

Submission to Parliamentary Joint  
Committee on Law Enforcement Inquiry  
into Crystal Methamphetamine (Ice)

## About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

Alcohol and other drugs are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

WANADA is the independent voice on alcohol and other drug sector issues throughout WA.

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## Submission Overview

WANADA welcomes the opportunity to provide a submission to the Parliamentary Joint Committee on Law Enforcement's re-initiated Inquiry into Crystal Methamphetamine (Ice).

Under the previous Inquiry, WANADA provided a joint submission and attended an Inquiry roundtable meeting as part of the consultation process.

As part of the re-initiated Inquiry, WANADA has contributed to, and endorsed, the Network of Australian Alcohol and other Drug Peaks' (Network of Peaks) submission.

**WANADA's individual submission is complementary to the Network of Peaks' national submission, and presents issues and views specific to the Western Australian context in this submission.**

There is a clear need for targeted and effective actions that directly address community need and deliver lasting outcomes. This is particularly the case for Western Australia, which has a rate of methamphetamine use well above the national average.

WANADA believes that the Australian Government should deliver efficient initiatives that focus on reducing the demand and harm associated with methamphetamine use. These initiatives should complement the respective alcohol and other drug policies and initiatives of each jurisdiction.

WANADA believes a holistic, accountable system is required to effectively address community concerns related to alcohol and other drugs, specifically methamphetamines. It has been 12 months since the release of the National Ice Taskforce Final Report, the Australian Government's Response to the Final Report, and the National Strategy.

- While the national focus has been promising, WANADA is concerned that some barriers to addressing demand and harm reduction have not been addressed.
- Transparency and governance issues currently make it difficult to identify the progress and effectiveness of the announced initiatives.
- There is a need for rigorous data collection and evaluation to assess whether government commitments are meeting localised community needs and delivering long term outcomes.

## Western Australian Context

The Australian Government is on record as acknowledging, that proportionally, Australians use more methamphetamine including ice than almost any other country in the world.<sup>1</sup>

Of all Australian states and territories, Western Australia maintains the highest levels of methamphetamine use, with 2013 figures showing 3.8 per cent of the Western Australian population over the age of 14 reporting as having used the drug compared to 2.1 per cent nationally.<sup>2</sup> Western Australia has recorded almost double the national average since 1998.<sup>3</sup>

Use of crystal methamphetamine has risen in Western Australia, with 78 per cent of users reporting using the crystal “ice” form in 2013 – compared to 44 per cent in 2010.<sup>4</sup> Data indicates that methamphetamine use is particularly high in some Western Australian locations. For example, waste water testing Perth, Bunbury and Geraldton showed West Australians consumed about two tonnes of methamphetamines per year, with a street value of about \$2 billion.<sup>5</sup>

Clearly more needs to be done in Western Australian to address these alarming statistics. Any National action requires particular attention to redress the statistically informed imbalance. However, the Australian Government Response to the Ice Taskforce resulted in Western Australia receiving only 8.37% of the announced treatment funding (based on available Department of Health - Health Grants Report). This is less than the population proportion for Western Australia (approx. 10.88% of Australia’s population), and does not recognise regional rural and remote weighting or the significant methamphetamine pressure that the Western Australia community and services are dealing with.

Reducing demand for, and harm from, methamphetamine use in Western Australia must be a National priority.

In August 2015 WANADA undertook a snapshot survey of people accessing alcohol and other drug services. 524 responses were received. Of those 524 individuals 386 (74%) indicated they were currently or had used methamphetamines. 288 (55%) of respondents reported using methamphetamines for over 5 years; the majority consumed methamphetamines daily or weekly; and 45% reported injecting and 42% reported smoking methamphetamines. Poly-drug use is norm rather than the exception.

Many alcohol and other drug treatment services are now recording methamphetamines as overtaking alcohol as the highest principal drug of concern for individuals accessing their services. This is unprecedented. The magnitude of methamphetamine presentations, and the need to address the commensurate complexity of issues that co-occur with methamphetamine use, has added a concerning burden to services in Western Australia.

There has been a marked increase in the number of people accessing treatment services in Western Australia for help managing a methamphetamine substance dependency. In 2010-11 there were 2,503 closed treatment episodes provided for a person’s own use where

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<sup>1</sup> Prime Minister of Australia, Media Release: A New Action Plan to Tackle Ice. 6 December 2015.

<https://www.pm.gov.au/media/2015-12-06/new-action-plan-tackle-ice>

<sup>2</sup> Western Australian Government, Western Australian Meth Strategy 2016, p. 7.

<sup>3</sup> Australian Institute of Health and Welfare, *National Drug Strategy Household Survey*

<sup>4</sup> Western Australian Government, Western Australian Meth Strategy 2016, p. 7.

<sup>5</sup> Hon Liza Harvey MLA, Media Statement: Water test results to inform WA Meth Strategy. 1 August 2016.

<https://www.mediastatements.wa.gov.au/Pages/Barnett/2016/08/Water-test-results-to-inform-WA-Meth-Strategy.aspx>.

meth/amphetamines were the principal drug of concern.<sup>6</sup> In 2014-15, this figure had increased to 5,586 closed treatment episodes.<sup>7</sup>

In Western Australia, a conservative extrapolation of dependency rates identifies approximately 15,000 people are dependent on methamphetamines.<sup>8</sup> Significantly more treatment and harm reduction services are needed to meet this demand.

Western Australia has a professional, specialised and effective alcohol and other drug service sector. The benefits of funding alcohol and other drug treatment services is well established, with every \$1 invested more than \$7 is returned to the community through health and social benefits.<sup>9</sup>

Drug dependence is a chronic health condition and relapse is likely, as it is for other chronic health conditions such as diabetes. Drug treatment, therefore is often a long term proposition. Short term funding does not offer service security for people seeking assistance for this chronic health condition.

## Response to Announcements

WANADA welcomed the focus of the National Ice Taskforce Final Report, the Australian Government's Response to the Final Report, and the National Ice Action Strategy. WANADA believe the response remains inadequate to make a significant difference in Western Australia.

The use of substances such as methamphetamines is a complex issue and a clear community concern. Addressing alcohol and other drug use will require a balanced approach across harm, demand and supply reduction. WANADA strongly supports the statement in the Foreword by Mr Ken Lay APM: "Ice use is not a problem we can solve overnight, and not something we can simply arrest our way out of".<sup>10</sup>

WANADA believes a systems approach is required to ensure no one falls through the gaps. Such a system must address the existing need for:

- engagement of alcohol and other drug consumers and services, specifically for meaningful co-design in government policy, planning and decision making for sector developments
- additional alcohol and other drug services to meet existing demand for services within the community ensuring a balance of alcohol and other drug service models that best support through care in order to maximise sustainable outcomes
- comprehensive support for family members and significant others

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<sup>6</sup> Australian Institute of Health and Welfare, *Alcohol and other drug treatment services in Australia report 2014-15: Supplementary Tables*. Australian Government, 2016. <http://www.aihw.gov.au/publication-detail/?id=60129554768&tab=3> , Table SE WA.10.

<sup>7</sup> Ibid.

<sup>8</sup> Conservative extrapolation of dependency rates identified in: McKetin R, Kelly E, McLaren J. The relationship between crystalline methamphetamine use and methamphetamine dependence. *Drug Alcohol Depend*. 2006 Dec 1;85(3):198-204. Epub 2006 May 24.

<sup>9</sup> Ibid.

<sup>10</sup> National Ice Taskforce, Final Report of the National Ice Taskforce. Commonwealth of Australia, 2015. p. ii

- effective cross-sector capacity building to support shared care to address homelessness, health, mental health, financial, child protection, corrections, domestic violence, vocational issues
- resources to address the current barriers to service access, such as stigma and discrimination
- improved national data and outcome measures to enable evaluation of relevant government initiatives.

## Rebalancing the Pillars

WANADA supports maintaining the three pillars of demand, supply and harm reduction in governments' response to alcohol and other drug issues. WANADA considers, however, that funding should be rebalanced across these three pillars, particularly given alcohol and other drug dependence is a chronic health condition. While not dismissing the need for law enforcement, a predominant law enforcement approach will not deliver needed health outcomes that evidently needed.

The National Ice Taskforce Final Report identifies this by stating that the government must “balance our efforts in law enforcement with action to curtail the demand for ice”.<sup>11</sup>

Given the evidence of social cost savings from demand and harm reduction WANADA recommends that it is socially and financially beneficial to place an increased emphasis on funding these strategy pillars as a priority.

- for every \$1 invested in treatment services, more than \$7 is returned to the community through health and social benefits.<sup>12</sup>
- for every \$1 spent on needle and syringe exchange programs, the community saves \$27 in future cost.<sup>13</sup>

**WANADA recommends government policy places increased emphasis on demand and harm reduction initiatives, to deliver increased social and economic returns to the community.**

## Addressing Service Demand

WANADA strongly supports further investment in alcohol and other drug treatment services.

Every year across Australia between 200,000 and 500,000 people are unable to access the treatment they seek.<sup>14</sup>

<sup>11</sup> National Ice Taskforce, Final Report of the National Ice Taskforce. Commonwealth of Australia, 2015. P.iv

<sup>12</sup> Ibid.

<sup>13</sup> National Centre in HIV Epidemiology and Clinical Research, *Return on Investment 2: Evaluating the Cost-Effectiveness of Needle and Syringe Programs in Australia 2009*. Australian Government Department of Health and Ageing, 2009 <http://www.health.gov.au/internet/main/publishing.nsf/Content/needle-return-2>, p.8.

<sup>14</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

Further investment to address the service shortfall is welcomed, particularly where funding will assist in making service linkages with other sectors to ensure long-term sustainable outcomes to address the complexity of issues.

The Australian Government's announcement of \$241.5 million funding over four years for the commissioning of services through the Primary Health Networks was welcomed. Of these funds, \$20.22 million over three years (GST exclusive) was allocated to Western Australia (8.37% of the funding).

The Western Australian State Government contribution to alcohol and other drug treatment and support services equate to approximately \$66 million per annum. WANADA estimates the Australian Government contribution to Western Australia alcohol and other drug services, including this latest injection of funds and existing funds due to terminate on 30 June 2017, is less than 20% of all state and federal alcohol and other drug funding to Western Australia. This is inadequate.

**WANADA recommends that further investment in alcohol and other drugs is prioritized by the Australian Government to address the high level of unmet demand for services.**

## Stigma and Discrimination

While stigma and discrimination is regularly referenced throughout the Final Ice Taskforce Report, there is no recommendation to address the issue. It is not addressed either in the Australian Government Response or the Ice Action Strategy 2015.

WANADA considers stigma and discrimination to be one of the most significant barriers to consumers accessing treatment and related services. People with alcohol and other drug use issues typically have complex needs requiring support from a number of health and human services. Stigma, however, discourages access and service retention, and presents a barrier to the achievement of effective sustainable outcomes.

Past and current (to 2015) National Drug Strategies have identified the need to address stigma and discrimination. The impact of not addressing stigma and discrimination are wide ranging, and a national approach would be cost efficient.

**WANADA recommends that the Australian Government invest in a national approach to address stigma and discrimination of people with alcohol and other drug issues.**

## Co-Design and Governance

Co-design, engaging consumers and service providers, is recognised by government and human services as essential for: effective planning, development and implementation of programs; needs based sector planning and navigation; and to ensure policies achieve intended outcomes.

In Western Australia 88% of publically funded services are non-government. As such any consultation for sector development must include the non-government sector, acknowledging their expertise and knowledge of local issues.

**WANADA recommends that the non-government alcohol and other drug sector and consumers (including family members) are supported and resourced to contribute to systems co-design.**

A coordinated approach to alcohol and other drug policy must be underpinned by a strategy that is informed by co-design with a transparent and accountable governance structure. The national strategy needs to provide clear delineations of jurisdictional responsibility, and supported by national data and outcome measures that enable monitoring and evaluation.

As stated in The National Ice Action Strategy:

*[T]he implementation and monitoring of the National Ice Action Strategy...will be a key component of the next National Drug Strategy (currently under development).<sup>15</sup>*

*[R]egular reporting on progress will allow governments to track the impact of our efforts.<sup>16</sup>*

The next National Drug Strategy, however, remains in draft format, and requires further development to address concerns raised by WANADA and the Network of alcohol and other drug peaks during consultations in 2015.

A clear, cohesive approach is required to provide clarity regarding policy, planning and sector development.

**WANADA recommends that the next National Drug Strategy is re-drafted and progressed as a matter of urgency.**

A monitoring, reporting and evaluation framework is fundamental to assessing the performance of strategic initiatives, including whether initiatives are addressing community needs. When made public, such frameworks support transparency and accountability.

**WANADA recommends that a reporting, monitoring and evaluation framework is progressed as a matter of urgency and results are made public.**

## **Western Australian Meth Strategy 2016**

A key development in Western Australia since the release of the Final Ice Taskforce Report and subsequent (Australian) Government announcements, was the release of the *Western Australian Meth Strategy 2016* (WA Strategy) in May 2016.

WANADA welcomed the release of the WA Strategy, and the State Government's commitment to address substance dependency issues and support the alcohol and other drug sector. In particular, an additional \$6.2 million over two years was announced for 60 rehabilitation service beds, of which 52 were for residential rehabilitation, and eight for low-medical withdrawal, and the \$3.7 million over two years for an additional 13 FTE at Community Alcohol and Drug Services.

The WA Strategy also announced the implementation of frontline drug support nurses, State Ice Helpline, pilot specialist meth clinic and additional prevention initiatives. WANADA

<sup>15</sup> Council of Australian Governments. National Ice Action Strategy 2015. p.26

<sup>16</sup> Council of Australian Governments. National Ice Action Strategy 2015. p.22

believes close consultation with the non-government alcohol and other drug service sector and consumers is required to support the effectiveness of these initiatives. This is of particular relevance to initiatives that may result in increased demand for voluntary alcohol and other drug services, such as due to improved referral pathways.

The WA Strategy also outlines a State Government proposal to examine legislative options for an involuntary treatment program. This has been progressed to consultation on draft exposure legislation. WANADA does not support the prioritisation of compulsory treatment in Western Australia, particularly where the timeframe does not allow for genuine transparency and consultation. WANADA consultation with 211 service workers and consumers (including family and significant others) indicated significant levels of concern and uncertainty regarding the proposed compulsory treatment.

The WA Strategy, while providing some balance between supply and demand reduction, did not outline harm reduction activities. Similarly to the National Ice Taskforce Final Report, Australian Government Response, and National Ice Action Strategy, WANADA recommends the Western Australian Government redress the balance between harm, demand and supply reduction.

**WANADA recommends the Western Australian Government increase the number of demand and harm reduction initiatives, to support a more balanced approach to alcohol and other drug policy.**

## Data and Outcomes

Investment in data collection and outcomes measurement is of critical importance in the current policy and funding environment.

The Australian Government Response to the National Ice Taskforce Report and the WA Strategy initiatives offer limited term funding. As such they are reliant on evaluation to demonstrate how these initiatives are meeting community expectations and to justify further funding decisions.

Currently in Western Australia, the alcohol and other drug sector data is collected by organisations funded by the Mental Health Commission and warehoused by the Government through the Service Information Management System. The data collected includes requirements from the Australian Institute of Health and Wellbeing National Minimum Data Set as well as key performance indicators based on government audit requirements. It is not, however, useful for: informing service practice improvements for better outcomes; demonstrating sector efficiency and effectiveness; informing sector planning and service models; and contributing to evidence based policy.

**WANADA recommends that a revised and improved shared data and outcomes management system, informed by a national approach, is a priority consideration to support all alcohol and other drug initiatives in Western Australia.**

