

I would like to acknowledge Western Australia's Methamphetamine Strategy, 2016, but note that the majority of funding is still targeting treatment and rehabilitation.

That is:

\$18.7 million prevention funding comprising: \$15 million on prevention and support to individuals, families and communities affected by meth. An additional \$3.7 million to be provided to increase the existing State-wide netw

rk of Community Alcohol and Drug Services (CADS) who provide prevention, treatment and support.

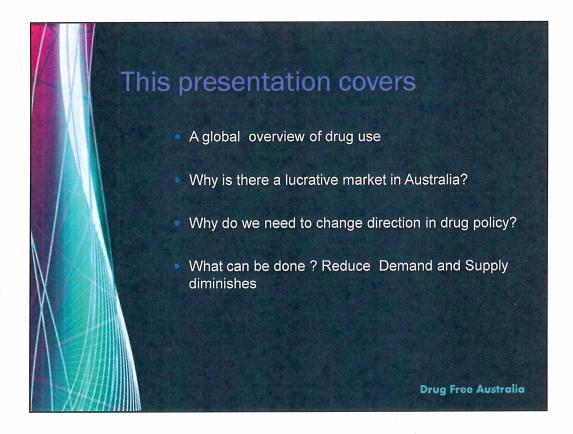
\$85.2 million for Treatment/Rehab comprising - \$13 million + \$6.2 million will be invested for 60 beds at rehabilitation services + current State Government funding of about \$66 million per year for State-wide treatment and support services

Having said that, I would particularly like to acknowledge the planned trial of Compulsory Treatment for Ice Users by the Minister for Mental Health, Andrea Mitchell.

But if we want a significant reduction in drug use, we need to give <u>top priority</u> to Demand Reduction, including the establishment of effective national education initiatives within our schools and communities.

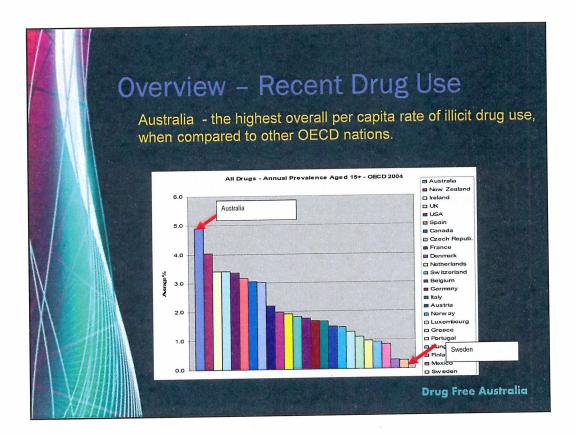
It's simple economics: Reduce demand and Supply diminishes.

We need to change from Harm Minimisation to Harm Prevention.



This paper presents key issues about illicit drug use, especially crystal meth (Ice) and offers some sustainable solutions for Australian communities:

- •An overview of Ice and other drug use in Australia.
- Why is there a lucrative market in Australia?
- •Why do we need to change direction in drug policy?
- What can be done? Reduce demand and supply diminishes.



According to the United Nations World Drug Report 2014-15 Australia has the highest overall per capita rate of illicit drug use when compared to other OECD nations. This is now mainly due to our exponential increase in Amphetamine use, and in particular in the last 3 years.

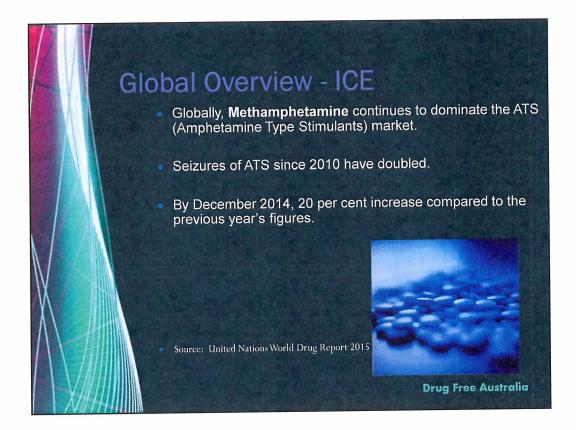
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	S	weden westance	Australia	Sweden	s III Australia ariu
	0	piates	0.2	0.17	
	С	ocaine	2.10	0.50	
	C	annabis	10.3	2.61	
	A	TS	2.10	0.8	
$\Lambda \setminus A$	E	cstasy	3.0	0.10	B. Carlot
					Drug Free Australia

It is important to compare Australia's policy approach to that of Sweden, given their much lower rate of per capita consumption.

Here are the latest statistics on the Annual Prevalence of Use – 15-64 year olds:

Sweden, whose population is 40% of that of Australia, has a total of 29,500 problematic drug users. Australia has at least 220,000 dependent cannabis and conservatively there are now over 200,000 ICE users.

The two national drug policies are poles apart, with Sweden implementing a restrictive policy, based on **prevention and early intervention**. Australia's Harm Minimisation focus, gives priority to treatment, with little attention and support for primary prevention.



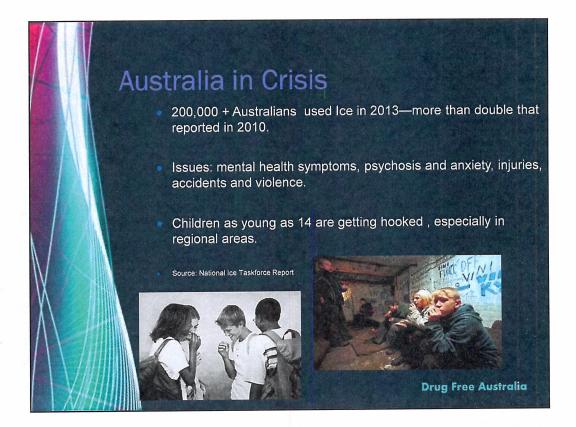
Globally, methamphetamine continues to dominate accounting for 71 per cent of global ATS seizures.

In a report released on 29 April 2014 the Australian Crime Commission has warned the nation that the size of the ICE problem is reaching pandemic proportions.

According to the report West African and Chinese organised crime gangs are supplying significant amounts of the drug to South East Asia for domestic consumption, and Australia is a key market, with high demand.

In the past decade increases in supply has reached 751%. Pricing is high in Australia and people are paying it!



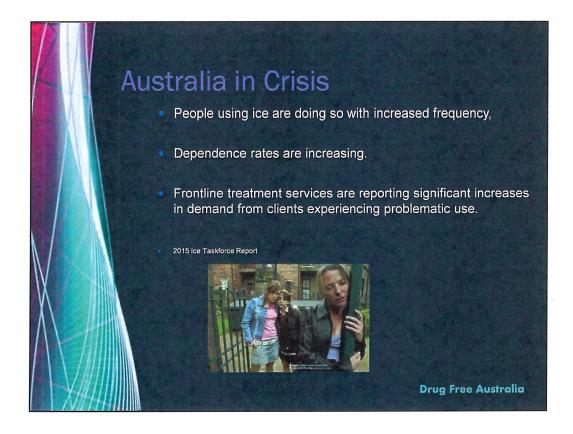


Conservatively 200,000 + Australians used Ice in 2013—more than double that reported in 2010.

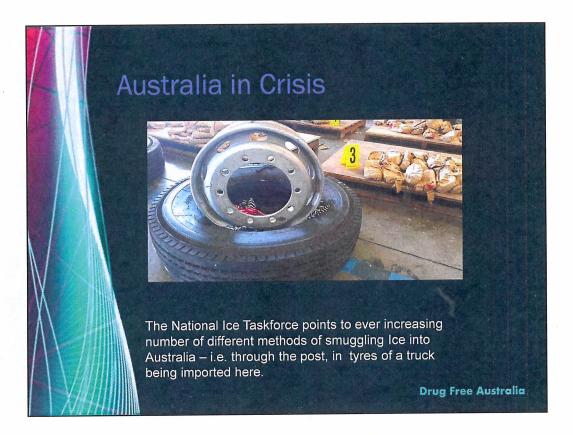
Mental health symptoms, psychosis and anxiety, injuries, accidents and violence have increased

The Federal Government's Ice Taskforce report, 2015 has confirmed that bikie gangs and overseas criminal syndicates are taking advantage of the highly addictive aspect of ice to actively target thousands of young Australians.

Turning Point Alcohol and Drug Centre reported in 2015 that children as young as 14 are becoming addicted to the drug, and the regional areas.



Evidence indicates that those using ice are doing so with increased frequency, with dependence rates increasing. Frontline treatment services are feeling the impact, with many reporting significant increases in demand from clients experiencing problematic use.



The National Ice Taskforce points to ever increasing number of different methods of smuggling Ice into Australia – i.e. through the post, in tyres of a truck being imported here.



Why is there such a lucrative market in Australia?

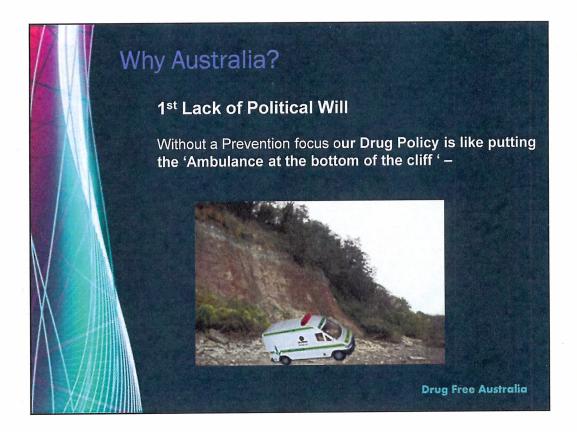
1st - Lack of Political Will and Leadership – there has been no War on Drugs in Australia.

For over 30 years there has been lack of political will in government circles so far as effective, preventative drug policy ad action. There have been glimmers, but nothing sustainable.

We did have a 'tough on drugs' campaign in the mid-2000's but that was not continued after 2007.

In 2002-5 Australia had a well funded and resourced National School Drug Education Program. By 2007 it was effectively dismantled. Schools are now left to their own devices in dealing with drugs issues and rely on charities or NGO's to provide education programs. Two of these are the Dalgarno Institute and Life Education.

In 2006/7 the Federal Government's Department of Health and Ageing produced a confronting, but potentially effective media and community communication campaign designed for television. Every household received a booklet about the harms of illicit drugs. Interestingly the 2007 National Household Survey showed a decrease in illicit drug use. Unfortunately the media campaign was short-lived; had it been sustained, we may have seen even better results in the 2010 Household Survey.

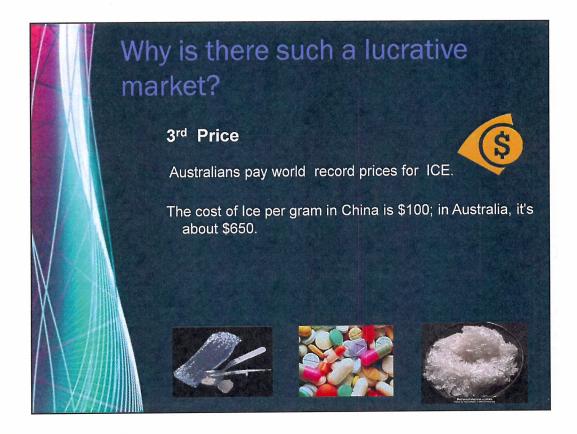


More political emphasis and government resourcing has been allocated to treatment and harm reduction. These are necessary, but really represent the 'ambulance at the bottom of the cliff' scenario. The WA Methamphetamine Strategy also appears to give priority to rehabilitation, rather than primary prevention.



2nd - Soft or Token Penalties - no deterrent

Penalties for drug trafficking and use are all too often a 'slap on the wrist'. Availability, Accessibility and Acceptability, without Accountability lead to a permissive drug policy regime.

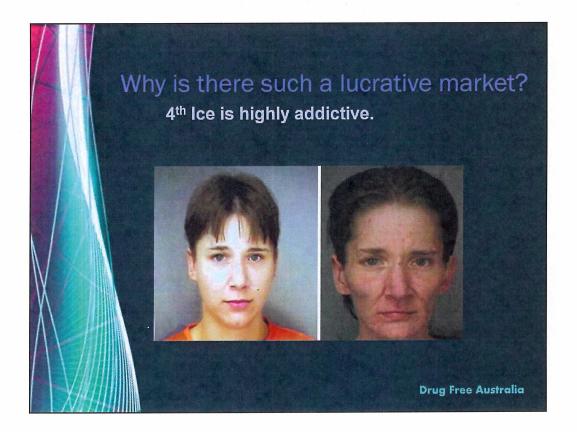


3rd Price

According to the Australian Crime Commission's 2015 report

- •Organised crime is aware Australians have a particularly high disposable income.
- •Organised crime gangs are flooding Australia with ice and other illegal drugs because Australians are prepared to pay world record prices for them. We are one of the world leaders in terms of price at up to \$320,000 a kilo of crystal meth (ice), compared to the United States where the average price is \$100,000 per kilo and China about \$7000 a kilo.

People will pay for the drug, because they don't understand just how addictive and dangerous it is.



4th The highly addictive nature of ICE

According to the Ice Taskforce Report, 2015, the unique characteristics of ice also contribute to the increase in demand. Ice is a powerful stimulant, and the people using the drug often experience euphoria, confidence and enhanced sexual pleasure. The popularity and attractiveness of the drug leads to more people wanting to try it and experience its effects.

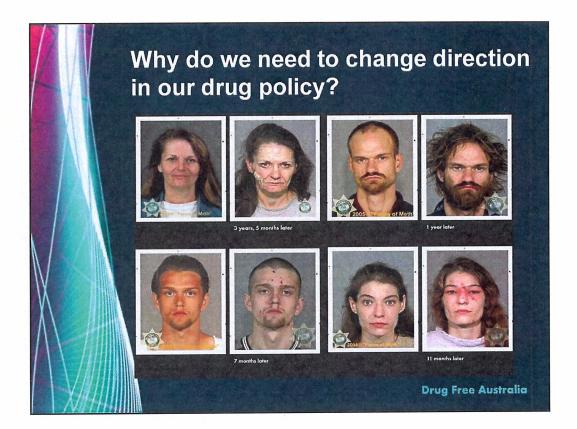
Ice also carries a high risk of dependence. It is commonly smoked or injected, which has a more rapid effect on the central nervous system than snorting or swallowing other forms of methamphetamine. This increases the potential for dependence. Higher rates of dependence result in more people using the drug more often, which can increase demand for the drug, and, likewise, increase the harms resulting from its use.

Ice use is higher among some demographics, with evidence suggesting that young people and the unemployed are the main targets.

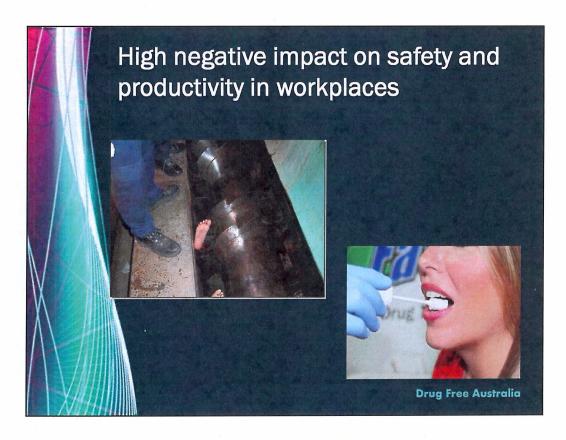
Once addicted, the need to continue to use ice, remains strong – even when the effects are extremely harmful.

Short-term effects of use include sweating, headaches, insomnia, anxiety and paranoia. High doses can result in blurred vision, hallucinations, tremors and stroke.

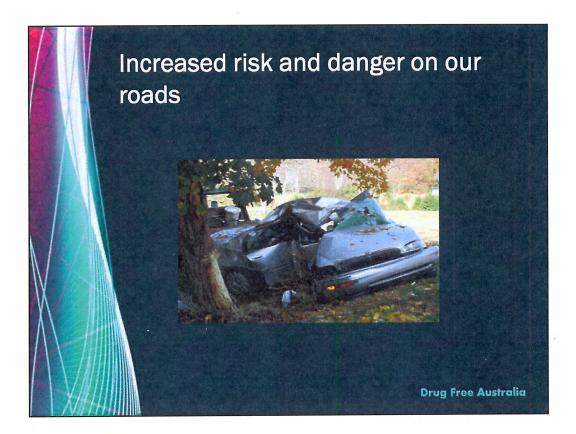
Long-term use result in severe dental problems, reduced immunity, high blood pressure, depression, impaired memory and concentration, deficits in motor skills, aggressive or violent behaviour, anxiety, cardiovascular problems and kidney failure.



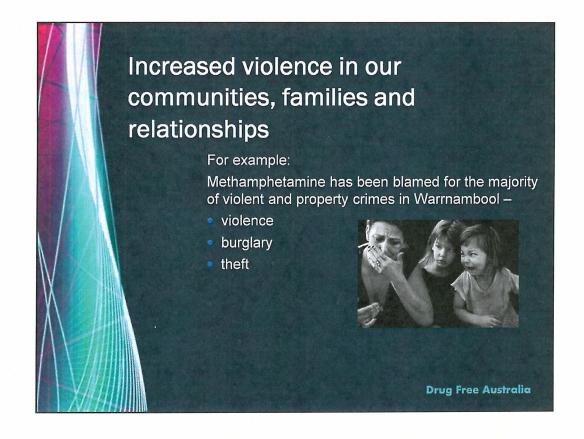
The Ice Pandemic is destroying our young, their brains and their future potential.

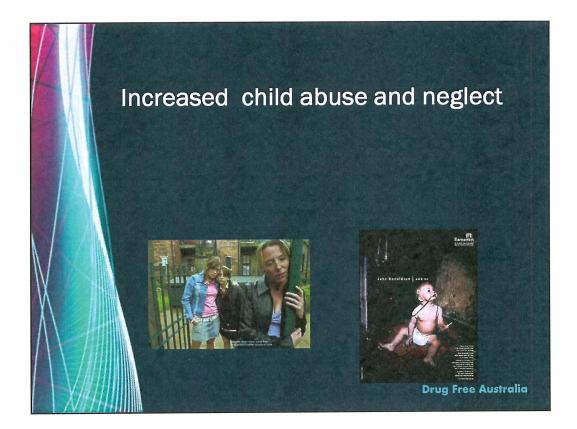


The Ice Pandemic is increasing risk to safety and productivity in workplaces



The Ice pandemic is increasing danger on our roads





NIDA in the United States estimates that: 'Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.'

And the results play out in trends like this in Australia:

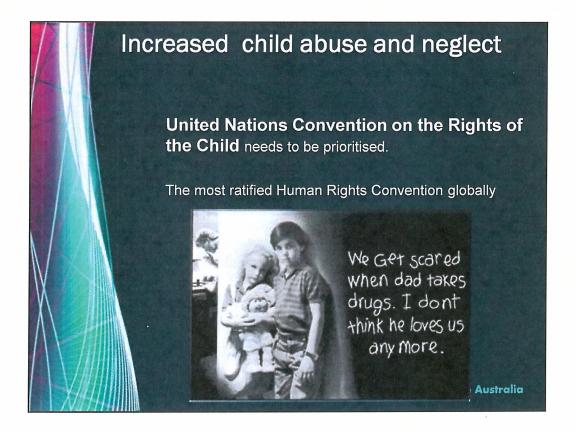
In Western Australia, in 2009-15 the families of children who had investigable deaths were characterised by family and domestic violence, drug or substance use, alcohol use and parental mental health issues.

However, in South Australia, authorities at Families SA are unable, or unprepared to, reveal how many parents of 'at-risk' children who are tested for drug use are returning positive results.

The 2012 Cummins Report into Victoria's vulnerable children shows an alarming trend – which could well be a reflection of other jurisdictions in Australia.

It found that over the past decade, the number of children and young people in outof-home care increased by 44 per cent an annual growth of around 4 per cent a year bringing the total number of children and young people in care to 5700 at June 2011.

In 2010-11, there were 55,000 reports concerning child safety to the Victorian Department of Human Services with nearly 14,000 considered sufficiently serious that they were formally investigated. Those investigations found that for 7600 of these cases, the concerns about the safety or welfare of these children were well founded.



The following is a specific example:

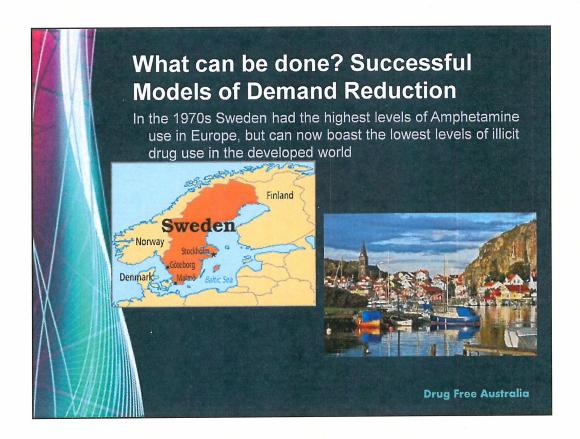
'Child protection workers (in Victoria) received a staggering 5828 complaints of neglect in 2010-11. In the worst substantiated cases, overworked investigators found children left in conditions so bad they had to remove their rotted teeth and teach them how to sit at a table. Shocking revelations of abuse included incidents of toddlers being left to starve among human waste, rat infestations and used syringes in their toy boxes'.

According to the Australian Institute of Family Studies, May 2016, 'Despite significant efforts at state/territory level to understand deaths associated with maltreatment there is no national collection or compilation of information on all child deaths, including those associated with maltreatment.'

Clearly, there is a significant need to re-visit and implement <u>proactive</u> <u>prevention</u> and <u>early intervention</u> strategies.

<u>Clearly</u> there is an urgent obligation to re-visit our responsibilities related to the **UN Convention on the Rights of the Child** – the most ratified Human Rights Convention in the world:

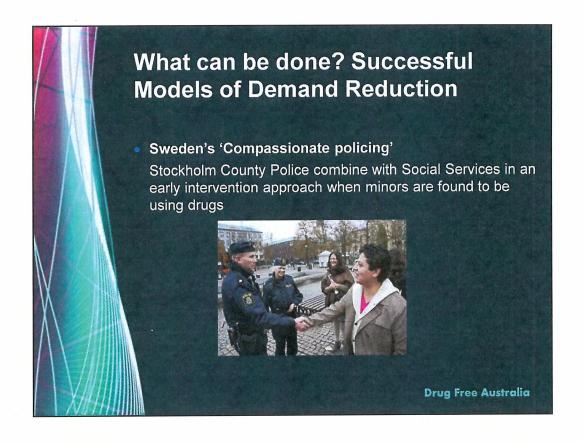
Article 33 requires that member states – including Australia: "shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances".

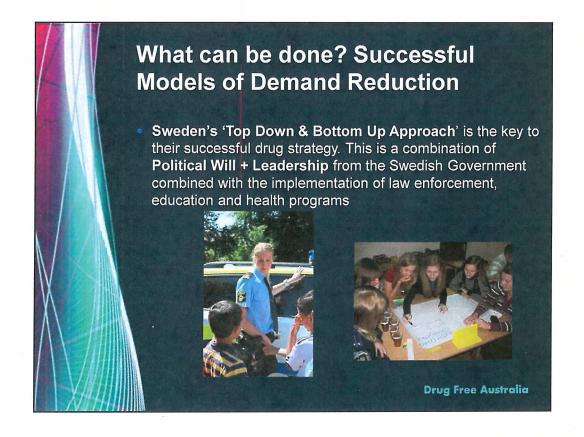


How did Sweden achieve this?

- A restrictive drug policy
- Emphasis on rehabilitation of all problem drug users
- Court-enforced rehab as against court enforced prison
- Use is still criminalised to send a clear message about the harms of illicit drugs, especially methamphetamine

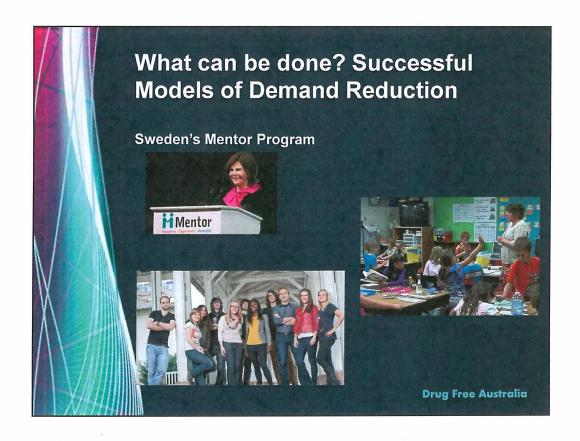
If Australia wants to achieve similar results, we need to seriously consider some of Sweden's best practice policies.





Sweden's Mentor Program

- Part of the Mentor Foundation, an international organization working with drug prevention around the world.
- Formed in Sweden in 1994
- The target groups are young people between the ages of 13-17, parents with children 6-18 years and schools.
- 3 key programs: Mentoring, Parenting and Inspiration activities that create study motivation, among others.
- Aims to prevent abuse by building relationships between young people and adults.



United States

Community Anti-Drug Coalitions of America (CADCA)

- CADCA
- http://www.cadca.org

CADCA assists community coalitions by providing the support they need to become stronger, more effective and better able to sustain population-level reductions in substance abuse rates and related problems.

United States

- Prevention Programs for Young Rural Teens
- 2 Research studies show that prevention programs conducted in middle school can reduce methamphetamine abuse among rural adolescents years later.

Adolescents who participated in both programs showed a relative reduction in lifetime methamphetamine abuse of 65% compared with the controls

United States

Media and public service campaigns

The Partnership for a Drug-Free America "Meth Stories: Affecting Your Community"

Learn the Link - Young people are learning the link" between drug abuse and HIV/AIDS. Learn the Link is the focus of NIDA's current public service campaign, designed especially for young people

http://hiv.drugabuse.gov/english/message/psas.html#party

Watch this space ...

Iceland - Strategic Taskforce to 2020 with quantifiable KPI's

The main goals of the policy are:

- to prevent young people from starting to consume alcohol or other drugs
- to restrict access to alcohol and other drugs.
- to protect groups at risk from the damaging effects of alcohol and other drugs
- to ensure that those who have addiction problems have access to continuous and coordinated services
- to reduce health damage and deaths related to consumption of alcohol, or other drugs, consumed by individuals.

