A rural community’s response to the increasing prevalence of methamphetamines

Re: Inquiry into Supply and Use of Methamphetamines, particularly ‘ice’

Editor: Michelle Withers
10/21/2013

Project Ice Mildura is the initiative of the Northern Mallee Community Partnership. The Partnership unites more than 40 government and local organisations to address issues which are critical to supporting the long term prosperity of our community.
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Introduction

When drug problems in a community are perceived as serious, people must face unpleasant alternatives. They can accept the reality of drugs in their neighbourhood, adapting to a situation that they cannot hope to change immediately; they can change their lifestyle to reduce the threat of drug dealing and violence in their streets and buildings; they can change the environment by some form of community action either with or without the support of the police; or they can flee to safer housing if possible.

Many of these alternatives are not available to persons living in poverty or with limited means. Thus, with fewer choices, the poor pay a greater personal price for drug problems. Increased rates of unemployment are projected to occur in the same age group as those persons most likely to use drugs and have drug problems. Add to this the fact that many of the jobs that are available are separated from the community and the family support network necessary to sustain workers, and the ingredients for intensification of social problems are clear. In Mildura, the people have chosen to fight back.

The city of Mildura, in northwest Victoria, is implementing a proactive regional response to its local issues surrounding a rise in the presence of crystal methamphetamine (ice).

Police, health and welfare groups all noted rising use of ice among clients and increasing health and welfare issues surrounding the drug. Anecdotally, members reported that ice had rapidly become the second-most common illicit drug in Mildura, with some agencies describing it to be at “epidemic” proportions.

The Northern Mallee Partnership has provided a forum for discussion of local issues among health agencies in the Mildura region.

The growth in the prevalence of ice was a recurrent discussion at partnership meetings late in 2012 and early in 2013. There was also discussion about the lack of public awareness about the drug, hence concern about the community’s vulnerability.

The mounting concern resulted in a decision early in 2013 to establish a specific and targeted campaign to increase awareness and build community resilience to the drug’s influence. The group envisaged a six-month campaign to “saturate” the local community with information regarding ice – community forums, media coverage, posters and advertising.

It established a drugs project group, bringing together Sunraysia Community Health, the Northern Mallee Primary Care Partnership, Mildura Rural City Council, Mildura Police, Mallee District Aboriginal Services, Mildura Base Hospital, Mental Health Services, the Department of Education, the Northern Mallee Local Learning and Employment Network and the Department of Justice.

The service providers brought together resources to fund a necessary awareness campaign, and to ensure a strong and consistent message was delivered to the community. The group has secured committed funding from nine organisations to a total of $23,000 and developed campaign messages and a communications plan.
The group brought in a locally-based communications consultancy to assist with developing branding, campaign messages and media activity.

The Project ICE Mildura campaign began in August, and is planned to continue until February 2014 (targeted to include the peak summer recreational period). Initial activity focussed on developing strong and consistent messaging, and building awareness through supportive media coverage.

In conjunction, a series of community information forums was started, and sessions were developed to train key community members as facilitators. About 300 people have attended community information sessions held so far (sessions will continue monthly for the duration of the campaign), and 140 service providers attended the education sessions.

The campaign is currently developing campaign posters and developing advertising strategies to complement the community information that is being delivered. The campaign messages focus on “It’s not if, but when someone you know will be exposed to ice…get the facts”.

The campaign aims to reduce both demand and supply of ice in the Mildura community.

It aims to educate the community, thus providing a basis for informed decision-making and reducing demand for the drug. It also aims to reduce the supply of the drug by encouraging a higher level of community reporting to police.

Group members believe this locally-based, multi-faceted approach will ensure an improved level of awareness in Mildura about ice and its effects, and reduce the harmful impacts of the drug in the community.
Member Agencies

Safety operational group members:

1. Victoria Police
2. Sunraysia Community Health Service
3. Mildura Rural City Council
4. Department of Justice
5. Northern Mallee Primary Care Partnership
6. Mildura Base Hospital
7. Sunraysia Mallee Ethnic Community Council
8. Mallee District Aboriginal Health Services
9. Department of Human Services

Respondents to this Inquiry

1. Victoria Police
2. Sunraysia Community Health Service
3. Mildura Rural City Council
4. Mildura Base Hospital
5. Northern Mallee Community Partnership
6. Mallee Sexual Assault Service
7. Ambulance Victoria
Locality

Mildura Rural City (RC) local government area is comprised of two SLAs: Mildura (RC) Part A and Mildura RC Part B. As the map below indicates, Mildura (RC) Part A is largely comprised of the urban area of Mildura and its surrounding suburbs, while Mildura (RC) Part B is comprised of the small towns and rural/remote areas located across the balance of the municipality.
Terms of Reference

TOR 1. Examine the channels of supply of methamphetamine including direct importation and local manufacture of final product and raw constituent chemical precursors and ingredients;

TOR 2. Examine the supply and distribution of methamphetamine and links to organised crime organisations including outlaw motorcycle gangs;

Crime and drugs may be related in several ways, none of them simple. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, with subsequent money-laundering. And fourthly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism

Individuals acting alone do not usually move significant quantities of drugs, hence the focus on control of supply is normally on organized groups or cartel. Profits from the drug traffic flow back into the coffers of sophisticated criminal organizations with financial interests in other illicit areas, such as prostitution and rackets.

While outlaw motorcycle gangs still dominate domestic methamphetamine production in Australia, ethnic organized crime groups in that country do trade methamphetamine among themselves according to the National Criminal Justice Reference service (U.S.DEA, 2004d).
TOR 3. Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas;

Fast-paced social, economic and technological changes present a challenge to the stability and influence of the family. The family is often viewed as the basic source of strength, providing nurturance and support for its individual members as well as ensuring stability and generational continuity for the community and culture.

Families can have a powerful influence on shaping the attitudes, values and behaviour of children, but how do they compare with peers in terms of influence on drug taking? The influence of peer groups, which is usually strong during formative years of youth, may be stronger than that of parents in some cases.

Research has found that friends are more similar in their use of marijuana than in any other activity or attitude. In this situation, drug use by peers may exert a greater influence than the attitudes of parents. This researcher observed that peer and parental influences are synergistic, with the highest rates of marijuana use being observed among adolescents whose parents and friends were drug users.

Other investigators, however, have found that peers have a high degree of influence only when the parents have abdicated their traditional supervisory roles. Hence, parents exercising traditional family roles may be able to limit the influence of peer groups on children's attitudes towards drug use and therefore have a crucial influence on children's behaviour. Reports of disturbed family life related to drugs are frequent in the literature.

The proportion of all drug users and abusers who end up with serious health and social problems is not known. Whatever that proportion, illicit drug use more frequently results in problems or disease rather than death. Since substance abuse is not evenly spread throughout the population, it is advisable to determine the characteristics of the specific groups involved in order to plan interventions. Drug abuse may be influenced by the social-cultural milieu, the degree to which a person is part of a structured
environment, his or her personal characteristics, the specific drugs involved and the circumstances of use

The demographic profile of a methamphetamine use identified in rural areas is hugely diverse and unique in drug taking culture of users. Covering a broad range of cultural backgrounds, low-medium-high socio economical backgrounds, and not limited to a specific age range.

In summary, inexpensive, easily made and in demand, methamphetamine is used by housewives, students, club-goers, truckers and a growing number of others. It is a drug with wide appeal. Some users are interested in its ability to make them more alert; others with its appetite suppressant effects; others with its ability to lift depression and/or make them more confident and energized for extended periods of time.

It is also a drug that appears to move easily into new areas not typically associated with drug trafficking, and takes hold as dealers share with other users, and users in turn become dealers and distributors. With the potential of easy production and substantial profits in heavy use markets, methamphetamine is also a drug that has come to appeal to larger, more coordinated distributors, who have appeared in established markets in Victoria, New South Wales and South Australia.

Age Structure

In 2011, compared to Victoria, Mildura RC had a higher proportion of population aged 0 – 19 years and 50 years and over (with a particularly high proportion in the 10 – 14 years cohort), while it had a lower proportion of population aged 20 to 49 years (with a particularly low proportion in the 20 – 30 years cohort). Swan Hill RC – Robinvale SLA, compared to Victorian average figures, had a higher proportion of population aged 0 to 14 years, 25 to 29 years and 50 years and over, while it had a lower proportion of population aged 15 to 24 years, 30 to 49 years and 65 years and over. The SLA had a particularly comparatively high proportion of population aged 0 – 4 years.

Age Structure – table (2011)

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Mildura RC</th>
<th>Robinvale*</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>3,387</td>
<td>304</td>
<td>344,733</td>
</tr>
<tr>
<td>5-9</td>
<td>3,382</td>
<td>258</td>
<td>326,120</td>
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<tr>
<td>10-14</td>
<td>3,930</td>
<td>261</td>
<td>327,940</td>
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<tr>
<td>15-19</td>
<td>3,679</td>
<td>214</td>
<td>345,341</td>
</tr>
<tr>
<td>20-24</td>
<td>2,870</td>
<td>236</td>
<td>375,106</td>
</tr>
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</table>
While using ‘ice’ is not limited to a specific age range, young people are more inclined to not seek help beyond web knowledge and peer knowledge and younger people tend to be ‘sellers’ rather than users as a way for generate easy income to purchase alcohol/cannabis and other perceived luxuries. Younger people are identified as easy targets from older users/dealers. In the majority of cases, young dealers inevitably become young users.

Points of particular interest as identified by the drug and alcohol team from Sunraysia Community Health Services in the local region:

- If users are introduced by older siblings, peers or families, the cycle of usage continues within the family unit. This client group is harder to identify within the community unless they come to the attention of a specific services, either illegally or through some perceived trauma.
- Young people predominately use methamphetamine for the purpose of an upper and downer cyclic affect in relation to specific psychological situation e.g. peer pressure, academic achievements, family discord, relationship breakdown and so forth.
- Post prison release in this current environment methamphetamine is source as the drug of choice to celebrate their freedom. For some, if not most the use of the drug continues to further antisocial behaviours and criminal activities.
- FOR INDIGENOUS and NON INDIGENOUS people the prevalence of suicidal ideations and completed suicide has increased, well before others sense any thing is wrong… This unfortunate trend is not isolated to rural/regional communities.
- Consistent with the DT sector, users seek assistance in times of crisis which is broad and varies, and usually initiated by a friend or family member, unless already engaged with the Criminal justice system.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Users</th>
<th>% of Users</th>
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<tbody>
<tr>
<td>25-29</td>
<td>2,747</td>
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<td>288</td>
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<td>458</td>
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<td>761,582</td>
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2011 Census of Population and Housing, Basic Community Profiles, ABS * Swan Hill RC – Robinvale SLA

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Child and Youth Mental Health Service (CYMHS)

- Many youth have increased stress levels and fears about their friends but are not reporting that they are (themselves) using ICE. This is increasing levels of anxiety, but not direct ICE-related referrals.
- More young people are talking of links between ICE and suicide which are believed to be ‘assisted suicides’ but are too afraid to talk about the issues. Dialogue about suicide has a different flavour amongst some youth who are scared for friends.
- More parent reports about fears for their children are present, but whether this is because of ICE or rumours it is uncertain.
- We have not seen more ICE related referrals in either Child and Youth Mental Health Service or Suicide Prevention Service, but the dialogue across both services has shifted towards fear and perceived levels of threat in our community connected to drug use and ‘gang’ trading. A perception of ‘no-one can do anything’ is coming through and this is a bigger worry for treating anxiety and perceived sense of safety.

Although we do not collect specific date on the usage of specific drugs, clinicians report a definite increase in people admitted to the ward and community teams with associated effects of ICE.

The staff report difficulties in managing the challenging aggressive behaviour and psychotic features of some affected by ICE.

Although this is anecdotal information, it seems that all the staff concur that ice is having a major influence on the mental health services, effecting the mental health of our clients families and community.
Indigenous

In relation to the indigenous clients, all of the above stands with the additional points:

- Introduction to substance use at an earlier age within the family unit and strongly to the overall social/emotional well being of the family and community
- Due to the myriad of complex cultural/social/economical/criminal issues which young indigenous people are exposed to from an early age, the use of substance is prevalent and non-discriminate (will take or use whatever is available). This is accepted within the family unit as a coping strategy. Not forgetting, the large family/communal living arrangements in most cases.
- There are currently significant issues in collecting and interpreting health and wellbeing data for Indigenous populations. Very limited availability of local or regional health and wellbeing data for Indigenous population. Some health and other agencies have different processes for collecting population data and the question of Indigenous status is not always asked in a consistent manner (or at all).

Population by Indigenous Status

In 2011, Mildura RC had 1,836 Indigenous persons who were usual residents and this represented 3.6% of the total LGA population, compared to the Victorian average of 0.7%. Swan Hill RC – Robinvale SLA had 295 Indigenous persons who were usual residents and this represented 7.9% of the usual resident population.

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2011 Census of Population and Housing, Basic Community Profiles, ABS.
TOR 4. Examine the links between methamphetamine use and crime, in particular crimes against the person;

Every community with a methamphetamine abuse problem has experienced violence in some form; most commonly this appears as domestic disputes. The extreme agitation and paranoia associated with use of the stimulant often lead to situations where violence is more likely to occur. Chronic use of methamphetamine can cause delusions and auditory hallucinations that precipitate violent behaviour or response.

Victorian police data indicates a near doubling of the drug crime rate in Mildura in the past two years. The rising use of methamphetamine, or ice, is now accounting for about 90% of drug related arrests. According to Inspector Simon Clemence ‘... it is without doubt the single biggest drug problem in our community.’

However on a positive note, the people of Mildura are aware and concerned about the ‘ICE” problem. People have increasingly prepared to speak up and assist with police intelligence. As a result of both an increased intense police focus and community information, drug related arrests have increased dramatically. In 2010/2011 police received 57 intelligence reports in relation to drug crime. Last year this increased to 418.

By combining as a group of health, welfare and enforcement agencies we are sending a clear message that as a community we are informed and aware and will not tolerate ‘ICE”.
Mallee Domestic Violence Services

Mallee Domestic Violence Services do not keep statistics on the number of clients that are users of methamphetamine but do and have come across the use within our service. Especially the uses of the popular drug “ICE.”

While ICE is not an affordable drug it is readily available within the Mallee Region and is often our client’s drug of choice. It is not a case of isolating this drug to one community either and can be attributed to a number of communities within the Mallee regardless of community status.

It is therefore considered to be a contributing factor to the number of Domestic Violence incidents occurring across the Mallee. The Mallee, has like the rest of the state, seen an increase in Domestic Violence related crime since the introduction of ICE by criminal enterprise. The drug has reached the community without discrimination and has ensured that Domestic Violence incidents have increased.

It can affect in many ways, the domestic violence might not be the traditional partner v partner but can also be father v son, mother v daughter etc. As parents and guardians try to take control of the situation as best they can. On the flip side, we have many parents who have young children in the care of them and as a result will not assist the user despite being the users parents as the risk to the other children being affected far too high. With all this in mind if would be fair to say that ICE and methamphetamine can cause and increase in Family Violence and an increase in family relationships breaking down.
TOR 5. Examine the short and long term consequences of methamphetamine use;

Society

The economic costs of drug abuse can be categorized as direct and indirect. Direct costs involve increased costs of police, courts, military, treatment programmes, welfare payments to drug addicts and their families, as well as increased security measures by businesses. Indirect economic costs include the displacement of legal industries; diminished control over the economy; spending money for drugs and inappropriate use of money gained from drug sales; and fiscal problems related to the inability to tax the drug economy.

A very important indirect cost of the drug industry is a result of the fact that governments are not able to tax it. In such a case, governments have no choice but to increase taxes on those who can be expected to pay. However, the externalities of the drug industry, i.e. the hidden economic and social costs of illicit drug production and trafficking, cannot be charged back to those involved. They are, therefore, an added burden to the law-abiding population.

In sum, illicit supply and demand for drugs have surged with enormous profits for a few and modest incomes provided to others. Increased morbidity and mortality and associated family, educational and employment problems due to drug abuse are pervasive. Measures to prevent and control drug abuse are weak and the knowledge base on which these measures rest is even weaker.

Individual

Methamphetamine is a drug that has both acute toxic effects and can produce long term physiological problems. It is a powerful central nervous system stimulant that promotes the release of neurotransmitters like dopamine, norepinephrine and serotonin, each of which controls the brain’s messaging systems for reward and pleasure, sleep, appetite and mood.

However, when ingested (injected, snorted, eaten), meth produces prolonged euphoric or energized states. The adverse effects are both short-term (cardiac problems, hyperthermia, depression, confusion) and chronic. When used
chronically, methamphetamine causes long-term neural changes that result in impaired memory, mood alterations, impaired motor coordination, and psychiatric problems long after termination of use.

The most common user of methamphetamine used to be an adult male with a lower than average income. However, this has changed and now users can be from all economic status, all ages and all genders.

Observations as an Employer:

- Changes in normal behavior, including poor punctuality, becoming increasingly unreliable, notable changes in work performance and the quality of the work.
- Sick days grow in frequency and become a regular occurrence.
- Moods swings are remarkable with extreme highs to disturbing lows.
- The longer term consequence leads to disciplinary action and eventually to dismissal.

Observations as a family member:

- Changes in eating patterns, skipping meals frequently, and longer term, noticeable weight loss.
- Changes in sleeping patterns staying up at night and functioning on little sleep. Changes in appearance, with what is observed to be acne, and longer term poor skin condition.
- Increasingly becoming detached and no longer care for people or activities that were once a priority,
- Money issues and unable to pay bills, leading longer term to debt collectors calling frequently

Methamphetamine is a central nervous system stimulant of the amphetamine family. Methamphetamines stimulate the central nervous system, and the effects may last anywhere from 8 to 24 hours. Like cocaine, it is a powerful "upper" that produces alertness and elation, along with a variety of adverse reactions. After the effects of methamphetamine wears off, it can cause severe withdrawal that is more intense and longer lasting than both speed and cocaine. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behaviour. This was identified locally by the Victorian Ambulance at a local ‘ICE community forum who stated they tend to be exposed to the users during the withdrawal process.

Apart from the obvious physical and psychological effects of methamphetamine for both short and long term use, the areas if major concerns for long term are:
• Huge financial debt, with no short term solution
• Small communities which users are identify and stigmatised
• Family members increase susceptible anonymity
• Families are place under pressure to provide support financially, emotionally and psychologically

**TOR 6. Examine the relationship of methamphetamine use to other forms of illicit and licit substances;**

Experts are frustrated that messages about the dangers of crystal methamphetamine use are still not getting through, with a massive increase in the number of ice-related ambulance call outs during 2011-12.

The results are revealed in a new report produced by Eastern Health’s Turning Point Alcohol & Drug Centre in conjunction with Ambulance Victoria, *Trends in Alcohol and Drug Related Ambulance Attendances in Victoria*, which for the first time includes state-wide figures.

Research found rates of attendances in regional Victoria were higher for cannabis, anticonvulsants, antidepressants, antipsychotics, opioid analgesics and other analgesics when compared with metropolitan Melbourne.

Alcohol continues to top the list of most drug-related call outs with 8824 incidents in 2011-2012 in metropolitan Melbourne, an increase of 27% compared to 2010-2011.

Ambulance Victoria paramedic and Regional Manager for Metro West Simon Thomson said “People can act irrationally and dangerously when they’re on alcohol and, particularly on the weekends, it can be challenging, and in some cases, dangerous for our paramedics. Paramedics aren’t out to spoil the party for anyone, but we need people to understand the effects of alcohol and drugs can be considerable.

"The effect of taking drugs and alcohol together is that they can affect your conscious state, people can become unconscious and not be able to breathe properly. Essentially drugs and alcohol combined is a dangerous mix and it can kill you.

This data reinforces community concern that our drinking culture is out of control, and we have a growing methamphetamine problem. It is crucial that all arms of government and the community work together to minimise the escalating costs associated with alcohol and illicit drugs.
This reinforces why it was important the community worked together in addressing alcohol and drug-related harms.

Sunraysia Community Health Services also point out that;

While the focus is on methamphetamine, and rightly so in the current climate, we know history will repeat itself, and therefore from service/treatment providers, one has to question what is under the surface in relation to identifying the next trend in drug manufacturing/supply and who the next target group will be.

**Custodian Nurse Response.**

Response from a custodial nurse, responsible for the assessment and treatment for persons detained at our local Police station;

What has been evident over the past 18 months is that ICE is now undisputedly the top ranking drug of choice, for our detainees. Most ICE users also smoke cannabis and cigarettes.

Previously alcohol dependency was our main drug for withdrawal management. What we have seen is our traditional alcohol dependent repeat offenders switching to methamphetamine use.

Alcohol dependency presentations have declined significantly. ICE addicts, tend to consume little alcohol.

Opiate dependency presentations in police cells have been declining with ICE taking over as the drug of choice. This may be related to supply, opiates being more difficult to obtain and more expensive than ICE in Mildura.

It is estimated that 80% of all detainees in custody are methamphetamine users, and their arrests are drug related, either by possession, trafficking, burglary, theft, assault and family violence.
TOR 7. Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use;

- Broadly speaking, we believe the state and federal strategies dealing with methamphetamine use, are virtually non-existent, or at least incredibly inadequate. We seem to have been caught out by the prevalence and impact that Ice has had.
- The Justice Department continues to hand repeat offenders of ICE related crimes extremely light sentences, or community based orders, which far from being a deterrent, encourages offenders to continue drug related activities.
- The drug and alcohol services have limited “best practice guidelines” or staff adequately trained to deal with both the drug addiction and the behavior of clients.

Experts once thought cases of meth addiction were hopeless -- a high percentage would always relapse -- but today they know that recovery is possible, although it may take years of medication and behaviour therapy.

Because methamphetamine changes the brain's wiring by destroying its dopamine receptors, users need almost a year to allow those receptors to regrow. Until then, addicts cannot experience pleasure without the drug, and most slip into a deep depression that may cause them to relapse. This depression can be treated with psychopharmacology, and now many treatment programs include prescriptions for anti-depressants.

In addition, meth addicts must relearn certain behaviours. Because meth has trained them to associate all pleasure with the drug, they need to learn to modify their thinking and expectations. Counselling helps them cope with their cravings, examine the personal issues that lead to the abuse, and help them avoid situations that may cause a relapse. Many treatment experts insist that out-patient treatment is essential to recovery, with some programs starting to work with addicts even while they are still using the drug. In addition, some experts believe that because the disease is so debilitating and the recovery process so protracted, meth addicts also need help and reinforcement from the criminal justice system; In America, many newly-formed drug courts keep track of users in recovery and install penalties for not participating in treatment programs.

The international picture is also troubling. According to the United Nations, meth is today the most abused hard drug on earth; the world's 26 million meth addicts equals the combined number for cocaine and heroin abusers.
Currently, the most effective treatments for methamphetamine addiction are comprehensive cognitive-behavioural interventions. For example, the Matrix Model—a behavioural treatment approach that combines behavioural therapy, family education, individual counselling, 12-step support, drug testing, and encouragement for nondrug-related activities—has been shown to be effective in reducing methamphetamine abuse (Rawson, 2004).

Sunraysia Community Health Services Key Learnings.

- Working with families is core business within the drug treatment services; however it is not recognised or compensated appropriately through the funding stream. A predominant increase in family inclusive treatment is evident with ice user, straining the service sector in treatment capacity.

- Current treatment options do not meet the clinical treatment need of the client, in relation to the complexity of the physiology!

- Research – from a treatment provider sector research still remains inadequate, and untimely, affecting treatment options and recommendations.

- Stages of withdrawal/treatment not fully understood therefore strategies not tapered to stages ie. Pre, acute, chronic and time length of treatment and facilities if required.

- Withdrawal after care should be provided for a minimum of 12 months after withdrawal, under a holistic, under care coordinator model.

- In 2008 there was the National Amphetamine Type Stimulant (ATS) strategy 2008-2011, at the time it was produced, the use of ATS, especially ICE did not seem to be as concerning as it currently is. From a treatment perspective, clients reporting ATS as primary drug of concern only increase by around 3% during those 3 years, we have seen a significant increase in the past 6-12months, of approx. overall 25% of clients reporting ICE as their primary drug of concern, in our diversion programs we are seeing approx. 45% of clients reporting ICE as their primary drug of concern. At this time the government also provided grants to NGO’s to implement recommendations from the
strategy. In hindsight perhaps a little too early. Although some great work came about from these grants, we were not able to anticipate the current environment in relation to the use of ICE, many of the recommendations from the ATS strategy are more relevant now than a few years ago. Collating the resources produced from these grants and to review them to assist with the current concerns would be beneficial.
TOR 8. Consider best practice strategies to address methamphetamine use and associated crime, including regulatory, law enforcement, education and treatment responses (particularly for groups outlined above).

Facilities and Workforce capacity.

Treatment provides a necessary foundation for rehabilitation and community reintegration. The setting in which it occurs (community-based, clinic, workplace, prison or other) may be less important than the skills of persons involved, the processes used and the type of treatment. In planning to prevent relapse, many services are needed, including rehabilitation, community services and active follow-up.

Successful programmes require qualified staff, constant management, adequate resources and the flexibility to adapt to changing circumstances. Since resources for specialized assistance for persons with drug problems are often not available in many countries, existing primary health care settings and networks may have to be adapted to care for drug abusers.

The majority of persons in rural areas have no easy access to specialized health care but primary health care networks can provide a contact point and a means of intervention. Many have concluded that general health workers should receive training to deal with alcohol and drug problems, especially in such subjects as rapid assessment, counselling and crisis management of early phases of cases of substance abuse disorder where no alternative exists.

Education

Education is the principal means of preventing drug abuse. In addition to educational institutions, other settings are important for the contributions they make to learning and socialization. Home, workplace and religious institutions, to name three examples, are settings for the education of young and old alike. Most officials support the full integration of drug abuse education into mainstream institutions, whether public and private, religious or secular. An issue, often unstated, is whether, to have real impact on the drug problem, society or the individual should be the initial target for change.

Seeking the root causes focuses on the social conditions that lead persons to engage in drug abuse. Slow and indirect, education is often seen as producing its results only over the long run, involving parents and making gradual social
changes to reduce experimentation, occasional or regular drug use. The short-term approach (to control the supply of drugs) and the long-term demand reduction approach by education are two ends of a continuum which are often placed in opposition to each other. In reality, both are essential parts of a comprehensive view of prevention of drug abuse.

Education in schools has to be the number one key priority. While we are informed by DEECD employees that every school child receives a minimum of 10 hours of drug education per year, our research with both students and schools is that this just doesn’t happen. Students attending our ICE information sessions state they have no previous education of methamphetamines. Schools simply report that they are not trained or confident to implement drug education. This needs to be addressed.

The Justice System

Our courts need to back up the excellent work our police members are doing and hand down reasonable sentences to repeat offenders for all drug related crime, including burglaries, theft, possession, dealing and distributing, violent offending. The penalty for trafficking 3 grams or more of methamphetamines in Victoria is up to 15 years imprisonment. One of our repeat offenders in trafficking was quite recently caught with more than 10 grams of methamphetamines, and received 6 months in prison.

Support for Local Initiatives

Community Education: we have embarked on a community education blitz, to inform our community on what the drug is, how it is made, how it works on the body, why it is so addictive, signs to look for, short term and long term effects. We are doing this from limited resources. Support in this area would strengthen our community reach.

From a treatment perspective:

Methamphetamine users are seen as some of the most difficult drug treatment patients, due to protracted physiological and psychological problems caused by the drug’s impact on neural pathways. Earliest treatment approaches were based on experience with treating cocaine users. Current psychosocial approaches include case management, community reinforcement and the Matrix Model, a manualized protocol of relapse prevention, cognitive approaches, family therapy and incentives.
The common first step in treating crystal meth abuse is detoxification. This requires the addicted person to stop taking the drug and go into withdrawal. The symptoms of withdrawal can be intense, so a rehab centre or family members are needed for support. Once the withdrawal occurs, the addict is likely to take the drug again, unless there is a strong support system.

Since methamphetamine is a stimulant, treatment continues with addressing and treating depression, attention deficit hyperactivity disorder and narcolepsy. This treatment uses both medication and psychology. Often, there are underlying psychological reasons why a person uses drugs. Without addressing these reasons, the person is more likely to return to the drug.

According to Sunraysia Community Health Service, Drug and Alcohol Team, treatment for withdrawal needs to be more tailored towards methamphetamine users, although there is no set pharmacotherapy regime for methamphetamines.

The current set up in residential withdrawal units located away from the region and is not conducive to the needs of the client, especially in the first few days to a week, where clients undergo a crash period, increased possibility of suicidal ideation and possible attempted/completed suicides.

Family members are demonstrating more support/involvement with this client group, however treatment services are not designed to meet the need of family inclusive therapy, and therefore not consistent in supporting the families of ICE users across the sector.

Education and training in brief interventions needs to be provided across all professions and community to ensure people are equipped and confident to deal with people under the influence of methamphetamine.

Linking meth users with appropriate treatment services is of utmost importance. Treatment programs should be prepared for more clients with meth addiction over the next few years to accompany the increasing prevalence.

**Reflections from the Project ICE group**
Project Ice Mildura is the initiative of the Northern Mallee Community Partnership. The Partnership unites more than 40 government and local organisations to address issues which are critical to supporting the long term prosperity of our community.

Project Ice Mildura has brought together key local stakeholder organisations to educate and increase awareness about methamphetamine use in our community. Project members are varied and include: Police, acute and primary health services, schools and education organisations, Local Government and State Government representatives. A number of strategies are being implemented as part of the 6 month project with funding donations from partner organisations.

We understand this is the first grass roots initiative of its kind by a community to directly target methamphetamine education and awareness. Efforts by the project group to seek out existing research, guidelines and assistance on which to base our communication and awareness campaign have been somewhat unsuccessful. With limited resources and expertise in drug communications we are progressing as is possible within a ‘do no harm’ framework.

The following resources would have greatly assisted our efforts at the outset and on-going:

1. Funding for grass roots community campaigns to address methamphetamine use locally.

2. Communications advice, guidance and resources based on market research and empirical evidence to assist developing (or to implement directly) local awareness and education campaigns. Most previous campaigns are now outdated so offer little assistance.

3. Drug education in schools tailored to the local environment and need.

Drug Driving Initiative
Currently there are only two areas in Victoria that provide the Drug Driving Education for offenders, necessary to regain a driver’s licence. One of these is located in the rural community of Kerang and the other location is in Melbourne.

This means that offenders (without a driving licence) are expected to find transport to Kerang or to travel to Melbourne. Last year approximately twenty five offenders needed to leave the area and travel the considerable distance to access the assessment and training. The Project ICE committee are reviewing such initiatives to identify what improvements we can make at a local level.
References

