

Chapter 1

Introduction

Conduct of the inquiry

1.1 On 18 March 2015, the Parliamentary Joint Committee on Law Enforcement (the committee) initiated an inquiry into crystal methamphetamine (ice), which lapsed at the end of the 44th Parliament. Submissions had been received and a number of hearings held at the time the inquiry lapsed.

1.2 On 12 October 2016, during the 45th Parliament, the committee re-instated the inquiry. The committee resolved that documents received in the 44th Parliament, including Hansards transcripts and submissions, would be considered in respect of the re-instated inquiry. The committee also accepted additional submissions.

1.3 The terms of reference for the inquiry were as follows:

Pursuant to the committee's functions set out in paragraph 7(1)(g) of the Parliamentary Joint Committee on Law Enforcement Act 2010, the committee will examine the criminal activities, practices and methods involved in the importation, manufacture, distribution and use of methamphetamine and its chemical precursors, including crystal methamphetamine (ice) and its impact on Australian society.

In particular, the committee will examine:

1. the role of Commonwealth law enforcement agencies in responding to the importation, manufacture, distribution and use of methamphetamine and its chemical precursors;
2. the adequacy of Commonwealth law enforcement resources for the detection, investigation and prosecution of criminal activities involving the importation, manufacture, distribution and use of methamphetamine and its chemical precursors;
3. the effectiveness of collaborative arrangements for Commonwealth law enforcement agencies with their regional and international counterparts to minimise the impact of methamphetamine on Australian society;
4. the involvement of organised crime including international organised crime and outlaw motorcycle gangs in methamphetamine related criminal activities;
5. the nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities;
6. strategies to reduce the high demand for methamphetamines in Australia; and
7. other related issues.

1.4 The committee received 82 submissions during the 44th Parliament and a further 37 submissions during the 45th Parliament (listed at Appendix 1). The

committee also received a number of additional documents and answers to questions on notice (see Appendix 2).

1.5 The committee invited a number of individuals and organisations, many of which had submitted to the 44th Parliament, to comment on:

- the National Ice Taskforce's (NIT) final report;
- the government's response to the NIT; and
- the National Ice Action Strategy (NIAS) 2015 endorsed by the Council of Australian Governments (COAG) on 11 December 2015.

1.6 During the 44th Parliament, the committee held 10 hearings in the following locations:

- Melbourne, Victoria (27 July 2015);
- Mount Gambier, South Australia (28 July 2015);
- Liverpool, New South Wales (29 July 2015);
- Caboolture, Queensland (30 July 2015); and
- Canberra, Australian Capital Territory (12 August, 9 September, 14 October, 11 November, 25 November and 2 December 2015).

1.7 A further two hearings were held during the 45th Parliament in Canberra (24 March 2017) and Perth (3 May 2017).

1.8 In total, the committee took evidence from 69 organisations over the course of the inquiry. A list of witnesses who appeared at the public hearings is at Appendix 3.

First report

1.9 This report is the committee's first report. It is the committee's intention to present a second report (outlined in more detail in paragraphs 1.16 to 1.24) following a visit to Portugal.

1.10 This report's focus is on law enforcement, or supply reduction measures to address crystal methamphetamine. This report is cognisant of the work done by the NIT and the NIAS. For this reason, this report's primary aim is to build upon, and provide recommendations that complement the work of the NIT and NIAS to address the issue of crystal methamphetamine use in Australia.

1.11 Chapter 2 of this report provides an overview of crystal methamphetamine and its use in Australia. First, it describes the substance and how it differs from other methamphetamines. The chapter then examines:

- crystal methamphetamine use in Australia;
- problematic use versus non-problematic use, especially for groups of users identified as at risk of developing problematic consumption;
- the mental and physical impacts of crystal methamphetamine including violent and psychotic behaviours;

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- factors that contribute to problematic crystal methamphetamine use and people's motivations for using the drug;
 - the price and purity of crystal methamphetamine and how this has changed over time, as well as methods of its administration;
 - how crystal methamphetamine use is often associated with poly-drug use and how this influences users' health outcomes; and
 - finally, national data on illicit drug arrests and illicit drug offences recorded in Australian courts.

1.12 Chapter 3 looks at Australia's drug strategies and work already done, at a Commonwealth level, which focuses on crystal methamphetamine. This analysis includes:

- an overview of the National Drug Strategy and its promotion of demand, supply and harm reduction measures for all drugs, including crystal methamphetamine;
- consideration of the NIT and the government's response to the NIT's final report;
- examination of the NIAS and the establishment of the Ministerial Drug and Alcohol Forum (MDAF); and
- initial commentary from stakeholders following the release of the NIT's final report and the NIAS.

1.13 The chapter concludes with analysis of the NIT and the NIAS and the apparent shift in Australia's strategy, away from a law enforcement approach and towards a health-focussed approach.

1.14 Chapter 4 provides an overview of a number of current Commonwealth law enforcement activities, followed by:

- consideration of data on the number of detections of crystal methamphetamine at Australia's borders, existing border control measures and embarkation points for crystal methamphetamine into Australia; and
- the role of outlawed motorcycle gangs and other organised criminal groups in the manufacture, importation and sale of crystal methamphetamine in Australia.

1.15 The examination of law enforcement strategies continues in chapter 5. This chapter looks at the strategies announced in the NIAS and considers how current and planned future strategies might be improved. Specifically, the chapter considers:

- the development of the National Criminal Intelligence System;
- a nationally consistent unexplained wealth regime;
- the development of a Swift, Certain and Fair Sanctions model based on the Northern Territory pilot program;
- the role of drug diversionary programs;

- combatting the availability of precursor chemicals and equipment to prevent domestic production of crystal methamphetamine;
- eligibility criteria for aviation and maritime security identification card schemes;
- strengthening of international cooperation and bringing together of law enforcement and health strategies; and
- the limits of law enforcement strategies to deal with the problems caused by illicit drug use.

Second report

1.16 A considerable amount of evidence provided to the committee discussed the role of decriminalisation. Many of the submitters and witnesses that addressed decriminalisation outlined the model employed in Portugal and advocated that such a model was worth consideration in the Australian context.

1.17 For example, Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, argues that evidence from the Portuguese experience shows:

There is no doubt that drug overdose deaths decreased, drug related crime decreased, HIV infection decreased and the number of prison inmates serving sentences for drug related offences decreased. There is debate about whether drug use increased, but there is no doubt that what the Portuguese call problematic drug use decreased, and I think it is problematic drug use that we should be principally concerned with. The evidence is starting to accumulate and become quite strong that, rather than burdening the health system, moving to reduce the penalties in the way I describe means that we are going to see a reduction in the burden on the health service. That was the experience in Portugal. At the same time, I have to emphasise that, when Portugal introduced those changes in 2001, they also introduced a considerable enhancement of their drug treatment system, with greater funding and improvement in quality and access.¹

1.18 Dr Wodak also highlighted the popularity of this policy, stating it is supported both politically and 'by 70 or 80 per cent of the people in Portugal in opinion polls, so it has been a success pragmatically as a policy, and politically'.² Further, when compared with Portugal's neighbours, Spain, Italy and France, 'there were increases in drug use at the same time that were far greater than what may have occurred in Portugal'.³ The United Nations Office on Drugs and Crime advised the committee that data from the European Monitoring Centre for Drugs and Drug Addiction shows a decrease in the total number of HIV and AIDS cases in Portugal since the early 2000s. Further, drug mortality rates among adults (aged 15 to 64 years) in Portugal is

1 Dr Alex Wodak, Australian Drug Law Reform Foundation (ADLRF), *Committee Hansard*, 29 July 2015, p. 48.

2 Dr Wodak, ADLRF, *Committee Hansard*, 29 July 2015, p. 48.

3 Dr Wodak, ADLRF, *Committee Hansard*, 29 July 2015, p. 49.

estimated at 4.5 deaths per million, significantly lower than the European average of 19.2 deaths per million in recent years.⁴

1.19 In her evidence to the committee, Professor Nadine Ezard, Clinical Director of St Vincent's Hospital noted the effectiveness of the Portuguese system, especially in addressing relapse rates by decriminalising illicit drugs and placing 'effort into expanding treatment places...integration–employment opportunities and supporting employers to take someone off a treatment program and retrain them into employment'.⁵

1.20 The Honourable Ms Sheila McHale from the Palmerston Association declared that Portugal provides a model of best practice⁶ and countries that have adopted a decriminalisation approach have shown:

...that it is a good policy—it is a good public policy. If you are going down that line, then there is a lot of education that has to happen because, of course, it is one of those counterintuitive policies. It works in other countries. It creates an environment where people can see their drug addiction as a health problem and not a criminal problem—and we have not even started to talk about the criminal justice system and what that does or does not do for people with a drug addiction. That is a whole other inquiry, I am sure. We would support consideration of decriminalisation.⁷

1.21 Representatives from Families and Friends for Drug Law Reform also expressed their support for the Portuguese model, arguing 'in Portugal the price of drugs has gone down but usage has [also] gone down. This is counterintuitive'.⁸ This organisation urged the committee to investigate this model further.⁹ Another supporter of drug decriminalisation, Professor Rebecca McKetin advised caution when adopting a policy developed within the context of another country but also recommended that the committee consider the Portuguese approach.¹⁰

1.22 From a law enforcement perspective, Mr Mick Palmer, former Australian Federal Police Commissioner, stated that a decriminalised model in Australia would not lead to an increase in drug use and:

...certainly in other parts of the world there are signs that...usage rates have decreased—not markedly, but they have decreased. I do not think there is a

4 United Nations Office on Drugs and Crime, answers to questions on notice, 11 April 2016 (received 24 March 2016), p. 2.

5 Professor Nadine Ezard, St Vincent's Hospital, *Committee Hansard*, 29 July 2015, p. 73.

6 The Honourable Ms Sheila McHale, Palmerston Association, *Committee Hansard*, 3 May 2017, p. 13.

7 Ms McHale, Palmerston Association, *Committee Hansard*, 3 May 2017, p. 17.

8 Mr William Bush, Families and Friends for Drug Law Reform, *Committee Hansard*, 25 November 2015, p. 4.

9 Mr Bush, Families and Friends for Drug Law Reform, *Committee Hansard*, 25 November 2015, p. 4.

10 Professor Rebecca McKetin, *Committee Hansard*, 9 September 2015, p. 13.

great danger of demand increasing. Even if there were political reluctance towards moving to decriminalise...just simply allowing us to deal with people who use it in a more humane and supportive way would really encourage people to admit what they have done and tell police or paramedics who arrive at the scene of an overdose or similar about what they have taken. Providing support and treatment for people in that situation would be an enormous step forward.¹¹

1.23 The committee has reservations about the decriminalisation of illicit drugs; however, the committee agrees that Portugal's decriminalised drug policy is worth more detailed consideration. On this basis, the committee sought and was granted approval to travel to Portugal. The committee hopes that its visit allows it to explore the benefits, limitations and risks of Portugal's approach. In particular, the committee is interested in gaining a better understanding of law enforcement agencies' perspectives on and experiences of the decriminalised model, and how a decriminalised model has influenced policing within Portugal and at its borders.

1.24 The outcomes of the committee's visit to Portugal will be presented in a second report, following the visit. This second report will also consider evidence concerning treatment and rehabilitation services, harm reduction measures, and the allocation of NIAS funds.

11 Mr Mick Palmer, *Committee Hansard*, 12 August 2015, p. 2.