reliable source of information and analysis concerning drugs in Australia in light of Mr Dawson's blatant misrepresentation of the situation with MA.

### **Law enforcement agencies' limited ability to impact on MA markets**

As the Committee would know, a significant body of research has demonstrated the very low capacity of law enforcement agencies to impact on the size and nature of drug markets. Ministers and police commissioners love to see themselves in the media announcing 'huge' seizures of crystalline MA and other drugs, but they never tell the truth: such seizures almost always have no impacts on drug availability other than occasionally in the very short term. . This is not surprising considering that the seizures are such a tiny proportion of the whole market, and the flexibility of drug market operators in responding to temporary small disruptions to their businesses.

There is something badly wrong when Australian governments continue to throw good money after bad in funding drug law enforcement. Research demonstrates that this is the least cost-effective sector in preventing and dealing with crystalline methamphetamine-related harms. Nonetheless, over 60% of government drug spending goes to the law enforcement sector! If governments really cared about using public funds well, they would redirect funding to those areas that can create real benefits, particularly MA treatment.

### **Treatment of MA disorders**

The relatively low cost-effectiveness of law enforcement and the relatively high cost-effectiveness of the treatment of MA disorders makes it hard to understand why the Commonwealth Government is slashing drug prevention and treatment funding. As the Committee knows, we have been successfully treating MA use disorders, be it from MA in base, powder or crystalline form, for many years. The current upsurge in treatment demand is nothing new, we have been through cycles like this before, and have responded well in the past just as our treatment personnel are responding well now, albeit with insufficient resources to cope adequately with the level of demand for treatment services.

Across the drug treatment sector, alcohol dependence and other alcohol related disorders dominate. The amount of harm caused to Australian society by alcohol far, far outweighs that caused by methamphetamines. Politicians and the ACC are simply wrong (and they know it) in stating that crystalline MA is the drug creating the most harm in Australia. Alcohol, tobacco and opioids create far more harms than 'ice'. A heroin user dying from an overdose while waiting for a place in a medically-assisted drug treatment program is an infinitely more serious drug-related harm than an emotionally distressed person who has used 'ice' being disruptive in a hospital emergency department.

Public funds should be directed where they are most needed, and most effective, namely to the treatment sector.

**The need for an Australian drug harm index**

The ACC's Chris Dawson's false statement about the 'ice pandemic', and false claims about 'ice' being the most harmful drug in Australia, highlight the absence of an Australian drug harm index. The Committee will be aware of the drug harm indexes developed and used abroad. They use scientific data and expert opinion to rank and rate the amount of harm caused by the various drug types, usefully differentiating between harms to the user and harms to others.

The Committee may care to consider the utility of developing such a drug harm index for Australia. It would be helpful to decision-makers and the public as both would be better informed about the relative harms of the various drug categories, and by doing so inform resource allocations.

Thank you for this opportunity to make a submission to the Committee.

(signed)

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