QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES LTD.

10 June 2015

Committee Secretary
Parliamentary Joint Committee on Law Enforcement
PO Box 6100
Parliament House
Canberra ACT 2600

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Dear Committee Members

Thank you for the opportunity to provide a submission to the inquiry into methamphetamine. Please find our submission attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have 36 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA would be happy to provide further information, or discuss any aspect of this submission. Please don't hesitate to contact me at or by calling

Yours sincerely

Rebecca MacBean

CEO

QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES LTD.

Submission to the inquiry into methamphetamine

Joint Committee on Law Enforcement

June 2015

QNADA Vision

A cohesive, sustainable and high quality NGO AOD sector, that delivers the best possible outcomes for the Queensland Community. Four overarching strategies have been developed to support achievement of our vision

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This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). The content of this submission is informed by consultation with QNADA member organisations providing treatment services in Queensland, as well as a review of research and other jurisdiction's legislation.

As the principal focus for both QNADA and our members is on the treatment of problematic alcohol and other drug use our submission will address parts e and f of the terms of reference.

E – The nature, prevalence and culture of methamphetamine use in Australia, including in Indigenous, regional and non-English speaking communities.

A recent study by the Australian Therapeutic Communities Association (ATCA), residential rehabilitation services were asked to survey clients about their previous methamphetamine use. Over 200 clients were surveyed in Queensland and just under 50 per cent of those clients said they had used methamphetamine. Approximately 50 per cent of those that had used had injected the substance and approximately 70 per cent smoked the substance. Approximately 75% said that they had used the substance with friends. The survey also asked about criminal activity to support use of methamphetamine. In Queensland approximately 65 per cent had engaged in criminal activity.

The above figures represent the aggregate across eight Queensland therapeutic communities however, for some services the proportion of current clients who had used methamphetamine was as high as 94%. The average cost per day of using methamphetamine was reported as $300-$500.

While alcohol remains the most often reported principal drug of concern for clients entering treatment (37%), followed by cannabis (34%), QNADA members have reported an increase in clients reporting methamphetamine as their principal drug of concern in recent times, with one service reporting that as many as one third of their recent clients reported that methamphetamine was their principal drug of concern. While for the majority of services methamphetamine is placed third behind alcohol and cannabis for principal drug of concern, in the Metro South area of Brisbane, a service reported that methamphetamine has now overtaken cannabis as the top rated illicit principal drug of concern.

Data collected for the 2013-14 Alcohol and other Drug Treatment Services National Minimum Data Set shows that 14.15% of the client's seen by the non-government alcohol and other drug treatment services stated that their principal drug of concern was methamphetamine, up from 11.4% in the 2012 – 13 collection.

Our services have provided us with some testimonials from their clients who are currently receiving treatment. The following are some excerpts to describe the impact that methamphetamine has had on their life and the lives of those around them:

> "I grew up in New Zealand. I had good parents, a good upbringing and was a high achiever in school and good at sports. I would have been around 11 or 12 when my cousin introduced me to dope (marijuana). My mother found out and thought it was a good idea to move to Australia. I started high school and started smoking dope here as well. I got kicked out of school and started robbing cars. One of my friends introduced me to speed. I didn't snort it or eat it I shot it up (injected). I then started robbing houses to support my habit." Client 1

> "What it was like for me was complete hell. My whole life had become centred on drugs. Nothing made me happy anymore and life had become unbearable and I really didn't want to live. The straw that broke the camel's back and led me here to treatment for the second time was my recent addiction to ice. I could feel it grabbing hold of me quickly and tightly. I remember I borrowed a mates ute to go and pick up when I was drunk and had no licence. The police pulled me up and before he could get to the car I sped off and lost control hitting a B Double trailer, breaking my back. I didn't get to use the gear and had to get rushed to hospital." Client 2

> "It started out all in good fun but it led me to the point where I was all alone in a world I couldn't handle being in. I honestly believed that the only solution to my problem was to end my life. And I couldn't even do that right. I had hit rock bottom and needed help." Client 3

The Queensland Aboriginal and Islander Health Council (QAIHC) has provided QNADA with information regarding the nature, prevalence and culture of methamphetamine use in Aboriginal and Torres Strait Islander communities in Queensland. QAIHC are receiving anecdotal reports that methamphetamine use, in particular crystal methamphetamine use, is increasing in Aboriginal and Torres Strait Islander communities. In some communities it is only individuals that are using, while in others there are reports of groups (eg age cohorts) engaging in methamphetamine use. There is also reported use in a range of community locations from discrete remote communities, through regional and remote communities and in the larger metropolitan communities. This is resulting in reports from a number of community controlled alcohol and other drug services on an increasing number of Aboriginal and Torres Strait Islander people presenting for treatment for problematic crystal methamphetamine use.

There are significant and often unquantifiable personal costs associated with the use of methamphetamines and its impact on the social emotional wellbeing for Aboriginal and Torres Strait Islander individuals and their families and other support people. For Aboriginal and Torres Strait Islander people, there is evidence to suggest that the effects of alcohol, drugs and mental ill-health is contributing to the unacceptably high rates of incarceration, unemployment, unsafe communities, school truancy and the continuation of deep and entrenched poverty in some communities.

QNADA and QAIHC ask the Committee to consider the following priorities:

- *Dedicated research into the nature, prevalence and culture of methamphetamine use in Australian Indigenous communities, including relationship between use and initiatives such as Alcohol Management Plans, implication of employment (particularly mines and related industries) and wealth creation and use;*
- *A coordinated and resourced Aboriginal and Torres Strait Islander methamphetamine prevention strategy aimed at informing/raising awareness and educating individuals, families, communities and service providers with a specific focus on young people;*
- *Integrated mental health and social and emotional wellbeing early intervention strategies that promote holistic and comprehensive screening and treatment that*

address not only the presentation but the causal factors which impact on both behaviour and use of individuals;

- *Coordinated and resourced outreach early intervention strategies targeting high risk groups (in both the mainstream and Aboriginal and Torres Strait Islander populations); and*
- *Any new resources for methamphetamine treatment services must be reflective of the specific cultural and community needs of Aboriginal and Torres Strait Islander peoples, ie local participation in the co-design, implementation and evaluation of the services and programs.*

F – Strategies to reduce the high demand for methamphetamines in Australia

The vast majority of Government funding to combat illicit drug use is allocated to law enforcement responses[1]. This has been the case since Australia adopted a harm minimisation approach to drug policy across the three pillars of supply reduction, demand reduction and harm reduction. QNADA asserts that this imbalance in investment is impeding our ability to reduce the demand for methamphetamine.

A recent study by Wan et al[2] found that increases in the intensity of high-level drug law enforcement did not have any suppression effect on emergency department admissions relating to amphetamine type stimulants, cocaine and heroin, or on arrests for use and/or possession of these drugs. Previous studies have found similar results regarding the impact of supply reduction on the drug use and associated harms[3]. Law enforcement activities aimed at supply reduction have little to no impact on reducing the demand for methamphetamines, which mutes the supply reduction success. QNADA believes that an increased investment in evidenced based prevention and treatment is an effective way to reduce demand for methamphetamines and complement supply reduction activities.

QNADA recommends the committee consider the distribution of government funding between supply, demand and harm reduction policy approaches to the issue of methamphetamine use in Australia.

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[1] Ritter, A. McLeod, R. and Shanahan, M. 2013 Monograph No. 21: Government Drug Policy Expenditure in Australia – 2009/10 National *DPMP Monograph Series* Sydney: National Drug and Alcohol Research Centre

[2] Wan, W. Weatherburn, D. Wardlaw, G. Sarafidis, V and Sara, G. 2014 *Supply-side reduction policy and drug-related harm* Canberra: Australian Institute of Criminology accessed at http://www.bocsar.nsw.gov.au/Documents/20141127_supplycontrol.pdf

[3] See Rumbold, G. & Fry, C. 1999*. The heroin market place project: Examining the short term impact of the Port Macquarie heroin seizure on the characteristics of the retail heroin market in Melbourne*. Melbourne: Turning Point Alcohol and Drug Centre Inc

Weatherburn, D. & Lind, B. 1997. The impact of law enforcement activity on a heroin market. *Addiction* 93(5): 557–569

Wood, E. et al. 2003. Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: Investigation of a massive heroin seizure. *Canadian Medical Association Journal* 168(2): 165–169

Treatment services offer hope for a better future to hundreds of people adversely affected by methamphetamine every year and could support more individuals to reduce or cease their use of methamphetamine if more resources were available. Problematic methamphetamine users can present with symptoms that are complex to manage, both in terms of intoxication and withdrawal however, in Queensland we have only one hospital based withdrawal unit for the whole state situated in Brisbane, which caters for this complexity. This is clearly inadequate to deal with the increased length of stay that some methamphetamine users require, and to service the large area that our state covers. It is not appropriate for a client who is in withdrawal and experiencing symptoms like agitation, aggression and paranoia to have to travel from North Queensland to Brisbane to access the care they require.

QNADA recommends that the committee considers the limited availability of withdrawal services and the impact on those that wish to stop using methamphetamine.

Once a client has moved through the withdrawal process, they generally respond well to evidence based out-client and residential rehabilitation treatment. Our members report of many lives being turned around by accessing appropriate treatment where and when the client was ready to change their use. Here are some stories from clients who have experienced this change:

> "When I finally realised that my addiction and life had become unmanageable I sought help from a rehab facility. This has been the best move of my life as I am now 120 days clean.
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> This facility has re-educated and taught me how to live a life without alcohol and drugs. The program here helps with my psychological, physical and mental attitude towards life and work. In the four months I have learned so much and progressed well through the program and am now in the Commitment stage where for one month we work hard and give back to the community which has helped me so much. I am certain that with one more chance at life I can and will be a productive and good member of society. As well as a great and guiding father to my beautiful son." Client 4
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> "I made a phone call to try to get help from my father but no longer did he want anything to do with me. I had lied, cheated and stolen from him and he had given up on me. In absolute desperation I rang my brother and begged him to help me. He made a phone call to my Dad and I was picked up. He took me straight to HADS detox centre and I was admitted. I was introduced to the idea of rehab and due to the fact I was at my wit's end this sounded like a good idea. I spent 7 days in the detox and still couldn't get placed in a rehab facility. I went home to my father's for three weeks and we rang every rehab from Queensland to Victoria.
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> Finally I was accepted into a rehab on the Sunshine Coast. I have spent six months in the program and I have learnt so much – I now know who I am and what I can achieve if I just remain drug free. I am so grateful for the opportunity to be a part of this program. And I honestly believe I owe my life to the staff and other residents here." Client 3

The testimonial of Client 3 describes the issue that many people that want to change their life face. Because of the high demand for service outstrips the limited resources provided to operate residential rehabilitation services, many services have waiting lists of at least a few weeks, though sometimes months. While some clients are able to wait, others find this becomes too hard and return to using substances. These services could provide assistance to many more people if they were funded adequately. At this point, instead of addressing the shortage of treatment funding, the funding from the Commonwealth Government for treatment services remains uncertain post June next year.

While self referral is the preferable path into treatment, therapeutic justice approaches have also shown promise for offenders where drugs have been a contributing factor to their offending behaviour. Therapeutic justice programs engage with clients when they are in the midst of experiencing the harm caused by their substance use. Programs like Drug Court and the Queensland Magistrates Early Referral Into Treatment (QMERIT) program provide offenders with the opportunity to engage in treatment as part of the judicial process and have been found to be highly effective in reducing recidivism and increasing health outcomes[4]. The Drug Court program was axed by the Newman Government (though the Palaszczuk Government is thought to be considering its re-instatement). Fortunately for Client 1 the QMERIT program is still in place:

> "I ended up in and out of juvenile detention centres and then in and out of jail till December last year. I then thought I could be the middle man for other people getting on because I got better stuff cheaper. So I was using them to support my habit and then I got done for trafficking. I was put on the QMERIT program which led me here and I'm grateful. I wasn't grateful at first but I believe I have seen the benefits and think I have surrendered. I now believe I want to stay clean and give back to my family and show them I'm not just a putrid junkie and feel confident that I can get my shit together for once." Client 1

QNADA recommends that the committee considers the benefits of therapeutic justice approaches to the issue of methamphetamine in its findings including the appropriate resourcing across the spectrum of alcohol and other drug treatment services to provide culturally competent treatment services.

About the Queensland Network of Alcohol and Other Drug Agencies (QNADA)

QNADA is the peak organisation representing the views of 36 NGO AOD organisations. Through our knowledge of the sector, network of experienced members and links across complementary human service delivery sectors, QNADA is well placed to provide practical advice and front-line service delivery experiences to inform policy and program advancement for the sector.

The sector consists of organisations involved in the continuum of care for individuals and their families affected by alcohol and drug use. QNADA members provide drug education and information, early intervention, outreach, detoxification, residential rehabilitation,

[4] Makkai, T. and Veraar, K. 2003 Final Report on the South East Queensland Drug Court *Technical and Background Paper no.6* Canberra: Australian Institute of Criminology

psychosocial and medical treatment, relapse prevention, justice diversion, and social inclusion.