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The Secretary, Joint Select Committee on Law Enforcement

## **RE: Inquiry into crystal methamphetamine**

Holyoake is a leading provider of counselling services for those affected by their own or another person's substance use, gambling or other addictive behaviour. Holyoake welcomes the opportunity to contribute to the Parliamentary Joint Committee on Law Enforcement inquiry into crystal methamphetamine.

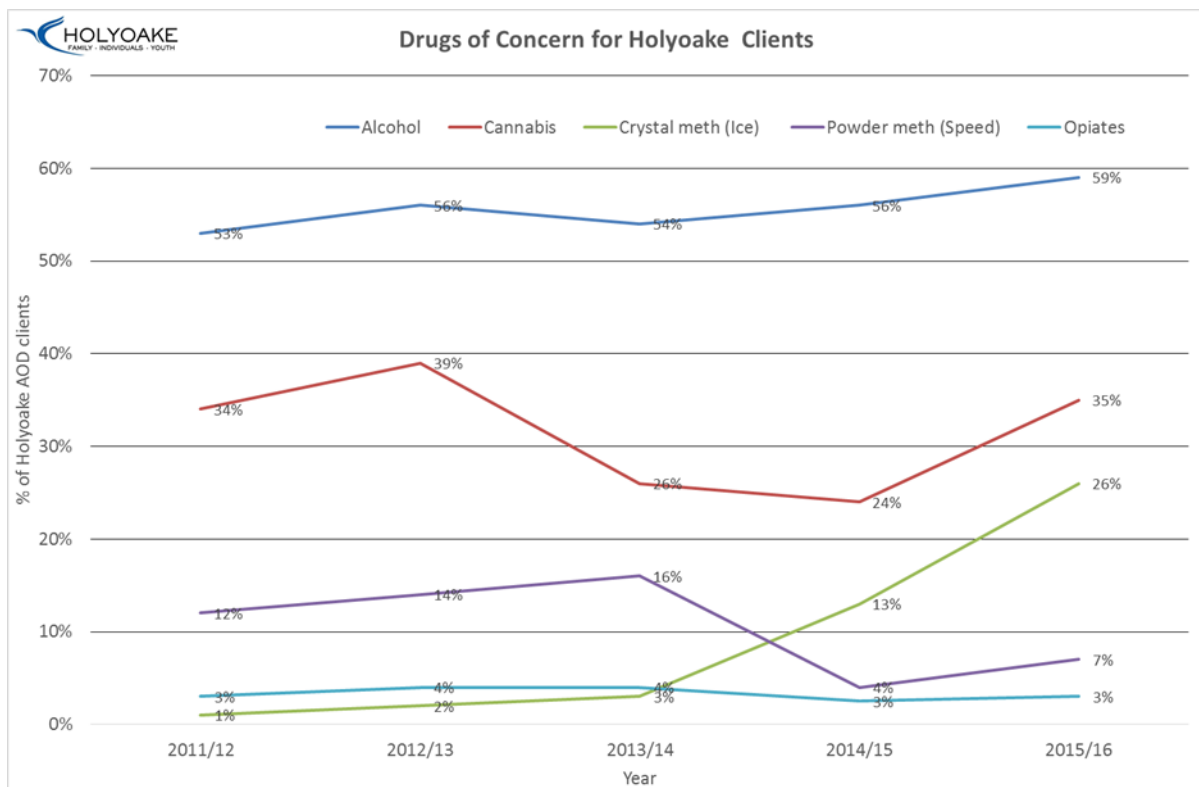
The purpose of this submission is to provide an expert opinion on the impact of ice on Tasmanians, their families and communities and suggest strategies to address this escalating problem.

Crystal methamphetamine (ice) is the crystal form of methamphetamine, a synthetically produced central nervous system stimulant, and is currently the second most commonly used illicit drug used in Australia after cannabis (Stafford & Burns 2015). Ice is also the purest form of methamphetamine, providing a much bigger 'rush' than the powder (speed) or paste (base) forms. This highly addictive drug causes disruption to an individual's brain function and can result in harmful long-term psychological and physical effects, such as paranoia, substance dependence, memory loss, liver damage and cardiovascular diseases (Darke et al. 2007).

Frontline services, including health, justice and welfare, are being challenged by individual level, family level and community level consequences of problematic ice use (Westmore et al 2014).

Deaths involving ice have been steadily increasing since 2010 and its use among injecting drug users has increased by 50 per cent over the past 10 years, according to research from the National Drug and Alcohol Research Centre at UNSW (2015).

Holyoake has been providing therapeutic interventions for people affected by ice since its emergence in approximately 2010. The most significant change in the Alcohol and other Drug (AOD) landscape in Tasmania in the past year has been the exponential increase in this drug, which has largely replaced other methamphetamines (specifically speed). Ice is now the primary drug of concern for 26% of all Holyoake clients seeking support for their own or another person's substance use:



Whilst Holyoake has little expertise to comment on how Commonwealth law enforcement agencies respond to the importation of ice, Holyoake counsellors are privy to subjective accounts by clients regarding its manufacture, distribution and use in Tasmania, presumably because of our strict privacy and confidentiality policies which provide protection for our clients. Holyoake is regularly informed by clients of the abundant availability of ice in Tasmania, and of the significant number of backyard “kitchens” manufacturing the drug in various grades of purity. When this information is consistent and comes from many unrelated sources, it does beg the question ‘if we know this, why don’t the law enforcement authorities’?

Ice use is more prevalent among some groups, especially Aboriginal and Torres Strait Islander people, the gay, lesbian, transgender and transsexual communities, and in rural and remote communities (Degenhardt et al 2016).

People using ice are predominantly under 40 years of age with more men than women using the substance. Users commonly experience mental health and other substance use problems (Australian Institute of Health and Welfare 2015). Both intoxication and withdrawal states have many similarities with mood and anxiety disorders (Lee et al 2007).

In the experience of Holyoake, there is no doubt that clients presenting with ice addictions exhibit very complex issues. 97% of Holyoake clients using ice in the last 3 years also reported using other, often multiple, illicit drugs. 80% of Holyoake clients using ice report having a mental health problem.

The level of complexity of clients using ice requires the application of therapeutic expertise, by highly skilled professionals, using a range of evidence based psychological interventions. Whilst the therapeutic behavioural interventions used in the treatment of ice use are very similar to those used in other addictive behaviours, the highly addictive nature of ice makes recovery a protracted process, lasting up to 18 months. (Lee 2015)

### **Holyoake Recommendations:**

- The Commonwealth Government should fund further research into evidence-based treatment options for methamphetamine treatment. This should include both therapeutic and pharmacotherapy treatment options.
- Under the National Drug Strategy framework, all levels of government should increase the focus on evidence-based approaches to therapeutic rather than punitive treatment in correctional facilities and youth justice centres.
- All levels of government should significantly increase investment in the alcohol and other drug sector, with consideration to;
  - At risk groups such Aboriginal and Torres Strait Islander people, the gay, lesbian, transgender and transsexual communities, and rural and remote communities.
  - The increased demands of ice users whose complexity requires long term intensive treatment.
  - The families of ice users, whose lives are often profoundly socially, psychologically and financially impacted.

- The emerging ice problem in Tasmania was initially viewed sceptically by both peak bodies and some community organisations in Tasmania, with possible ramifications for the timing of government responses to the issue. This supports the need for the establishment of an illicit drug monitoring clearinghouse for national data which would provide a central point of factual information, and provide regular reporting on drug use and market trends. There must be consideration given to data collected by AOD services not funded by state or federal governments, as this data is currently not reported to government which significantly skews national data.
- Governments need to avoid re-inventing the wheel through the development of a whole lot of shiny new systems. They should build on the expertise and extensive networks forged over time within the community, and examine the proven strategies already introduced by relevant AOD service providers.
- An ongoing follow-up national public awareness campaign targeting at-risk groups, using different mediums should be introduced, to maintain community consciousness of the ice problem.
- Early intervention strategies need to be established in primary and secondary schools, not just sporting clubs, as suggested by the National Ice Action Strategy (2015).
- Whilst high risk industries such as mining, construction and transport should be targeted, so should the hospitality industry, which has been observed at Holyoake to be over-represented by ice users in southern Tasmania.
- The links that exist between Primary Health Networks and AOD health care providers and community services must be better defined and strengthened to improve continuity of care.
- The National Ice Taskforce Report recommendation to provide frontline staff with Certificate IV level Alcohol and Drug training is concerning, as the competencies within the Cert IV program are inadequate to provide meaningful behavioural interventions for ice clients.
- Frontline responses to the impact of ice use need to be coordinated and strengthened, and underpinned by a national treatment guideline of best practice for treatment of ice use. All levels of governments must invest in providing drug and

alcohol specialists, GP's, nurses, psychologists and other allied health practitioners with the skills, confidence and capacity to respond to the impacts of ice use.

- All levels of governments should improve existing commissioning processes for alcohol and other drug treatment by supporting longer funding periods to strengthen service planning and workforce development, and increasing the focus on evaluation to improve treatment outcomes.
- For optimum client outcomes, treatment for ice use needs to incorporate a whole – of government, coordinated multidisciplinary approach that support the client's social, physical and mental health. This approach must include specific drug counselling and support, withdrawal services, day programs, residential treatment, housing and mental health support. Long term follow-up and proactive relapse prevention programs are vital, as the relapse rate among ice users is high (Hamilton & Dunlop 2016).

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