



Ice and Other Drugs

What are the solutions for Australia ?

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I would like to acknowledge Western Australia's Methamphetamine Strategy, 2016, but note that the majority of funding is still targeting treatment and rehabilitation.

That is :

- **\$18.7 million** prevention funding comprising: \$15 million on prevention and support to individuals, families and communities affected by meth. An additional \$3.7 million to be provided to increase the existing State-wide network
- **Network of Community Alcohol and Drug Services (CADS)** who provide prevention, treatment and support.
- **\$85.2 million** for Treatment/Rehab comprising - \$13 million + \$6.2 million will be invested for 60 beds at rehabilitation services + current State Government funding of about \$66 million per year for State-wide treatment and support services

Having said that, I would particularly like to acknowledge the planned trial of Compulsory Treatment for Ice Users by the Minister for Mental Health, Andrea Mitchell.

But if we want a significant reduction in drug use, we need to give top priority to Demand Reduction, including the establishment of effective national education initiatives within our schools and communities.

It's simple economics: Reduce demand and Supply diminishes.

We need to change from Harm Minimisation to Harm Prevention.

This paper presents key issues about illicit drug use, especially crystal meth (Ice) and offers some sustainable solutions for Australian communities:

1. An overview of Ice and other drug use in Australia.
2. Why is there a lucrative market in Australia?
3. Why do we need to change direction in drug policy?
4. What can be done ? Successful models of Demand Reduction.

1. Overview of Ice and Other Drug use in Australia

According to the United Nations World Drug Report, 2015, Australia has the highest overall per capita rate of illicit drug use, when compared to other OECD nations, especially Sweden. This is mainly due to high levels of Amphetamine Type Stimulants.

It is important to compare Australia's policy approach to that of Sweden, given their much lower rate of per capita consumption.

Here are the latest statistics on the Annual Prevalence of Use – 15-64 year olds:

Substance	Australia	Sweden
Opiates	0.2	0.17
Cocaine	2.10	0.50
Cannabis	10.3	2.61
Amphetamines	2.10	0.8
Ecstasy	3.0	0.10

To put this into perspective,

- Sweden, whose population is 40% of that of Australia, has a total of 29,500 problematic drug users.
- Australia has at least 220,000 dependent cannabis and conservatively there are now over 200,000 ICE users.

The two national drug policies are poles apart, with Sweden implementing a restrictive policy, based on **prevention and early intervention**. Australia's Harm Minimisation focus, gives priority to treatment, with little attention and support for primary prevention.

Globally, methamphetamine continues to dominate accounting for 71 per cent of global ATS seizures.

In a report released on 29 April 2014 the Australian Crime Commission has warned the nation that the size of the ICE problem is reaching pandemic proportions.

According to the report West African and Chinese organised crime gangs are supplying significant amounts of the drug to South East Asia for domestic consumption, and Australia is a key market, with high demand. In the past decade increases in supply has reached 751%. Pricing is high in Australia and people are paying it!

Australia in Crisis:

- **The Federal Government's Ice Taskforce report, 2015** has confirmed that bikie gangs and overseas criminal syndicates are taking advantage of the highly addictive aspect of ice to actively target thousands of young Australians.
- Conservatively more than 200,000 Australians used Ice in 2013—more than double that reported in 2010.
- Mental health symptoms, psychosis and anxiety, injuries, accidents and violence have increased
- Turning Point Alcohol and Drug Centre reported in 2015 that children as young as 14 are becoming addicted to the drug, and the regional areas.

- Evidence indicates that those using ice are doing so with increased frequency, with dependence rates increasing.
- Frontline treatment services are feeling the impact, with many reporting significant increases in demand from clients experiencing problematic use.
- The National Ice Taskforce points to ever increasing number of different methods of smuggling Ice into Australia – i.e. through the post, in tyres of a truck being imported here.

2. Why is there a lucrative market in Australia?

There are several reasons which, when combined, lead to a 'normalisation' of drug use and so, increased demand.

1st - Lack of Political Will and Leadership – there has been no War on Drugs in Australia.

For over 30 years there has been lack of political will in government circles so far as effective, preventative drug policy and action. There have been glimmers, but nothing sustainable.

For example:

In 2002-5 Australia had a well funded and resourced National School Drug Education Program. By 2007 it was effectively dismantled. Schools are now left to their own devices in dealing with drug issues and rely on charities or NGO's to provide education programs. Two of these are Life Education and the Dalgarno Institute.

In 2006/7 the Federal Government's Department of Health and Ageing produced a confronting, but potentially effective media and community communication campaign designed for television. Every household received a booklet about the harms of illicit drugs. Interestingly the 2007 National Household Survey showed a decrease in illicit drug use. Unfortunately the media campaign was short-lived; had it been sustained, we may have seen even better results in the 2010 Household Survey.

Another media campaign on Ice was rolled out in 2015, by the Federal Government. Though it too was short lived it gained wide community penetration and additional media attention. The approach was definitely an improvement on past efforts.

In 2015, the Federal Government commissioned the National Ice Taskforce to come up with the key issues and recommendations. This was done well and included extensive community consultations. The funding from the report and its recommendations was extensive and we hope to see the roll out of a number initiatives in the near future.

However, more political emphasis and government resourcing continues to be allocated to treatment and harm reduction. These are necessary, but really represent the 'ambulance at the bottom of the cliff' scenario. The WA Methamphetamine Strategy also appears to give priority to rehabilitation, rather than primary prevention.

2nd - Soft or Token Penalties – no deterrent

Penalties for drug trafficking and use are all too often a 'slap on the wrist'.

Availability, Accessibility and Acceptability, without Accountability lead to a permissive drug policy regime.

3rd - Price

According to the Australian Crime Commission's 2015 report

- Organised crime is aware Australians have a particularly high disposable income.
- Organised crime gangs are flooding Australia with ice and other illegal drugs because Australians are prepared to pay world record prices for them. We are one of the world leaders in terms of price at up to \$320,000 a kilo of crystal meth (ice), compared to the United States where the average price is \$100,000 per kilo and China about \$7000 a kilo.
- People will pay for the drug, because they don't understand just how addictive and dangerous it is.

4th The highly addictive nature of ICE

- According to the Ice Taskforce Report, 2015, the unique characteristics of ice also contribute to the increase in demand. Ice is a powerful stimulant, and the people using the drug often experience euphoria, confidence and enhanced sexual pleasure. The popularity and attractiveness of the drug leads to more people wanting to try it and experience its effects.
- Ice also carries a high risk of dependence. It is commonly smoked or injected, which has a more rapid effect on the central nervous system than snorting or swallowing other forms of methamphetamine. This increases the potential for dependence.¹ Higher rates of dependence result in more people using the drug more often, which can increase demand for the drug, and, likewise, increase the harms resulting from its use.
- Ice use is higher among some demographics, with evidence suggesting that young people and the unemployed are the main targets.
- Once addicted, the need to continue to use ice, remains strong – even when the effects are extremely harmful.
- Short-term effects of use include sweating, headaches, insomnia, anxiety and paranoia. High doses can result in blurred vision, hallucinations, tremors and stroke.

Long-term use result in severe dental problems, reduced immunity, high blood pressure, depression, impaired memory and concentration, deficits in motor skills, aggressive or violent behaviour, anxiety, cardiovascular problems and kidney failure.

3. Why do we need to change direction in drug policy?

The Ice Pandemic is:

- Destroying our young, their brains and their future potential.
- Increasing risk to safety and productivity in workplaces
- Increasing danger on our roads
- Increased violence within our communities, families and in relationships
- **Increased incidences of child abuse and neglect – the Rights of the Child**

NIDA in the United States estimates that: 'Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.'

And the results play out in trends like this in Australia:

In Western Australia, in 2009-15 the families of children who had investigable deaths were characterised by family and domestic violence, drug or substance use, alcohol use and parental mental health issues.

However, in South Australia, authorities at Families SA are unable, or unprepared to, reveal how many parents of 'at-risk' children who are tested for drug use are returning positive results.

The 2012 Cummins Report into Victoria's vulnerable children shows an alarming trend – which could well be a reflection of other jurisdictions in Australia.

It found that over the past decade, the number of children and young people in out-of-home care increased by 44 per cent an annual growth of around 4 per cent a year bringing the total number of children and young people in care to 5700 at June 2011.

In 2010-11, there were 55,000 reports concerning child safety to the Victorian Department of Human Services with nearly 14,000 considered sufficiently serious that they were formally investigated. Those investigations found that for 7600 of these cases, the concerns about the safety or welfare of these children were well founded.

The report found that Aboriginal children and young people were significantly over-represented in Victoria's system for protecting children.

The following is a specific example:

'Child protection workers (in Victoria) received a staggering 5828 complaints of neglect in 2010-11. In the worst substantiated cases, overworked investigators found children left in conditions so bad they had to remove their rotted teeth and teach them how to sit at a table. Shocking revelations of abuse included incidents of toddlers being left to starve among human waste, rat infestations and used syringes in their toy boxes'.

According to the Australian Institute of Family Studies, May 2016, 'Despite significant efforts at state/territory level to understand deaths associated with maltreatment there is no national collection or compilation of information on all child deaths, including those associated with maltreatment.'

Clearly, there is a significant need to re-visit and implement **proactive prevention and early intervention** strategies.

Clearly there is an urgent obligation to re-visit our responsibilities related to the UN Convention on the Rights of the Child – the most ratified Human Rights Convention in the world:

Article 33 requires that member states – including Australia : *"shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances"*.

4. What can be done? – Successful models of Demand Reduction.

A number of countries have demonstrated examples of demand reduction and early intervention to prevent harms caused by methamphetamines

Sweden is one that has been exceptionally successful.

In the 1970s Sweden had the highest levels of drug use in Europe, but had the lowest levels of drug use in the developed world by the new millennium.

How did Sweden achieve this?

- A restrictive drug policy
- Emphasis on rehabilitation of all problem drug users
- Court-enforced rehab as against court enforced prison
- Use is still criminalised to send a clear message about the harms of illicit drugs, especially methamphetamine

If Australia wants to follow best-practice, we could certainly learn from Sweden.

For example:

Sweden's 'Compassionate policing'

Stockholm County Police combine with Social Services in an early intervention approach when minors are found to be using drugs. They attend Raves and other venues where young people might be tempted to experiment and when they are alerted to an incident they speak to the young people and request them to attend a special centre (not a police station) for questioning and testing. At that point they are introduced to staff from Social Services and Health Care and offered treatment.

Sweden's 'Top Down & Bottom Up Approach' is the key to their successful drug strategy. This is a combination of **Political Will + Leadership** from the Swedish Government combined with the implementation of education and health programs to achieve the strategy. Education and public awareness campaigns are conducted with a synchronised message of prevention between school, health and law enforcement.

Mentor International and Sweden's involvement – with high profile leadership in Queen Sylvia of Sweden

Mentor Sweden is part of the Mentor Foundation, an international organization working with drug prevention around the world.

It was formed in Sweden in 1994 with a sole focus on health promotion and prevention of drug abuse among children and young people in Sweden.

The target groups are young people between the ages of 13-17, parents with children 6-18 years and schools.

In partnership with Swedish corporations and adult volunteers from the public, Mentor Sweden manages three key programs: Mentoring, Parenting and Inspiration activities that create study motivation, among others.

The activities aim to prevent abuse by building relationships and meaningful communication between young people and adults.

United States

- **CADCA** - <http://www.cadca.org>

Community Anti-Drug Coalitions of America (CADCA), headquartered in the historic city of Alexandria, Virginia, about 5 kilometers from the nation's capital, has established itself as one of the leading substance abuse non-governmental organizations (NGOs) in the United States.

CADCA assists community coalitions by providing the support they need to become stronger, more effective and better able to sustain population-level reductions in substance abuse rates and related problems. CADCA currently represents over 5,000 community coalitions across the United States and over 100 coalitions in twenty countries on five continents.

- **Prevention Programs for Young Rural Teens**

Research supported in part by the National Institute on Drug Abuse (NIDA), National Institutes of Health, shows that prevention programs conducted in middle school can reduce methamphetamine abuse among rural adolescents years later.

It is the first study to examine the effects of a preventive intervention on methamphetamine abuse among youth, according to NIDA Director Dr. Nora D. Volkow. "The results of this research indicate the effectiveness of prevention programs on lifetime or annual methamphetamine abuse."

The research assessed the effects of two randomized, controlled, prevention trials on methamphetamine abuse among middle and high school students.

In the first study, 667 families of rural Iowa 6th-graders were randomly assigned to participate in one of two family-focused interventions, the *Iowa Strengthening Families Project* (ISFP) or the *Preparing for the Drug Free Years* (PDFY) program, or act as controls. A total of 457 families participated in the 12th-grade follow-up.

In the second study, 679 families of rural Iowa 7th-graders were randomly recruited for the *Life Skills Training* (LST) program (a school-based intervention) combined with the *Strengthening Family Program for Parents and Youth 10-14* (SFP10-14 — modified from the ISFP), the LST program only, or a minimal-contact control group. A total of 588 families participated in the 11th-grade follow-up and 597 families participated in the 12th-grade follow-up.

The *Iowa Strengthening Families Project* and *Strengthening Family Program for Parents and Youth* target the enhancement of family protective factors and the reduction of family risk processes. The *Preparing for the Drug Free Years* program is designed to enhance parent-child interactions and to reduce children's risk for early substance abuse. The *Life Skills Training* program is a school-based intervention designed to foster general life skills as well as teach students tactics for resisting pressure to use drugs.

Results

In the first study, none of the ISFP 12th-graders had abused meth in the past year compared to 3.6 percent of the PDFY 12th-graders and 3.2 percent of the controls.

In the second study, the combined SFP 10-14 + LST intervention showed significant effects on both lifetime and past year methamphetamine abuse.

Only 0.5 percent of this group had abused methamphetamine during the past year, compared with 2.5 percent for LST-alone and 4.2 percent of the controls.

At the 12th-grade follow-up, lifetime abuse of the drug was significantly lower in both the SFP 10-14 + LST and the LST-alone groups (2.4-2.6 percent) versus the control group (7.6 percent).

“Adolescents who participated in both programs showed a relative reduction in lifetime methamphetamine abuse of 65 percent compared with the controls,” says Dr. Richard Spoth, of Iowa State University and lead author of the study. “This means that for every 100 adolescents in the general population who reported methamphetamine abuse, there would be only 35 in the intervention population reporting abuse during the same period.”

- **Media and public service campaigns**

The Partnership for a Drug-Free America "Meth Stories: Affecting Your Community" web site, have been developed for youths and parents that exclusively focus on preventing meth use and changing perceptions of the dangers associated with meth use.

www.rehabs.com have released a new video that shows the tragic downfall of several healthy men and women after addiction to hardcore drugs.

Learn the Link - Demonstrates the importance in knowing that meth use is also linked to risky sexual behaviors, which increase the risk for transmission of infectious diseases, including HIV. It is increasingly important that young people “learn the link” between drug abuse and HIV/AIDS. *Learn the Link* is the focus of NIDA’s current public service campaign, designed especially for young people. *Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.*

Iceland – Big Changes for the better ...

Substance use amongst Icelandic adolescents became one of the lowest in Europe in 2015 from one of the highest only a few years ago. In 1998 42% of 15 to 16 year old Icelanders had become drunk during the past 30 days whereas now, only 5% of students report the same. Daily smoking and the use of cannabis has also decreased dramatically.

The Minister of Health in Iceland has approved an alcohol and drug prevention policy from 2015-2020. A task force made up of representatives from several ministries will define quantifiable targets as the basis of this policy and develop a plan of action to work towards achieving them. The policy also covers the abuse of prescription drugs which can lead to addiction and dependency.

The main goals of the policy are to:

- prevent young people from starting to consume alcohol or other drugs
- restrict access to alcohol and other drugs
- protect groups at risk from the damaging effects of alcohol and other drugs
- ensure that those who have addiction problems have access to continuous and coordinated services
- reduce health damage and deaths related to consumption of alcohol, or other drugs, consumed by individuals.

In 2016 - Rotary internationally has formed a group called RAGAP 'Rotarian Action Group – Addiction Prevention' - is taking action, and this year a proposal was put to the European Parliament.

Level 1:

- Clubs raise funds for the implementation of prevention programs in the schools in their region.
- Clubs cooperating with local government and NGO prevention specialists to motivate schools, sporting clubs, youth groups and companies to implement drug prevention policy.

Level 2:

- RAGAP will coordinate the funding and organisation of training programs on addiction and prevention for young professionals to work with students in schools and universities.
 - RAGAP will coordinate the organisation of, and funding for research in cooperation with universities to measure the effectiveness of the prevention actions auspiced by Rotary, in order to ensure currency, relevance and improved quality outputs.
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