

# **Inquiry into Crystal Methamphetamine**

## **Submission from the Wangaratta Ice Steering Committee**

### ***Background***

The Wangaratta Ice Steering Committee was formed in September 2015, following a multi-agency workshop that identified agencies needed to work together to gain a greater understanding around the local response to Ice. The Steering Committee is made up of the following members;

- ACSO
- Albury Wodonga Health
- Department of Education and Training
- Department of Health and Human Services
- Department of Justice and Regulation
- Gateway Health
- North East Family Support Group
- Sport North East
- The Centre for Continuing Education
- Victoria Police
- Wangaratta Council

The Committee meet on a monthly basis to learn from each other and report on the progress of the Wangaratta Ice Action Plan.

The Wangaratta Ice Action plan is based around the 6 strategic themes of the National Ice Action Plan which are;

1. Helping families
2. Supporting frontline workers
3. More support where it is needed
4. Prevention is better than a cure
5. Reducing supply on our streets
6. Safer, stronger communities

One of the key successes of the Ice Steering Committee is the membership of the North East Family Support Group, who represent families who have been affected by ice. This in conjunction with presentations from ex-users of Ice have helped the Committee understand the complexities of the problem and its impact on individuals, their families and the local town.

Issues that are repeatedly discussed at the meeting include the lack of community support services for drug users, the very low number of rehabilitation beds in the region and the issue of stigma associated with access support services.

The Committee are grateful for the opportunity to contribute into this inquiry. Although the group has a strong focus on working together to have a greater collective impact, some of the comments relate to specific program areas. In these instances, this paper will highlight the source of specific comments/viewpoints.

The report by Roche, A., & McEntee, A. (2016). **Ice and the outback: Patterns and prevalence of methamphetamine use in rural Australia**. Australian Journal of Rural Health, Advance online publication  
<http://onlinelibrary.wiley.com/doi/10.1111/ajr.12331/abstract>

looks at Ice use in rural Australia. This report highlights many of the common themes discussed at the Wangaratta Ice Steering Committee. Relevant points to highlight from this report are:

- There is a higher level of methamphetamine use in country Australia, and that the rate of increase since 2007 has been statistically significantly greater than in cities.
- Both lifetime and recent (i.e., use in the last 12 months) use of methamphetamine were significantly higher among rural Australians compared to those living in cities, as was the recent use of crystal methamphetamine.
- It is clear that there has been a disproportionately larger increase in methamphetamine use, including crystal methamphetamine, in rural locations compared to other locations
- Factors that contribute to higher rural AOD use in general include lower educational attainment, low socio-economic status, higher unemployment and isolation
- Rural Australians who were most likely to use methamphetamine were the 18 to 29 year olds. However, in contrast to city dwellers, there was a higher proportion of employed young people using methamphetamine in the country, whereas in the city prevalence was higher among unemployed people
- Interventions tailored to address the specific and unique circumstances of rural settings are required to reduce and prevent methamphetamine use, particularly crystal methamphetamine.
- Scope exists to focus prevention efforts on rural workplaces and primary care settings.
- Greater understanding of the higher prevalence of methamphetamine use in rural areas is required, plus implementation of comprehensive strategies and optimised treatment utilisation

## National Ice Strategy

- **families and communities have better access to information, support and tools to help them to respond to drug and alcohol issues;**

The Wangaratta Ice Steering Committee are developing a localised Family Support Kit, which aims to simply explain what happens when someone gets arrested. This is a common issue that local families face and that has been raised by the Family Support Group. These family members are looking for something that is written in simple English that provides all of the required local information on a double sided A4 piece of paper that is available at the local police station.

## Police

The use of Ice in the community has seen families of drug users forming self-help groups to support each other. It is clear that the use of Ice is having a significant impact on family cohesion and stability with many seeking support and advice from the police. Family members advise that they are threatened and intimidated by associates of their children or partners seeking payment for drug debts.

### North East Family Support Group

I am a parent with a young adult succumbed to drugs, I have experience heartache, distress and domestic violence and financial problems. There was no place for me to find solace, support or guidance or someone to tell me that I was not alone. Two and half years ago, I commenced a family drug support group for Wangaratta.

Our support group has been and continues to be a vital link to families who are experiencing the aftermath of adults with an addiction. We have families who reside in Wangaratta, Corowa, Benalla and Yarrawonga who attend our regular meetings.

While we are a small support group, we are a voice advocating from other families who have concerns about the lack of services in our region. While our achievements may not be a lot, nevertheless, we are a member of the Wangaratta Ice Steering Committee and discuss at length with them at our concerns and strategies and will continue to do so.

As a case manager for over 20 years and previously, voluntary AOD assessor, I experienced frustrations and became worried about the lack of services for our Regional Area, for supports to cater for the influx of young people with an addiction to Alcohol and Other Drugs.

Voluntary Drug Assessments and voluntary admissions into rehabilitations is not a positive outcome for people with addictions, I think that these methods only lead for relapses and reoffending.

“Prevention and interventions” is our number one priority, however, without proper resources to deliver prevention and interventions, discussions are rather futile. We know what Ice does to a person, that family violence is rising rapidly and most this rise is due to drug related issues.

I personally believe that regional towns can benefit from Drug Courts (particularly the North East/Hume Area);

- The lack of longevity with rehabilitations, (6-8 weeks) is not enough for an addict to be rehabilitate.
- Having longer mandatory rehabilitation can reduce relapses with an addict.
- Re-instate Supported accommodation in Regional Areas (particularly in North East/Hume Area). Supported Accommodations, I think, are an integral part to an addict recovery.
- Support for addicts in prisons should be mandatory, not voluntary, and not only for addicts who are in prison for a short period.
- North East needs another rehabilitation centre.
- North East needs a detox centre
- School education on drugs and alcohol should be made compulsory
- Having Families support centres: where education and information is readily available.
- There needs to be a more collaborative approach with workers and families.
- Families are the victims especially if the user is living in the family home.
- Confidentiality agreements, need to have clauses added so families can work alongside the user, counsellor, correction officer, police, in assisting their young adult rehabilitation process.

While we now have four withdrawals beds in the Goulburn Valley area, we strongly believe that this is not enough to accommodate the 12 LGAs in the Hume region.

### Final Report of the National Ice Taskforce

**Recommendation 2: The Commonwealth, state and territory government should provide additional funding to communities to empower them to develop locally-based solutions to ice and other illicit drug issues.**

### The Centre for Continuing Education

The Alcohol and Drug Foundation's Good Sports Program is an example of a successful, locally delivered solution to addressing alcohol issues in sporting clubs. Delivered by Regional Sports Assemblies, such as Sport North East in North East Victoria. We have observed the following key success factors of the program: development of a responsible club culture around alcohol, education (about legislation, training available), and development of local strategies (policies and procedures, signage and promotion) with local support available.

The learnings from this program are:

- the importance of building capacity of local community groups so that they feel empowered to proactively address the issue
- providing tools they can adapt to their own environment (e.g. policies, procedures, templates, posters)
- utilising existing local organisations to provide the roll-out support (in this case Regional Sports Assemblies).

The Good Sports program is very prescriptive and defined, but has an impact. We are currently awaiting an extension to the program announced some time ago to directly address Ice. Sport North East was also the first pilot for the Good Sport Ice community forums held in various regional locations from end of 2014 onwards.

The *Got Your Back* program was developed by Gateway Health (community health organisation) and Sport North East. This program was recently piloted to a range of clubs in Myrtleford and will be rolled out through our region. It uses an awareness-raising approach to address the issue of illicit drugs and domestic violence within a sporting club environment, and leverages off the club's position as an influencer in the wider community. It utilises local services to provide information about the issues, their impact on club members, their families and the local community, and consequences these impacts have in the short and long-term. The key success factor of this program is that it takes a 'whole of club approach'. The presentations are made to players, coaches, committee members, friends and family.

**Recommendation 3: The Commonwealth, state and territory governments should work together to improve coordination between community-based alcohol and other drug services, and support referral pathways between local health, support, employment and other programmes.**

**This should build on existing coordination and governance mechanisms where possible, and involve Commonwealth, state and not-for-profit services to establish cross-service networks and provide better support for people seeking help for alcohol and other drug problems.**

### The Centre for Continuing Education

In relation to working together across different layers of government to improve coordination between community-based alcohol and other drug services, and support referral pathways between local health, support, employment and other programmes, we have observed the following.

- As noted in the report, 'There is a strong association between drug use and social and economic factors, including unemployment'.
- The Centre for Continuing Education is a Learn Local Adult and Community Education (ACE) provider. Due to our connections with the community and community service networks, we are ideally placed to provide effective and outcome-driven programs for people experiencing disadvantage.

- Like many other Learn Local ACE providers, The Centre provides re-engagement to learning and education programs for disadvantaged youth, adults and job-seekers who have significant barriers to accessing education and employment. Invariably and increasingly, this includes people who are affected by ICE and other drugs. For example, we have had young people turning up to class on a Monday morning clearly affected from activity on the weekend who are unable to participate until several days into the week. We have also had job seekers undertaking their Job Active Annual Activity Requirement who are affected by ICE addiction and who are very disruptive to the rest of the class.
- It is clearly preferable to integrate people into mainstream classes so that they socialise with others and establish new social networks, and have a chance to gain literacy, numeracy and work-ready skills. However, it is extremely difficult for our teaching staff who have no specialised training to cope and deal appropriately with learners experiencing addiction.
- Conversations with other service providers, e.g. Community Health and AOD counselling, indicates that they are very constrained with their client delivery hours and prescribed services attached to funding, which makes it difficult for them to provide assistance to our programs, unless the person is an existing client and is not on a waiting list.
- Our education programs are provided using Victorian Training Guarantee (VTG) funding, which does not allow for the employment of support staff unless we significantly increase class sizes. However, due to the nature of the cohort, small class sizes are essential with significant one-on-one support, which is not adequately covered by VTG funding and provides a viability challenge to Learn Local community education organisations struggling to fulfil this need in our community.
- There is a need for teaching staff involved in these types of re-engagement programs to be regarded as front-line workers and to be provided with training and opportunities to develop skills for first responder attention to encourage any learners affected by Ice to accept help, or to deal with a situation that is impacting on the class. However, we also need access to highly skilled workers who can assist learners while in their education program with AOD counselling and support. It would be ideal for AOD counselling to work in parallel with a structured and flexible return to education program.

**Recommendation 11 – The Commonwealth should partner with state and territory governments and industry groups to develop a pilot workplace prevention program to roll-out across high-risk industries**

- Approaches such as that developed in the Good Sports and Got Your Back programs could be adapted the workplace environment, bearing in mind that workplaces are not an island – they are part of the wider community. We would recommend that a project addressing the workplace should involve development of a ‘Toolbox’ of strategies and resources that could be drawn on by a cross-section of small business, medium and large workplaces, and different industries. This would need to be supported by professional facilitation to assist the business owner or management to implement education programs, policies and procedures, culture shift etc.
- The whole workplace, from CEO to managers, supervisors, support and staff, would need to be involved. The other critical element would be the need for guidelines for workplaces to link with their wider communities to develop localised solutions to illicit drug issues.

## National Ice Action Strategy

*Law enforcement efforts are better targeted*

### Victoria Police

- Major drug operations have resulted in significant arrests, seizures and charges of commercial trafficking and manufacture relating to Ice.
- Ice trafficking has direct links to serious and organised crime.
- In 3 operations in North East Victoria, females were identified as the principal offenders.
- Police operations have identified that parents are aware of activities but are not aware of the extent of their children's offending.
- Disruption operations work but not for a sustained period.
- The arrest of offenders has a short term impact and provides a reduction in supply, other offenders are quick to fill the void.
- Ice is a driver of family violence, serious and volume crime and road trauma.
- Ice use is wide spread in the rural environment. Is used a wide demographic and often by persons with no previous or a limited criminal history.
- Poly drug use together with alcohol has resulted in a more violent level of offending which is creating a risk to the public and our members.
- Ice has had a significant impact in the local rural communities.
- A significant risk is the lack of rehabilitation facilities, especially in the rural environment.
- The drug is highly addictive and the relapse level are high which leads to ongoing and recidivist offending. There are no local rehabilitations in-patient facilities which is causing significant stress and frustration to offenders, families and the community. There are "golden periods" where offenders are either willing or in a position to seek rehabilitation to break the cycle of drug however the local support is not available.
- Bail compliance operations are invaluable together with strict monitoring of offenders designed to disrupt further criminal activity. (Operations observed bailed offenders immediately reoffend to pay for legal representation and cover debts).

### Department of Justice and Regulation

- Young people have been targeted by drug dealers, many whom have had no previous history of offending but, are lured in by the promise of luxury items and expensive cars.
- A high proportion of offenders have a history of alcohol and drug abuse.
- The use of Ice has led to further, often violent levels of offending, which include family violence.
- Finding suitable education, training and employment pathways is extremely important in breaking the cycle of re-offending.
- Access to affordable housing also plays a key role in reducing offending and helping offenders re-integrate back into the community.