Inquiry into crystal methamphetamine

Written questions on notice

Holyoake Tasmania

Implementation of the National Ice Action Strategy

1. Primary Health Tasmania is set to receive $5.7 million over three years. Is that funding sufficient to meet the demands on the AOD sector in Tasmania?

No.

Holyoake is a leading AOD service provider in southern Tasmania, with established referral networks, a suite of programs for adults, children and families affected by ice and other drugs, yet there was no opportunity in the recent funding criteria for us to seek 'ice' funding for our existing service. Client referrals have increased by 191% since 2009, with no additional government funding.

Primary Health Tasmania stipulated very prescriptive criteria for funding, focussing heavily on the creation of new partnerships and programs which do not necessarily reflect or support the needs of existing clients who are currently receiving treatment, or on waiting lists, or provide additional support for the existing organisations already delivering evidence based programs and delivering excellent client outcomes.

The tender process for this money was far from ideal. Tenders opened in mid-December 2016 and closed in mid-January, a time where many organisations were closing or closed for Christmas which greatly hindered communications with potential funding partners. This rushed procurement process did not enable an adequate time for competing organisations to thoroughly research and prepare tenders which will deliver the best possible outcomes for clients using ice or their families.

Holyoake has now received notice that we were unsuccessful in our Primary Health tender to provide a transitional program for people within the justice system in Tasmania affected by ice. This highly successful program has the full support of the Director of Community Corrections and the Deputy Secretary, Department of Justice. The current prison program has become so much in demand that Holyoake is unable to continue channelling very limited resources into it at the expense of other Holyoake clients with ice addictions. This was the reason Holyoake applied for additional funding, because the community need is proven. Unless Holyoake receives additional funding, the prison program will be unsustainable, which will cost the government far more in the increased costs of crime, violence and recidivism due to untreated ice and other addictions.

2. What types of local initiatives have been implemented to address crystal methamphetamine use in Tasmania?

Holyoake has been treating people using ice, and their families, since about 2010. Due to skyrocketing community demand, in December 2015 we introduced our specialist "Ice Program". After thoroughly reviewing national and international research on models for the treatment of ice, Holyoake adapted the contemporary evidence based cognitive and behavioural therapies already in use at Holyoake, and tailored a model to meet the additional complexities associated with chronic ice use. Despite Holyoake experiencing a 3100% increase in clients affected by ice since 2011, we have received no additional funding from either state or federal governments. We were able to secure a small donation from a private trust fund for the 2026-17 financial year to assist us in the delivery of our ice program, but this was grossly insufficient to meet demand. .

a. Are any of these applicable to other Australian jurisdictions?

b. If so, how might these initiatives be shared nationally?

The Holyoake Tasmania Ice Program could easily be delivered across Tasmania if additional funding was available. The program is already delivered across Tasmania via on line counselling.

National drug strategy 3 pillars

3. The Alcohol, Tobacco and other Drugs Council Tasmania states that there is presently an 'opportunity to rebalance three pillars of Australia's drug approach'.

a. Should the pillars of Australia's drug approach be rebalanced?

b. If so, how?

The initial approach of the 2010-2015 National Drug Strategy (NDS) to the 3 pillars approach must be reviewed to reflect the current state of play in Australia regarding illicit drugs, which has changed since their inception.

The emergence of ice in the past few years has changed the dynamics of illicit drug use, associated criminal activity and rehabilitation requirements. Ice is rapidly heading toward being the leading illicit drug used in Australia. Unlike other illicit drug users previously seen at Holyoake, clients using ice are far more complex, the majority with comorbid mental health issues. Ice is a highly addictive drug, and can take up to 18 months to rehabilitate from, if use has been chronic. Relapse is common and to be expected. Client contact needs to be frequent and intense. All of these requirements for rehabilitation are very labour intensive and costly and this increased financial cost of rehabilitating chronic ice users is not being reimbursed.

I would be curious to see where the money attached to the NDS was allocated. From the perspective of Holyoake, a leading AOD specialist organisation in Tasmania we make the following observations:

Holyoake has received no additional funding in the past 7 years (when the NDS was rolled out) from either state or federal governments to support the 2 pillars we could have some effect upon, demand reduction and harm reduction. In fact, the meagre funding provided annually by the

federal government for a program to treat people with an AOD addiction has received no CPI increases during this time, effectively reducing the annual funding available.

Whilst there seems to have been a significant emphasis on supply reduction, with some enormous seizures of illicit drugs in recent times, it is widely believed it should be subject to rigorous review if more progress is to be made and the harms being caused to drug users reduced. [1]. There is a plentiful supply of ice in Tasmania, and whilst large international seizures may affect the purity of the drug on the street, they seem to have little impact on the availability of the drug. In the experience of Holyoake, chronic drug users will use whatever is available.

c. In Holyoake's view, has the NIAS (2015 National Ice Action Strategy) adequately rebalanced the pillars?

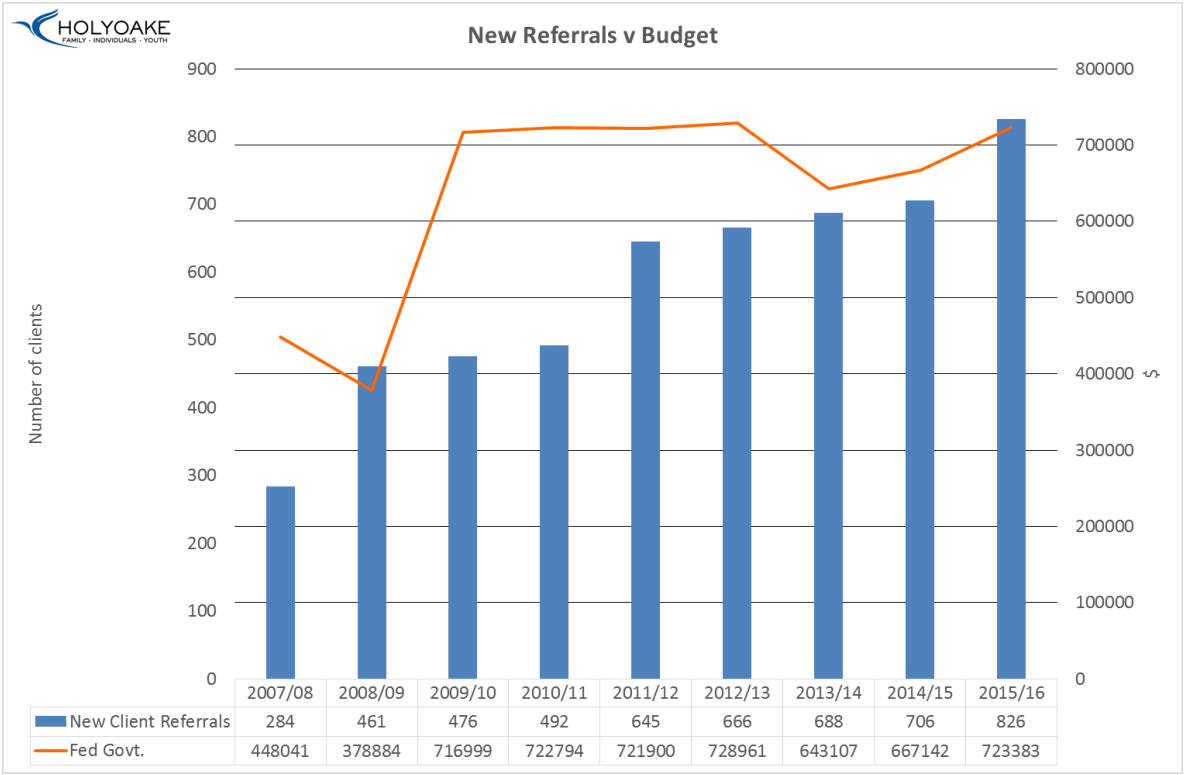
The NIAS has had no impact on the ability of Holyoake to support the main objectives of the Strategy. The Strategy is meant to ensure that:

- Families and communities have better access to information, support and tools to help them to respond to ice.
- Prevention messages are targeted at high-risk populations and accurate information about ice is more accessible.
- Early intervention and treatment services are better tailored to respond to ice and meet the needs of the populations they serve.
- Law enforcement efforts are better targeted to disrupt the supply of ice.
- Better evidence is available to drive our responses to ice.

Since the NIAS was released in 2015, Holyoake has received no additional money to support any of these objectives.

d. Critics of the NIT/NIAS argue it has largely ignored, or redefined harm reduction measures. Do you share this view? If so, why?

As stated above, Holyoake is a leading front line AOD specialist service in Tasmania, receiving over 800 NEW referrals in 2016. The number of clients seeking our service continues to climb each year. As on March 2017, ice is now the leading illicit drug affecting Holyoake clients, yet we have not received any additional financial support as a result of the National Ice Task Force.



From the perspective of a front line service provider, the current situation regarding government support for harm reduction measures is unresponsive to the immediate needs of the community. Away from all the media attention, the rhetoric, the back slapping, nothing has improved, in fact the situation has worsened significantly. The ice situation in the community deteriorates as the government wastes time and money setting up additional layers to administer funding, but nothing is reaching the front line.

e. How can the harm minimisation approach be better addressed at a national level?

There should be a coordinated harm minimisation strategy rolled out across the country which includes;

- Expanding access to medically supervised injecting rooms
- Drug testing – people often have no idea of the content or purity of the substances they are buying. In the experience of Holyoake, chronic drug users will use whatever is available. We have seen this with powder methamphetamine (speed) and crystal methamphetamine (ice). Users began substituting ice for speed, as the supplies of speed diminished, irrespective of the increased risks associated.
- Improving access to detox facilities. Holyoake clients at times have to wait up to 8 weeks before accessing the detox unit in Hobart. Many of these clients are ready to make the change right now, not in 2 months, and for some it is just too hard, so they return to their drug use. This has happened on numerous occasions with our clients. Often we will never see that client again.
- Improved access to pharmacotherapy programs in rural areas. Holyoake has clients who , due to their geographical location, find cost and availability of transport a barrier to ongoing treatment, and some have opted to return to illicit use because it was ‘too hard’.

- Additional funding provided to established programs such as Holyoake who are consistently achieving excellent client outcomes with evidence based therapeutic interventions, but struggling to meet the overwhelming community demands.

Regulation of residential treatment

4. On 12 September 2016, Four Corners investigated the private rehabilitation sector. The investigation highlighted concerns about the cost of treatment services and the lack of regulation of the industry.

    a. Does Holyoake have concerns about the regulation and cost to consumers of the private rehabilitation sector in Tasmania?

Yes, this is potentially a concern. There does not seem to be any legislation or regulations to prevent the emergence of maverick rehabilitation AOD services, which does provide an opportunity for clients to be exploited by profiteers. I am not aware of this being an issue in Tasmania

    b. Should private clinics be better regulated? If so, how?

    c. What challenges are there to strengthening regulation of private clinics?

Private AOD rehabilitation services must be regulated by an appropriate industry body, and work under industry specific accreditation standards with appropriate and specific reporting requirements to an external auditing body.

Any private AOD rehabilitation treatment services must have good clinical governance framework which directs:

- consumer engagement – designing a framework to enhance the participation of consumers in the development , review and evaluation of services
- clinical practice– implementation, monitoring and evaluation of evidence-based best practice
- Competent workforce - staff must have the appropriate skills and knowledge
- Risk management – a risk management system that integrates the management of organisational, financial, occupational health and safety, plant equipment and clinical risk.

    d. How do publicly funded rehabilitation services engage with private services?

The only AOD detoxification centre in Tasmania is the State-wide In-patient Withdrawal Unit, at St Johns Park, Hobart. This 10 bed unit is owned and run by the state government. The unit offers medically supervised safe withdrawal, was recently only running at 50% occupancy.

Holyoake has a strong relationship with the Withdrawal Unit. Holyoake provides therapeutic interventions before the client enters for physical detoxification, and follows up with the client following discharge. The length of post discharge therapeutic interventions will vary, depending on each client, and their addiction. For a client using ice, this could be up to 18 months

Decriminalisation/drug diversionary programs

5. The committee has heard evidence from submitters supporting the decriminalisation of illicit drugs, including crystal methamphetamine.

    a. Do you support the decriminalisation of drugs, such as methamphetamine? If so, what would the benefits be for pursuing this policy option? What are the risks?

There is little evidence to show that law enforcement efforts in recent years have measurably reduced the size of the drug market. [1] Holyoake clients regularly report on how plentiful ice is in Tasmania, and the number of illicit drug users, and their families, seen at Holyoake continues to climb.

The emergence of synthetic drugs, more potent drugs and drugs of unknown purity or safety has created an environment which is extremely high risk. The number of people who are only too willing to take an unknown substance is an interesting observation regularly made at Holyoake. This includes people, mostly aged 21-45, across all spectrums of society.

Holyoake supports the decriminalisation and regulation of illicit drugs. If safer drugs are available to regular users, at a competitive price, they will use them. Decriminalisation should not be a carte blanche approach to all illicit drugs in the first instance, but should be a closely assessed and evaluated process. Consideration must be given to the various families of drugs in accordance with their pharmaceutical effect, toxicity, actions, level of harm, contraindications and contentiousness.

If decriminalisation of drugs were to be put before the government, or wider community, the inclusion of ice in the proposal would cause an uproar. That is not to say that a safer type of methamphetamine, such as the powdered less potent form (speed) could not be proposed, which may be more palatable to the masses and less harmful to the users.

<u>Benefits of decriminalising drugs</u>

- Removes the power base of organised criminals, leading to a reduction in expenditure in the justice budget
- An opportunity for the government to create a revenue stream by taxing the regulated products
- A reduction in HIV and AIDS among IV drug users [3]
- A reduction in drug related mortality rates [3], leading to a reduction in health budget expenditure[3]

- A reduction in the number of drug related deaths, leading to a reduction in health budget expenditure [3]
- Drug users will feel less judged, and more likely to seek help [3]
- Improved employment prospects [5]
- Improved relationships with significant others [5]
- Better utilisation of law enforcement budget
- The cost savings listed above would be better utilised in the treatment of drug addiction and research into safer drugs and better ways of minimising harm.

The research on other countries who have gone down this path shows that decriminalisation has no or very small effects on rates of drug use. [5]

These countries include:

USA (11 states)	Belgium	Brazil
Netherlands	Italy	Peru
Switzerland	Czech Republic	Colombia
France	Denmark	Argentina
Germany	Estonia	Mexico
Austria	Ecuador	Paraguay
Spain	Armenia	Uruguay
Portugal	India	Costa Rica
Jamaica		

b. How successful has Tasmania's Drug Diversion Program been at assisting users with access to treatment services?

Whilst the majority of people sent to the Drug Diversion Program may not have been actively seeking support for their drug use, this mandatory intervention provides an opportunity which can lead to people making huge changes in their life. This involuntary interaction provides highly skilled staff at Holyoake with an opportunity to show the client a place where they are not judged, they are listened to, someone is interested in them and they are offered practical strategies to improve their life. This is enough for some clients to seriously reconsider their current situation, and to continue seeking support to change their lives.

c. Is the Drug Diversion Program available to users of all illicit drugs? Or is it restricted to drugs such as marijuana?

So far in 2017, Holyoake has received client referrals through the Initial Drug Diversion Initiative (IDDI) for a variety of drugs, including cannabis, MDMA, heroin and ice.

d. Would Holyoake support an expansion of the program to include illicit drugs such as methamphetamine?

The IDDI program is very much a brief intervention approach. Whilst this model may be better than no intervention for an ice user, it is not the most ideal model to use in its current form for chronic ice users. Whilst IDDI referrals typically attend between 1-3 occasions, people regularly using ice require longer term follow-up and proactive relapse prevention programs are vital, as the relapse rate among ice users is high. [2] Holyoake would very much welcome an extension to this program, with modifications to accommodate the complexity of this drug.

e. What barriers must be overcome before Australia can actively consider a decriminalised approach to illicit drug use?

By far the biggest barrier will be societal attitudes and prejudices. We have spent the past hundred or so years telling people how drugs are really bad, and now they are ok?

- We need to re-educate people about illicit drug use, creating an understanding that drug use is a health issue, not primarily a law enforcement one, and that drug users should be offered support, not punishment.

References

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3. Greenwald, G., 2009. *Drug decriminalisation in Portugal: Lessons for creating fair and successful drug policies.* Washington, D.C: CATO Institute

4. Department of Human Services, Melbourne, 2008,Victorian clinical governance policy framework : A guidebook, viewed 11 April 2017, https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/clinical-governance-policy

5. Hughes, C., Ritter, A., Chalmers, J., Lancaster, K., Barratt, M. & Moxham-Hall, V. (2016). Decriminalisation of drug use and possession in Australia – A briefing note. Sydney: Drug Policy Modelling Program, NDARC, UNSW Australia.