PARLIAMENTARY JOINT COMMITTEE ON LAW ENFORCEMENT

Inquiry into crystal methamphetamine (ice)

A submission by The Ted Noffs Foundation

About the Noffs Foundation

The Ted Noffs Foundation is a registered charity with over 40 years experience in the provision of specialist treatment and prevention services for young people. We have a particular emphasis on those from socially disadvantaged and disconnected backgrounds. While focussed on young people, Noffs involves the whole community by organising and promoting cultural, educational and artistic events to create shared experiences, open pathways for dialogue and enhance the sense of social inclusion.

All Noffs services emphasise the use of multi-dimensional approaches to engage and maintain positive relationships with young people. These approaches include the creation of welcoming and safe social spaces, inclusion of young people in decision-making processes, catering for social and cultural diversity, collaboration with a range of other specialist services and a focus on problem solving.

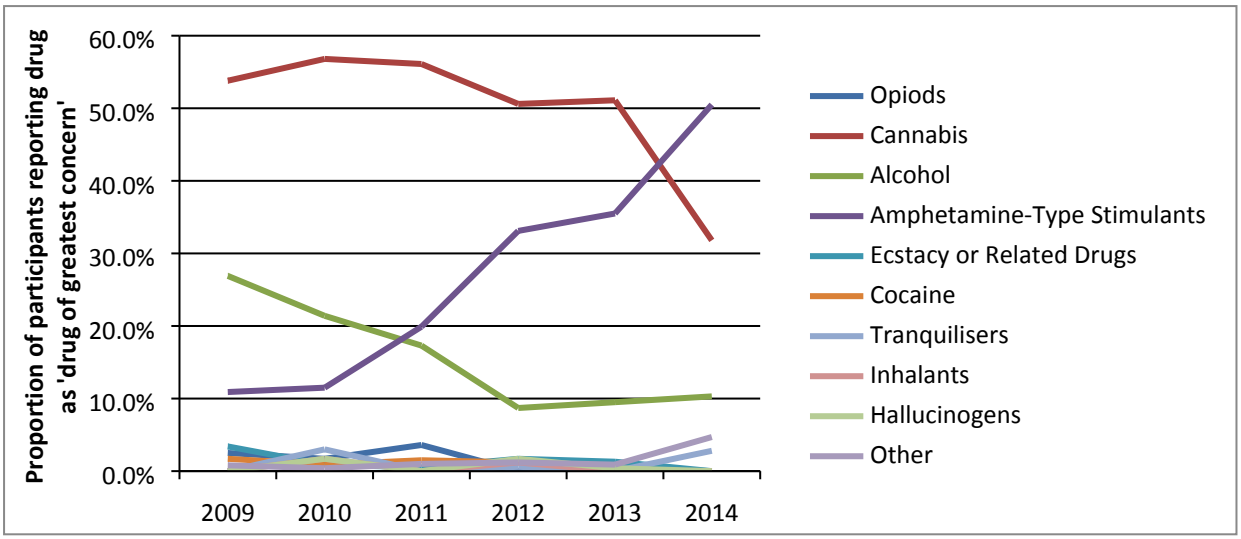
The Noffs Foundation's mission is to create opportunities for marginalised young people through clinical, educational, entrepreneurial and social programs/projects and connect them back to society in an advantageous way.

All of the Noffs clinical services adopt a harm minimisation approach and while abstinence from drug use is encouraged, it is not the sole treatment goal. We offer holistic programs that attend to the needs of young people at all levels including intrapersonal, interpersonal, societal, living skills, vocational/educational and recreational. Success is measured in terms of improvements in physical and mental health and family and social functioning.

Noffs Foundation’s recent experience of use of amphetamine-type stimulants (ATS) among clients.

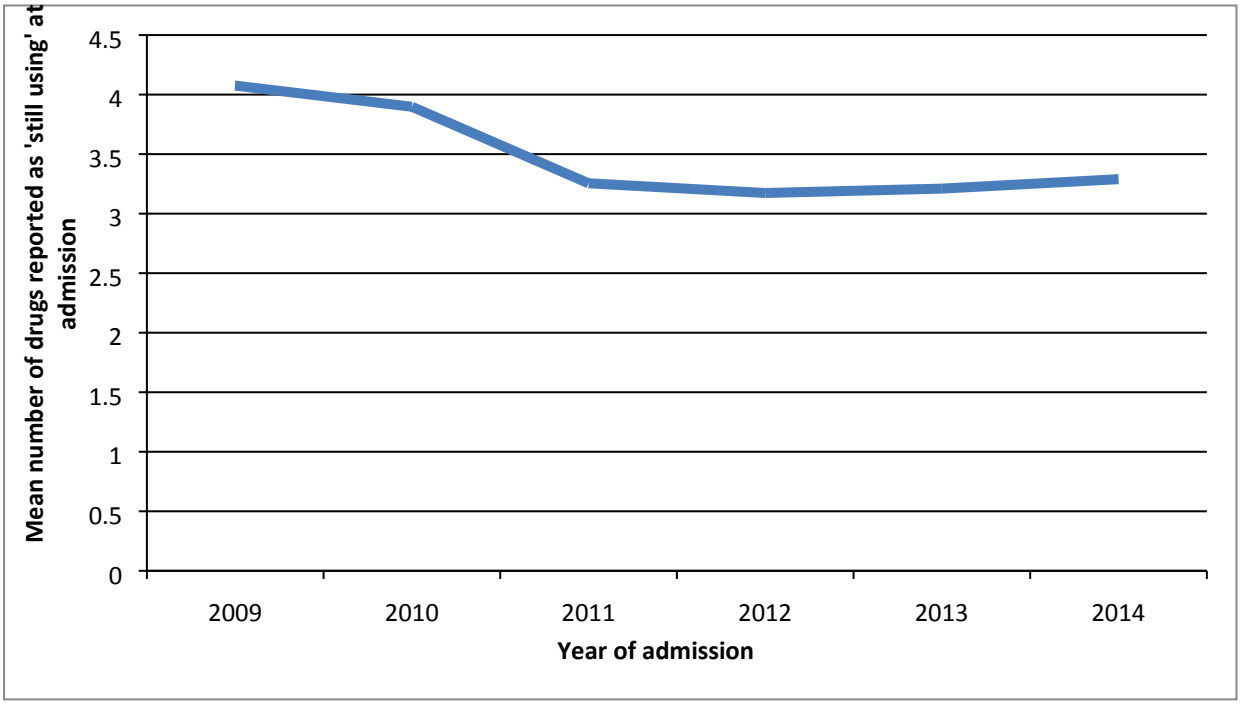
The Noffs Foundation operates two residential drug and alcohol treatment services for young people. Called Program for Adolescent Life Management, (PALM), the Sydney unit has sixteen beds and the ACT service ten beds. Dr Sally Nathan, a senior researcher in the School of Public Health at the University of New South Wales, has analysed the presenting problems of young people admitted to the services over the past six years. Her findings indicate that amphetamine-type stimulants, (ATS), including ice, have now become the primary drug of concern for the majority of clients. In 2009 ATS accounted for just 10% of admissions with a dramatic rise to over 50% in 2014. The graph below plots the various types of drugs identified as being of greatest concern for all admissions over that time period.

Drug of greatest concern



Dr Nathan's research further found that young people in the treatment program struggled with problems from their use of multiple drugs. On average, clients reported use of three to four drugs concurrently with the most common being ATS, alcohol and cannabis.

Polydrug use



The research also noted that the clients were often disadvantaged in other areas of their lives, regularly experiencing family dysfunction, disengagement from education, accommodation issues and problems with the criminal justice system.

- Of clients who entered the program between 2009 and 2014:
- 38% reported being in a special class
- 79% reported ever being suspended or expelled

- Two-thirds had lived in more than 1 place in the last six months and about 40% had lived in 3 or more
- Almost 70% had been arrested at least once in the previous 3 months

Drug law enforcement

Law enforcement, including street level policing, will not by itself counter the prevalence of use but a co-ordinated balanced strategy involving prevention and treatment arms of a well resourced health sector will always have the most positive effective. The Australian Crime Commission report into the methamphetamine market has highlighted that, to deal with ice, we need an overarching national strategy that includes the health sector, industry, educators and the not-for-profit sector. By acknowledging that law enforcement measures alone will not adequately address the problem, the Crime Commission has signaled to the Australian Government that a significant and considered investment is required in early intervention and treatment services. Currently, relative to law enforcement resourcing, funding for drug treatment services is woefully inadequate.

Law enforcement agencies responsible for street level policing are often frustrated by the lack of options available to them when dealing with those using or in possession of a typical small quantity of drugs for personal use. In NSW cannabis cautioning has provided such an option but is limited to that drug. An expansion to other drugs would seem a sensible course given the fact that there have been no noticeable negative impacts as a consequence of its introduction. There is an opportunity to expand the cautioning system by providing police with a level of "accountable discretion" for those using and possessing small quantities. Any discretion should be broad enough to ensure minor offending does not result in a criminal prosecution but also be governed by a well articulated corporate direction so that the individual police officer knows exactly what is expected of them.

Police are generally supportive of harm reduction principles if given the opportunity to exercise them. This is evidenced by their close working relationships with such public health initiatives as Needle and Syringe Programs and Sydney's Medically Supervised Injecting Centre. The Law Enforcement and HIV Network (LEAHN) has attracted over 10,000 police from 40 countries to connect people involved in HIV prevention and build sustainable local and global partnerships to work more effectively with vulnerable groups such as people who inject drugs. Through LEAHN experienced police and public health professionals can provide practical advice to peers about their experiences in HIV prevention and harm reduction programs.

The adoption of a harm reduction approach to policing has recently been demonstrated in Gloucester, Massachusetts, USA. Local Police Chief Leonard Campanello, on 7th June 2015 announced,

"Any addict who walks into the police station with the remainder of their drug equipment (needles, etc) or drugs and asks for help will NOT be charged. Instead we will walk them through the system toward detox and recovery.

I think what we're talking about here is a paradigm shift in police thinking, of what we're trying to accomplish. In Gloucester we have a really, really good foundation of collaboration between the local treatment centres, hospital groups, health organizations, and the police department, and we want to capitalize on that. Our philosophy is that the problem's everywhere, it's been everywhere for quite a while, and we're just not hiding it in Gloucester. We're going to take care of the problem in Gloucester. That's the difference."

Media campaigns

Recently the Australian Government spent $20 million on an ice media campaign. Traditionally, such campaigns in the drug and alcohol field disseminate information in order to raise awareness in people of the harms associated with using, prevent adolescents from starting to use and encourage current users to stop. They are usually implemented via television, radio, newspaper and cinema advertising. This may be supplemented with targeted advertising in particular venues such as nightclubs or hotels.

Unfortunately, not only are such campaigns extremely costly but there is a significant amount of research evidence to suggest that they are not effective. The United States government, between 1998 and 2006, spent $1.2 billion on the National Youth Anti-Drug Media Campaign. Specifically targeting marijuana, the campaign was independently evaluated by a government-appointed research company. In considering the evaluation the United States Government Accountability Office, in a report to Congress, concluded that the campaign had "no significant favourable effects on marijuana initiation among non-drug using youth or cessation and declining use among prior marijuana users."(1) In fact, a second evaluation found that the campaign "may even have had an unintended and undesirable effect on drug cognitions and use." (2) Similarly, the European Monitoring Centre for Drugs and Drug Addiction, in reviewing 14 mass media campaigns, concluded that they had "no effect on reduction of use and a weak effect on intention to use illicit substances." (3)

Reasons postulated for the failure of mass media anti-drug campaigns include that they add nothing to the large quantity of anti-drug messages already being received and that the campaigns are simply not novel enough. Also, the media environment is increasingly fractured and cluttered and young people do not pay as much attention to traditional mass media as in the past.

Accordingly, Noffs advocates the allocation of funds to develop a "below the line" media and social marketing strategy that will utilise innovative social networking platforms to engage young people in a two-way conversation about Ice. Young people are not passive, uncritical receivers and repeaters of messages – they demand discussion. These days, many of these discussions take place in online communities. Social media is cheap, agile, widespread and full of potential for health promotion. It also has the advantage of the message becoming self-generating. Peer to peer interactions in the online community ensure that issues are discussed and recommendations and advice sought. The opportunity to meaningfully connect with young people and develop real world solutions to the real world ice problem should not be missed.

References

1. United States Government Accountability Office, "*Report to the Subcommittee on Transportation, Treasury, the Judiciary, Housing and Urban Development, and Related Agencies, Committee on Appropriation, U.S. Senate"*, August 2006.
2. Hornik, R., Jacobsohn, L., Orwin, R., Piesse, A., & Kalton, G., "*Effects of the National Youth Anti-Drug Media Campaign on Youths",* American Journal of Public Health, December 2008, pp 2229 -2236.
3. European Monitoring Centre for Drugs and Drug Addiction, "*Mass media campaigns for the prevention of drug use in young people",* August 2013.

Current efforts to combat the use of ice that are particularly effective.

The Noffs Foundation has, for twenty-five years, provided residential treatment for young people. Our programs in Sydney and the ACT are based on world-leading research and have been extensively evaluated by university academics. Additional out-client counselling and case management services are provided in Sydney, the ACT and Queensland. No other youth treatment program in Australia has the same level of clinical expertise or length of experience. A particular emphasis of our programs is addressing not just the physical and mental health issues caused by drug use but also the criminal behavior, family dysfunction and disconnection from school and community that our young clients experience. These are among the few services in the country providing clinically proven adolescent drug treatment; and they produce results. Quantitative analysis of our residential and out-client treatment services for the 2013/14 year showed significant reductions in frequency and intensity of drug use, involvement in criminal activity and in mental and physical health problems. The same analysis demonstrated significant improvements in family functioning and participation in education or employment.

Noffs also operates a number of "Street Universities" in Sydney, the ACT and Queensland. These centres provide a wide range of workshops, programs and activities that incorporate remedial interventions in a highly visible, youth-friendly environment. The programs attract, engage and intervene with marginalised young people that would otherwise be reluctant to seek professional, psychological help. They also deliver vocational and educational workshops, drug and alcohol programs, life skills training, mentoring and bridging programs to further education. The Street University movement has as its primary aim the re-connection with the community and cultivation of social inclusion of young people. Its strength lies in its capacity to engage and motivate disadvantaged young people and its ability to provide them with the material and social support needed to actualise ideas and ambitions. The centres are attended by thousands of young people each year and, as such, act as vital early intervention services.

PALM Sydney Outcomes for Drug Use, Health, Family Functioning and Crime:

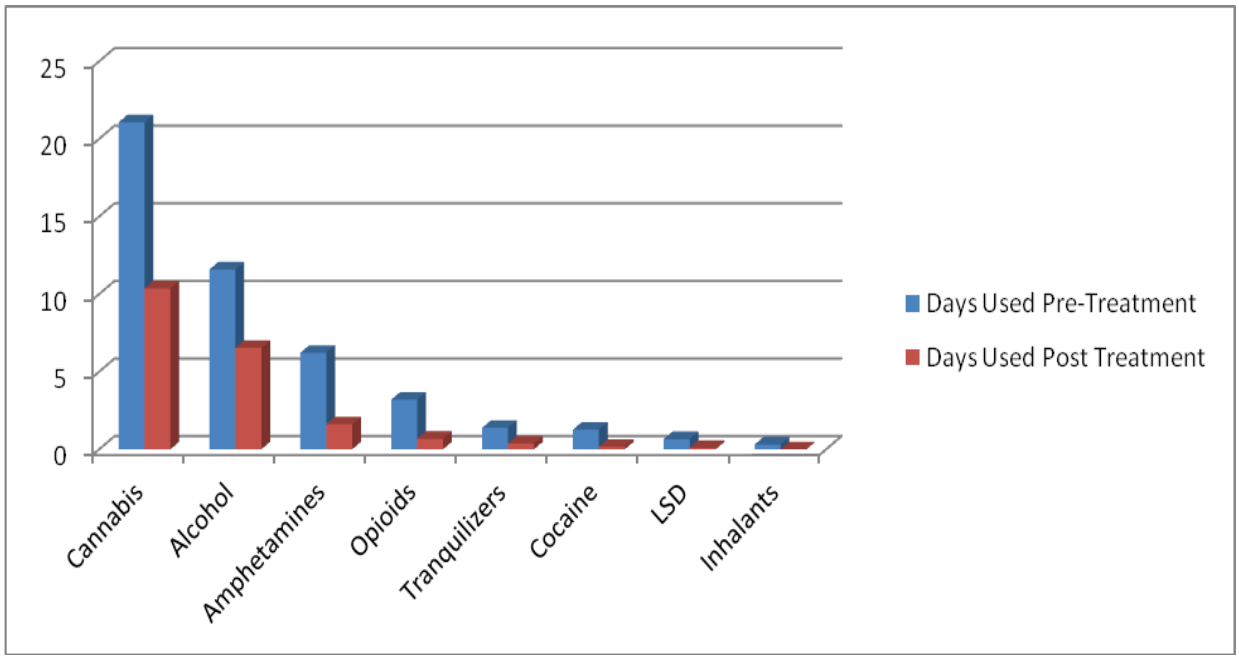
i) Drug Use:

There were significant differences between the frequency and amount of drug use recorded prior to PALM entry and that recorded 3 months after PALM exit. Significant declines were observed with respect to:

- **Cannabis:** There was reduction in the number of days cannabis was used, from an average of 21.09 days in the month prior to admission to 10.42 days in the third month after leaving PALM ($p < .000$). Additionally there was a reduction in the amount of cannabis consumed, from 18.04 joints or cones per day of use in the month prior to admission to 6.46 per day of use in the third month after leaving PALM ($p < .000$).
- **Alcohol:** There was a decrease in days of alcohol use, from an average of 11.51 days in the month prior to admission to 6.48 days in the third month after leaving PALM ($p < .000$). There was a slight increase in the amount of alcohol consumed, from 14.29 drinks per day of use in the month prior to admission to 7.93 per day of use in the third month after leaving PALM ($p < .000$).
- **Amphetamines:** There was a reduction in the number of days amphetamine- type stimulants were used, from an average of 6.22 days in the month prior to admission to 1.71 days in the third month after leaving PALM ($p < .000$). Additionally there was a reduction in the amount of administrations consumed, from 3.08 snorts or pipes per day of use in the month prior to admission to 1.13 per day of use in the third month after leaving PALM ($p < .000$)
- **Opioids:** There was a reduction in the number of days opioids were used, from an average of 3.2 days in the month prior to admission to 0.68 days in the third

month after leaving PALM ($p < .000$).

- **Tranquilizers:** There was a reduction in the number of days tranquilizers were used, from an average of 1.38 days in the month prior to admission to 0.38 days in the third month after leaving PALM ($p < .008$).
- **Cocaine:** There was a reduction in the number of days cocaine was used, from an average of 1.27 days in the month prior to admission to 0.16 days in the third month after leaving PALM ($p < .001$).
- **LSD:** There was a reduction in the number of days LSD as used, from an average of 0.65 days in the month prior to admission to 0.09 days in the third month after leaving PALM ($p < .002$).
- **Inhalants:** There was a reduction in the number of days inhalants were used, from an average of 0.31 days in the month prior to admission to 0.01 days in the third month after leaving PALM ($p < .009$).



Severity of Dependence Scale:

(Where: 4 = Always or Very Difficult and 1 = Never or Not at all Difficult)

- "Do you think your use of this drug has been out of control" decreased from 2.05 to 0.85 ($p < .000$)
- "Did the prospect of missing this drug make you very anxious/worried?" decreased from 1.92 to 0.79 ($p < .000$)
- "Did you worry about your use of this drug?" decreased from 1.57 to 0.79 ($p < .000$)
- "Do you wish you could stop?" decreased from 1.95 to 1.1 ($p < .000$)
- "How difficult would you find it to stop or go without?" decreased from 1.54 to 0.71 ($p < .000$)

ii) Mental Health:

Residents who were re-assessed 3 months after leaving PALM displayed a significant reduction in response to all seven items within the Psychological Well-Being Scale.

- "Have you felt trapped" decrease from 77.4% pre treatment to 37.6% post treatment ($p < .000$)
- "Have you felt that you have no energy" decrease from 74.3% pre treatment to 38.3% post treatment ($p < .000$)
- "Have you had trouble concentrating or remembering" decrease from 85.7% pre treatment to 52.8% post treatment ($p < .000$)
- "Have you felt shy or self conscious" decrease from 61.7% pre treatment to 30% post treatment ($p < .000$)
- "Have you felt that people did not understand you" decrease from 65.5% pre treatment to 40.7% post treatment ($p < .000$)
- "Have you felt annoyed or irritated" decrease from 78.5% pre treatment to 54.5% post treatment ($p < .000$)
- "Have you had suicidal thoughts" decrease from 41.9% pre treatment to 13.8% post treatment ($p < .000$)

iii) Physical Health:

(Where: 0 = Excellent, 1 = Very Good, 2 = Good, 3 = Fair, and 4 = Poor)

There was a significant improvement in residents' physical health, from an average health score of 2.80 in the three months prior to admission to an average score of 2.00 (reverse scored) in the three months after leaving PALM ($p < .000$).

iv) Family functioning:

Three months after completion of the program, there was a significant increase in the reported ability of families to (all items reverse scored):

- Difficulties planning family activities decreased 2.22 to 2.44 ($p < .000$)
- Turn to each other for support increased from 2.36 to 2.12 ($p<.000$)
- Feeling of bad feelings in the family reduced from 2.24 to 2.48 ($p<.000$)
- Ability to confide in each other increased from 2.58 to 2.37 ($p<.020$)
-

v) Criminal Activity:

In relation to criminal activity, there was:

- a **significant reduction** in the average number of **arrests** from the 3-month period prior to admission to the 3-month period after leaving PALM from 1.62 to 0.61 ($p < .000$)
- a **significant reduction** in the number of young people reporting involvement in property crime, from an average of 49.0% in the three months prior to admission to 14.8% in the three months after leaving PALM ($p < .000$)
- a **significant reduction** in the number of young people reporting involvement in crimes against persons, from an average of 37.8% in the three months prior to admission to 16.2% in the three months after leaving PALM ($p < .000$)
- a **significant reduction** in the number of young people reporting involvement in drug supply crimes, from an average of 25.8% in the three months prior to admission to 7.3% in the three months after leaving PALM ($p < .000$)
- a **significant reduction** in the number of young people reporting involvement in forgery crime, from an average of 5.2% in the three months prior to admission to 0.07% in the three months after leaving PALM ($p < .008$)
- a **significant reduction** in the number of young people reporting involvement in vandalism crime, from an average of 31.7% in the three months prior to admission to

6.9% in the three months after leaving PALM (p < . 000)

- a **significant reduction** in the number of young people reporting involvement in arson crime, from an average of 5.3% in the three months prior to admission to 0.7% in the three months after leaving PALM (p < . 034)
- a **significant reduction** in the number of young people reporting involvement in driving crime, from an average of 25.4% in the three months prior to admission to 10.1% in the three months after leaving PALM (p < . 000)

PALM ACT Outcomes

Percentage of clients reporting *improved mental health* (using BTOM Psychological Wellbeing Scale and the Brief Symptom Inventory) pre and post treatment answers to the following questions:

- "Feeling trapped" ("yes") pre-treatment 75.4% post-treatment 44.3%
- "Have no energy" ('yes") pre-treatment 68.2% post treatment 40.6%
- "Thoughts of ending life" ("yes") pre- treatment 43.8% post-treatment 15.1%
- "People don't understand you" ('yes") pre-treatment 64.6% post-treatment 47.6%

Percentage of clients reporting *improved confidence* (drug refusal, living skills etc) Pre and post treatment answers to the following questions:-

- "How difficult would you find to stop or go without" ("very difficult" and "impossible") pre treatment 49.7% post treatment 26.3%
- "Do you worry about your use of this drug" ("quite a lot" and "a great deal of the time") pre treatment 44.4% and post treatment 25.5%
- " Do you think your use of this drug is out of control" ("often" and "always or nearly always") Pre-treatment 62.4% post-treatment 24.3%

Percentage of clients reporting reduced risk behaviour related to injecting drug use (using BTOM Blood Borne Virus Risk Scale): This reduction in risk behaviour relates to the reduction in injecting substances both in days of use and in quantity per day which is indicated in the next dot point. The other indication of a reduction in risk behaviour is in the pre and post treatment response to the question "have you injected in the last three months" ("no") pre-treatment 80.8% post-treatment 87.6%.

Percentage of clients reporting reduced primary drug use and reduced other drug use (using frequency and quantity of drug use in past month): alcohol from 13.69 to 7.77 (pre-PALM to post PALM), tobacco from 28.5 to 23.4, cannabis from 23.58 to 12.92, opioids from 2.04 to 1.14, amphetamines from 5.6 to 1.46, cocaine from 0.48 to 0.09, tranquilisers from 1.4 to 0.38.

Percentage of clients who have maintained substance use goal or abstinence: All young people reduce their use of primary drug of choice and secondary drug of choice. This shows in the data through a reduction both in the number of days of use and also in the quantity used in each day.

Number of days of use:

- Days of alcohol in the past month pre and post treatment a reduction from a mean of 13.69 to 7.77
- Days of tobacco in the past month reduction from a mean of 28.5 to 23.4,
- Days of cannabis in the past month a reduction from a mean of 23.58 to 10.52
- Days of amphetamines in the past month pre and post treatment a reduction from a mean of 5.6 to 1.47
- Days of cocaine in the past month pre and post treatment a reduction from a mean of 0.46 to 0.09

- Days of tranquilisers use in the past month pre and post treatment a reduction from a mean of 1.4 to 0.38

Quantity used per day:

- Number of standard drinks per day reduced from a mean of 16.91 to 11.6
- Number of cones or joints per day reduced from a mean of 22.39 to 9.43
- Number of ATS pills, snorts or hits per day reduced from a mean of 2.15 to 0.68
- Number of cocaine hits per day reduced from a mean of 0.46 to 0.09

Crime Journals were completed and implemented by all young people referred to the program with criminal issues. Crime Reduction (3 months prior to admission to 3 months post PALM):

- **Significant reduction** in crime against persons (48.1% to 17.1%) p<.000
- **Significant reduction** in drug supply crime (33.1% to 5.8%) p<.000
- **Significant reduction** in vandalism crime (31.1% to 7.9%) p<.000
- **Significant reduction** in driving crime (35% to 13.8%) p<.001
- **Significant reduction** in property crime (46.6.% to 24.9%) p<.000

In this reporting period 52.1% of young people committing crime were under the influence of a substance prior to program entry. Over 70% of the young people had been assaulted (non-sexual) and over 23% had been sexually assaulted (reported before entry to the program). Once a therapeutic alliance has been established it is estimated that the number of sexual assault disclosures more than triples.

Cost of residential treatment

Based on current award-based staff salaries, the approximate annual cost to operate a 16 bed residential treatment unit is $2 million. The cost to run a 10 bed unit is approximately $1.3 million per annum.

Continuing Adolescent Life Management, (CALM), Program

CALM, is a three to five year program aimed at assisting young people aged 14-18 to overcome barriers that they are currently experiencing in their life. These barriers include drug and alcohol issues, criminality, social disconnectedness, homelessness and mental health. CALM is an extension of PALM in both Sydney and the ACT and also sees external clients that are seeking assistance connecting within their community.

The objectives of the CALM program are to:

- Reduce/eliminate substance use among young people participating in the program;
- Improve the mental and physical health outcomes of the clients of the service;
- Increase access to treatment services for young people with an alcohol and/or other drug problem;
- Improve family functions that may have been broken down during the young person's drug use;
- Improve integration and continuity in the spectrum of treatment services for young people;
- Facilitate the diversion of young people who have been involved in drug-related crime from the juvenile justice system;
- Reduce participation in crime;
- Improve social and life skills;
- Increase access to vocational education and training and provide educational

remediation as appropriate;
- Assist young participants to re-establish and develop links with their communities.

CALM Sydney outcomes

In relation to vocation programs there were:

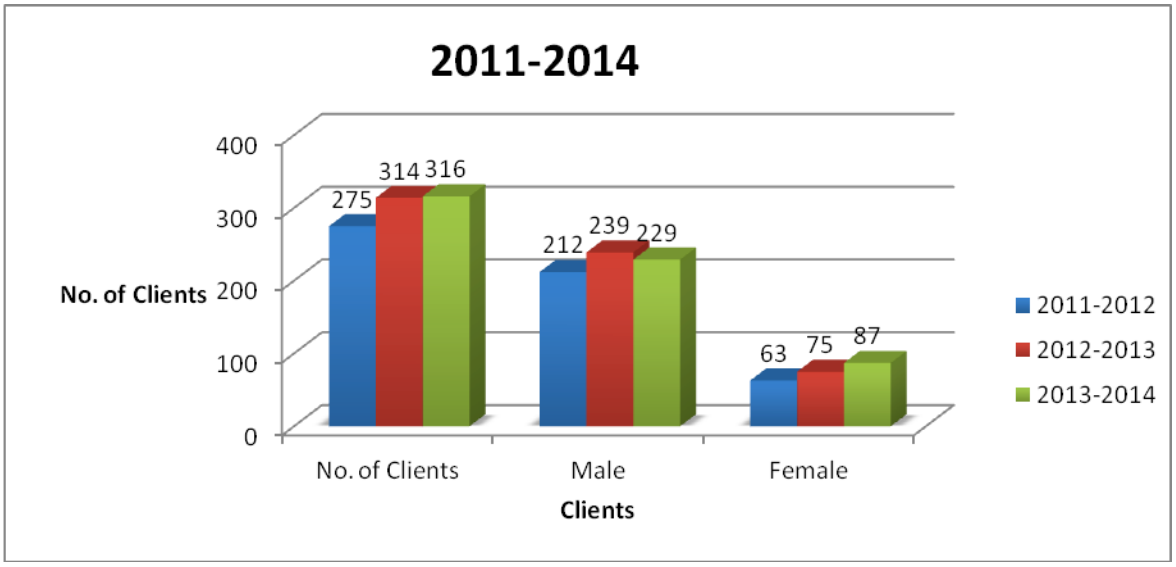
- 132 clients applied for work
- 132 clients explored possible job opportunities
- 39 clients participated in work experience
- 39 clients completed a resume
- 30 clients were linked with a work mentor
- 29 clients participated in volunteering
- 28 clients commenced employment
- 12 clients participated in communication skills group
- 19 clients attended interviewing skills group
- 8 clients enrolled in a trade card (e.g. white card course)

In relation to education there were:

- 232 clients had training/courses regarding literacy
- 96 clients re-entering school
- 74 clients
- 38 clients enrolled in training course
- 33 clients enrolled in a TAFE course
- 10 clients enrolled in a Year 10 equivalency course
- 4 clients were assisted with exam preparation

CALM facilitated 134 groups, with a total of 926 clients attending; there was an average of 7 young people attending each of these groups. Some of CALM's groups have consisted of:

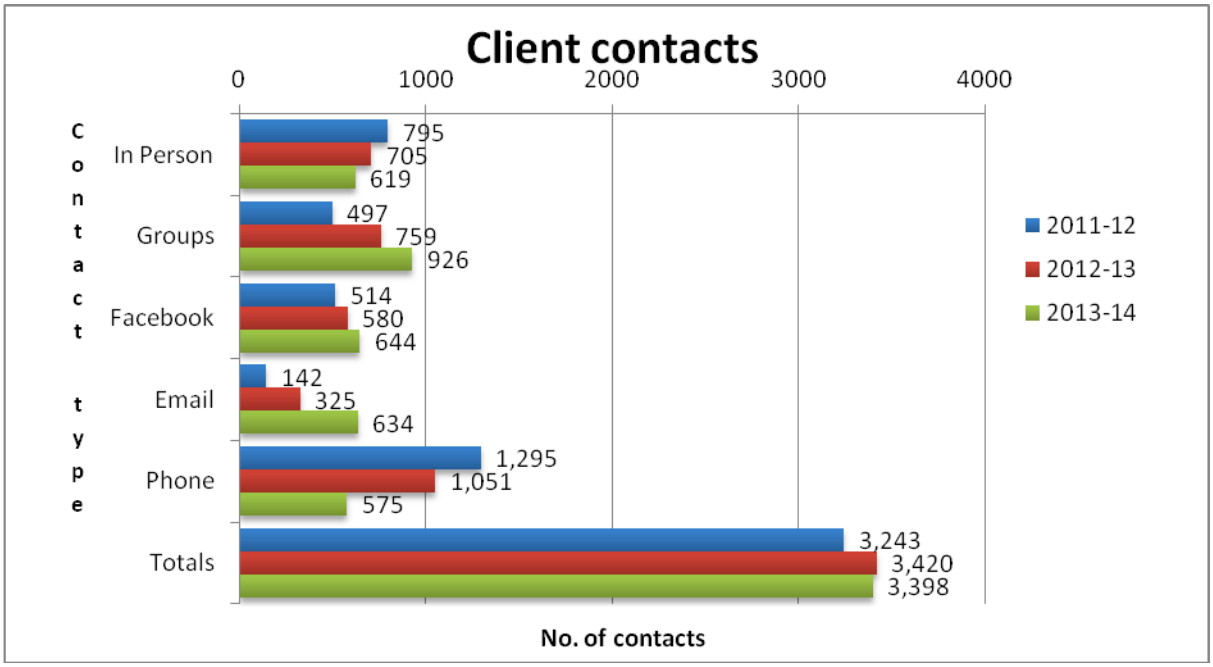
- Resume writing
- Interviewing techniques
- Goal setting
- Communication styles
- English skills journaling
- Educational outings and other vocational/educational groups
- Transitioning to life after PALM



There was a slight decrease in the overall contacts with clients in the 2013-14 period. The total amount of contacts were 3,398 (down by 0.64%) or down from 3,420 contacts for the previous year. A key factor in this occurring was a large part of the client group living outside of the Sydney area in regions as such as the Central Coast, Newcastle, Dubbo and other parts of Australia.

The different types of contacts that CALM has had with clients throughout the year were as follows:

- Email contacts rose significantly, an increase of 95% nearly doubling the previous year
- Group contacts rose, an increase of 22% from the previous year
- Social networking contacts (Facebook) increased of 11%
- Of note, the majority of young people preferred social media and email contact compared to phone contact. The latter dropped significantly in 2013-14.



The online CALM Sydney Facebook community has grown 34% in the past 12 months, and now has 349 friends. CALM Sydney staff regularly monitors the community and share information including jobs, courses and support services on for young people to access. Facebook can also be used to conduct one-on-one counselling/life coaching.

In 2013-14 CALM facilitated 134 groups with 926 young people attending these groups. We believe this 22% increase occurred as a result of CALM creating other direct pathways for young people to increase their vocational and educational needs such as work experience, volunteering and training courses.

CALM ACT outcomes

- Number of clients entering CALM ACT program: 153
- Retention rate (mean) and Occupancy Rate. We stay in contact with all young people by phone, email and/or facebook. Some young people may not contact us for a period. We will continue to maintain contact with them to keep the communication lines open. Generally once the young person has a need they reconnect with CALM.
- Number and percentage of clients completing different stages of treatment program: 2,732 treatment events of which 472 related to vocational education, 101 related to sport and art activities, 800 related to counselling and self regulation, 561 related to mental health and substance use, 288 related to living skills development, 196 related to managing offending, and 276 related to connecting to community. The Life Management Plan covers the full range of needs in the young person's life, including relapse prevention for substance, crime and/or mental health, community connection, family relationships, work/study etc.

Issues for consideration

The Parliamentary Joint Committee should consider that all the evidence indicates that ice users tend to start in their teens and that treatment is more effective the earlier it begins. By their late twenties or early thirties ice users are entrenched in the lifestyle; often with many health issues, numerous contacts with the justice system and ruined family relationships. If they continue using unabated they usually face one of two outcomes – physical and mental health breakdown or imprisonment.

Our hospitals, psychiatric facilities and jails are full. Adult drug treatment services such as the Stimulant Treatment program at St Vincent's Hospital, Sydney are full. The economic, (not to mention social), implications of intervening in the lives of ice users only after their addiction has become ingrained is enormous. Professor Eileen Baldry of the University of NSW has studied the costs, over time, of the pathways of individuals with complex needs who had significant contact with housing, health, community services and criminal justice agencies. She stated, "Millions of dollars worth of time and resources by police, hospitals, courts, Juvenile justice and Corrective Services continue to be spent on a relatively small number of individuals." (1) It is far more desirable that a significant proportion of these funds be spent in ensuring that we stop young people getting to this stage.

While ice is now causing more problems in Australia than any other illicit drug, our recent history has shown that we can be successful in doing something about it. In the 1990s both the Howard Commonwealth Government's Tough on Drugs strategy and the Carr NSW Government's Drug Summit achieved meaningful and lasting positive outcomes. Both identified that that placing the

burden of solving drug problems on the criminal justice system alone would not be enough. They recognized that a health-based approach complementing law enforcement measures was crucial to success. Accordingly, there was a major investment in treatment services in both the government and non-government sectors. The result was a steady and significant decline in levels of illicit drug use across the country. At the time heroin was the drug of concern. Now the National Drug Strategy Household Survey finds that only 1.2% of the population have ever tried the drug. The approach worked and worked well. Unfortunately, 7% have tried amphetamines at least once in their lives. If we don't now invest in treatment for ice users, particularly early intervention with young users, we will have increased levels of use and problems over the next five years.

The National Ice Action Strategy should include the establishment of more youth treatment services across the country. We need solutions that can identify young people at high risk of developing problems and provide them with timely, effective services that prevent them becoming yet another ice victim.

Reference

(1) Baldry E., Dowse L., McCausland R., Clarence M., *Lifecourse institutional costs of homelessness for vulnerable groups,* National Homelessness Research Agenda 2009-2013, Australian Government.

Conclusion

To realistically address the growing problem of ice use it is imperative that governments focus their efforts on improving the range and availability of evidence-based treatment services, especially, programs that provide early intervention to young people. It needs to be acknowledged that adolescents do not fit well in adult based treatment programs. They think differently, act differently and have different problems and needs. They require highly specialized, youth specific treatment programs. The clinical expertise to deliver such programs does exist. The Noffs residential programs are based on world-leading research and have been extensively evaluated. These services are specifically designed to provide treatment to 13 to 18 year olds. Currently, these programs are only available in Sydney and Canberra with a total of just 26 beds.

As a minimum, Commonwealth and state governments should move to quickly establish dedicated adolescent drug treatment programs in every capital city across Australia. These could take the form of either one of or a combination of residential treatment, out-client counselling and case management or engagement services.

Residential treatment should focus on 13 to 18 year olds and provide structured programs to reduce or eliminate substance use and deal with the other aspects of the clients' lives that contribute to problematic drug use; thus assisting young people to manage their lives more effectively. The program should offer individual counselling, family therapy, group work, vocational/educational modules and recreational activities. An eight to sixteen bed unit is considered an optimal size for such a service.

The objectives of the residential programs would be to:

- Reduce/eliminate substance use among young people participating in the program;
- Improve the mental and physical health outcomes of the clients of the service;
- Increase access to treatment services for young people with an alcohol and/or other drug problem;
- Improve family functions that may have been broken down during the young person's drug use
- Improve integration and continuity in the spectrum of treatment services for young people;

- Facilitate the diversion of juveniles from the community justice system who have been involved in drug-related crime;
- Reduce participation in crime;
- Improve social and life skills;
- Increase access to vocational education and training and provide educational remediation as appropriate;
- Assist young participants to re-establish and develop links with their communities.

Out-client and case management services should be holistic, evidence based model of care which supports clients manage their lives, including their drug use in a way which minimizes the harms associated with using.
The service should value support and education as well as teaching relapse prevention and strength based resiliency strategies. These types of service focus on clinical assessment, referral and brief intervention. The primary focus of the clinicians is to comprehensively assess all clients referred to the service, develop an individual treatment plan and provide brief intervention (6 – 8 sessions) to support clients in achieving their goals.

Engagement programs should be specifically designed for and in consultation with young people and operate in highly visible, youth-friendly environments. When establishing such services care must be taken to align programs with the prevailing, local, youth cultural milieu. The development of trust relationships between staff and clients allows for therapeutic interventions to be delivered to marginalised young people that would otherwise be reluctant to seek professional, psychological help. They also deliver vocational and educational workshops, drug and alcohol programs, life skills training, mentoring and bridging programs to further education. By engaging and motivating disadvantaged young people these centres of young people each year act as vital early intervention services.

While the investment required to create these services in all major urban areas will be significant, the results in terms of facilitating the development of a generation of young Australians who lead productive, fulfilling lives, free of the devastating effects of ice use, will mean it is money well spent. The Baldry research has demonstrated that judicious, timely, therapeutic interventions can deliver a dramatic reduction in cost to the community. The outcomes of the various Noffs programs detailed above have show that real and lasting change is achievable for young people resulting in major individual and societal benefits.

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