



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

# Submission to the Inquiry into crystal methamphetamine (ice)

December 2016



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

[www.atdc.org.au](http://www.atdc.org.au)

ABN: 91 912 070 942

Contact: Debra Rabe, CEO

Jackie Hallam, Policy

Phone: 03 6231 5002

Facsimile: 03 6231 6099

PO Box 4702

Bathurst Street Post Office

Hobart, TAS 7000

©Alcohol, Tobacco and other Drugs Council Tas Inc.

2015, Hobart, Tasmania



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

## The Alcohol, Tobacco and other Drugs Council

---

The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

By working with all levels of government and the community the ATDC seeks to promote health and wellbeing of all Tasmanians through a reduction of the harms caused by substance use. Our priorities are set by the membership and Board and focus on the prevention of the uptake of harmful alcohol or drug use, the provision of effective treatment for alcohol or drug misuse and the long term promotion of health and relapse prevention.

A broad and regionally dispersed membership base ensures the ATDC maintains a strategically relevant position within the overall understanding of what services are provided, what services are needed and how best to achieve the goal of reducing the negative impacts on the Tasmanian community from alcohol and drug use.

The ATDC is committed to the following eight broad principles:

- Harm minimisation
- A population health approach
- A continuum of service types
- Consumer participation
- Consumer self determination
- Evidence based practice and policy
- Partnership and collaboration
- Recognition of Aboriginal and Torres Strait Islander Australians.



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

## Our submission:

### 1. Governments can't afford not to involve service users in policy, process and program design, evaluation and decision making

In all of the documents that were reviewed for this submission, the input of an alcohol tobacco and other drug (ATOD) service user voice was not mentioned. This is extremely concerning to the ATDC and member organisations. Good, effective policy making involves top down (expert) and bottom up (constituency, service user) perspectives working together. Ostensibly service users act to put a 'real world' perspective to research and expert opinion, ensuring that services are responsive and appropriate. *Any* approach that does not involve bottom up processes at each stage - from design to implementation to evaluation - will be, by its nature, compromised. The ATOD consumer voice is not an optional 'add-on' - to the ATOD service system, it is a critical part.

Specifically responding to Recommendation 38 (Final Report)-

- "ice users need treatment and support services that cater to their needs"

ATOD service user voice provides key information regarding the type and nature of services that respond to their needs. Without this perspective, at each stage of the policy process, services will be hampered in their quest for appropriate service provision.

### 2. Treatment and education approaches must be evidence based and evaluated.

The ATDC maintains that only evidence based and evaluated treatment and education programs are funded. The need for an evidence- base to underpin treatment is established, however, this is less so regarding education campaigns. Education employing scare tactics emphasises and dramatises the negative aspects of ATOD use and has been shown to be ineffective in preventing or producing use of drugs on youth.<sup>1</sup> Please see a summary of evidence taken from 'Ineffectiveness of Fear Appeals in Youth Alcohol, Tobacco and Other Drug (ATOD) Prevention' paper<sup>2</sup>:

---

<sup>1</sup> National Institute on Drug Abuse, 1997, *Drug Abuse Prevention: What Works*. Rockville, MD: National Institutes of Health. Hawkins, J. D., and R. F., Jr. Catalan, 1992., *Communities That Care: Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass.

<sup>2</sup> Prevention First (2008). *Ineffectiveness of Fear Appeals in Youth Alcohol, Tobacco and Other Drug (ATOD) Prevention*. Springfield, IL: Prevention First, accessed online 12/12/2016, found here:

<https://www.prevention.org/resources/sapp/documents/ineffectivenessoffearappealsinyouthatodprevention-final.pdf>



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

- “Information or education programs using scare tactics are used less often because research and experience have demonstrated that they are either counterproductive or ineffective, and that students learn better with a low fear appeal message and with a credible communicator. (National Institute on Drug Abuse, 1997<sup>3</sup>)
- By itself, information about the dangers of drugs and alcohol ... has little or no effect on use. (Hawkins & Catalano, 1992<sup>4</sup>)
- School-based tobacco, alcohol and drug education programs as well as public information programs have sought to deter substance use by increasing adolescents’ awareness of the adverse consequences of using these substances. Although this kind of strategy has proliferated for more than two decades, results indicate quite clearly that these approaches are not effective. (Botvin, 1990<sup>5</sup>)
- Overly mild threats won’t arouse fearful reactions enough, but overly strong threats may be counterproductive as the receiver defensively avoids attention, denies personal vulnerability or distorts the message. (Ray & Wilkie, 1970<sup>6</sup>)
- CSAP cautions that messages that may do more harm than good – e.g. scare tactics – should be avoided. Scare tactics are not as effective as appeals to more positive emotions. (Center for Substance Abuse Prevention<sup>7</sup>)

From the above, the ATDC is strongly opposed to campaigns that are not evidence based or evaluated or have characteristics noted above.

### **3. We need better regional data to make responsible decision with public budgets.**

Currently decisions around the distribution of ATOD funding are made in the context of scant data on Tasmanian drug use and service usage. The collection of data and information is a fundamental component that scaffolds any service system. Such evidence works to enhance the responsiveness of service provision. Data provides a rich asset about the services that are being provided by organisations and to whom and whether successful outcomes are being achieved for individuals and the broader community. Information on region specific drug trends also adds value in service design processes and underwrites responsible decisions around the distribution of public funds.

In regional Tasmania, as in many other rural and regional jurisdictions nationally, there have been many anecdotal reports regarding increased use and availability of crystal methamphetamine. Through media and public meetings, calls have been made for enhanced treatment services and increased policing, with the goal of reducing use of this drug and harms associated with it. However, to date, there has been a lack of any rigorous research conducted in these regional areas of

---

<sup>3</sup> National Institute on Drug Abuse, 1997, *Drug Abuse Prevention: What Works*. Rockville, MD: National Institutes of Health.

<sup>4</sup> Catalan, 1992., *Communities That Care: Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass.

<sup>5</sup> Botvin, Gilbert J., 1990, "Substance Abuse Prevention: Theory, Practice, and Effectiveness." *Crime and Justice* 13, pp461-519.

<sup>6</sup> Ray, Michael L., and W. L. Wilkie, 1970, "Fear: The Potential of an Appeal Neglected by Marketing." *Journal of Marketing*, 34, pp54-61.

<sup>7</sup> Center for Substance Abuse Prevention, 2008, "Social Marketing and Health Communications." CSAP Training Library. Substance Abuse and Mental Health Services Administration.



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

Tasmania to support these claims. The ATDC wishes to highlight that the lack of data necessarily impedes responsible allocation of public funds into law enforcement, and health initiatives.

#### **4. Broaden focus from crystal methamphetamine to encompass all forms of methamphetamine**

Methamphetamine is a synthetic drug, commonly available in tablet, powder (speed), crystal (ice) and base forms. The ATDC suggests that the focus of the national framework and priorities should be broadened to the umbrella term of 'methamphetamine' for two reasons:

- 1) Approaches (interventions and treatment) to crystal methamphetamine apply to all types of methamphetamine so therefore the logical coherence of the overarching framework is maintained.
- 2) Changes in availability of different types of methamphetamine, specifically shifting purity and forms, has occurred rapidly over the last decade in Australia.

It makes sense to broaden the focus of national documents away from 'ice' and toward a more inclusive umbrella term of methamphetamine so that Government strategies and frameworks remain current and dexterous to the happenings of illicit drug markets. It is possible that 'crystal methamphetamine' may not have the same currency or reach in community impact in the medium to long term, however it is almost certain that *some* form of methamphetamine will continue to generate drug related harm into the future.

#### **5. Opportunity to rebalance three pillars of Australia's drug approach. Specifically critically evaluate the unintended impact of law enforcement on health budget, asking are governments chasing their tails?**

It has long been acknowledged that the enforcement of drug laws at the level of the user can produce (unintended) harms. Such harms from law enforcement can include:

- Result in unsafe injection practices and leading to health problems and transmission of blood borne viruses which then impacts substantially on health budgets<sup>8</sup>
- Displacement of geographical, social and substance variables and a breakdown between relations of marginalised groups and police,<sup>9</sup>
- stigma and discrimination afforded to drug users on account of their use which means reduced access to treatment and affects participation generally in workforce, familial and societal structures.

In this sense, law enforcement activity directed at people that *use* drugs generates costs towards health budgets. Considering the way that the current budget is funded, with law enforcement receiving the vast majority - some thought towards how laws are policed and the relative proportions towards each area is critical. Current and future forecasts of health budget blowouts further underpin the rationale and increase the urgency that this must occur.

---

<sup>8</sup> Friedman, S., et. Al., 2006, 'Relationships of deterrence and law enforcement to drug-related harms among drug injectors in US metropolitan areas', *AIDS*, 20, pp93-99.

<sup>9</sup> Mahers, L & Dixon, D., 1999, 'Law Enforcement and Harm Minimization in a Street-level Drug Market, *British Journal of Criminology*, 39:4, pp488-512



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

Further, investment in alcohol and other drug specialist treatment services is necessary, as service demand far exceeds available supply. Every year across Australia between 200,000 and 500,000 people are unable to access the treatment they seek.<sup>10</sup>

## **6. Ensure funding arrangements support not impede outcomes**

Longer funding periods would provide much needed stability to the current service delivery environment. In addition, increasing funding periods will: reduce service disruption; improve client care; enable long term planning; and support improvement and innovation. Add to this the complexity of funding arrangements and investment in time to ensure that obligations from Federal, State and ad-hoc sources are met.

## **7. Considering people around the drug user is critical**

When thinking about those people connected to, and affected by, service users, the ATDC would like to raise two key aspects:

- Emphasis on raising the capacity of people that surround a person with issues with methamphetamines is applauded. The ATDC hears from member organisations that services for family and friends are in demand and play a critical part of the service system.
- Family friendly services- for example rehabilitation services that can accommodate children are in demand and this is an ongoing gap in the Tasmanian ATOD service system.

---

<sup>10</sup>Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13