



National Ice Taskforce

Submission

May 2015

Victoria Legal Aid

© 2015 Victoria Legal Aid. Reproduction without express written permission is prohibited.

Written requests should be directed to Victoria Legal Aid, Research and Communications, 350 Queen Street, Melbourne Vic 3000.

Contents

About Victoria Legal Aid.....	1
Executive summary	2
1. What is the impact of people using ice on our community?	3
2. Where should federal, state and territory governments focus their efforts to combat the use of ice?.....	6
3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?.....	9
Conclusion	12

We provide this submission with our sincere thanks to all our staff who contributed to this submission and who deliver exceptional legal services to those affected by ice and their families

Bevan Warner, Managing Director

About Victoria Legal Aid

Victoria Legal Aid (VLA) is an independent statutory authority set up to provide legal aid in the most effective, economic and efficient manner.

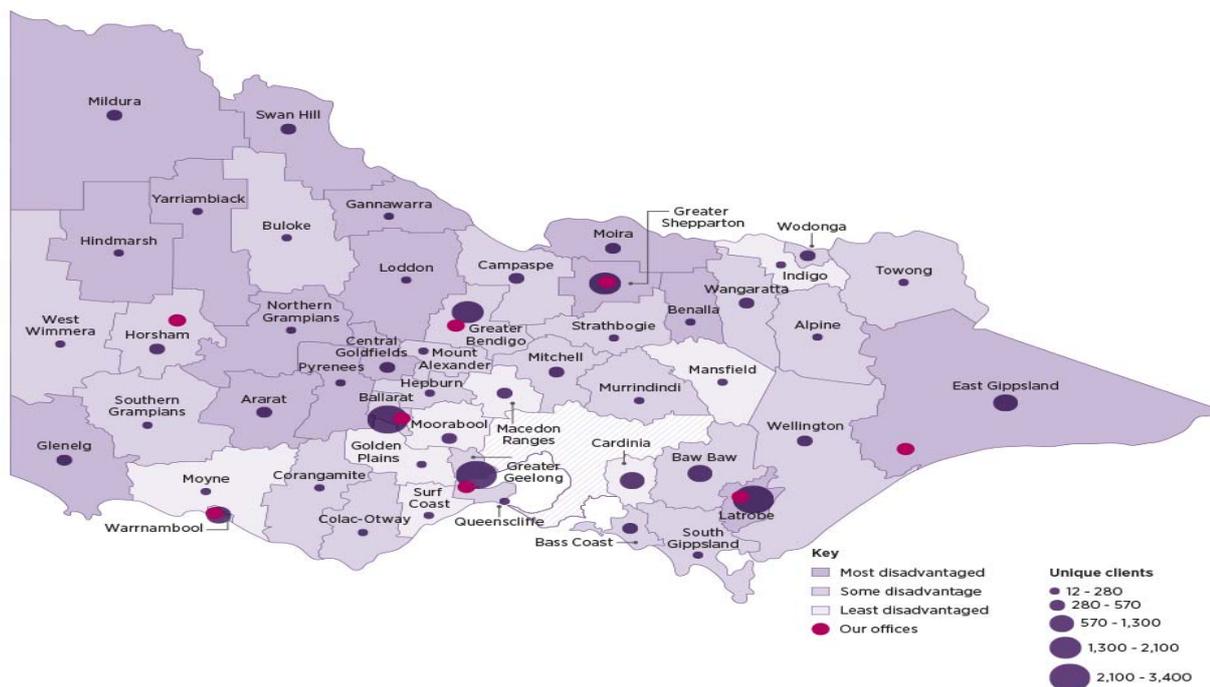
VLA is one of the biggest legal services in Victoria, providing legal information, education and advice for all Victorians.

Our clients are people who are socially and economically disadvantaged; people with a disability or mental illness, children, the elderly, people from culturally and linguistically diverse backgrounds and those who live in regional and remote areas.

VLA helps people with legal problems arising from criminal matters, family breakdown, child protection, family violence, fines, social security, mental health, immigration, discrimination, guardianship and administration, tenancy and debt.

VLA also works to address the barriers that prevent people from accessing the justice system by participating in law reform, influencing the efficient running of the justice system and ensuring the actions of government agencies are held to account. We take on important cases and advocate for reforms that improve the law and make it fairer for all Victorians.

We have 14 offices across Victoria (described below) and help approximately 81,400 unique clients every year.



Source: Victoria Legal Aid Annual Report 2013-14

Executive summary

Victoria Legal Aid (VLA) welcomes the opportunity to contribute to the work of the National Ice Taskforce, which is responsible for developing and implementing a National Ice Action Strategy.

VLA has considerable practical experience providing legal assistance to people using ice and those affected by ice related crime. This gives us a unique insight into how ice can cause or exacerbate legal problems, and on its impact on the community.

In this submission, we provide the Taskforce with a response to the following three questions posed:

1. What is the impact of people using ice on our community?
2. Where should federal, state and territory governments focus their efforts to combat the use of ice?
3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

This submission is largely drawn from our lawyers' first-hand experience assisting ice-affected clients. Our submission is therefore qualitative in nature and does not attempt to capture quantitative data.

1. Impact on community

Legal problems for ice-affected clients tend to be serious, multi-faceted, involve violence and escalate in complexity very quickly. Our lawyers report that the impact on our community of people using ice is pervasive and concerning.

Our practice experience demonstrates that ice drives demand for legal services across our criminal, family and civil law program areas. Anecdotal experience suggests that assisting these clients is more complex and by extension, more costly. We are also aware of the potential risks to our staff's health and safety stemming from some of the more complex legal matters.

2. Where to focus our efforts

In our view, the federal, state and territory governments should focus their efforts on comprehensive and collaborative education campaigns; on more funding for better access to treatment services for users; on targeted and intensive support services for families affected by ice; and on developing a stronger evidence base in key areas including the underlying factors leading to ice use and the most effective ways of breaking the criminal cycle of offending and relapse.

3. Effective efforts for combatting ice use or efforts that could be improved

We support the Law Reform, Drugs and Crime Prevention Committee's recommendation to treat ice as predominantly a health issue. Our experience suggests that the most effective treatment programs are residential rehabilitation, detox and related services. In our view, there is an urgent need to expand these services to all geographical areas in need.

Tailored case management models for addressing legal problems tend to be more effective, with programs run by the Magistrates' Court of Victoria and the Dandenong Drug Court as noted effective models for addressing legal problems connected with ice use.

1. What is the impact of people using ice on our community?

Our practice experience suggests that ice use is increasingly prevalent in our practice work.

We also know that people experiencing disadvantage and social exclusion (our priority clients) are more vulnerable to drug and alcohol abuse.

Our experience of the impact of ice is consistent with the findings of the Parliament of Victoria *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, which stated that the social impacts of ice include:

“...involvement in criminal activity; loss of employment, income and productivity; loss of accommodation; increased reliance on health treatment and welfare support; impaired family and other interpersonal relationships,” and noted that “...family trauma and violence and child endangerment can result.”¹

“Ice is a frequent contributing factor [to legal problems] and from my experience has gotten worse at some point after August 2011 when I left to work interstate. When I returned in August 2013, I did a lot of [police] cells duty. I found that the majority of offenders in cells had a problem with ice and it was routine for me to ask the magistrate to note ice withdrawal as a custody management issue. Normally, these people were charged with violent offences or property offences. It became unusual to have a client charged with a violent offence who did not have a problem with ice.”

Lawyer, Outer Eastern suburbs

To demonstrate the impact of ice on our community, below we provide information about the:

- Typical client profile for ice related problems
- Types and severity of legal problems for clients using ice
- Impact of ice related issues on our client services
- Impact on our staff of assisting clients with ice-related legal issues.

De-identified case studies provided by our lawyers have been included in support of this information.

Typical client profile for ice-related legal problems

Our lawyers report that clients with ice-related legal problems tend to be young; with more men than women using ice.

“Generally it is a younger age group from teens up to 30 years...Males are more likely to use; however, women associated with these males often become actively involved in the use, running and trafficking. However, I recently had clients who were middle class parents who developed habits and had their children removed due to their ice addictions.”

Lawyer, Gippsland region

“In terms of a client group [for the family dispute resolution service] the use of ice seems to be generally 18-25 year old, so very young parents with children.”

Case Manager, Family Dispute Resolution Service

¹ Parliament of Victoria, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, Final Report, Law Reform, Drugs and Crime Prevention Committee, Vol 1, September 2014, at pxi.

Types and severity of legal problems for clients using ice

Our lawyers report that the nature of legal problems stemming from ice use tend to encompass all aspects of our clients' lives.

Many of our lawyers estimate that up to (and sometimes more than) half of their criminal cases have ice as a causal or exacerbating factor. Further, they report that criminal offending when ice-affected is more likely to involve violence. By extension this tends to make matters more serious and consequently, more expensive and complex to resolve.

"In relation to criminal mention matters, about 50% of clients present with ice issues."

Lawyer, Western Suburbs

"Typically ice-related offences are more serious (aggravated burglary, drug trafficking, bad assaults, breach of intervention orders, sex offences and indictable serious matters.)"

Lawyer, Outer Eastern Suburbs

"Family violence is prevalent in family situations where there is an ice user."

Lawyer, Gippsland region

Legal problems related to ice are not limited to criminal offences.

Our practice experience reveals that ice use is a driver of legal demand across all of our program areas, including family and civil law. This is a reflection of the way that ice use impacts on all areas of our clients' lives.

"I have encountered ice as a contributing factor in about a third of my cases in civil law practice, normally in infringements, mental health but also tenancy. It would be fair to say that I have encountered clients in the mental health tribunal who have mental illness as a result of ice, mostly young people (under 30)."

Lawyer, Outer Eastern Suburbs

[In a family dispute] "I would say that probably 25-35 percent of our cases would have reference to ice use by one or both parties. In probably about half of these cases, the Department of Health and Human Services have intervened or had previous dealings with the family due to allegations of ice (or other drug) use. There also seems to be an increase in allegations of the other parent dealing ice or using the drug recreationally on weekends or when the children are not in their care."

Case Manager, Family Dispute Resolution Service

"At least one third of our clients in both the Children's Court Family Division and the Children's Court Criminal Division would be presenting with a problem somehow relating to ice."

Lawyer, Melbourne

Impact on legal service delivery

Notwithstanding our expertise in assisting highly vulnerable and distressed clients, our staff report that assisting clients that use ice is more difficult, even compared to clients with other drug and alcohol problems.

Frequent issues that make assisting this client group difficult include poor instructions (or inability to give instructions), aggression, and volatility. Clients are often in poor health (for example, undernourished) and are more likely to be homeless, having damaged relationships with friends and family due to ice use. Many are reluctant to admit that their ice use is a problem, which can make

contextualising their legal problem challenging. This can make it difficult to ensure clients get access to appropriate treatment services.

“The particular challenges in dealing with accused people using methamphetamine are poor instructions, aggression and a total lack of insight into their condition.”

Lawyer, Barwon region

“Clients present with numerous, complex legal problems due to their ice use and so need intensive assistance. They are often unreachable for days on end and this makes it difficult to get instructions.”

Lawyer, Peninsula region

It can be difficult to attribute cognitive impairments and mental illness solely to ice use, but there is a growing sense that this group tends to have poorer mental health, greater risk of cognitive impairment and health problems than the broader community.² Further research into this area would be of benefit. In the interim, we note this is consistent with our staff’s observations based on their practice experience.

This will have long-term implications for demands on legal services, as these groups are typically overrepresented in the justice system and are more likely to be repeat users of our services.³

The above factors demonstrate that our community’s growing issue with ice in turn places an increasing strain on our legal resources, as our services try to keep up with demand.

“I have observed clients with health issues from ice use, with mental illness being the most prevalent – i.e. psychosis, delusional disorders etc.”

Lawyer, Melbourne

Impact on our staff

As with frontline staff in the health services sector, ice presents very real challenges for our lawyers.

There is an added strain on staff in assisting ice users with their legal problems. As an organisation we are mindful of the safety of our staff and of health issues such as vicarious trauma that can result from exposure to the complex problems involved in these clients’ lives.

We are working on ways to ensure our staff stay safe and healthy. We would welcome any collaboration across sectors or ideas for the better health and safety for support services assisting those affected by ice that the Taskforce may encounter through consultations.

“For clients in custody with ice addictions, the minute they enter the interview room they are in an extreme state of agitation. They are often aggressive, volatile and highly emotional. It is difficult to get even basic information about family, work history, where they could live if released. They often can’t provide much by way of instructions beyond yelling that they want to get out and then screaming abuse when you try to explain the difficulties. Some of these clients are in a state of drug induced psychosis. Giving legal advice under these circumstances is almost impossible. Trying to help these clients is difficult, stressful and draining.”

Lawyer, Western Suburbs

² Parliament of Victoria, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, Final Report, Law Reform, Drugs and Crime Prevention Committee, Vol 1, September 2014, p142.

³ Jolic, R, *High Contact Users of Legal Aid Services*, Research Brief, Victoria Legal Aid, accessible via <https://www.legalaid.vic.gov.au/about-us/what-we-do/research-and-analysis/client-profiles>.

“I personally find it incredibly sad. It’s tragic to me that these parents so desperately want to see their children but do not have the capacity to parent them or provide a safe environment for them even for a few hours because of their addiction. I think if ice continues to increase within parts of the community there will be a generation of children who have lost their parents to ice and parents who have no relationship with their children because of it.

The homelessness and prostitution are an outward manifestation of just how much ice has taken from these people and the level of desperation and despair they find themselves in. I’ve had clients who, in the past, have done prostitution work from home while their children have slept in the next room so that they can fund their habit. When you interview the mother, you know the money she earned wasn’t going towards the children, that the drug use was prioritised above even ensuring the basic needs of the children were met. In these instances the children have already been removed and in some cases the contact has ceased altogether.

I think when clients disclose this sort of information, you try the best you can to speak to them about how this is impacting the children and what it must be like for the children not to be able to see them. You always hope that your intervention can make a difference, but you can become a bit desensitised particularly when the majority of your cases have some form of substance abuse.”

Case worker, Family Dispute Resolution Service

2. Where should federal, state and territory governments focus their efforts to combat the use of ice?

A collaborative and cross-organisational approach to education

Our lawyers report that most clients with ice issues have little to no information about services and programs available to assist them. Lawyers report that clients also seem unable to recognise the detrimental impact the drug has on their lives and their health.

We understand that Australian governments do provide some school based and general prevention initiatives “designed to combat the use of illicit drugs and improve awareness of the risks associated with illicit drug use”.⁴

In our view increased education would be useful for secondary school-aged students to build awareness about the legal issues associated with illicit drug use and how to minimise harm. Our Community Legal Education (CLE) team receives requests from intermediaries working in schools and alternative education settings to educate young people on these issues. We have developed legal education content to respond to these requests as best we can with our resources.

In our view, an effective approach to education would involve cross-organisational collaboration to ensure key messages are conveyed. For example, we would welcome the opportunity to work with other government departments, such as the Department of Health and the Department of Education and Training to better integrate legal and health messages regarding ice use for school-aged students. We would encourage the government to assist in coordinating such an approach.

More broadly, we recommend that any education campaign include positive messaging around how people can stop using ice and how they can get their lives back on track.

⁴ Australian Government Factsheet *How are governments combatting ice?*, accessible via <http://www.dpmc.gov.au/taskforces/national-ice-taskforce/info-faqs#how>

A better evidence base

Given the rapid escalation of ice related issues over the last five years, there is clearly need for more studies to identify the underlying factors that cause and contribute to ice use in our community. For example, research into the possible psychological and genetic predisposition, and the social and environmental factors may assist in more targeted and effective preventative measures. Further, studies to identify how to effectively reduce criminal offending and the most successful treatment options for users would be invaluable in informing the policy and service response.

Such studies may help to identify which individuals are most at risk of ice addiction and help to enable a targeted and holistic approach to prevention and intervention.

Greater access to specialist treatment services

Our experience tells us that there are not enough treatment services available, particularly in rural and remote areas where ice problems are reported to be the greatest.

In many cases, we have nowhere to refer our clients, which places them at a far greater risk of further legal problems.

“My understanding from speaking to recovering addicts as a duty lawyer is that there are significant delays to getting into ice detox programs even in the suburbs (unless a person can afford private detox programs). This affects their parenting applications and affects the child’s relationship with a parent if the other party will not facilitate time [with the child] until they are clean.”

Lawyer, Melbourne

In addition, our experience is that where there is treatment available, it is often generic for drug and alcohol treatment, rather than specially targeted to ice. There is a particular need for youth-specific rehabilitation services, given many clients affected by ice are young.

Where services are available, there is often a waiting period of several months. This can lead to a missed opportunity for linking clients into treatments. For example, in circumstances where people are in custody or receiving mental health for short periods.

“I personally am not aware of any support services specifically aimed at ice use ... so it’s very difficult to offer any referrals or know where to refer clients to get specific information...I think there is sometimes difficulties in terms of support services, particularly when it comes to mental health issues because drug rehab facilities aren’t able to deal with mental health issues and mental health facilities aren’t equipped to deal with drug issues so when you have a combination of the two there is little support available.”

Case Manager, Family Dispute Resolution Service

“There are not enough detox options for young people with criminal matters. The result is that the Parkville Youth Justice Centre becomes the detox facility in that there are no other options to address the causes of offending.”

Lawyer, Melbourne

“Detox in Warrnambool is a 1-2 week stay at the local hospital. You get in by putting your name down and then calling every Friday. If you don’t call every Friday you don’t get in. The wait time is about 4-6 weeks at the moment, I believe.”

Lawyer, South Coast region

“Services that are available are in such high demand that the waiting lists for people in custody often exceed any sentence that they are likely to receive (for less serious summary matters), which means they often plead guilty upon being remanded into custody and unless they receive a Community Corrections Order with a rehabilitation component, they do not get treated.”

Lawyer, Melbourne

Our lawyers also report that a barrier to clients accessing the treatment services is that they operate on a self-referral basis, rather than via a referral from their lawyer, family or support worker. This can be a problem when the client’s ice use affects their cognitive function, resulting in them being unable to rationalise or exercise proper judgment. Another barrier is that many services will not undertake in-custody assessments.

“A number of services ...require self-referrals. This is an overwhelming task for clients. I estimate that only about one in five clients have been proactive in completing a self-referral after I have provided them with the contact details. Unfortunately there is no option for lawyers to make a referral on behalf of their clients.”

Lawyer, Peninsula region

“It has always been the case that clients in custody are almost always unable to access a detox bed in time for it to be useful – they usually detox in their cells with far less support. In addition, even if the wait times are reduced, there is an entirely unhelpful arrangement where a booking for a detox bed can only be made if the client rings for a phone assessment, which they cannot do from the cells. A CISP [Court Integrated Services Program] worker or other is not able to ring on their behalf. So they can only access a bed once bailed, and won’t get bail in that detoxing period without a detox bed.”

Lawyer, Western Suburbs

We recommend that the federal, state and territory governments provide funding for additional specialist treatment services, across all areas in need, as a matter of priority. We recommend consideration is given to changing the administrative process for arranging treatment services so that those with proper authority can arrange treatment services on a person’s behalf.

Greater access to health services

In addition to detox and rehabilitation services, our staff report that greater accessibility to health services are needed for conditions that are either contributing to or caused by ice use. In particular, greater bulk-billed access to mental health services, including psychiatric care and counselling, to address underlying causes.

Additional funding for diagnosis and management for resulting health issues would also be valuable, as many clients with a history of chronic ice addiction can present with an Acquired Brain Injury, but do not have access to funded reports (from ARBIAS, for example) to confirm this diagnosis.

More research into effective ways to reduce recidivism and relapse

In the criminal law context, many of our clients are caught in a cycle of offending that is linked with their drug use, and in many instances, relapse. Upholding community safety is paramount, which is why there may be value in researching whether existing punitive enforcement responses to ice-related offending represent the best way of reducing recidivism and encouraging treatment and rehabilitation into the long-term.

Some lawyers reported that existing criminal law sanctions can be inflexible to the reality of drug withdrawal, which can hinder long-term rehabilitation.

“It would be useful to see more research into whether Community Corrections Orders (CCOs) could be used in a more therapeutic way and in a way that recognises that drug relapses do happen... there might be benefit in the greater use of more intensive case management, non-legal supports and the promotion of treatment and rehabilitation, rather than having a CCO breach listed in court with possible jail time (and no treatment).”

Lawyer, Outer Eastern Suburbs

3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

We support the view that methamphetamine abuse “should primarily be regarded as a health issue.”⁵

Long term treatment centres

Our lawyers report that the longer term treatment centres tend to be the most successful in terms of treating ice use. We recommend more funding for these services to ensure they are available throughout the country.

“Superficial treatment is not enough: it needs to be targeted, immediate and sustained. There needs to be specific treatment programs and counselling for ice users, but also for their families.”

Lawyer, Gippsland region

Diversion and case management

Our experience is that tailored case management models for addressing legal problems tend to be more effective. There is increasing recognition of the value of higher-intensity assistance services for those most vulnerable. This is demonstrated by the expansion of the Assessment Referral Court list in the Magistrates’ Court and the continued success of the Neighbourhood Justice Centre.

The Magistrates’ Court runs effective programs that would benefit from expansion across Victoria. These are the Court Referral & Evaluation for Drug Intervention & Treatment Program (CREDIT), the Bail Support Program (BSP) and the Courts Integrated Services Program (CISP).

These programs, along with the Drug Court are particularly beneficial because they provide a platform for discussion of holistic solutions to help a person to get their life back on track.

These programs are currently not available state-wide, although it has been recommended that the CISP program be expanded state-wide.⁶

“There are insufficient treatment options – we require more detox beds and drug supports. Rural and regional areas have no ‘postcode justice’ – there is a significant lack of treatment options for example CISP and other therapeutic drug supports in country courts.”

Lawyer, Loddon Campaspe region

Noting the benefits and success of pharmacotherapy in reducing heroin use, there are some schemes in New South Wales trialling pharmacotherapy for ice users. There is currently one such program in

⁵ Parliament of Victoria, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, Final Report, Law Reform, Drugs and Crime Prevention Committee, Vol 1, September 2014, recommendations 32 at p xv.

⁶ Parliament of Victoria, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, Final Report, Law Reform, Drugs and Crime Prevention Committee, Vol 1, September 2014, recommendations 32 at p xxxiii.

Melbourne. Unfortunately, the costs of this program prohibit it from being a viable option for the vast majority of our client base.

“Early intervention with specialist support services would enable us to resolve their legal problem more quickly, with a greater prospect of clients being able to undertake sentencing orders such as CCO’s successfully, and while reducing the risk of reoffending by addressing the underlying cause of the offending.

[The federal, state and territory governments should] expand early referral, intervention and specialist treatment options, including support for research into pharmacotherapy treatment options.”

Lawyer, Western Suburbs

More targeted and intensive support services for families affected by ice use

Our lawyers report that ice use can devastate families with alarming speed.

Although there are some general support services available for families affected by drug use, we recommend more funding for family support services to enable them to create services specifically designed to assist families affected by ice use.

These services would need to provide intensive support across all areas of a family’s life affected by ice. It needs to be intensive because of the quick and potentially devastating impact on families. Such services would help to inform families about the issues involved with ice, help them to make informed decisions about their safety and how they might be able to keep their families together if this is what they want to do.

“I saw a client for preliminary family law advice. She was having some problems at home and just wanted some information. She thought her partner might be using ice. She said he was verbally abusing her and this was increasing. The couple had just had a child and she was feeling uneasy about potential threats to her children. She and her partner had a business, which she thought was successful, but realised there were problems because debtors started coming to their home. She didn’t know how to read business statements or access the accounts. They owned their house but they were not meeting mortgage repayments.

She had no idea how to access information or assistance about these issues. She had limited funds and needed money to survive as her partner would disappear for a few days at a time and take all the money. She was particularly vulnerable having just had her second child, isolated and anxious.

Although I gave her legal advice and some general referrals, to me she needed intensive support, to ascertain whether her partner could be using ice, what that might mean for her safety and the safety of their two young children, as well as support for the financial issues. She needed one service to help her through all these issues together. She didn’t want to leave the relationship at that time.

About two weeks later she called me again to say the Police were applying for an IVO for her. I helped with that. The Police had referred the matter to DHS and she had been trying to work through that. Her partner had promised to quit, but was subsequently arrested again for criminal matters and incarcerated. She wanted to support him but to keep herself and the children safe. She lost the house and had to go on a pension and meet DHS requirements.

She had to deal with all these issues in the space of about 3 months.”

Lawyer, Peninsula region

Expanding therapeutic Drug Courts state-wide

The Drug Court has been the subject of a recent positive evaluation⁷ and we endorse the recommendation from the Victorian Parliament's Law Reform, Drugs and Crime Prevention Committee to expand the Drug Court state-wide and broaden its jurisdiction.⁸

The Drug Court program approach to recovery and rehabilitation, and its multi-disciplinary team of specialists, offers an optimum environment for overcoming addiction. Access and referral pathways to counselling, residential programs and educational courses, and, more recently cutting edge maintenance programs specific to ice users facilitates a holistic approach to recovery.

"I have a young client who commenced the Drug Treatment Order (DTO), having pleaded guilty to trafficking ice and associated offences. He was recently promoted to phase two of the DTO. He commenced using ice after the death of someone close to him and after his father was diagnosed with a serious illness.

He has managed to remain abstinent and has been a shining example of both compliance and responsiveness; attending all counselling and treatment planning as directed. When asked what factors assisted him he replied, "DC [Drug Court] has helped by giving me positive reinforcement so I can live my life drug free. All the help and support from the DC team and the strictness of the program keeps me in check."

Lawyer, Drug Court, Dandenong

We note that we are now beginning to gain a sense of the Drug Court's efficacy in the context of ice users.

It may be that some modification to the program is required as we get a clearer picture of the particular circumstances of people seeking to stop using ice. For example, the correlation between ice and violent crimes means that many ice users will not be eligible to access the Drug Court. This is because screening for Drug Court prevents violent offenders, with the exception of those that have caused 'minor harm', from accessing the program. We recommend any expansion of the Drug Court should consider expanding the type of offender able to access the service.

Consistent with earlier comments, our lawyers note that the overwhelming issue for the Drug Court service is demand for treatment programs. Currently, the Drug Court is only operating in Dandenong only. We recommend it be expanded across areas that have a high prevalence of ice use.

"At the Drug Court, we have access to the same public facilities for detox and rehab as any member of the community. This means that a client can wait several weeks before a detox bed will become available, and several months for a long term bed in rehab. Often these facilities have a limited number of beds available for forensic clients or others, and will not take clients with outstanding criminal matters.

⁷ Magistrates' Court, *Evaluation of the Drug Court of Victoria*, Final Report, 18 December 2014, accessible via: <http://www.magistratescourt.vic.gov.au/sites/default/files/141218%20Evaluation%20of%20the%20Drug%20Court%20of%20Victoria.pdf>.

⁸ Parliament of Victoria, *Inquiry into the Supply and Use of Methamphetamines, Particularly Ice, in Victoria*, Final Report, Law Reform, Drugs and Crime Prevention Committee, Vol 1, September 2014, recommendations 33 and 34 at pxxxiii.

Most importantly I believe that the proper resourcing of this program in ‘beds’ available for detox and long term rehabilitation would see significant improvement in recovery and a correlating decrease in offending behaviours.”

Lawyer, Drug Court, Dandenong

Conclusion

We appreciate the opportunity to share our experience as a service provider directly impacted by the scourge of ice in the Victorian community. Our experience shows that ice addiction is an escalating and very concerning issue in the community.

We have seen an escalation in the number of clients presenting with ice-related legal issues across our services. Clients using ice often present with complex legal needs and require a higher intensity of service. As a result, we are experiencing an added strain on our already stretched resources. This places an additional burden on our service delivery and on our staff. We anticipate that demand will grow unless more action is taken to address the issue.

We support the Law Reform, Drugs and Crime Prevention Committee’s recommendation to treat ice as predominantly a health issue.

There are some services available that are successful in treating ice addiction, but there are not enough of these services and they are not available consistently across geographic areas where need is prevalent.

We recommend:

- More resources for services that provide residential rehabilitation, detox and related programs to allow greater accessibility to individuals who suffer from ice addiction. In particular, we believe the long term rehabilitation services are the most effective. We also recommend more health services, and funding for intensive support services for families affected by ice use.
- We believe tailored diversion and case management services are effective in tackling the complex issues ice creates and would benefit from additional resourcing to expand availability.
- A greater and more collaborative, cross-organisational approach to education, targeting secondary school aged children.
- Further research into the underlying factors that lead to ice addiction, and studies into effective programs to prevent re-offending.

We trust that our contribution will help to inform the difficult work of the Taskforce in developing a national strategy to address this complex problem. We will monitor the Taskforce’s work with great interest and will endeavour to provide any further assistance needed.