



**LEGISLATIVE ASSEMBLY STANDING COMMITTEE ON HEALTH AND DISABILITY –
INQUIRY INTO THE USE OF CRYSTAL METHAMPHETAMINE**

submission by Families and Friends for Drug Law Reform

INTRODUCTION

In examining the question of methamphetamine use it is necessary to take a broad historical perspective and to examine objectively the circumstances that has lead the ACT, and Australia, to the point where it is asking how did we arrive at this point.

It is not possible to examine crystal methamphetamine in isolation. The use of that drug has come by way of changing trends in drug use, changing preferences or fashions, availability and marketing of the drug, perhaps coupled with reduced availability of another preferred drug, and the ease with which the drug can be manufactured in or smuggled into the country.

This submission concentrates almost exclusively on ways and means that problems associated with crystal methamphetamine can be reduced. Not so much as by way of being prescriptive about treatments that could be provided – that is for others to say – but by way of adopting different strategies and policies, by evaluation of outcomes of those strategies and policies and adjusting them when they prove to be ineffective or less effective than alternatives.

While the Committee’s terms of reference relate only to crystal methamphetamine, the use of that drug is currently fashionable and at some point in time will fall out of fashion and be replaced by another drug. Thus the Committee should in its recommendations adopt a broad approach and be forward looking, else the problems currently being experienced with crystal methamphetamine will simply transfer to the next most fashionable drug. And it is entirely possible that the next most fashionable drug will be more concentrated and bring with it a whole new set of problems, including as with methamphetamines an unpreparedness of suitable responses.

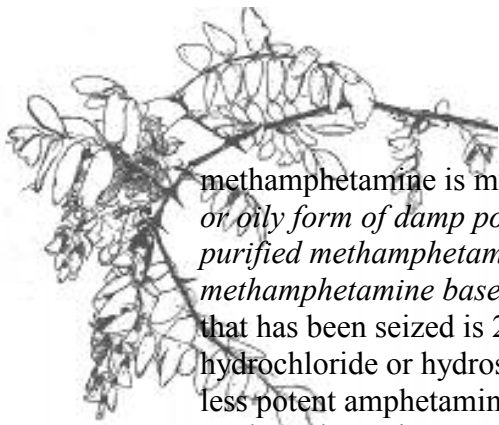
WHY LIMIT THE INQUIRY TO “ICE”?

The Committee will be unable to make any meaningful recommendations if it limits itself strictly to the substance described in its terms of reference: “the drug crystal methamphetamine, also known as ‘ice’”. This is because ice is just one of several forms in which the same drug is traded illicitly. The others are powder, pills, base and liquid¹. The media and users often use the term ice to refer to base, the damp or oily form, as well as the translucent crystalline form that researchers regard as crystal methamphetamine. Considering ice, the most potent form, in isolation makes little sense if it is open to the Committee to make recommendations that shepherd people to use less harmful forms. Indeed, it is important that the Committee conduct its inquiry in the context of drug policy as a whole.

As a crystal, ice should have a purity of about 80%, “*however over half of the methamphetamine seizures that had a crystalline appearance were less than 60% pure*” indicating that it included an adulterant.² Even in adulterated forms crystalline

¹ NDARC 2006 & Victoria Police 2002 1-38

² McKetin *et al.* 2005, 23



methamphetamine is much more potent than “base”. “Base” is “a sticky, gluggy, waxy or oily form of damp powder paste or crystal . . . [As such it] is probably poorly purified methamphetamine crystal resulting from an incomplete conversion of methamphetamine base to methamphetamine crystal”.³ The median purity of base that has been seized is 21%, twice that of powder.⁴ The powdered form is a hydrochloride or hydrosulphate salt generally known as “speed”. This replaced the less potent amphetamine powder sold under the same name. The median purity of methamphetamine speed judged from seizures from 1997 to 2002 was only 10%.⁵ In liquid form methamphetamine is sold on the street as “ox blood”, “red speed” or “leopard’s blood”.⁶ Methamphetamine has also come to be sold as pills of varying purity. These are deliberately passed off as ecstasy in the “party drug” scene.⁷

***Recommendation:** The Committee should consider ice and its recommendations concerning ice within the broad context of the illicit methamphetamine market in particular and illicit drugs and drug policy in general.*

THE POLICY

Australia’s drug policy is one of harm minimisation, which in more recent times has been defined as a three pillar policy of supply reduction, demand reduction, and harm reduction. The implementation of that policy employs law enforcement and the criminal justice system in an effort to reduce supply and to reduce demand. It uses education, publicity campaigns and prohibition in an attempt to reduce demand. And it uses various health approaches to reduce harm.

None of these approaches has been successful in isolation.

However it would be true to say that the major strategy employed, as measured by expenditure, has been that of law enforcement and the criminal justice system. It is clear that such an approach is a long way from stopping the supply of drugs even though it may have prevented small amounts of drugs from entering the country. What is not clear is the effectiveness of expenditure of taxpayers’ money on supply control. It is not known at which point there are diminishing returns nor whether the correct balance of expenditure on law enforcement and health treatment has been achieved.

Traditional measures of law enforcement [DLE] performance include such things as crime rates, arrests, seizures and clearance rates as key measures for assessing law enforcement success both in Australia and overseas. While such measures are simple, visible and easily understood measures of police effort, they are also in many cases ambiguous measures of performance. Such measures essentially demonstrate the extent to which law enforcement agencies engage in certain types of activities rather than demonstrating the

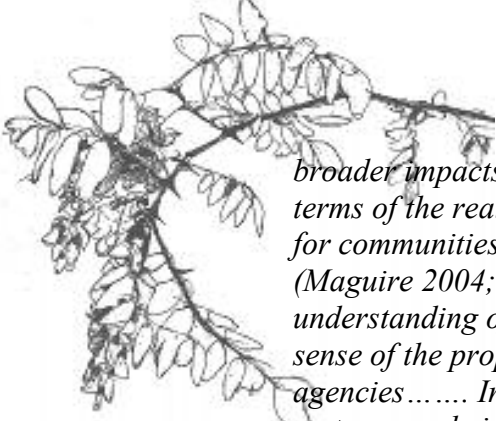
³ McKetin & McLaren 2004, 3

⁴ McKetin & McLaren 2004, 21

⁵ McKetin & McLaren 2004, 21

⁶ Victoria Police 2002

⁷ McKetin & McLaren 2004, 5 & FFDLR 2006, §§57-62



broader impacts of law enforcement work. For example, they tell us little in terms of the real impact of law enforcement in producing something of value for communities, such as making communities feel safer and more secure (Maguire 2004; Makkai 1999b). In addition, in terms of DLE, without an understanding of the size of the illicit drug market, such measures provide no sense of the proportion of illicit drugs seized, or key players removed, by DLE agencies..... In most cases, where specific DLE performance measurement systems are being used there is a concentration on arrest and seizure data. The limitations of these measures for assessing the performance of DLE are well documented both in Australia and overseas and, as has already been discussed, there is general acknowledgement that they are more a measure of policing activity than outcome.⁸

It must be noted also that the downside of supply control measures is the enhancement of the black market. It has the effect of raising prices and the profit margin as compensation for the extra risk and consequently ensuring a continuing attraction of dealers to the market.

In a similar way it is not known whether demand reduction measures such as school education or media advertising has had any real effect over time on demand reduction.

On the other hand there is a great deal of evidence that harm reduction measures – essentially health style approaches – have made significant differences.

Realistically the ACT Government has little power to radically change in any way the overall policy – indeed it has officially and repeatedly endorsed the policy. However it can have an influence in three main areas:

1. It can address the balance in expenditure terms between the three pillars so that its response can be a more effective use of taxpayers money;
2. It can introduce measures of effectiveness so that the worth (in terms of achieving stated objectives) can be determined; and
3. It can take steps to overcome the contradictions associated with drug policy (ie policy associated with both legal and illegal drugs) and to overcome the contradictions introduced by political expediency.

These matters will be dealt with in this submission.

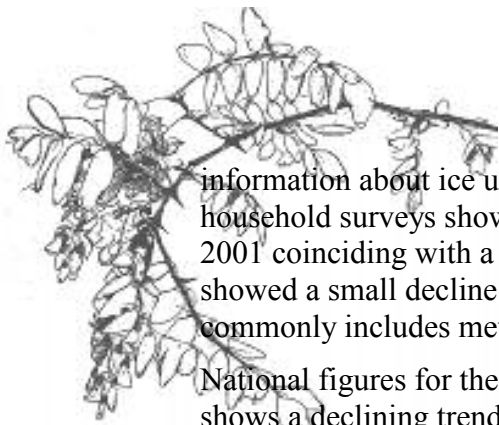
TERMS OF REFERENCE ADDRESSED

- **information on the availability and use of crystal methamphetamine;**

Families and Friends for Drug Law Reform does not have access to all existing data on ice. In particular we have not seen the ACT data on usage from the 2005 Schools' Survey⁹. Moreover the survey data that is available does not provide much

⁸ Katie Willis, Peter Homel and Katie Gray, Developing and implementing a performance measurement framework for drug law enforcement in Australia, NDLERF Monograph Series No.18 pp16, 23 (National Drug Law Enforcement Research Fund, Payneham, SA, 2006) at http://www.ndlerf.gov.au/pub/Monograph_18.pdf visited 03/02/2007

⁹ Australian Secondary School Children's Survey; Anti-Cancer Council of Victoria at <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono60>.



information about ice usage as distinct from other forms of methamphetamine. The household surveys show a large rise in use of methamphetamine between 1998 and 2001 coinciding with a large decline in use of cannabis. The 2004 Household survey showed a small decline in methamphetamine use but that usage of ecstasy which commonly includes methamphetamine has continued to rise steadily.

National figures for the secondary school survey that also occurs every three years shows a declining trend of methamphetamine use (termed “amphetamine” in that survey) from 1999. Moreover and unlike the household survey, there is an indication that ecstasy use declined between 2002 and 2005.

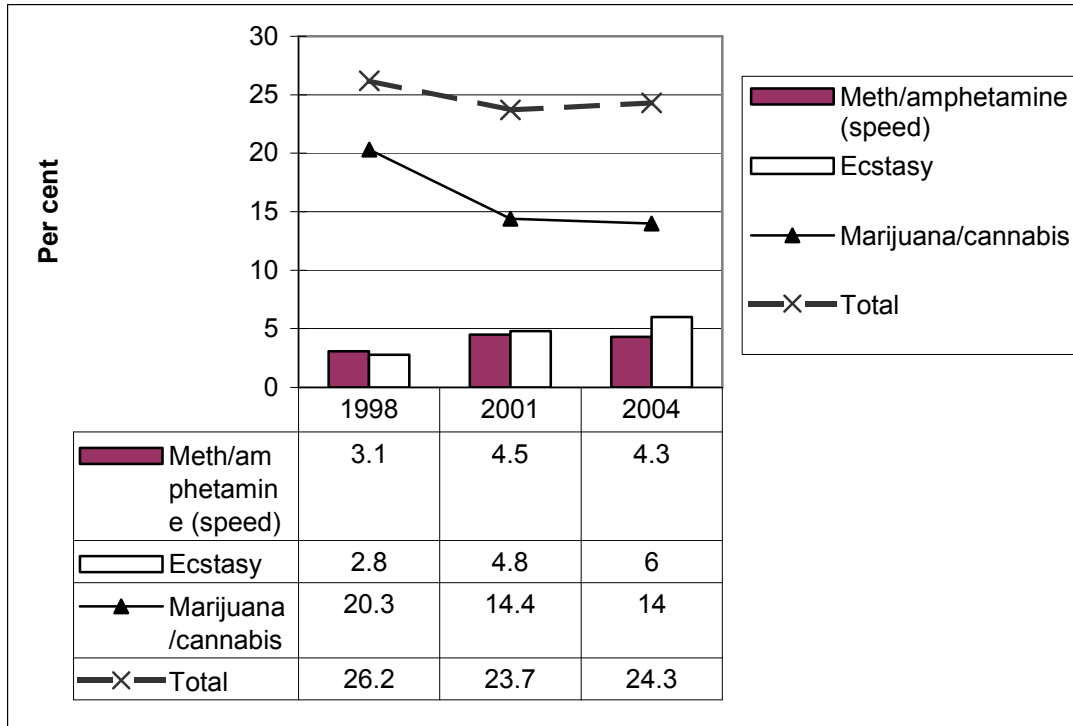


Figure 1: Recent use in the ACT of methamphetamine, ecstasy and cannabis according to the household surveys between 1998 and 2004

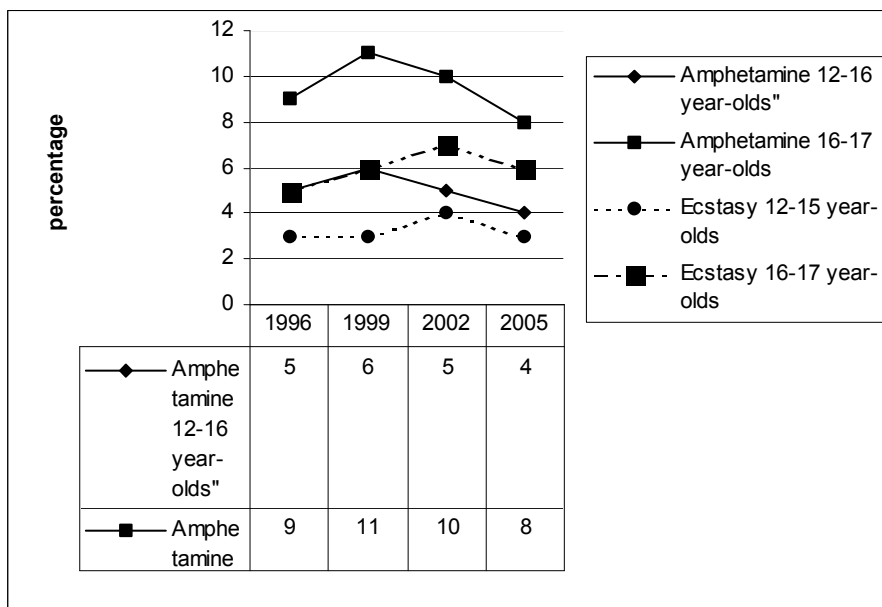


Figure 2: Secondary students who have ever used “methamphetamine” in the ACT between 1996 and 2005

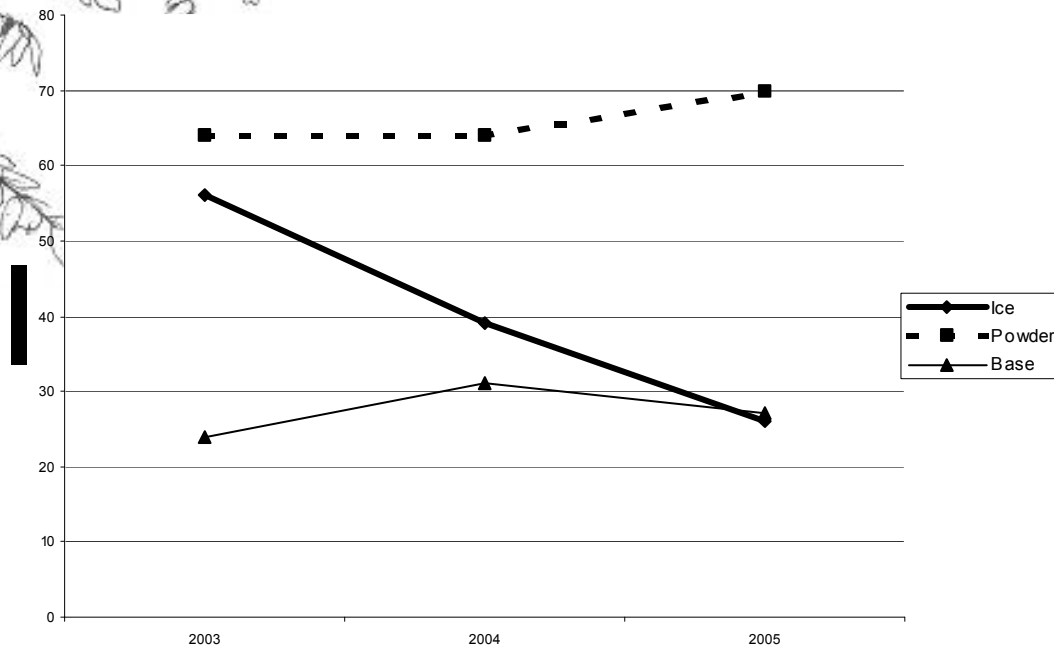
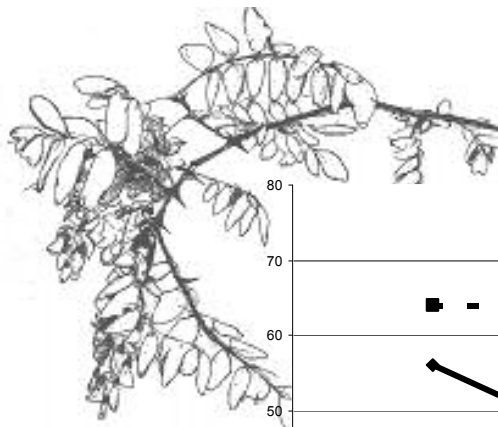


Figure 3: Use of methamphetamines by ACT ecstasy users between 2003 and 2005

The published results for the ACT from the 2002 survey show a decline in use from 9% of 16-17 year olds in 1999 to about 7.5% in 2002 - apparently suggesting that the ACT was following national trends.¹⁰

Further indications of methamphetamine use among particular drug using populations in the ACT is provided by the annual surveys of the party drug initiative and the illicit drug reporting system (see figure 3). The former surveys a sample of ecstasy users (which the household survey and secondary school surveys show is numerous) and the latter, the much smaller injecting drug user population. According to the household survey a mere 4.3% of the population above 14 years old have injected a drug in the past 12 months. Both surveys ask people about their use of ice, powder and base. The party drug initiative survey shows a marked decline in ice usage since the survey commenced in the ACT in 2003 to 2005 (the latest survey available to us).

Actual figures on seizures together with purity measures and spot indicators of prices are available in the Illicit Drug Report¹¹. Survey results of intravenous drug users on availability are available in the report of the findings of that survey¹².

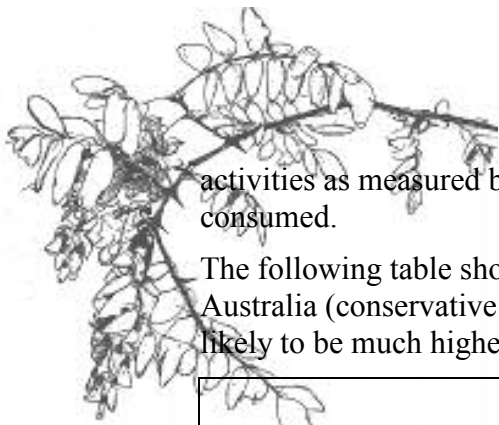
None of these however give full information of the extent of the market, the cost of the market to the community nor the sales amounts.

However given the data that is available it is possible to make some estimates of the quantities consumed, the sales amounts and the effectiveness of law enforcement

¹⁰ ACT Health 2004, 54

¹¹ Illicit drug data report, Australian Crime Commission

¹² An overview of the 2006 IDRS. The Injecting Drug User Survey Findings, [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins_2006/\\$file/IDRS+BULLETIN+DEC+2006.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins_2006/$file/IDRS+BULLETIN+DEC+2006.pdf)



activities as measured by seizures as a proportion of the quantities that have been consumed.

The following table shows FFDLR’s estimates for the amphetamines market in Australia (conservative estimates have been used, however in reality the figures are likely to be much higher):

Year	Users %	No of users	Quantity consumed (kg)	Average price per gram	Sales (1gm quantities) \$Millions	Street deal sales (0.1gm quantities @ \$50) \$Millions	Seizures (kg)	Seizure rate
2001	3.4%	530,651	9,286				802	7.9%
2002	3.4%	538,159	9,418				1,838	16.3%
2003	3.4%	545,156	9,540	\$ 284	\$ 2,709	\$4,770	2,023	17.5%
2004	3.2%	520,713	9,112	\$ 274	\$ 2,496	\$4,556	1,372	13.1%

Table 1 Estimates of methamphetamine users, usage, sales amounts and seizure rates (data sourced from the above mentioned reports where appropriate)

While noting that the table is a conservative estimate based on 1 gram sales, a street deal is 0.1gm and can sell for up to \$100 (average about \$50). Thus as can be seen from the above table the market is quite large.

Therefore it can be seen that the profit in the market is a major driving force – particularly when one considers that the market does not publicly advertise, and does not pay tax.

The market is also not unlike popular homeware marketing schemes – usually passed by word of mouth at parties and with active recruitment of new lower level marketers (dealers) and active recruitment of clients.

Costs of suppression of market

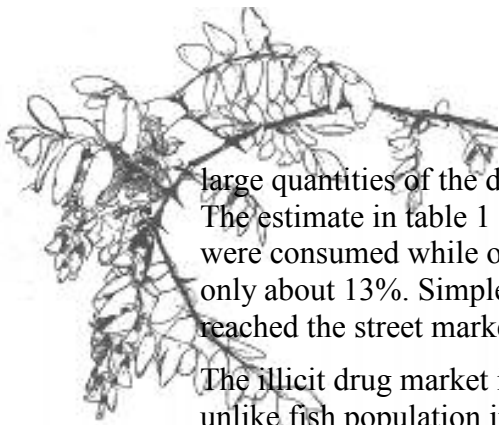
A recent estimate has indicated that Australia-wide expenditure on law enforcement in an attempt to reduce supply of illegal drugs has been put at \$558.9 million¹³. In the ACT a similar exercise has been undertaken by the AOTD [Alcohol and Other Drugs] committee that was established to monitor the implementation of the most recent ACT Drug Strategy which put the cost of law enforcement at about \$65 million.¹⁴

Has the seizures of drugs at our border reduced the supply?

Media reports are usually about the “large” (often the “largest”) drug busts that leave the impression that law enforcement is on top of the problem. However this induced level of complacency needs to be shaken off because indications are that if there are

¹³ Drug Policy Modelling Project, Monograph 01, “What Is Australia’s “Drug Budget”?, The Policy Mix Of Illicit Drug-Related Government Spending In Australia; Timothy J Moore, Dec 2005; Turning Point

¹⁴ Australian Capital Territory Government Expenditure on Preventing and Responding to Drug Abuse, 2004-05, Prepared by David McDonald, Consultant in Social Research & Evaluation, for the Alcohol and Other Drug Policy Unit, ACT Health, Canberra, 22 March 2006. Available at <http://health.act.gov.au/c/health?a=da&did=10133064>



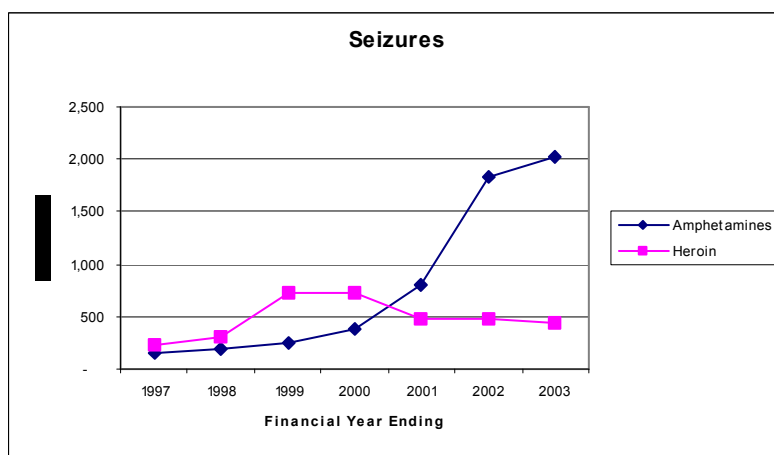
large quantities of the drugs being seized then large quantities are entering Australia. The estimate in table 1 indicates that for 2004 over 9 tonnes of methamphetamines were consumed while only about 1 tonne was captured, that is seizures amounted to only about 13%. Simple mathematics shows that 87% of illegal methamphetamines reached the street market.

The illicit drug market is, by its nature, a hidden market and in many ways is not unlike fish population in a given body of water – we do not know with certainty the size of the fish population. However if we were to cast our fishing net and pull in a large catch we could assume that there are many fish in that body of water. If we went back to the same place at a later time and cast our net and hauled in more fish we could presume that the fish population in that area was increasing. If, on the other hand, with every cast of the net we got less and less fish then we would presume the fish population was declining.

At this point the question of effort should be raised. When the supply is plentiful then the catch and effort for the catch should be easy. When supply is short, and if one wants to eliminate all the fish then a greater effort will be required.

It is a similar situation with the illicit drug market. If law enforcement cast its net about and seized more and more drugs each year, would it not be reasonable to assume that the size of the market was growing?

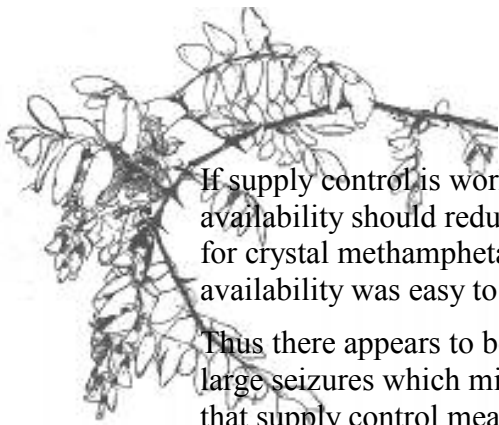
The following chart shows seizures from 1997 to 2003. It shows a growth in the amphetamine market. For heroin it shows, after a growth period, a decline in the heroin market coinciding with the heroin shortage of 2000.



There are statistical methods for estimating fish population sizes and so too there are methods for estimating the size of the drug market. Methodology for such estimations for heroin have been published and could easily be adapted for methamphetamines¹⁵.

There are other indicators that suggest that the drug market – particularly methamphetamines - is growing. These include data such as price, purity and availability.

¹⁵ In March 2004 the AFP published annual consumption estimates for the year 1998 for cannabis (132,024kg), opioids (2,366kg), and stimulants (11,319). The National Crime Authority in year 2000 estimated the heroin market to be 6.7 tonnes. Thus it is not an impossible task nor is it a difficult one to estimate the size of the drug market. The NCA had, in addition, identified its methodology for any to use in the future.



If supply control is working, price should increase, purity should decrease and availability should reduce. Available data for the ACT for 2006 indicates that price for crystal methamphetamine is stable at \$50 and 93% of those surveyed said availability was easy to very easy.¹⁶

Thus there appears to be a growing methamphetamine market despite media reports of large seizures which might lull the community and the government into a false sense that supply control measures are stopping the majority of drugs from reaching the street. Effective measures are needed to provide a realistic picture and enable more objective evaluation of dollars spent on supply control, rather than relying on assumptions.

Recommendation: *That the Legislative Assembly, as part of its monitoring role of the effectiveness measures of the funding provided for law enforcement efforts, require an estimate of the proportion of the drugs seized in the ACT as an estimate of the drugs available on the street - that estimate to be used for benchmarking and funding allocation.*

Consequences of supply reduction measures

Australia and most other countries have traveled the same road. Attempts, for reasons that are questionable, to stem the use of certain drugs have had serious consequences for the users, their families and society generally.

Initial controls were on supply of what we now recognize as milder forms of the drug. In response to that pressure alternate drugs became available or a stronger, but more easily smuggled, form of the original drug found its way onto the market. For example where there was once opium there is now heroin. Where there was once coca and coca leaves there is now cocaine and crack cocaine. Where there was once amphetamine there is now methamphetamine and crystal methamphetamine – ice. The lesson from alcohol prohibition should have been clear – the milder form of alcohol – beer – was not the drug smuggled. It was spirits.

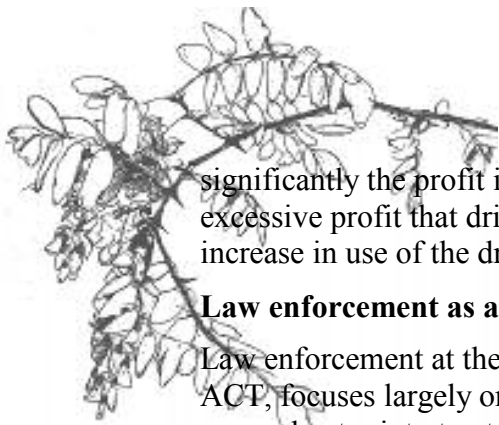
The shift from biologically based drugs to manufactured drugs, ie from opium to amphetamine, can also be seen as result of supply control pressure. For example plants, the base for drugs like opium, now can easily be detected whereas methamphetamines can be produced in clandestine laboratories anywhere in the world.

For the suppliers the advantage is that the stronger form is more compact and more easily smuggled or more easily produced.

Another consequence has been the rise of organised crime. The profit from illicit drugs is huge and it is this profit that largely drives the market. A tablet that can be produced for, probably less than 20 cents (if the process and costs are similar to manufacture of aspirin) and sold for anything up to \$50 will always attract sellers and manufacturers. It matters not that one dealer or manufacturer is caught and put in jail. There will always be another ready to take his/her place.

While ever there is a large profit in the illicit drug market there will be people willing to manufacture and sell. Focus should therefore be on measures to remove or reduce

¹⁶ An overview of the 2006 IDRS. The Injecting Drug User Survey Findings, [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins_2006/\\$file/IDRS+BULLETIN+DEC+2006.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins_2006/$file/IDRS+BULLETIN+DEC+2006.pdf)



significantly the profit in the sale of the drug. The challenge is to eliminate the excessive profit that drives supply without the reduction in price, leading to an increase in use of the drug.

Law enforcement as a demand reduction measure

Law enforcement at the retail end of the drug market, such as is mostly the case in the ACT, focuses largely on apprehension and punishment for the user, or in some cases coerced entry into treatment. Most prisoners have been incarcerated for drug related crimes. The increasing incarceration rates of drug users has had doubtful impacts on overall demand rates.

Court and pre-court diversion schemes are more cost effective than incarceration and have a place for those who have been arrested and would benefit from being coerced into treatment. It should be noted however that, while there is ample data about the baleful effects of incarceration, there is little publicly available evidence on which the effectiveness of the ACT diversion schemes can be judged.

For the most part law enforcement efforts are not unlike squeezing a balloon. Pressure at one point simply causes the balloon to bubble out at another point. That could mean more jail places are needed, increased costs are incurred, another dealer takes over when one is arrested, or a new or different drug is marketed etc. The switch from heroin to methamphetamine was overwhelmingly one made for commercial reasons arising from cost of production and availability of raw material. It was not brought about by Australian law enforcement nor, as far as one can gather, from law enforcement in source countries.¹⁷

***Recommendation:** Undertake an evaluation of all law enforcement driven demand reduction activities as to their cost effectiveness when compared to alternative approaches.*

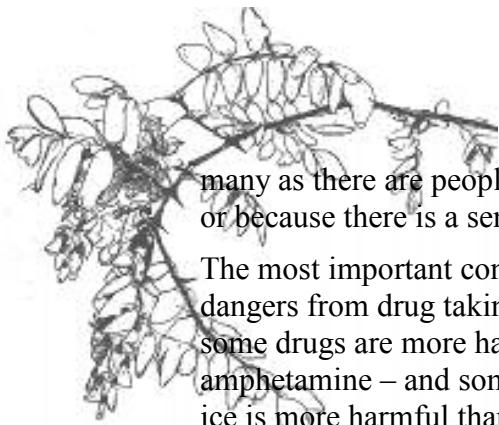
- **the perception of the drug among users and within the community;**

There is little doubt that illicit drugs are generally regarded in a negative light in the community. For the most part this results from defining the drug as illegal and from the consequences of that action. That is: the secretive supply of the drug, the lack of quality control, the efforts to sell and use the drug without detection (by police but often by family), the violence often associated with debt collection (because there is no recourse to the law for collection) and the recourse, by users, to find other sources of income when they cannot fund their drug use through their own income. And of course there are the effects of the drug – most often by overuse which is sometimes deliberate but often because the dose amount and the quality is not known, unlike alcohol which has standard drink information on the label.

That there is a market for the drug is self evident and users must obviously derive some benefit from the use of the drug. It is only when the negative aspects, ie addiction, lifestyle, costs, danger, infections from blood-borne viruses, commitments and family responsibility etc, outweigh these benefits that the user may seek help.

A great deal of effort has been expended in trying to determine why people take drugs, or why they take certain drugs. There seem to many reasons – perhaps as

¹⁷ For more detail see: <http://ffdlr.org.au/commentary/HeroinDrought.htm>



many as there are people who take drugs. For the young it may be experimentation or because there is a sense of danger or rebellion.

The most important consideration for the Committee is what to do to reduce the dangers from drug taking – whether they be legal or illegal drugs. It is clear that some drugs are more harmful than others – ice is more harmful than simple amphetamine – and some methods of use are more harmful than others – injecting ice is more harmful than smoking. Additionally the Committee needs to ensure that the attempts to reduce that harm do not cause greater harm. Some examples are appropriate here:

- the imposition of criminal sanctions on the use of a drug, might result in a young experimental user receiving a criminal record which in turn would result in very severe future life consequences – a situation that is out of proportion to the crime committed.
- if the current proposal by Federal Assistant Minister for Health and Aging, Chris Pyne of banning ice pipes is implemented in the ACT, it will not stop people using the drug it will simply result in more risky use such as injecting. Injecting increases the risk of Hep C (almost 1 in 2 persons will contract Hep C after a year of injecting)¹⁸.

“Abstinence does not always work, so we have to engage people if they start using drugs and try to get them off. In the meantime we have to minimize the harm they do to themselves and other people.”
Liberal MP Mal Washer, *The Age*, 8/2/2007

The Assembly has already taken a concerning step in the direction of increasing the net harm when it implemented the Model Criminal Code changes. Those changes moved some minor cannabis offences back into the criminal sanctions arena, and introduced severe penalties for other minor infringements. It is time to examine those changes to the law for their impact on minor infringements.

Recommendation: *The Committee to recommend the examination of the Model Criminal Code changes to the law for minor infringements to determine:*

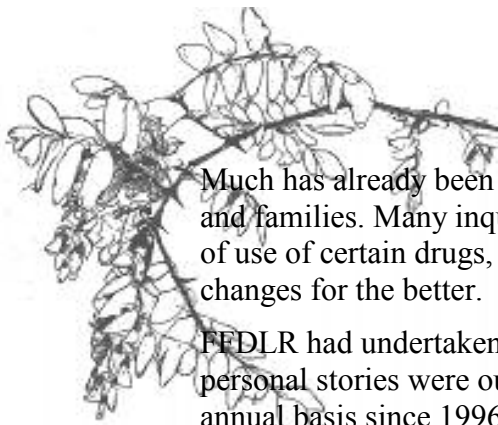
- *have the provisions been used, and*
- *if so have they had a positive or negative social or health impact.*

Should the Committee be unwilling, for whatever reasons to recommend the review those changes, then the Committee should recommend the issue of guidelines or other procedures such that society’s wishes in respect of disuading drug use can be expressed without resort to criminal sanctions.

- **the consequences of regular use for users, their families and the community;**

The consequences of regular use of methamphetamine for users, their family and the community cover a full range from little or no problems (except that they are dealing in the black market and providing profit for organised crime) to the other extreme that may include psychotic behaviour, crime, violence, family break-down, intergenerational family drug problems, child abuse or neglect, poor health, costly demands on society and the like.

¹⁸ Half Sydney’s drug users catch Hep C, *The Canberra Times*, 12/2/2007, p5



Much has already been said of the consequences of the use of drugs for individuals and families. Many inquiries and much research focus on the negative consequences of use of certain drugs, rarely do the outcomes of such activities result in significant changes for the better.

FFDLR had undertaken two major conferences in 1997 and 2000 at which many personal stories were outlined and published. FFDLR also has undertaken on an annual basis since 1996 a remembrance ceremony for those that lose their lives to illicit drugs. Case stories and details of the remembrance ceremonies can be found on FFDLR's website.¹⁹

The situation with amphetamine type drugs has changed from that of heroin. While there are fewer deaths than for heroin, for which we are all grateful, there are other problems. The most significant are the aggression and the psychosis related to the drug. (However it is also possible that mortality data do not accurately record deaths that might for example be recorded as accidental but whose root cause is methamphetamine.)

Whatever the outcomes, it is clear that the families and the government have to pick up the tab.

While there are guidelines for health professionals about how to deal with psychosis and aggression that results from overuse of ice or other amphetamines, there are few, if any, guidelines for families.

***Recommendation:** Some savings in costs for both the government and the families might be achieved by concentrating efforts and resources early for those who are likely to gravitate to the problematic use of the drug, while putting less effort into those areas that in the long term are likely to be non-problematic. The use of sniffer dogs on the street and at nightclubs and rave parties is an example of concentrating efforts in the wrong direction.*

- **education, support and treatment for users, their families and the community;**

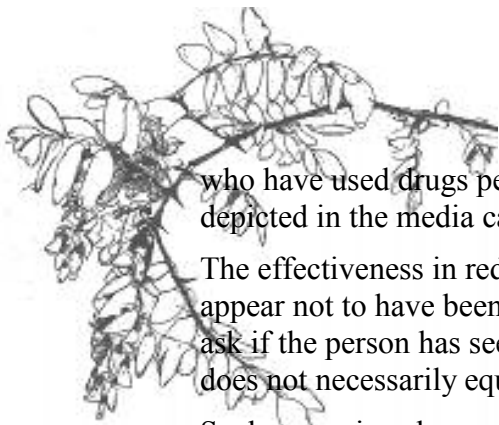
Education campaigns to reduce demand

Education campaigns can be considered in the context of media campaigns and school based campaigns.

Media campaigns employed to educate the community about drugs are more often scare campaigns that focus on the most severe drug use outcomes. They are rarely balanced to provide information that will enable the user of the drug to minimize the harm from the use of the drug despite evidence that shows that young people heed such advice. The campaigns are mostly of the "just say no" variety. Any harm minimisation information is left for the most part to NGOs who provide services to the users who contact them

Often the scare campaigns are disbelieved. Such campaigns by their nature depict extreme cases. However few young people have seen the extreme cases and have knowledge that contradicts what is being depicted in the media campaign. Thus putting, in their mind, a lie to the advertising. It is also likely to be the case that some

¹⁹ ffdlr.org.au



who have used drugs perceive that the benefits derived outweigh any negatives depicted in the media campaign.

The effectiveness in reducing demand for the drug that such campaigns focus on, appear not to have been fully evaluated. Most evaluations of media campaigns simply ask if the person has seen the campaign and if they remember elements of it. This does not necessarily equate to action to change drug use patterns.

Such campaigns however are mostly undertaken by the federal government or by NSW government and not by the ACT Government.

Recommendation: *The ACT Government should attempt to influence such campaigns so that they become more factual and more realistic.*

School drug education, likewise has not generally been evaluated for its effectiveness. In the ACT the Department of Education and Training [DET] for its evaluation asks for a subjective response from the program organiser, not whether the program is effective in stopping, reducing or delaying the uptake of drug use.²⁰

Research has estimated that only a small proportion of worldwide school based drug education is effective. However if only the effective school based drug education programs were implemented then some reduction in demand might occur.

The ACT Government's Alcohol, Tobacco and other Drugs Strategy 2004 – 2008 recognised the deficiency in school based education and *inter alia* proposed the following:²¹

Identify and implement evidence based school education programs that are aimed at reducing drug use delaying uptake of drugs and developing resilience in school children, young people, families and communities.

FFDLR does not know if this strategy action of the ACT Government has been implemented.

Recommendation: *The Committee should determine the progress by DET on implementation of the drug strategy action as outlined above.*

Work on identifying school education programs that have been evaluated and have been shown to reduce drug use or delay the uptake of drug use is essential if it is intended to make the most efficient and effective use of government funds.

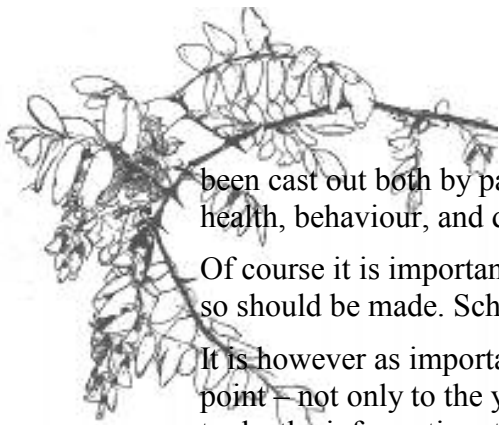
Recommendation: *Establish a database of effective school based drug education programs and implement within all ACT schools only those programs. Funding should not be applied to school based drug education programs that are not contained within that database of effective programs.*

Support

Support, particularly for young people is very important. It can make a significant difference to their future life chances. In this area schools play an important part. It is often the school community that provides the last means of support after the tolerance of families has been used up. It is easy to imagine a situation where a student who has

²⁰ http://activated.act.edu.au/Values_and_Drug_Education_Project/Drug_Education_Forum_Evaluation.aspx

²¹ ACT Alcohol, Tobacco and other Drugs Strategy 2004 – 2008, p32



been cast out both by parents and the school community, is more likely to decline in health, behaviour, and drug use.

Of course it is important for the school to maintain that support and every effort to do so should be made. School funding should recognise this requirement.

It is however as important, if not more important, to provide support before that crisis point – not only to the young drug user but to the family as well. Families need the tools, the information, the skills to be able to deal with the early onset of drug use and its manifestations. That support and information must be objective, devoid of any moralising and scare tactic approach. It must be factual and evidence based and objectively provided by competent, non-judgemental staff.

Recommendation: *School policy and associated funding, in both public and private schools, must recognise the need for support by the school community and that such policies should follow a public health approach as distinct from a criminal justice approach. An ideal would be to incorporate the involvement of families and early intervention processes in that policy.*

Treatment

The treatment for problematic methamphetamine use has its own problems. Not the least of which is that despite warnings of the coming epidemic as early as 1996 and later in 2001/2 by the ACT Chief Police Officer²², there had been little preparation for its onslaught. The onslaught could have been mitigated if not largely forestalled by a public health drug policy that e.g.

- (a) provided heroin maintenance for severely addicted intravenous drug users, thus preventing a high proportion of heroin users from migrated to injecting methamphetamines;
- (b) developing pill testing and credible medical advice at dance venues about what ecstasy pills and other drugs contained. A high proportion of pills sold as ecstasy contain methamphetamine. Surveys show that young people do heed credible advice and the decline in ice use in the ACT as depicted in figure 3 is possibly such an indication.

While there are well developed medical treatment regimes, detoxification programs, counselling and rehabilitation programs for heroin addiction, there is little of that for problematic methamphetamine use. Some treatment options for methamphetamines are only now emerging – some six years after the inflow of methamphetamines into Australia..

Recommendation: *The development of medical treatment for methamphetamine users in the ACT needs to be fast tracked*

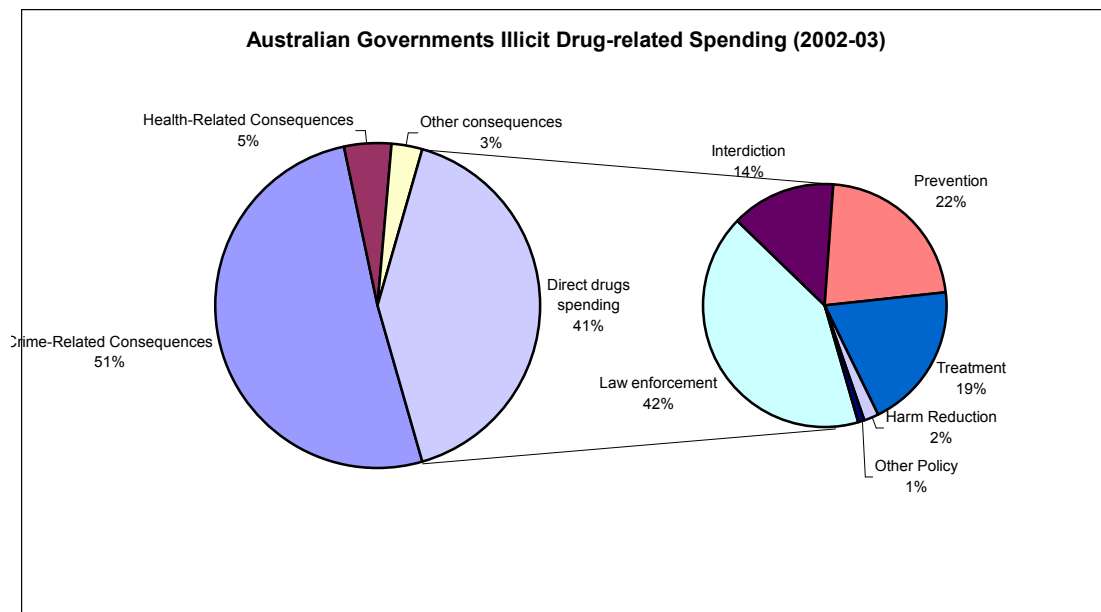
Recommendation: *There needs to be established a proactive system that will be alert to forthcoming changes in drugs and drug use patterns so that when the next most popular drug arrives, health professionals are prepared to deal with it before it reaches a problematic and crisis level.*

²² With increased usage of amphetamine type substances also comes an increased risk of violence and the potential for significant public disorder. Unlike heroin, which generally has a ‘calming’ effect on users, amphetamine can result in very aggressive behaviour. Also, the national shift in drug use has created an environment of instability within criminal circles and this has led to violent activity across Australia, including in the ACT. (ACT Policing Annual Report 2001-02, p. 5).

- **the resource and other implications for the health and law enforcement sectors.**

Resources

The following chart²³ indicates the Australian Government's expenditure in relation to illicit drug matters. Out of an estimated total of \$3.2 billion, crime related consequences amount to 51% of budget expenditure. Almost all of the balance, 42%, is spent on law enforcement, treatment, and prevention measures in a proactive manner. Within that category law enforcement consumes the largest amount at 56% (of 42%), while a mere 20% (of 42%) is spent proactively on treatment and harm reduction.



A similar exercise was undertaken in the ACT in March 2006 for the Implementation and Evaluation Group - ACT Alcohol, Tobacco & Other Drug Strategy.²⁴ That report states that \$M85 is spent on drug abuse related matters, with 77% of that spent in the criminal justice system and just 22% spent in the health area.

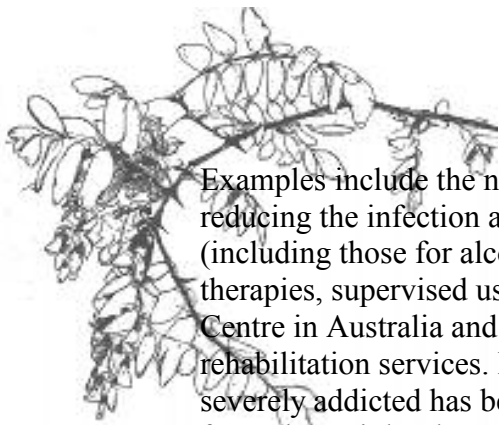
With such large amounts spent it is important that the balance of the expenditures between the various sectors is the one that provides the best outcomes.

There has been no real measure of effectiveness of law enforcement. There has been attempts in Australia by the Australian Federal Police. However in the final analysis they simply measure police activity and provide an unrealistic result when applied during a time when drugs are plentiful and seizure quantities were large in absolute terms but not so large when compared to total quantity consumed.

In contrast expenditures in the health area on drug related matters have mostly been evaluated.

²³ Drug Policy Modelling Program monograph 01

²⁴ Australian Capital Territory Government Expenditure on Preventing and Responding to Drug Abuse, 2004-05, Prepared by David McDonald, Consultant in Social Research & Evaluation, for the Alcohol and Other Drug Policy Unit, ACT Health, Canberra, 22 March 2006. Available at <http://health.act.gov.au/c/health?a=da&did=10133064>



Examples include the needle and syringe program which has been singularly in reducing the infection and transmission of HIV/AIDS, safe drug using messages (including those for alcohol), addiction maintenance or substitution treatments and therapies, supervised use such as with the Kings Cross Medically Supervised Injecting Centre in Australia and the many others that exist overseas, detoxification and rehabilitation services. In European countries the prescription of heroin for the severely addicted has been shown to not only save lives, and restore lives to normality from chaos, it has been clearly demonstrated by incontrovertible evidence that crime that was associated with heroin addiction has greatly reduced – by up to 95% in some cases. A reduction in crime that was never achieved by a law enforcement approach but which has been achieved by a health oriented approach.

There have been many lessons that could be learned from our treatment of heroin addiction. Many treatment options have been developed over time including prescription of heroin itself but also including substitution therapies such as methadone and buprenorphine. NSW has provided facilities whereby use can be supervised which has saved lives, reduced public nuisance, and provided a referral point for the sometimes hard to reach user. The ACT squandered an opportunity to provide such a facility nevertheless there are a number of points that do attract users and from which they can be referred.

However having said that, there are some barriers that can turn users away at that critical point when they might seek help. The resources provided are limited and the services may not be as welcome as they could be. Conditions may be set for entry or continuation on the program that are unrealistic given that the person has a condition that is chronic and relapsing. Added to this of course is the general stigma and marginalisation that is heaped on the user from the general community.

Many of these matters are relevant to dealing with any drug use.

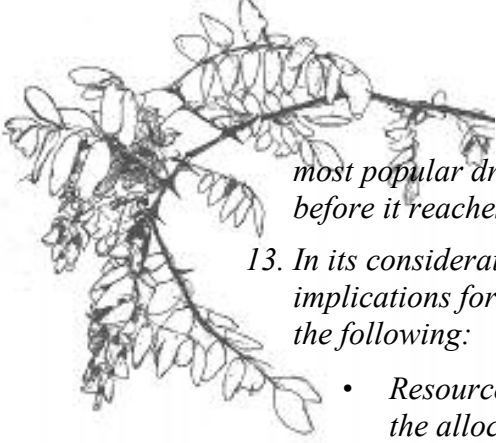
Recommendation: *In its consideration of recommendations in respect of resources and implications for the various sectors the Committee should take into account the following:*

- *Resources should be allocated according to need and to evidence that the allocation will be the most effective in providing the greatest benefit to the user and society;*
- *A wide range of treatment options should be developed on the understanding that there is likely to be no “one size fits all” solution and certainly no “magic bullet” solution;*
- *Services that provide treatment should have processes and procedures that are attractive to users and the staff employed in those services should be welcoming and non-judgemental;*
- *A committee comprising all involved sectors should be established to monitor drug use trends, developments in treatment, law enforcement and educational approaches to advise on future needs. That committee to also be charged with the task of monitoring the relative effectiveness of current approaches and consequently provide advice on budget resource allocation. A significant amount of transparency will be necessary for that committee.*



LIST OF RECOMMENDATIONS

1. *The Committee should consider ice and its recommendations concerning ice within the broad context of the illicit methamphetamine market in particular and illicit drugs and drug policy in general. p2*
2. *That the Legislative Assembly, as part of its monitoring role of the effectiveness measures of the funding provided for law enforcement efforts, require an estimate of the proportion of the drugs seized in the ACT as an estimate of the drugs available on the street - that estimate to be used for benchmarking and funding allocation. P8*
3. *Undertake an evaluation of all law enforcement driven demand reduction activities as to their cost effectiveness when compared to alternative approaches. p9*
4. *The Committee to recommend the examination of the Model Criminal Code changes to the law for minor infringements to determine:*
 - *have the provisions been used, and*
 - *if so have they had a positive or negative social or health impact. p10*
5. *Should the Committee be unwilling, for whatever reasons to recommend the review those changes, then the Committee should recommend the issue of guidelines or other procedures such that society's wishes in respect of deterring drug use can be expressed without resort to criminal sanctions. p10*
6. *Some savings in costs for both the government and the families might be achieved by concentrating efforts and resources early for those who are likely to gravitate to the problematic use of the drug, while putting less effort into those areas that in the long term are likely to be non-problematic. The use of sniffer dogs on the street and at nightclubs and rave parties is an example of concentrating efforts in the wrong direction. p11*
7. *The ACT Government should attempt to influence such campaigns so that they become more factual and more realistic .p12*
8. *The Committee should determine the progress by DET on implementation of the drug strategy action as outlined above. p12*
9. *Establish a database of effective school based drug education programs and implement within all ACT schools only those programs. Funding should not be applied to school based drug education programs that are not contained within that database of effective programs. p12*
10. *School policy and associated funding, in both public and private schools, must recognise the need for support by the school community and that such policies should follow a public health approach as distinct from a criminal justice approach. An ideal would be to incorporate the involvement of families and early intervention processes in that policy. p13*
11. *The development of medical treatment for methamphetamine users in the ACT needs to be fast tracked p13*
12. *There needs to be established a proactive system that will be alert to forthcoming changes in drugs and drug use patterns so that when the next*



most popular drug arrives, health professionals are prepared to deal with it before it reaches a problematic and crisis level. p13

13. *In its consideration of recommendations in respect of resources and implications for the various sectors the Committee should take into account the following:*

- *Resources should be allocated according to need and to evidence that the allocation will be the most effective in providing the greatest benefit to the user and society;*
- *A wide range of treatment options should be developed on the understanding that there is likely to be no “one size fits all” solution and certainly no “magic bullet” solution;*
- *Services that provide treatment should have processes and procedures that are attractive to users and the staff employed in those services should be welcoming and non-judgemental;*
- *A committee comprising all involved sectors should be established to monitor drug use trends, developments in treatment, law enforcement and educational approaches to advise on future needs. That committee to also be charged with the task of monitoring the relative effectiveness of current approaches and consequently provide advice on budget resource allocation. A significant amount of transparency will be necessary for that committee. p15*

ADDITIONAL REFERENCES

- ACT Health 2004, *Substance use and other health-related behaviours among ACT secondary students: results of the 2002 ACT secondary student alcohol and drug survey* (Health series no. 37, ACT Health, Canberra, December 2004)
- FFDLR 2006: Families and Friends for Drug Law Reform, *Submission of Families and Friends for Drug Law Reform to the inquiry by the Parliamentary Joint Committee on the Australian Crime Commission into amphetamines and other synthetic drugs* (March 2006) at www.ffdlr.org.au
- McKetin & McLaren 2004: R. McKetin & J. McLaren, *The methamphetamine situation in Australia: a review of routine data sources* (Technical report no. 172, National Drug and Alcohol Research Centre. University of New South Wales, Sydney, 2004)
- McKetin *et al.* 2005: Rebecca McKetin, Jennifer McLaren & Erin Kelly, *The Sydney methamphetamine market: patterns of supply, use, personal harms and social consequences* NDLERF Monograph Series no. 13 (Funded by the National Drug Law Enforcement Research Fund, an initiative of the National Drug Strategy, [Marden, SA], 2005)
- NDARC 2006: National Drug and Alcohol Research Centre, *Methamphetamine: forms and use patterns*, (NDARC, Sydney, 2006) 2pp.
- Victoria Police 2002, *Custodial drug guide: medical management of people in custody with alcohol and drug problems* 2nd ed. (Victoria Police, Melbourne, 2002)