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**Submission by Assistant Professor Terry Goldsworthy and Adjunct Teaching Fellow Laura McGillivray to the Senate Inquiry - “Inquiry into crystal methamphetamine (Ice).”**

In response to a request from the chair of the committee we would make the following submissions. We will provide my responses as they relate to each term of reference.

**a) The role of Commonwealth law enforcement agencies in responding to the importation, manufacture, distribution and use of methylamphetamine and its chemical precursors;**

No submission made in relation to this term of reference.

**b) The adequacy of Commonwealth law enforcement resources for the detection, investigation and prosecution of criminal activities involving the importation, manufacture, distribution and use of methylamphetamine and its chemical precursors;**

No submission made in relation to this term of reference.

**c) The effectiveness of collaborative arrangements for Commonwealth law enforcement agencies with their regional and international counterparts to minimise the impact of methylamphetamine on Australian society;**

No submission made in relation to this term of reference.

**d) The involvement of organised crime including international organised crime and outlaw motorcycle gangs in methylamphetamine related criminal activities;**

**The market**

The Australian Crime Commission (ACC) report into the methylamphetamine market in Australia makes for grave reading (Australian Crime Commission, 2015a). It reveals that more drugs are coming into Australia and certain forms of drug usage are increasing. Further, a variety of crime groups are playing a role in the drug trade (Australian Crime Commission, 2015a).

From some specific data out of this report some conclusions can be drawn. ACC data indicates that detections of ATS clandestine laboratories increased 11.7% in 2013-2014, this was following a decrease in detection 2012-2013 of 1.4% (Australian Crime Commission, 2015b). The weight and number of precursor material being detected at the border has also decreased in 2013-2014. The weight of precursor detections has now decreased for 3 years in a row, the number has decreased for the last two years (Australian Crime Commission, 2015b). Conversely, the number of amphetamine-type substances (ATS) detections at the Australian border continue to increase (Australian Crime Commission, 2015b).

Most recently, the 2013-14 ACC Illicit Drug Data Report identified ATS as an outstanding problem domestically and at the border, finding that (Australian Crime Commission, 2015b):

- The number of ATS (excluding MDMA) detections at the Australian border has increased to 2,367 in 2013-14, the highest on record. The weight of these detections is the second highest despite the overall decrease.
- ATS detections were identified in most forms of importation, with international mail and air cargo the most common methods.
- China remains the key embarkation point for ATS (excluding MDMA), followed by Hong Kong, Mexico, US and Canada. All of which accounted for over half (55.4 per cent ) of imported ATS detected in the reporting period.
- The number of national ATS seizures and arrests are the highest in record in this reporting period.
- Nationally ATS remain the most commonly produced drugs in clandestine laboratories with the majority of 744 detected labs manufacturing ATS. The number of these ATS lab detections has increased from 544 in 2012-13 to 608 in 2013-14. Comparatively, 3 MDMA labs were detected in this same recent period.
- For over a decade, Queensland has accounted for the majority of these labs and ATS labs have been the most commonly detected labs in every state and territory across Australia.
- The majority of clan labs remain in residential areas and are considered addict-based, however illicit drug manufacture also includes some medium to industrial scale labs.

Significant border detections of ATS (excluding MDMA) in 2013–14 continue to be dominated by ice (Australian Crime Commission, 2015b, p. 29):

**Table 1: Significant border detections of ATS (excluding MDMA) in 2013-14 (Australian Crime Commission, 2015b, p.29)**

Drug Type	Amount (kilograms)	Date of detection	Method	Route
Crystal methylamphetamine	203.2kgs	26 September, 2013	Concealed in truck tyres, via sea cargo	China → Brisbane
Crystal methylamphetamine	183kgs	4 February, 2014	Concealed in sea kayak hulls, via sea cargo	China → Sydney

Crystal methylamphetamine	56kgs	22 July, 2013	Concealed around engines, via sea cargo	United States → Melbourne
Crystal methylamphetamine	48.9kgs	24 June, 2014	Concealed in machinery, via sea cargo	China → Sydney
Crystal methylamphetamine	39.8kgs	10 April, 2014	Concealed in metal vat, via air cargo	Mexico → Sydney

This suggests that the outstanding threat is increasingly coming from abroad. Small-time Australian players are growing reliant on Transnational Organised Crime (TOC) groups. The ACC's Illicit Drug Data Report flags increased seizures, border detections and associated arrests for ATS (excluding MDMA) at record highs, with specific concern for the increases in methylamphetamine seizures (Australian Crime Commission, 2015b). The United Nations Office of Drugs and Crime (2014) World Drug Report stated that:

*For the second year, ATS seizures reached an all-time high of 144 tons, up 15 per cent from 2011, due in large part to increases in methamphetamine seizures. Over the past five years, methamphetamine seizures have almost quadrupled, from 24 tons in 2008 to 114 tons in 2012.*

Developing a clearer picture of the nature, prevalence and culture of methylamphetamine (also commonly referred to as methamphetamine) use in Australia is the first step to better understanding these drugs from a user and community perspective which will better inform state and federal responses.

The ACC (2015b) assessed the methylamphetamine market to be the highest risk drug market in Australia. There are three forms of the drug observed including: powder ('speed'), base and crystalline ('ice'). Previously this market has been predominately domestic; however significant increases in detections of ice at the border suggest a greater presence of international players in this illicit market. The number and weight of ice detections at the border has grown considerably greater than other ATS detections.

Table 2: Number and weight of ATS and ice detections at the Australian border, 2011-12 to 2013-14. <sup>1</sup>						
	Detections (number)			Weight (kg) <sup>a</sup>		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
<b>Ice</b>	171	1,084	1,379	160.20	1,446.24	1,435.36
<b>Other ATS<sup>b</sup></b>	907	915	988	187.39	692.30	376.98

The ACC report indicates that transnational organised crime involvement in high-volume precursor importation and trafficking remains at high levels (Australian Crime

<sup>1</sup> a. Weight shown in the above table is an estimate. Weight is calculated using 0.29 grams per tablet where a weight was not available. Some small-quantity shipments of ATS do not have a weight recorded.

b. Includes amphetamines and methylamphetamine in liquid, capsule, paste, powder or tablet form. Figures do not include MDMA or crystalline methylamphetamine (ice).

Commission, 2015a). Concern about illicit importations concealed by legitimate markets is clear, particularly from a law enforcement perspective.

When talking about the groups that are involved in the drug trade it is important to look at the business of drugs. The business of illegal drugs shares some elements with the business of selling legal products. Common features include lots of working capital, a steady supply of raw materials, manufacturing facilities, reliable shipping and distribution and marketing networks (Abadinsky, 2013).

But it is knowing what criminal networks are operating, and at what level that is the key to an effective law enforcement response.



Figure 1: Functional levels of drug trafficking (Abadinsky, 2013)

### The main players in the market

Various governments in Australia have made much of the role of outlaw motorcycle gangs (OMCGs) and their involvement in the methylamphetamine trade. Tellingly, in the ACC (2015a) report on the methylamphetamine market they rate only two mentions: one is as a part of the wider criminal gang picture; the other as a case study for involvement in the drug trade in a small rural Victorian town. Nowhere was the critical evidence of their dominance of this particular drug market put forward, despite what many law enforcement agencies have been claiming in recent years.

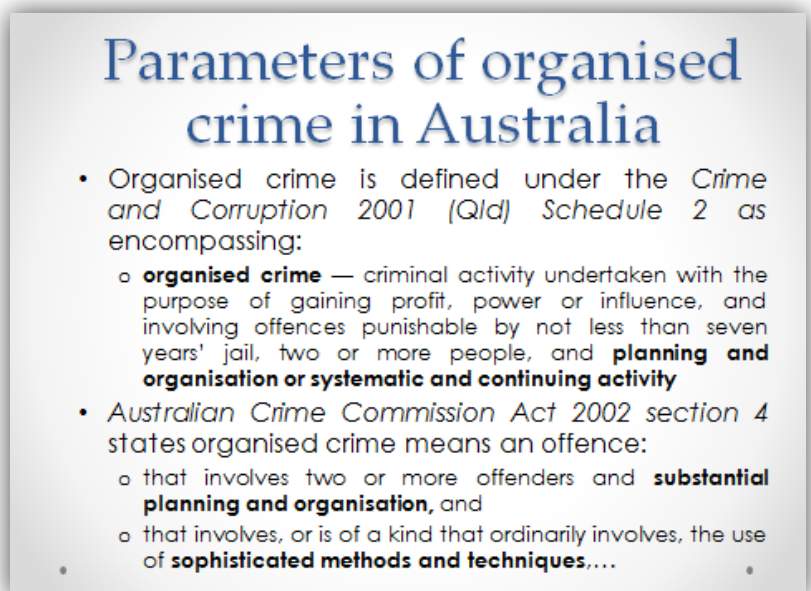


Figure 2: Parameters of organised crime in Australia

In determining what the role is of various groups with the criminal marketplace it is worth going back to a legislative grounding to define what we class as organised

crime. Both the *Crime and Corruption Act (Qld)* and the *Australian Crime Commission Act* define organised crime and its elements.

International policing organisation Interpol frames its discussion of organised crime in terms of criminal activity (INTERPOL, 2015):

*Organised networks are typically involved in many different types of criminal activity spanning several countries. These activities may include trafficking in humans, illicit goods, weapons and drugs, armed robbery, counterfeiting and money laundering.*

The UN Convention against Transnational Organised Crime (2004) suggests that organised crime groups have a number of elements (United Nations Office on Drugs and Crime, 2015). These include:

- A group of three or more persons that was not randomly formed
- Existing for a period of time
- Acting in concert with the aim of committing at least one crime punishable by at least four years' incarceration.

The motive behind any group is to obtain, directly or indirectly, a financial or other material benefit. The ACC report on the Australian methylamphetamine market outlines the following crime groups as being active in the meth market (Australian Crime Commission, 2015a, p. 11):

*...Members of Australian-based outlaw motorcycle gangs, Australian organised crime groups as well as persons of Middle Eastern, Eastern European and West African backgrounds, and Vietnamese, Chinese, Canadian, US and Mexican serious and organised crime groups.*

Since 2013, Queensland has been targeting crime committed by OMCG members. Earlier this month, South Australia proposed similar laws to Queensland's. State Attorney-General John Rau argued that these laws target organised crime (ABC News, 2015). However, a snapshot of OMCG organised crime activity in Queensland may suggest that too many resources are being devoted to what could be best described as low-level players.

Data I have obtained from the Queensland government under Right to Information legislation shows that bikie gang members were found guilty of 4323 criminal charges between April 2008 and April 2014. In the same period, 2,537,223 total offences were reported to police. This means that bikie gang members were found guilty of 0.17 per cent of reported Queensland offences. Queensland Police list bikie activity being responsible for 0.6 per cent of all reported crime (Queensland Police Service, 2015).

**Table 3: Organised Crime Activity of Queensland Outlaw Motorcycle Gangs April 2008 – April 2014 by count and as a percentage of overall reported crime.**

Type of Crime	Number of OMCG related offences	Total Queensland offences	Percentage
<b>Extortion</b>	0	367	0
<b>Drug Trafficking</b>	21	2153	0.9
<b>Murder</b>	3	294	1.0
<b>Fraud</b>	69	106316	.06
<b>Unlawful possession of weapons/supply</b>	147	23249	0.6
<b>Robbery</b>	17	10963	0.1
<b>Production of dangerous drug</b>	40	10085	0.3
<b>Prostitution</b>	0	1230	0
<b>Supply of dang drug</b>	41	15558	0.2

The picture of being dominate organised crime players does not overly improve when organised crime-type offences are considered. Biekie gang members' involvement is insignificant in totality. Money laundering has rightly been considered as being at the centre of organised crime, yet not one charge of money laundering was proven against a biekie gang member in six years in Queensland. Most of the crime that biekie gang members committed simply does not fit the nature of organised crime offences.

As has been previously shown, while OMCGs no doubt have some involvement in the drug trade, they are not the kingpins.

TOC groups are the most concerning threat to Australia when talking about organised and serious crime. They are clearly involved in the methylamphetamine market. More than 60 per cent of Australia's highest-risk criminal targets, including transnational targets, are involved in the methylamphetamine market (Australian Crime Commission, 2015c). The UNODC looked at 40 TOC groups and identified a number of their typologies and characteristics (United Nations Office on Drugs and Crime, 2002).

**Table 4: UNDOC (2002) Transnational Organised Crime Typologies**

Type of TOC	Characteristics	Example of type
<b>Criminal network</b>	<p>Defined by the activities of the key members</p> <p>Prominence in the network determined by position and skills, personal loyalties</p> <p>Coalescence around criminal projects</p> <p>Low public profile</p> <p>Network reforms after exit of key individuals</p>	Dutch and Nigerian drug syndicates



<b>Standard rigid hierarchy</b>	Single leader Defined hierarchy Strong system of internal discipline Often strong ethnic and social identity Violence essential to activities Influence or control over a defined territory	Crime gangs from Colombia and Eastern Europe
<b>Regional hierarchy</b>	Single leadership structure Line of command from centre Degree of autonomy at regional level Geographic regional distribution Multiple activities Often strong social or ethnic identity Violence essential to activities	Outlaw Motorcycle Gangs
<b>Clustered hierarchy</b>	Number of criminal groups Governing arrangement for the groups present Cluster has stronger identity than the groups that make it up Degree of autonomy from groups within Formation strongly linked to social/historical context	South African prison gangs
<b>Core group</b>	Core group surrounded by loose network Limited number of individuals Tightly organised flat structure Small size maintains internal discipline Seldom has ethnic or social identity	Dutch people traffickers

Of these TOC groups, 70 per cent carried out criminal activity in three or more countries. Most were involved in multiple criminal enterprises (United Nations Office on Drugs and Crime, 2002). They were actively involved in corruption and routinely employed violence and engaged in money laundering.

Unfortunately, the ACC's (2015a) report on the methylamphetamine market has a broad base and lacks detailed or overly new evidence (Australian Crime Commission, 2015a). One issue that does seem to bear consideration is the rising role of TOC groups. With so much focus on domestic gangs as the peak criminal threat, perhaps we have taken our eye off the ball of the real criminal threat outside Australia's borders.

In its 2015 organised crime report, the EU's law enforcement agency, Europol, called for a new definition of organised crime (EUROPOL, 2015, p. 11). It observed:

*The group structures that dominate fictional representations of organised crime are disintegrating and will increasingly give way to an organised crime landscape dominated by loose networks made up of individual criminal entrepreneurs who interact and conduct their business in a shared, and often digital, criminal underworld.*

The United Nations Office on Drugs and Crime has recognised that organised crime has diversified and become more transnational (United Nations Office on Drugs and Crime, 2015):

*Organised crime is not stagnant, but adapts as new crimes emerge and as relationships between criminal networks become both more flexible and more sophisticated, with ever-greater reach around the globe.*

Queensland is holding a commission into organised crime to re-align its strategy and focus in combating it. The NSW Crime Commission acknowledges that "organised crime groups undertake a wider range of criminal activities with greater complexity" (New South Wales Crime Commission, 2013, p. 3).

Today's organised crime occurs through loose and undefined networks made up of criminal entrepreneurs and freelancers with little concern for group branding or loyalty. Their business model is increasingly digital, concealed by legitimate activity and global in reach.

Australia's geographic isolation is no longer the buttress that it once was. Globalisation has made us an attractive and available target. Australia's approach to organised crime must move in sync with global activity and must be evidence-based.

**e) The nature, prevalence and culture of methylamphetamine use in Australia, including in indigenous, regional and non-English speaking communities;**

Methylamphetamine, in particular crystal meth or "ice", has been the subject of much scrutiny in recent times and concern is growing among Australian authorities. The Victorian parliament held an inquiry in 2013-14 into ice's impact in the state and the government recently released an "Ice Action Plan" in response (Parliament of Victoria, 2014) . According to the 2013 National Drug Strategy Household Survey (NDSHS), 7 per cent of Australians aged 14 and above reported using amphetamine or methylamphetamine at least once in their lifetime and 2.1 per cent reported recent use (Australian Institute of Health and Welfare, 2014). This has remained consistent with the 2010 figures (Australian Institute of Health and Welfare, 2014) .

What has changed, and significantly so, is the type of methylamphetamine Australians are using. Users now prefer crystal methylamphetamine. This produces more powerful physical and psychological reactions than powder forms of the drug. Users of powder forms decreased from 51 per cent to 29 per cent while ice use more than doubled from 22 per cent to 50 per cent between 2010 and 2013. The National Drug and Alcohol Research Centre findings from 2014 support this conclusion (McKetin, McLaren, Kelly, Hall, & Hickman, 2005).

The NDSHS reported that (Australian Institute of Health and Welfare, 2014) :

- 7 per cent of the Australian population over 14 years of age reported at least one episode of amphetamine or methylamphetamine use in their lifetime, with 2.1 reporting recent use.
- The only major change in general usage patterns is the form of the drug used. Ice is now overwhelming the preference of users with the reported use of ice



doubling from 22 to 50 per cent and speed decreasing from 51 to 29 per cent in 2013.

- Frequency of use has also increased, with a greater proportion reporting daily or monthly use of ice (more than doubling from 12.4 per cent to 25.3 per cent in 2013).
- 30-39 year olds remain the most likely age group to have ever used amphetamine/methylamphetamine in their lifetime and 20-29 year olds account for the greatest proportion of recent users.
- Although meth/amphetamine use has been declining for over a decade, recent trends reveal that use has remained stable between 2010-13 at 2.1 per cent. Similarly, usage trends across age groups and sexes have remained stable.

The NDSHS also identified both demographic and SES factors found to increase the likelihood of usage (Australian Institute of Health and Welfare, 2014):

- Those living in remote and very remote regions were more than twice as likely to use methylamphetamines than those in major cities.
- Lower socio-economic status was indicative of increased methylamphetamine use (2.2 per cent compared with 1.8 per cent in higher socio-economic regions).
- Between 2010-13 homosexuals/bisexuals have increased their use of methylamphetamine to significantly more than heterosexuals. This may have implications regarding risky injecting practices and the increased potential for blood-borne viruses.
- Methylamphetamine use is 2.4 per cent more prevalent in unemployed populations – higher than both cannabis and ecstasy – when compared with employed people.
- When compared with other common illicit drugs, methylamphetamines were identified by NDSHS respondents as the drug which causes users the greatest level of high/very high psychological distress. Similarly, recent (in the last 12 months) methylamphetamine users were the most likely drug users to be diagnosed or treated for mental illness; this increased from 2010-13.

The harms associated with methylamphetamine (particularly using ice and injecting behaviours) and the nature of dependence has contributed to the drug's notoriety. These harms are both short-term and long-term and are often dependent on the form of the drug, method/route of administration and usage levels.

The most common routes of administration of methylamphetamine include smoking and injecting. Both of which are more strongly linked with developing dependence as compared with snorting or swallowing administration (Rawson, 2013). Short-term harms associated with methylamphetamine use can include anxiety, paranoia, panic, teeth grinding, high blood pressure, rapid heartbeat/palpitations, itching, disturbed sleeping and aggressive tendencies. Potentially fatal harms can include stroke, seizures and heart attacks (Panenka et al., 2013) (Rawson, 2013).

Longer-term effects can include organ damage, cognitive impairments, psychosis and increased risk of contracting blood borne viruses (Darke, Kaye, McKetin, & Duflou, 2008) (Cruickshank & Dyer, 2009) (Panenka et al., 2013) (Rawson, 2013). There is a stronger likelihood of 'ice' or crystal methylamphetamine users developing drug dependence as compared with powder or base form users (Cruickshank & Dyer,

2009). (Cruickshank & Dyer, 2009). This dependence has been observed as both chronic and bingeing behaviours and can be characterised by withdrawal symptoms (Rawson, 2013).

Methylamphetamine dependence is characterised by continued use, despite obvious short and long-term harms (Lee et al., 2007). Dependent users have been found to be four times more likely to report moderate to severe mental health functioning impairment as compared with non-dependent users and almost half reported a previous diagnosis of drug-induced psychosis (Wallace, Galloway, McKetin, Kelly, & Leary, 2009).

Polydrug use significantly increases the risks associated with methylamphetamine use. Specifically, the concurrent use of cannabis, alcohol and/or anti-depressants significantly increased the likelihood of psychotic symptoms in methylamphetamine users (McKetin, Lubman, Baker, Dawe, & Ali, 2013) (Wallace et al., 2009).

Wantanabe-Galloway, Ryan, Hansen, Hullsiek, Muli & Malone (2009) identified a variety of risks associated with methylamphetamine use which extend beyond the individual user to include damage on family and social relationships. Two such consequences included the increased chance that using parents will come to the attention of child protective services and/or that families will experience violence.

### **Indigenous Australian Population**

Due to the Indigenous experience of socio-economic disadvantage, this population is at increased risk of associated health and social problems from drug and alcohol use. The NDSHS identified Indigenous Australians as using drugs at a higher rate than the general population. This included being 1.6 times more likely to use methylamphetamine (Australian Institute of Health and Welfare, 2014).

The most recent National Australian Aboriginal and Torres Strait Islander Health Survey (2012-13) reported that 2.7 per cent of Indigenous Australians living in non-remote areas reported use of speed or amphetamine in the past year (Australian Bureau of Statistics, 2013). Similarly, recent reports from service provider the Australian Community Support Organisation (2013) found that ice use has increased among Indigenous populations, particularly young people and prior offenders from regional centres.

A small quantitative study of 12 Aboriginal methylamphetamine users from urban New South Wales found that like other Australians, Indigenous people have a diversity of reasons for using. Blue Moon Research and Planning (2008) identified the most commonly reported motivation for initiating first use of speed or ice included pressure from friends and the desire to try something new. Other reasons for use included family break-ups, the appealing price and accessibility of the drug. Perceived positive effects included enjoyment, feeling good, confidence, a temporary way to forget problems, weight loss and the social aspects.

These perceived benefits are underscored by more long-lasting and far-reaching problems. Research highlights the considerable distress experienced by the families of Indigenous methylamphetamine users and in turn, the conflict and isolation experienced by the user from possible family breakdowns (Blue Moon Research and

Planning, 2008) (Kratzmann et al., 2011). Not only does methylamphetamine use damage relationships, but also impacts mental health.

Indigenous Australians are hospitalised for mental or behavioural disorders consequent of stimulant drug use at almost three times the rate of non-Indigenous Australians (Cussen, Payne, & Marks, 2014). Similarly, injecting Indigenous drug users are overrepresented in rates of BBVs and sexually transmitted infections (Mapfumo, Waples-Crowe, & Ware, 2010).

### **Regional Australian Population**

Much like Indigenous Australians, those who reside in regional areas of Australia are at a greater risk and susceptibility for using methylamphetamine. The National Rural Health Alliance (2012) identified distance, location, lack of transport, lack of employment opportunities, future uncertainty and lack of activities for leisure as contributing to rural drug use. The NDSHS indicated that people in remote and very remote regions were twice as likely to have used methylamphetamine s as those living in major cities (Australian Institute of Health and Welfare, 2014).

Cognitive-behavioural therapy and contingency management have been flagged as potentially effective treatment approaches for regional populations because the “content and intensity [of such treatments] could be tailored to meet the complex needs of rural and regional polydrug users, including the management of HIV risk behaviour and comorbid mental health problems” (Wallace et al., 2009, p. 597). However, the same research also identifies possible barriers to the effectiveness of such treatment programs in regional areas, including the capacity of the workforce in these locations to deliver such specialised treatment usually administered by psychologists. This is an area of research which needs further probing and attention to develop, provide and facilitate more effective treatments to those areas most exposure to methylamphetamine use.

### **Non-English Speaking Populations**

Knowledge about methylamphetamine use in Australian non-English speaking populations is currently limited by the lack of research which either includes the option for the methodology to be in multiple languages or research does not attract significant numbers of non-English speaking participants. Therefore, more work needs to be conducted with these populations to develop a clearer picture of their experiences with methylamphetamine.

## **f) Strategies to reduce the high demand for methylamphetamines in Australia;**

Increasingly, harm reduction (also known as harm or risk minimisation) strategies are being favoured over exclusively punitive supply-reduction approaches to drug use domestically across Australia and further abroad. The International Harm Reduction Association (2015) defines harm reduction by its aims to as the “reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption”. The IHRA identify that features of harm reduction are framed within a human rights perspective as it focuses on the prevention of harm, rather than the prevention of drug use in those who continue to use.

Harm reduction allows for input from a variety of theoretical perspectives to inform interventions, rather than being bound to one course of action. The view has been advocated across a variety of disciplines including psychology, nursing and social work because it is a form of health promotion whereby working to reduce drug-related harms simultaneously promotes health and wellbeing (McVinney, 2008). Therefore, given the growing intersection between these disciplines, services and methylamphetamine users, harm reduction appears to promote relevant and viable strategies.

Harm reduction has been found to be particularly effective in preventing HIV in injecting drug users. With the increase in crystal methamphetamine or 'ice' users and therefore exposure to BBVs such as HIV, improving harm reduction services across Australia is a viable approach because it has proven to be successful, safe and cost-effective (Wodak & Maher, 2010) (World Health Organisation, United Nations Office on Drugs and Crime, & United Nations Programme on HIV/AIDS, 2009). This joint WHO, UNODC and UNAIDS (2009) review into needle and syringe programs (NSPs) concluded with the recommendation that countries affected or threatened by HIV and other BBVs among injecting drug users should rapidly establish and expand NSPs as a viable response to the problem. Similarly, early data from the War on Drugs suggest that policies which deny injection equipment and income support for injecting drug users will increase their risk of contracting HIV and therefore must be reconsidered from a public health perspective (Bluthenthal, Lorvicka, Krala, Erringera, & Kahna, 1999).

The evidence of the effectiveness of harm reduction strategies is compelling and substantial. Firstly, one strategy rooted in harm reduction principles is opioid substitution (such as methadone) treatment programs which have been found to substantially reduce drug injecting and therefore equipment sharing (Sullivan, Metzger, Fudala, & Fiellin, 2005) (Serpelloni et al., 1994).

Currently being considered is one such similar approach which targets methylamphetamine users. The administration of gelatine capsules is an intervention inspired by the user practice of wrapping methylamphetamine in plastic and swallowing it (referred to as 'parachuting'). Early research suggests this could be a useful, low-cost supplement to existing harm reduction services which aims to reduce risky injecting behaviours (Mravčík, Skarupová, Orlíková, & Zábansky, 2011). While such approaches need to be explored and tested in far greater detail, the focus on harm reduction is key as is evidenced by the ineffectiveness of other more punitive approaches such as a drug market disruption.

Drug law enforcement remains a major beneficiary of government resources in Australia and overseas, however is comparatively less effective, more expensive and can have more serious negative consequences than harm reduction strategies (Wodak & Maher, 2010). There is mounting evidence to suggest that vigilant drug law enforcement can inadvertently increase risks to injecting drug users (Wodak & Maher, 2010). Much of this evidence in Australia is based on the experience with heroin and analysis of drug trends during periods of tight law enforcement.

During 2000/2001, heroin users across Australian capital cities (particularly Sydney) reported sudden and significant reductions in the availability of heroin (Topp, Day, & Degenhardt, 2003). This appeared to have been caused (at least in part) by drug law

enforcement. While this ‘drought’ period saw a decrease in the rate of heroin related overdose and dramatic increases in the price of the drug, some suggest that such benefits are offset by an increase in the use of other drugs such as cocaine and other stimulants (Weatherburn, Jones, Freeman, & Makkai, 2003) (Topp et al., 2003). Anecdotal evidence from Sydney ice users featured on the Four Corners program ‘The Ice Age’ suggest that injecting stimulants became their preferred drug after the heroin shortage because it was available, cheap and effective (2006). Groves and Marmo (2009) attribute the shift toward methylamphetamines in Australia to: the reduced availability of heroin, cocaine and amphetamine sulphate; and the increased awareness and control from law enforcement on the importation and distribution of these substances.

A growing body of literature indicates that interrupting the drug market through enforcement has detrimental public health and social impacts, including: disrupting the provision of health services to injecting drug users; increasing risky injecting behaviours exposing users to infectious diseases and overdose; and exposing previously unaffected communities to the harms associated with illicit drugs (Kerr, Small, & Wood, 2005) (Maher et al., 2007) (Bluthenthal et al., 1999).

Harm reduction through health education is considered a more beneficial, safe and effective approach to reducing the demand for illicit drugs like methylamphetamine, or at best reducing associated risky behaviours. Education is fundamental for those drug users who are unlikely to cease use because it enables harm reduction to the user and the wider community. It encourages safer injecting and drug-taking practices and increases user exposure and access to much needed health services. Although there is yet to be rigorous evidence that education injecting drug users about HIV or associated drug issues helps to reduce the spread of such infections, it is considered a plausible and inexpensive strategy (Wodak & Maher, 2010). Evidence from US trials indicates behavioural interventions such as peer-education programs are proving beneficial for reducing the risk of HIV and hepatitis C acquisition (Garfein et al., 2007) (Latka et al., 2008).

Maclean, Harney and Arabena (2015) summarised a variety of possible responses to methylamphetamine use including both strategies with a strong body of evidence supporting them and approaches with limited evidence but potential for successful intervention:

**Table 5: Responses to methamphetamine use (Maclean, Harney and Arabena, 2015)**

**Strongest evidence: psychosocial interventions supported by findings of multiple randomised trials and/or longitudinal studies**

- Cognitive behaviour therapy (CBT) has demonstrated effectiveness in assisting methamphetamine users to reduce their use and increase rates of abstinence. CBT can involve a range of interventions such as relapse prevention and coping skills therapy and is effectively supported by motivational interviewing. It may be delivered as outpatient counselling therapy, group or individual treatment or within residential rehabilitation treatment; CBT based brief interventions also found to be effective.
- Contingency management uses incentives for abstinence or treatment attendance (e.g. money or vouchers) and demonstrates significant increases in treatment retention and reductions in methamphetamine use. Strong evidence for short-term effects; longer-term effects less clear.
- Longer-term residential rehabilitation programs have been found in longitudinal studies to improve treatment retention and achieve positive effect in reducing methamphetamine use.

**Promising approaches: strategies with limited evidence but potential for positive effect**

- Community-wide and multi-pronged approaches to preventing methamphetamine use and related harms are provided some support by program evaluations and government reports for other substance use issues and public health concerns, and by positive outcomes from a multi-agency governmental approach to methamphetamine use in New Zealand.
- Comprehensive education programs to reduce methamphetamine use and related harms among occasional and regular users have been demonstrated to be effective based on a small number of quasi-experimental and controlled studies.
- Indigenous-specific, culturally targeted education campaigns and family support resources have been identified in individual program evaluations as having potential to strengthen community responses to methamphetamine use.

In particular, Indigenous Australians have been identified as requiring culturally appropriate, strengths-based and family/community integrative strategies to target methylamphetamine use (MacLean et al., 2015; Jenner & Lee, 2008). Moreover, recognising that some streams of harm reduction are not always accepted by Indigenous communities is an important principle of harm reduction overall because it aims to promote a client-centred approach (Sterren, Anderson, & Thorpe, 2006).

The approach to the issue of methylamphetamine must be innovative, tailored to the needs of the using population and informed by previous experience of illicit drug ‘epidemics’. Groves and Marmo (2009) suggest that relying solely on retributive responses such as supply reduction (examples of Project STOP and the intensification of punitive regulation) fail to address health care and social issues. This is where harm reduction is an appropriate and viable alternative to help address methylamphetamine demand-reduction. Therefore, calls for a balanced, multi-dimensional approach which incorporates harm reduction treatment, education, health care and law enforcement would be best fit to tackle methylamphetamine demand reduction.

**g) And other related issues.**

No submission made in relation to this term of reference.



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