



NCETA

Australia's National Research Centre
on AOD Workforce Development

THE NATIONAL CENTRE FOR
EDUCATION AND TRAINING
ON ADDICTION

Level 3B,
Mark Oliphant Building
Laffer Drive, Science Park
Bedford Park, SA 5042

Tel +61 8 8201 7535
Fax +61 8 8201 7550

nceta@flinders.edu.au
www.nceta.flinders.edu.au

7 December 2016

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

Dear Sir/Madam

Re: Inquiry into Crystal Methamphetamine

Thank you for the opportunity to make a submission to the Parliamentary Joint Committee on Law Enforcement's re-initiated Inquiry into crystal methamphetamine.

The National Centre for Education and Training on Addiction (NCETA) previously responded to the Inquiry's original Terms of Reference. Our submission dated 10 June 2015 made the following recommendations:

1. A balanced approach involving supply, demand and harm reduction initiatives with a focus in prevention and early intervention is needed to address methamphetamine use in Australia.
2. There is an enhanced focus on workforce development particularly addressing systems and organisational issues as well as the needs of law enforcement personnel.
3. Law enforcement personnel are provided with relevant training to assist them to respond appropriately to methamphetamine-related incidents.

These recommendations are still pertinent and highlight the importance of a coordinated, evidence-based and systemic approach to addressing the legal, health and social impacts of crystal methamphetamine use.

Stemming from our current submission (attached), we make the following additional recommendation:

4. That there be continued priority placed on establishing and utilising the best available evidence on the patterns, prevalence and consequences of crystal methamphetamine use and that this evidence is used to inform appropriate and targeted responses to addressing the harms associated with crystal methamphetamine use.

Please find attached NCETA's current submission in response to the Committee's request for comment on:

- The National Ice Taskforce's (NIT) Final Report
- The National Ice Action Strategy 2015
- Any other developments relating to crystal methamphetamine.

In particular, our submission focuses on:

1. An Australian-first examination by NCETA of the patterns and prevalence of methamphetamine use in rural regions.
2. Ongoing workforce development (WFD) demands and WFD recent initiatives undertaken by NCETA to support frontline workers (e.g. law enforcement, health, welfare and Aboriginal and Torres Strait Islander workers) respond to crystal methamphetamine.
3. The implications for law enforcement and the pressing need for early intervention due to increased importation of crystal methamphetamine in contrast to the previous local production as the main source of supply.
4. Use of wastewater analysis, in conjunction with other data sources, to gain a more accurate indicator of the amount of the drug being consumed.

Yours sincerely

Professor Ann Roche
Director
National Centre for Education and Training on Addiction (NCETA)
Flinders University



NCETA Submission

Parliamentary Joint Committee on Law Enforcement's:

Inquiry into crystal methamphetamine

7 December 2016

1. NCETA's examination of patterns and prevalence of methamphetamine use in rural regions

There has been extensive media and political attention directed towards the issue of 'ice' or crystal methamphetamine use in Australia over the past year or two. Some of that attention has focussed on anecdotal reports of high levels of use in rural communities. The media have devoted extensive coverage to purportedly higher levels of use in country towns relative to metropolitan centres.

Until recently there had been no empirical data to support the speculation that methamphetamine use might be higher and more prolific in rural than metropolitan communities.

NCETA however has undertaken secondary analyses of the 2007, 2010 and 2013 National Drug Strategy Household Survey data to examine whether use is in fact higher in rural Australia and also whether it has increased at a greater rate than in metro centres. The study by Roche and McEntee (2016), *'Ice and the outback': Patterns and prevalence of methamphetamine use in rural Australia* reporting these findings was published in the Australian Journal of Rural Health in November 2016.

NCETA's study found that there was indeed a higher level of methamphetamine use in rural Australia, and that the rate of increase since 2007 has been statistically significantly greater than in cities. Both lifetime and recent (i.e., in the last 12 months) use of methamphetamine were significantly higher among rural Australians compared to those living in cities.

There has been a disproportionately larger increase in methamphetamine use, including crystal methamphetamine, in rural locations compared to other locations. This finding is consistent with the traditionally higher levels of AOD use in general in rural communities. The latter is believed to be due to lower educational attainment, low socio-economic status, higher unemployment and isolation. These factors may also apply to the higher level of methamphetamine use in rural Australia.

Like their city counterparts, rural Australians who were most likely to use methamphetamine were the 18 to 29 year olds. However, in contrast to city dwellers, there was a higher proportion of employed young people using methamphetamine in the country, whereas in the city prevalence was higher among unemployed people. This finding is both a little perplexing as well as encouraging. It is encouraging because the workplace offers an ideal site for early and brief intervention with scope to curtail some of the more potentially severe, debilitating and chronic

consequences of using methamphetamine. Workplaces, in addition to providing captive audiences (no doubt noted by drug distribution networks), also offer inherent motivation factors related to job retention, safety, productivity and duty of care.

The early manifestation of associated problems such as low grade mental health problems, e.g., anxiety, depression and mood dysregulation may be detected through the workplace or presentations to primary care settings. Similarly, there is scope to address common problems such as poor diet, disrupted sleep patterns, and dehydration. Greater vigilance and early intervention is strongly recommended in this regard.

As most methamphetamine now used in Australia is the purer and much more highly concentrated crystalline form (i.e., ice), in preference to the less concentrated powdered form (i.e., speed), early intervention becomes an imperative. Moreover, evidence also suggests that the vast majority of ice is now imported into Australia from China and Asia, rather than being locally produced. Importation means that many local law enforcement disruption mechanisms may be less effective and alternative control mechanisms may be needed, especially in rural and remote locations.

The higher level of crystal methamphetamine in rural communities also raises the question about how this might have come about in terms of access and availability to the drug. There is speculation that rural communities may have been deliberately targeted by organised drug distribution networks flagging the need for whole of community responses.

Clearly there is a need for a greater focus on the needs of rural communities in terms of general prevention strategies and specifically to circumvent the further expansion of problematic and potentially harmful use of a very potent drug.

2. Workforce development needs and demands

It is increasingly evident that crystal methamphetamine is negatively impacting on communities across Australia. It is also evident that the increased levels of use, in conjunction with the much higher purity found in the crystalline form of the drug and greater preference to smoke the drug, has resulted in higher levels of harm by users. Treatment services, both AOD specialist and generic primary care and community services report greater demand on their services. As a consequence, workers in many sectors have reported that they feel overwhelmed and often feel under-confident in dealing with ice-related issues.

Over the past 18 months, NCETA has responded to a significant number of requests for professional development and support for frontline workers responding to crystal methamphetamine-related issues from a range of sectors across the country. From December 2015 to December 2016 alone we have run professional development workshops for approximately **400 workers** from diverse workforces including:

- Aboriginal health and welfare workers
- Doctors
- Nurses
- Social workers
- Allied health practitioners,
- Alcohol and other drug workers

- Law enforcement personnel
- Fire and emergency services personnel

These workshops were conducted in locations across several states.

In 2017, demand for worker support appears to be unabated with workforce development and training sessions currently requested in the following locations across the country:

- Broome and Kununurra (WA)
- Ceduna (SA)
- Wide Bay (QLD), Central Queensland and Sunshine Coast (Qld)
- Darwin and Alice Springs (NT).

2.1 Supporting frontline workers (e.g., law enforcement, health, welfare and Aboriginal and Torres Strait Islander workers) respond to crystal methamphetamine

Aboriginal Workers

Special support needs have been noted among Aboriginal workers responding to individuals and communities impacted by the use of crystal methamphetamine. NCETA was invited to conduct a professional development workshop on strategies for workers to manage clients using crystal methamphetamine for approximately **90 Aboriginal health** and welfare workers at the 2016 National Indigenous Drug and Alcohol Conference (NIDAC).

Following the NIDAC workshop, NCETA was requested by the Kimberly Aboriginal Health Planning Forum to conduct professional development workshops for a variety of frontline workers in Broome and Kununurra in early 2017.

NCETA is also developing a suite of practical resources tailored to support the needs of Aboriginal workers and the communities they serve to address crystal methamphetamine issues.

Online training for frontline workers

In 2015, NCETA was commissioned by the Victorian Department of Health and Human Services to develop an online ice training resource for frontline workers including those from the health and welfare, education, criminal justice and transport sectors.

The initial phase of [Ice: Training for frontline workers](#) was launched by the Honourable James Merlino (Acting Premier, Victoria) and the Honourable Jill Hennessy (Minister for Health, Victoria) in January 2016. In the 10 months since the training resource became available approximately **8,000** workers from across Australia have registered to access it. They have come from:

- Victoria – 4,982
- New South Wales – 937
- South Australia – 642
- Queensland – 550
- Tasmania – 337
- Western Australia – 297
- Northern Territory – 134
- Australian Capital Territory - 63

The online training resource is an open access educational resource and is available free of charge. There is no time limit on its availability and/or the time period in which the content may be accessed.

The crystal methamphetamine online training currently comprises 7 Modules and 28 Topics and covers a broad range of issues including:

- Information about crystal methamphetamine and its use and harms
- How crystal methamphetamine use affects people and communities
- Worker safety and preventing, managing and recovering from crystal methamphetamine-related critical incidents
- Legal issues
- Using crystal methamphetamine with alcohol and other drugs
- Communicating with and supporting people who use crystal methamphetamine
- Preventing and intervening in crystal methamphetamine use
- Organisational responses to crystal methamphetamine.

Each module contains between 2-8 topics. Learners can work through all the modules, just one, or any number of individual topics. Each module is designed for adult, independent and individual learners to work through at their own pace. It allows them to focus on issues of particular relevance to them and their circumstances.

NCETA has also been commissioned by the Victorian Department of Health and Human Services to develop the following 11 additional topics:

- Police-specific Topic
- Recovery-focused care
- Working in potentially risky environments (including clients' homes or isolated settings)
- Working with children and families where crystal methamphetamine is a problem
- Early / brief interventions in primary health care settings
- Hospital Emergency Department Responses
- Ambulance-specific Topic
- Occupational Health and Safety Guidance
- Withdrawal management strategies for General Practitioners
- Aboriginal and Torres Strait Islander Peoples
- Culturally and linguistically diverse peoples

These additional components will be completed in early 2017.

National Alcohol and Drug Knowledgebase (NADK) – Methamphetamine Section

The NADK was developed in 2014 by NCETA with financial support from the Australian Government Department of Health. It is the only publically accessible, centrally located source of comprehensive alcohol and drug data in Australia.

The NADK identifies relevant, up-to-date, and high-quality data from reliable sources. It provides a one-stop source of accurate and easy to understand information (presented as frequently asked questions) about alcohol, cannabis and methamphetamine.

The Methamphetamine Section of the NADK was launched on 19 January 2016 and can be accessed from: <http://nadk.flinders.edu.au>. It is designed to help law enforcement, health and

community service practitioners and the public make sense of the current spotlight on methamphetamine (particularly crystal methamphetamine (Ice)) use, harms, and treatment.

The Methamphetamine Section of the NADK includes 80 Frequently Asked Questions (FAQs) on:

- General Methamphetamine Information
- Australians' Attitudes Towards Methamphetamine
- Use Patterns
- Methamphetamine and Employment
- Methamphetamine and Health
- Methamphetamine and Crime
- Treatment
- Methamphetamine and Young People
- Crystal Methamphetamine (Ice).

To date, there have been approximately **5,000 visits** to the Methamphetamine Section of the NADK. Key search terms used by people to access the NADK included methamphetamine, crystal methamphetamine (ice), use and patterns, treatment, young people, crime and employment.

3. The implications for law enforcement and early intervention due to increased importation of crystal methamphetamine

In a recent invited article published in *Addiction* (2016), Professor Ann Roche highlighted the diverse array of data and policing intelligence sources indicating that most of Australia's crystal methamphetamine was now being sourced from overseas. This is in stark contrast to the previous decade where a large, if not the predominant, proportion of Australia's methamphetamine supply was produced locally.

The supply of crystal methamphetamine now operates under a different business model with China and other Asian countries the current principal suppliers of crystal methamphetamine to the Australian illicit drug market. That is, supply of the drug is primarily from overseas and no longer from local production.

Previous law enforcement strategies that focused on local supply containment and production disruption, including for example Project STOP (designed to curtail access to precursor drugs used in local production), are no longer relevant when supply is almost exclusively sourced internationally. The electronic tracking systems embedded within Project STOP that were designed to detect and curtail access to precursor drugs no longer have relevance in the current market.

The major shift in marketing and supply models to off-shore production and international importation therefore have important implications for the role played by law enforcement at the jurisdictional, national and international levels.

In light of this recent and major change in supply patterns, law enforcement agencies need to continue to revise and update their interdiction strategies to ensure that supply and distribution of crystal methamphetamine is disrupted both internationally and domestically.

4. Use of wastewater analysis to measure drug use

NCETA notes that the Australian Criminal Intelligence Commission (ACIC), the Queensland Alliance for Environmental Health Sciences (QAEHS) at The University of Queensland and the University of South Australia are undertaking a National Wastewater Drug Monitoring Pilot Program.

The Drug and Alcohol Services SA (DASSA) and the University of South Australia are collaborating to report on the findings of the trial in South Australia.

NCETA notes that wastewater analysis provides a valuable opportunity for the law enforcement and health sectors to gain a better understanding of the current use of a range of drugs including crystal methamphetamine. In particular, it reports on the pattern of drug use over the week and the prevalence of drug use every two months over a five-year period.

The [latest report](#) prepared by DASSA in October 2016 shows that in Adelaide:

- Methamphetamine is the predominant stimulant consumed in metropolitan Adelaide
- Methamphetamine has shown a steady increase in usage since December 2012 (See Figure 1)
- Other stimulants are consumed at much lower rates (See Figure 2)
- Stimulant consumption increases on the weekends.

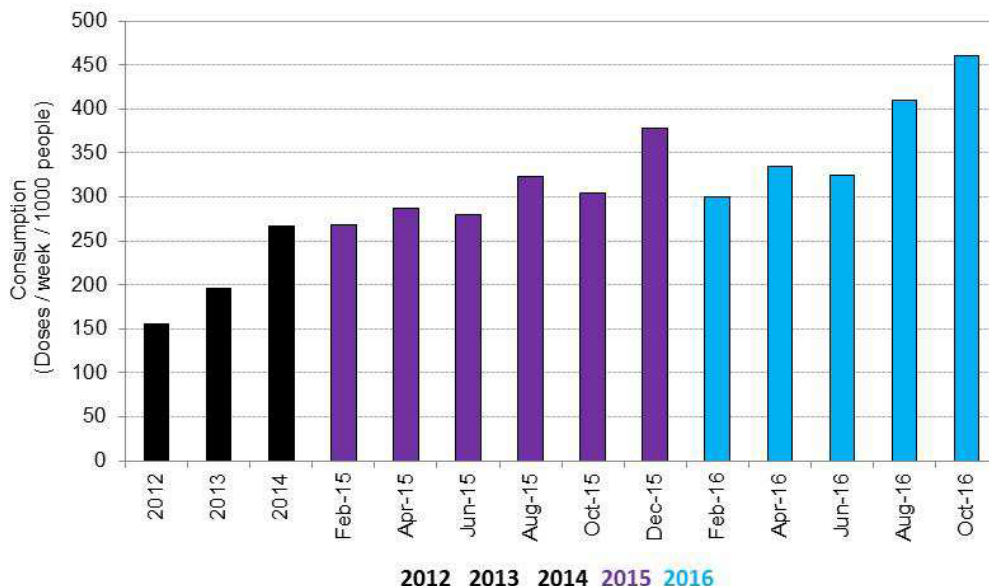


Figure 1. Average consumption (dose/week/1000 people) of methamphetamine for 2012-2014. Weekly consumption (dose/week/1000 people) bi-monthly from February 2015. Excretion ratio = 43%, dose for calculation = 30 mg/dose. (Source: DASSA Drug use in Adelaide monitored by wastewater analysis, 2016)

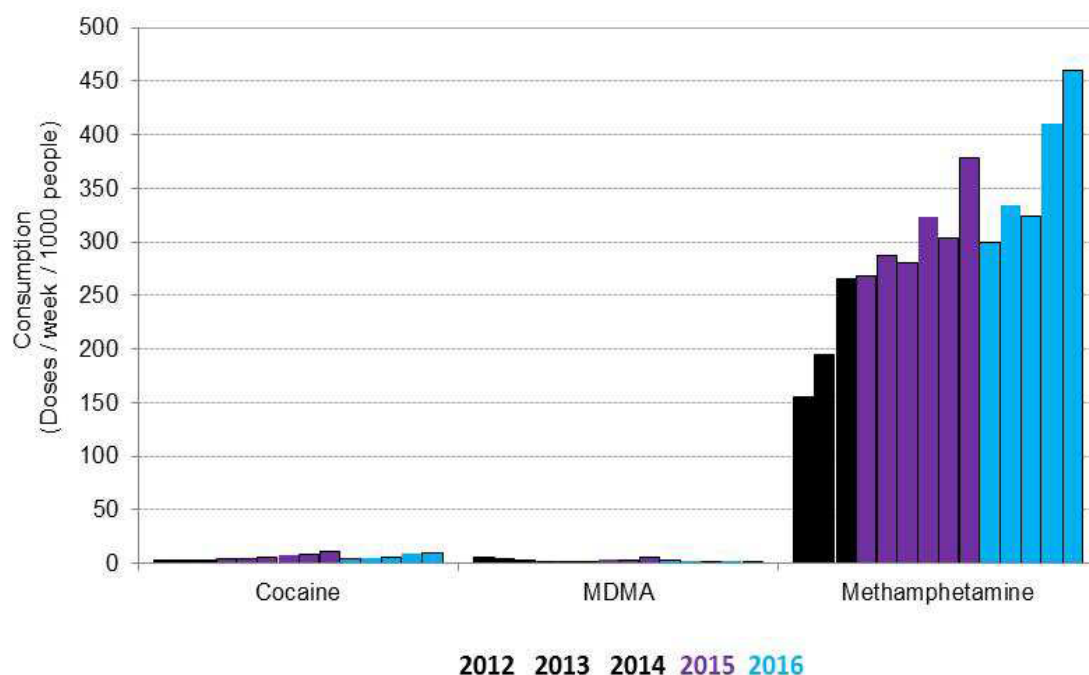


Figure 2. Weekly consumption (dose/week/1000 people) of cocaine (100mg dose), MDMA (100mg dose) and methamphetamine (30 mg dose) from Dec 2011. (Source: DASSA Drug use in Adelaide monitored by wastewater analysis,2016)

Another key advantage of wastewater analyses is that they provide objective data and are an important adjunct to existing AOD datasets currently being used by law enforcement and health agencies.

The continued use of wastewater analysis to better identify current prevalence rates of drugs such as crystal methamphetamine has the potential to greatly assist law enforcement and health to plan and implement appropriate and targeted strategies to reduce the harms associated with its use.

References

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