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The 'ICE' Epidemic Facts and figures disseminated by the National Drug Strategy Survey (AIHW 2012) and the Australian Crime Commission (2014) inform us of the extent of the 'ICE' epidemic. Noticeably, Australia has one of the highest rates of use of methamphetamine in the world, particularly amongst developed countries, increasing 10% since 2011; drug seizures are at record levels and the weight of amphetamine-type drugs detections has increased 230% from 2010/11 to 2012/13. The Requirement for Combative Action The deleterious effects of Methamphetamine are well-known, affecting not only the individuals who consume this insidious drug, but also having adverse effects on families and communities and in turn, society at large. Strategies to combat this problem, out of necessity, must be twofold. Firstly, from a State and Federal level, there must be top-down strategies whereby the development and implementation of Government-initiated policies effect changes vital to counteract Methamphetamine, filtering down into the community. For example, the enactment of Laws which challenge and hinder processes and procedures typical of the Methamphetamine trade. Regulatory controls for the manufacture and/or importation of precursor substances is one such strategy. Secondly, from a societal level, there must be bottom-up strategies whereby the development and implementation of practices at the level of the community effect changes vital to counteract Methamphetamine, filtering up to the State and Federal levels. The relationship between the top-down and bottom-up strategies are mutually inclusive, producing a cycle of development and implementation wherein both approaches are constantly sustaining each other, adopting strategic change as and when required. From a Socio-Political perspective, the very fabric of Australian society is destined for catastrophic consequences if the 'ICE' epidemic continues to be ignored. Current regimes which focus primarily on harm reduction are clearly ineffective in isolation, resulting in a Methamphetamine epidemic of disastrous proportions that continues to rise. A quick glimpse of available statistics worldwide provides enough evidence alone to realise the problem is in fact pandemic amongst several nations. Anecdotal evidence further substantiates this claim. For Australia, the risks associated with the Methamphetamine subculture are far greater given the already disproportionate percentages cited in statistical reports in regards developed countries (ACC 2014; AIHW 2012). The need for combative action against Methamphetamine is indisputable. Complacency is well past its expiry date and the paramouncy of efficient and effective strategies must escalate.

Key Recommendations A number of key recommendations were derived from the High-Level Summit and are proposed herein as a preliminary Action Plan for Initiatives and Solutions to tackle the problem of Methamphetamine, particularly 'ICE', in New South Wales. An Action Plan for Initiatives & Solutions – DEMAND REDUCTION 1. RECOMMENDATION: Aggressive Targeted Marketing Campaigns Raising the awareness in the community is of paramouncy if the demand for Methamphetamine is to be reduced significantly. Similarly, focus must also be given

to the Australian population in incarceration, especially if the offending is directly correlated to the supply and use of Methamphetamine. This recommendation must necessarily include the following components:

- a. **Methamphetamine Awareness Education for Youth (Community)** · Overarching theme of “Pro-Brain, Pro-Choice, Pro-Control” · Television advertising campaign during prime time segments for Youth · Publications conveying messages in a language relative to the Youth market · Presentations to Youth groups targeting schools · Promotional services at major Youth events, e.g. Good Life Festival · Production of live theatre/play for Youth market · Production of Methamphetamine documentary targeted at Youth
- b. **Methamphetamine Awareness Education for Youth (Incarcerated)** · Targeted television specifically for incarcerated Youth capitalizing on the captive audience during “lockdown” times, i.e. an education channel dedicated specifically for youth in prison · Publications conveying messages in a language relative to the Youth market and correlated to criminal offending · Presentations to incarcerated Youth groups targeting Corrections facilities · Production of live theatre/play for incarcerated Youth market in Corrections facilities · Production of Methamphetamine documentary targeted at incarcerated Youth
- c. **Methamphetamine Awareness Education for Families** · Television advertising campaign during prime time segments for Families · Publications conveying messages in a language relative to the Family unit · Presentations to Families through community bodies, e.g. church, sports · Promotional services at major Family events, e.g. Moomba Festival · Production of Methamphetamine documentary targeted at Families
- d. **Methamphetamine Awareness Education for Ethnic Groups** · Television advertising campaigns for Ethnic channels · Publications conveying messages in multiple language formats relative to Ethnic Groups · Presentations to Ethnic Groups through community bodies, e.g. church, sports · Promotional services at major Ethnic Groups events, e.g. cultural festivals and events · Production of Methamphetamine documentary targeted at Ethnic Groups
- e. **Methamphetamine Awareness Education for Educators** · Workshops to educate the educators and specific to the delivery of Methamphetamine Awareness Education for targeted audiences (as defined above) · Empowering Youth to lead Youth focus groups · Seminars and Workshops tailored to suit specific sectors, e.g. public and private sector employees whose roles are within the AOD sector · Seminars and Workshops for State Agencies to develop, implement and promote multi-faceted, integrated methodologies to combat Methamphetamine

An Action Plan for Initiatives & Solutions – TREATMENT 1.

RECOMMENDATION: Enhancing Addiction Treatment Delivery Methodologies

Addiction Treatment is plagued with relapse and recidivism rates that question the integrity and efficacy of the programmes being delivered in the community. Whilst every effort is made by service providers to deliver quality, the variables which affect the Drug Addict are so diverse in their characteristics and at times extreme in their construct, that practitioners are undoubtedly faced with a difficult job fighting the disease of Addiction.

Apparent in the seemingly paradoxical regimes of Harm Reduction (minimizing the impact of Addiction) versus Abstinence (complete abolition of Addiction Behaviour) is an obvious solution which serves as a compromise between these methodologies. Both methodologies have their merit. Similarly, both have their defeats. The missing link however may in fact be the approach of the delivery rather than each methodology itself.

A holistic approach to service delivery is proposed as a more effective strategy for Addiction Treatment, incorporating once again integration and multi-faceted approaches which necessarily bring together the various State Sector Agencies who have an inevitable role to play in the provision of Addiction Treatment.

Recommendations for Treatment must therefore necessarily include the following components:

- a. **Outcomes Focused Service Delivery and Results Based Accountability** · Government-funded Service contracts to incorporate more stringent requirements to ensure deliverables are met and outcomes achieved · Funding payable on outcomes achieved · Rigorous reporting methods from Service Providers to State Sector Agencies · Reserved placement for strictly Methamphetamine-affected Addicts (as opposed to co-morbidities) · Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment services nationally (state and inter-state) as well as international prospects.
- b. **Government-funded Treatment Centres** · Establishment of more Treatment Centres to meet the increase in demand for Addiction Treatment projected to coincide with the onset of policy effecting change to Demand Reduction and Supply Reduction · Increased funding made available to existing Treatment Centres who meet new and improved requirements and adhere to rigorous reporting methods, thus ensuring Results Based Accountability · Addiction Treatment Plans to be developed and implemented in conjunction with Medical Professionals and Addiction Specialists and in accordance with regulatory controls and monitoring to ensure Results Based Accountability by Service Providers. Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment services nationally (state and inter-state) as well as international prospects
- c. **Government-funded Recovery Centres** · Establishment of post-Treatment Recovery Centres to establish a long-term pathway for Addiction Treatment (particularly where Treatment Centre programmes are short-term, i.e. less than 6 months in duration) · Increased funding made available to existing Treatment Centres who extend their provision of services to incorporate post-Treatment Recovery Centre pathways · Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to

- Addiction Treatment Recovery Centres services nationally (state and inter-state) as well as international prospects
- d. **Government-funded Reintegration Pathways** · Establishment of post-Treatment Reintegration Pathways to establish a solid foundation for those exiting Treatment Centres and/or Recovery Centres and returning to the community · Increased funding made available to Service Providers who develop and implement Reintegration Pathways, particularly for Methamphetamine-affected Addicts · Continuing Care Plans to be developed and implemented in accordance with regulatory controls and monitoring to ensure Results Based Accountability by Service Providers · Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment Reintegration Pathways and pertaining to the provision of services which aid reintegration (e.g. Education, Health, Human Services, Justice, Police, Courts)
 - e. **Community-based Addiction Service Pathways** · Establishment of community-based Addiction Service Pathways to promote Treatment, Recovery and Reintegration · Promotion of established Recovery Fellowships (such as Alcoholics Anonymous and Narcotics Anonymous) to encourage reciprocal relationships amongst Recovering Addicts, thus strengthening community relationships and Addiction Service Pathways · Establishment of new Recovery Fellowships (such as 'ICE' Maidens for Methamphetamine-affected women) to encourage reciprocal relationships amongst Recovering Addicts, thus strengthening community relationships, support groups and Addiction Service Pathways · Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Service Pathways specific to each State Sector Agency (e.g. Education, Health, Human Services, Justice, Police, Courts)

An Action Plan for Initiatives & Solutions – SUPPLY REDUCTION 1.
RECOMMENDATION: Regulatory Controls and Preventative Measures The enactment of new Laws, rules and/or regulations which serve to impede the Methamphetamine trade at the Supply end is a priority if there is to be any significant reduction. The following components summarise some strategic objectives in support of this recommendation:

Focusing the future on Outcomes In summary, there is no doubt that any future development and implementation of an Action Plan for Initiatives and Solutions to tackle the 'ICE' epidemic in Victoria must, out of necessity, focus on key deliverables and outcomes. Transparency and accountability will be fundamental to any strategies to effect change against Methamphetamine. The benefits to be gained by the success and efficacy of key outcomes through the development and implementation of policy changes is realistic, achievable and sustainable. The ensuing impact on Australian society will be apparent, manifesting results based accountability aligned to the three pillars upon which Methamphetamine-focused strategies are founded – namely, Demand Reduction, Treatment and Supply Reduction. The need for change is timely and “the time is always right to do what is right” (Martin Luther King

Please find very important evidence attached regarding the Health impact to the community regarding Methamphetamine.

Kind Regards

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Don't Promote Drug Use.
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