Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine

The Drug Education Network thanks the Parliamentary Joint Committee on Law Enforcement for its invitation to make a submission to its inquiry. The committee is seeking comment on:

- the National Ice Taskforce's (NIT) Final report;
- the government's response to the NIT report,
- the National Ice Action Strategy 2015 endorsed by the Council of Australian Governments on 11 December 2015; and
- any other developments relating to crystal methamphetamine.

This submission from the Drug Education Network will address questions (e, (f) and (g) as listed below.

> (a) the role of Commonwealth law enforcement agencies in responding to the importation, manufacture, distribution and use of methamphetamine and its chemical precursors;
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> (b) the adequacy of Commonwealth law enforcement resources for the detection, investigation and prosecution of criminal activities involving the importation, manufacture, distribution and use of methamphetamine and its chemical precursors;
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> (c) the effectiveness of collaborative arrangements for Commonwealth law enforcement agencies with their regional and international counterparts to minimise the impact of methamphetamine on Australian society;
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> (d) the involvement of organised crime including international organised crime and outlaw motorcycle gangs in methamphetamine related criminal activities;
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> (e) the nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities;
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> (f) strategies to reduce the high demand for methamphetamines in Australia; and
>
> (g) other related issues.

1 INTRODUCTION

In Tasmania, there are commonly available 3 main 'types' of non-pharmaceutical methamphetamine. This paper discusses the crystalline form commonly known as 'ice'. Comparatively, crystal methamphetamine is higher in purity and potency, presenting the greater risk of harm to users and the broader community. Evidence suggests there are now over 200,000 Australians using crystal methamphetamine, more than double the number reported using the drug in 2007 (Commonwealth of Australia, 2015). In 2014, Tasmanians who regularly injected illicit drugs, were sampled and over two-thirds (70%) reported use of a form of methamphetamines, and just over half reported using the crystalline form (Peacock, de Graff and Bruno, 2015).

The Drug Education Network (DEN) has concerns the current solutions to the use of crystal methamphetamine and responses to those effects which facilitate aggressive and/or violent behaviour are of a reactionary nature and emphasise a law and order focus. There is need for a prevention discourse to identify a balanced proactive solution giving consideration to the levels of risk and protective factors that influence use at both an individual and community level. By prevention we mean primary, secondary and tertiary prevention across the full continuum of health promotion, prevention, brief intervention and treatment in regards to relapse prevention. This paper will provide a summary of key issues related to the use and misuse of ice in Tasmania and will canvass the necessary prevention reforms to stem the risks associated with this issue.

2 QUICK FACTS

Crystal methamphetamine:

- is industrially produced in sizeable quantities from chemicals;
- is manufactured for distribution locally, and is imported from Asian countries;
- can be injected, smoked, snorted or shafted; the latter 3 forms of ingestion countenance a perception of "ice" as a safer, more socially acceptable drug;
- is more likely to cause dependence than other drugs, has a very long withdrawal and recovery phase, and relapse is common;
- heavy use can impair cognitive functioning for months after giving up the drug;
- acts quickly to stimulate and excite the central nervous system and the effects last over a longer period of time;
- novice users are interested in experimentation, others are attracted by a notion of euphoria, confidence and enhanced sexual pleasure, and use is for some an expression of identity;
- 11% of Tasmanians seeking episodes of care for their own drug use, reported meth/amphetamines as the most common principal drug of concern (preceded by alcohol (41%) and cannabis (30%) (Australian Institute of Health and Welfare, 2013-14);
- counselling was the most common treatment type (61%) of the abovementioned Tasmanian episodes of care for meth/amphetamine use (Australian Institute of Health and Welfare, 2015).

3 PREVENTION RATIONALE

A snapshot of Tasmanian crystal methamphetamine use is gained from the 2014 sample in which 101 Tasmanians who inject drugs were surveyed (Peacock, de Graaff, and Bruno, 2015). 70% reported use of any form of methamphetamine including powder, base, crystal or liquid in the preceding 6 months at an average of 18 days out of a maximum 180 days. 54% of the sample reported recent use of crystal methamphetamine, however the use was lower at the average frequency of 6 days. Availability of "ice" was noted as easy or very easy to obtain, which had remained stable for the preceding 6 months, and the purity reported as high or medium. Subtle changes in the Tasmanian methamphetamine market showed that use had slightly trended upwards over of the preceding 2 years, though remained lower than peak periods of crystal methamphetamine use reported prior to 2008. This is in line with the national trend.

The use of crystal methamphetamine has become of increasing concern over the last few years requiring an integrated systems response across the areas of:

- law enforcement and justice;
- treatment and rehabilitation;
- prevention and early intervention;
- primary health; and
- education.

In the early 1990s, legislative controls were introduced to reduce supply of the precursor chemicals used in the manufacture of illicit amphetamines. Manufacturers then turned to pseudoephedrine as an alternate precursor ultimately resulting in the higher quality crystal methamphetamine currently available in Australia. The emergence of 'ice' coincided with the 2001 Australian heroin shortage and led to an uptake of the drug by heroin injectors. In a similar manner, 'ice' use replaced a spike in interest in synthetic drugs. Interestingly, 77% of the Tasmanian sample indicated methamphetamine was not their drug of choice, rather used it due to a lack of availability or the (prohibitive) price of their preferred drug. It would appear, as a society we tend to tackle one drug at a time, or focus resources on each drug as they rise and fall in popularity or in line with preference, without mind to local availability or cost at any given time. By doing so, we respond to each drug as the associated challenges arise, losing the opportunity to act on a macro level and remove the drivers of drug use.

An analysis by Ritter, McLeod and Shanahan (2013) of 2009-10 expenditure by Australian governments revealed approximately $1.7 billion or 0.8% of all government was spent on illicit drug policy:

Policy Domain	2009/10
Prevention such as prevent or delay the commencement of drug use in young people	9.2%
Treatment such as counselling and pharmacotherapy maintenance	21.3%
Harm Reduction such as the needle syringe program	2.1%
Law Enforcement such as police detection and arrest in relation to drug crimes and policing the borders of Australia for illegal importation of drugs and their precursors	66.0%
Other (research funding and policy administration)	1.4%

The above reveals the majority of government spending was on law enforcement followed by treatment, and expenditure on prevention at 9.2%.

There is little doubt of the important role played by law enforcement and the health sector in responding to methamphetamine use and related issues in Tasmania. The challenge for Tasmania however, lies in the creation of, and long term financial commitment, to initiatives aimed at preventing the first use of drugs. As noted by the Australian Drug Foundation, New Zealand's 2013 *Methamphetamine Action Plan* "was heavily oriented towards supply and harm reduction…with very little being trialled in the prevention space" (p.8). Whilst the DEN supports the continuation of interventions directed at changing risk behaviours of current drug users, there is a compelling argument for a stronger focus on the development of prevention strategies aimed at strengthening protective factors and building resilience. Such a focused approach can have the twofold effect of improving opportunities for vulnerable communities across the life-course, and diminishing the requirement for intervention from the primary health, treatment and justice sectors.

Public health issues have significant financial, health and social implications for the community. Drug use and other social and health problems have common causes and these problems are often shared by vulnerable individuals and population groups. For those communities without social and developmental protective factors to delay the early onset of drug use, vulnerable individuals and population groups are exposed to risk factors which lead to early and risky patterns of drug use. Loxley (2004) notes extensive evidence which highlights the probability of drug use based on social determinants and exposure earlier in life, linked to risk factors such as:

- social disadvantage
- family breakdown and dysfunction
- childhood neglect and abuse
- community disadvantage; and
- family influences.

Such risk factors can be countered by the development and strengthening of protective factors, particularly in early childhood, thereby building resilience to counter poor health and social outcomes including problematic drug use (Spooner and Hetherington, 2004).

An investment in broad-based drug use prevention strategies has the potential to determine positive outcomes and strengthen communities and individuals. As noted by Loxley (2004) "prevention is understood broadly, to encompass measures that prevent or delay the onset of drug use, protect the healthy development of children and youth, and reduce harm associated with drug supply and use". By mapping pathways that increase risk factors early in the lifespan and targeting intervention to areas of early emerging problems and environment influences of drug use probability, it is possible to moderate and mitigate long term drug related harm.

Prevention strategies which strengthen the foundation of an inclusive community and overcome the disadvantage of societal infrastructure including employment, education, transport and recreation opportunity are critical. School based drug education programs require a combination of factual information about drugs and their effects, and the teaching of self-help and social skills, and building the resilience of young people to manage situations where drugs may be offered or used in the future.

The DEN advocates for the allocation of government funding on initiatives designed to strengthen and support protective factors which delay the uptake of drug use and/or reduce specific drug related harms including:

- access to place-based community supports;
- community safety initiatives;
- integrated social and health service systems;
- local sporting initiatives which create inclusiveness, without the barriers of financial implications.
- Prevention strategies that are universal, selective and indicated in reach that cross the spectrum of health promotion, prevention, early intervention and treatment with regards to relapse prevention.

4 CONCLUSION

The Drug Education Network (DEN) firmly argues responses should be proactive and future focused, and preventative strategies developed with the aim of strengthening community and social connectivity. Law enforcement needs to partner with community organisations like the DEN to create strong linkages with the community, build trust and support the prevention of harms from drug misuse in Tasmania.

References

Australian Drug Foundation (October 2013). Submission*: Victorian Parliamentary Inquiry into Supply and Use of Methamphetamines, particularly "Ice"*.

Australian Institute of Health and Welfare (AIHW): (2013-14), *Alcohol and Other Drug Treatment Services in Australia: Supplementary Tables*: *Drugs (episodes)* Table SD.1.

Australian Institute of Health and Welfare (AIHW) (2015): (2013-14) *Alcohol and Other Drug Treatment Services in Australia:* Advice to the National Ice Taskforce.

Australian National Council on Drugs (2007). *Methamphetamines Position Paper*.

Commonwealth of Australia, Department of the Prime Minister and Cabinet (2015). *Final Report of the National Ice Taskforce*.

Peacock, A., de Graaff, B. & Bruno, R. (2015). Tasmanian Drug Trends 2014. Findings from the Illicit Drug Reporting System (IDRS).

Australian Drug Trends Series No. 131. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Ritter, A., McLeod, R., & Shanahan, M. (2013). Monograph No. 24: Government drug policy expenditure in Australia – 2009/10. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

Spooner, C & Hetherington, K (2004) *Social Determinants of Drug Use.* New South Wales: National Drug and Alcohol Research Centre.