

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Bendigo — 25 October 2013

Members

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Witnesses

Superintendent D. Clifton, Victoria Police.

The CHAIR — Welcome, Superintendent Clifton, to the joint parliamentary Law Reform, Drugs and Crime Prevention Committee and to this, our public hearing in Bendigo this morning. This is a public hearing of an inquiry into the supply and use of methamphetamines in Victoria. We have allotted until 10 o'clock for this session, but I appreciate we are running a few minutes late, so we will be a little bit flexible with the time. Before you provide a verbal submission to this committee, I have to read you the conditions under which you will provide that evidence. All evidence taken at this hearing is protected by parliamentary privilege, as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and where applicable the provisions of reciprocal legislation in other Australian states and territories. It is important that you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Supt CLIFTON — Yes.

The CHAIR — It is also important to note that any action that seeks to impede, hinder or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of Parliament. We are recording the evidence, and we will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate.

I understand you have a small verbal presentation you wish to make to the committee, and obviously the committee would then like to ask some questions of you in relation to that verbal submission.

Supt CLIFTON — I am not sure about the verbal presentation. I have been given some questions. If those are the questions you were going to ask, they are ample and varied enough for me to give a fairly comprehensive submission to the committee. Do you want me to go through the questions?

The CHAIR — Yes.

Supt CLIFTON — The first question is: is the use of methamphetamines, particularly ice, escalating in Bendigo, and if so, why and why now? There will be a few themes that recur through these questions that I will probably come back to, but the answer to that in simple terms is yes. There are many and varied reasons why, so it is probably easier for me to stick to this from a police perspective, which is my area of expertise. The two main reasons for that are organised crime and the availability of this drug. I am not sure why it is happening now, although I can theorise about the cost and the availability of it. If you look at the history of this drug, it would be fair to say that it is fairly profitable in Australia; it demands a good price. Therefore it is not a large stretch to consider why organised crime would be involved in it — because of the money that is available in it. If you look at overseas comparisons, the cost of methamphetamine or ice, as it is more commonly known, is quite high compared to other countries. I guess that answers the question 'Why and why now?'

The CHAIR — It was suggested to us that the value of the Australian dollar has also had an impact.

Supt CLIFTON — I am not really qualified to talk about that. I just know that if you look at how much it costs in America or Europe, it is much less than here, and the quantities that are sold here are much smaller per deal. There is a lot of money in it, and that is probably why we see a proliferation of growth in domestic made as well as imported methamphetamine. Do you want me to keep going through these questions?

The CHAIR — I do not think you have to be as regimented as that. Use the questions as a guide, but feel free to speak outside the brief.

Supt CLIFTON — They are a good guide. A lot of these questions mention Bendigo, but I will talk from a central Victorian perspective. When I talk about central Victoria, I am talking about my span of control, which is the geographic area of central Victoria, which goes roughly

from Shepparton to Maryborough and Echuca to Gisborne. There is no doubt that there is outlaw motorcycle gang involvement in the supply if not the making of ice.

There has been some suggestion that it is not the main drug of concern, so I would like to make some differentiation between some drugs from a police perspective. It has been suggested that alcohol and cannabis are bigger problems, especially alcohol. I do not want to belittle or play down the problem that alcohol causes in our community and society — it does. However, this is a very new thing for policing, and the main reason for that is the behavioural aspects that come with it. I am not a mental health expert, and you will probably speak to mental health experts later about this, but it would be fair to say that ice has a significant impact on the behaviour and mental psychosis of people to a point where traditional policing methods are not always easily or readily effective. I will give you an example: somebody who is really affected by this drug can be quite unaffected by capsicum spray. As a consequence, from a police perspective, we are having a lot more people having to be what we would call ‘hands on’ with people, and I am starting to get a lot more of my staff injured.

Mr McCURDY — Can I just ask a question? When someone is obviously intoxicated, they can be violent but uncoordinated too, if they are really over the top. In terms of ice, is the coordination better or worse? I know they are more bullet proof, but how are they in terms of their ability to contest a situation?

Supt CLIFTON — Once again, I am not a health expert, but my observation of it is that people can be much more coordinated under ice, but what happens with alcohol — and we have all drunk alcohol — is that when you drink to excess, you tend to go downhill. That does not happen with ice; you stay up here. To answer your question, alcohol has a very different effect. Even though you can get violent people, they do not have inordinate strength. They are still aware of pain. Sometimes people who are badly affected by ice — and I am not a physical health expert, but my observation is that they are not affected by traditional policing methods as in capsicum spray and things like that. They have an inordinate pain tolerance sometimes, or a lack of awareness about pain.

Mr SCHEFFER — I just wanted to ask you something following my colleague’s question. When you said that people who are really affected or influenced by ice are not really influenced by capsicum spray, I think you partly answered it when you said —

Supt CLIFTON — I was using that as an example.

Mr SCHEFFER — Yes, but it is an interesting one. Could you talk about that more and maybe give us an example of how that works?

Supt CLIFTON — That is probably an example, but traditional policing methods are either enforced by the use of a baton or enforced by the use of capsicum spray. In this area or in some of the country areas we have tasers, and then of course there is lethal force with firearms. I am not talking about the last one in this regard. When I refer to capsicum spray, I am using it as an example, but I think what happens is that people who are badly affected by ice do not have any cognitive awareness of pain. They are continually up here. Traditional policing methods of control are not always as effective as they would be with, say, a drunk person.

Mr SCHEFFER — Is the implication that the drug is so powerful that it gives them a kind of immunity even to the impact of the capsicum spray?

Supt CLIFTON — That is probably something you need to ask a health expert, but what I would say in that regard is that the drug interferes with the brain to an extent where they do not have a normal reaction to things like that, as they do not have a normal reaction to reasoning or a normal reaction to proper judgement or behaviour. It has real behavioural problems that go with it, which we have not traditionally seen. I have been in policing for 39 years, and I have not seen this before with things like heroin or —

Mr SCHEFFER — I absolutely respect that, but since you raised the point, I just wanted to know what that actually meant.

Supt CLIFTON — It means that sometimes we have police who have to go hands on with these people, and that is then a number of people going hands on.

Mr SCHEFFER — I understand that, and I know you stepped a little bit away from the capsicum spray thing and said it would involve other measures that police take to restrain or bring a situation into order — I understand that — but what I am trying to get at is: is it that the person who is affected by ice is not making a proper assessment of the potential danger therein, or is it that somehow they are not susceptible to the pain of whatever it is that is happening? I do not understand that.

Supt CLIFTON — Both.

Mr SCHEFFER — Both. Okay.

Supt CLIFTON — Because it interferes with the cognitive controls and judgements in the brain. You need to ask somebody who is far better qualified than I am about what it does, but it affects behaviour to the point where they cannot be normally controlled by normal policing methods.

Mr SCHEFFER — Thank you.

Supt CLIFTON — I will use the questions as a guide, because they have quite a bit of breadth. I have mentioned the issues with alcohol and cannabis. I do not take away from the problems they also cause. But as I have said, ice is a very different type of drug because of the behavioural issues it causes. When I say that, I am talking about violence.

At the public forum last night I used some figures, and I will use them again. If I wanted to talk to you about how it has changed the nature of crime — and I would probably apply this to rural Victoria, not just central Victoria, but I will use central Victoria as an example — Central Victoria normally averages, and this is not high in metropolitan terms, around 10 to 12 armed robberies a year. This is just a microcosm of an example, but if you wanted to look at an example of the effects ice has had on the way crime has changed, I have a couple of good examples. I will use armed robbery as one of them. I am not quoting exactly the figures for the last 12 months, because we measure things differently, as in financial years and that, but if you look at the last 12 months of measurement for armed robberies, central Victoria has not only had a fourfold increase — we have had 44 armed robberies in the last 12 months — but 34 of those armed robberies were directly related to people who were either using ice at the time or were affected by ice when they were arrested.

That is probably not the big thing that clinches it. What you would look at in that regard is that normally those 10 or 12 armed robberies that central Victoria would have are usually youths taking phones or cash from each other. It is probably an upgraded bullying type thing. All of those 34 that I have just talked about were on business premises — service stations, cafes, chemists — and all of them involved either firearms or etched weapons. I do not have the exact figures with me, but a good percentage of them were also by people who had never been in trouble with the police before.

The CHAIR — Is that because of the impact of the drug on the brain, or is it the need to raise money to buy more drugs?

Supt CLIFTON — How it affects behaviour. I am using that as an example to show you how this drug affects behaviour.

Mr SCHEFFER — Of these, 34 people who were apprehended were involved in a violent crime, was it?

Supt CLIFTON — Yes.

Mr SCHEFFER — Just step us through it technically. How do you know that they are on ice? Are they tested?

Supt CLIFTON — They are either on ice when we arrest them, which is quite obvious. I should add that out of those 44 — and this is not usual for metropolitan areas, but it is quite common in country areas — we have caught 42 of them. So the evidence of ice use is real.

Mr SCHEFFER — What I am asking is how you actually know that.

Supt CLIFTON — They admit to it.

Mr SCHEFFER — They say it?

Supt CLIFTON — Yes. I am not sure of your level of knowledge of ice, but once you are fairly addicted to it you are on it all the time. Many of them never come down, so they are not only on it whilst they commit an armed robbery; they are on it when we arrest them a day or so later.

Mr SCHEFFER — The reason I am asking that is because in other evidence we have been told that polydrug use is almost the norm these days, so in some situations it is not clear what is actually influencing them and what the cocktail of things is. When you say they are ice, if you say they admit they are on ice, they have been using it, that is clear. Other than that, I was asking you how the police determine that if the person would deny it.

Supt CLIFTON — They admit it, or we already know them as ice users. The reason we catch some of them is that we already know them as ice users. I will come to polydrugs in a minute. That is an example and I have to say that that is one example. We ran a public forum last night. It was one of the things that drove me to actually be one of the catalysts and leaders to drive that public forum because that is a real change in crime pattern or crime type for rural Victoria.

There are a couple of other examples of that. They are not as concrete as that, but I will give you some of those. I need to quote figures. In the past 12 months central Victoria had in excess of 2700 family violence incidents. Of those, 600 involved some sort of drug. I do not have the exact figures, but anecdotally my people tell me that the rise of involvement of ice in family violence is astronomical.

Mr SCHEFFER — More than alcohol?

Supt CLIFTON — I think alcohol has always been there. I would not say that in numbers it is more than alcohol because alcohol is probably the main driver for family violence. The point I am making there is that there is anecdotal evidence coming from my staff that says that the increase in ice related family violence incidents is huge. It is usually around parents who cannot cope with their kids being on ice. Last night we had a public forum in Bendigo where we had a couple of parents who spoke about their experience with it. That is just a snapshot of that.

The other impact that ice is having in rural Victoria — and it is often because the police are the 24 hour call of last resort for mental health — is the impact it is having on mental health. The police time spent on mental health at the moment is astronomical. We are doing some things between government services at the moment to try to alleviate that, and that is quite promising, but ice is playing a fair part in that as well.

To talk about ice in relation to cannabis and alcohol, the impact is far larger in terms of both government service time and violence. I am not trying to play down alcohol. Alcohol has a large hidden cost in both time and money, but I guess we all know that anyway.

Mr SCHEFFER — Just to get that absolutely clear, what you are saying is that the impact of ice, which you said before is because it is new in rural areas, and the associated problems you have described are greater than alcohol and cannabis?

Supt CLIFTON — I do not know that ice is new to rural areas. What is new is the proliferation of it and the availability of it. I think it has been around for a long time and that now, because of the profitability of it, it has stepped into the organised crime field.

Mr SOUTHWICK — Why do you think it is more prevalent now in rural areas than it was before? What is the driving force?

Supt CLIFTON — There is no doubt that that is organised crime.

Mr SOUTHWICK — Organised crime that is targeting rural areas and young people living in rural areas?

Supt CLIFTON — I need to be careful how I answer that.

The CHAIR — There is an opportunity for us to go into camera for you to respond to questions.

Supt CLIFTON — Give me 2 minutes so that I think about how I can answer it. Then you can probably ask me another question which might lead us there. There is no doubt that outlaw motorcycle gangs, rural and metropolitan, play a large part in the manufacture, distribution and, if you like, promotion of this drug. There are certain reasons why that is even greater in central Victoria. I do not know whether you want to go further on that.

The CHAIR — We might ask you to keep responding.

Supt CLIFTON — The next bit is the comparison with polydrug use. I am not by any means an expert in polydrug use. I have to say the reason that I am not is because it has not come much to the attention of police in my area. It may have in other areas. Whilst I acknowledge that it exists out there, from a police perspective I do not see that it is having an impact on crime that ice or other drugs do. That might be because it is not prolific enough; I do not know. That is really the only comment I would make on polydrugs, apart from the fact that I know there are lots of government issues that are being worked through to govern the controls and stuff like that in its use. Certainly in central Victoria from a police perspective — and I stress it is from a police perspective — it is not the issue that ice is; in fact not anywhere near the issue that ice is.

I am not sure what we are talking about when we say polydrug. If we are talking about the manufacture of artificial drugs and the selling of them through business premises, then certainly that is not an issue. If we are talking about the fact of the artificial nature of the manufacture of drugs in backyards, private premises or things like that, it is still not an issue, but then you could put that in the same place where ice is, where we are starting to see a lot more domestic manufacture of it. It is highly dangerous. I am not sure whether you have had evidence such as this before, and I am certainly not an expert chemist, but it is highly dangerous to the point where we govern quite stringently how our people will search premises when they find the manufacture of artificial drugs, including ice.

Mr SOUTHWICK — In terms of the availability of product, would you say that within the regions there is more local product being distributed, as opposed to imported product?

Supt CLIFTON — This is just a conclusion, not a fact. I think if you look at the quantity of ice that is out there at the moment — and I will talk a bit more about that in a minute — there is no doubt that there is far more imported than we find domestically. Domestic ones tend to be smaller amounts. There is probably an opportune time to talk about that, but because of this issue, for the past six months in central Victoria we have had an ongoing operation that looks at disrupting the manufacture and trafficking of it. I just have to refer to some figures that can give you an idea of proliferation as well. In the past six months we have executed 82 warrants on premises within central Victoria and arrested 79 offenders for trafficking or possession of — usually trafficking goes with it because of the quantity or amount they have.

We have seized approximately 200 grams. That is a fair bit if you think about the fact that they sell in points, which is one tenth of a gram, for \$50 to \$100 a time. If you think about that, that is 2000 points, and we are barely scraping the barrel here. To put that into perspective, we have also seized more than 300 kilograms of packed cannabis in those raids as well. It shows you that ice is not the only issue; there is also an issue with cannabis, and cannabis is the ready money drug. A large amount of firearms, tasers and stuff like that have been seized with it, so you can see the intent of

people with that as well. Over \$200 000 in cash was seized, so you can see the ready money. That is just a microcosm of central Victoria.

Mr SOUTHWICK — In those arrests, how many of those did you have meth labs actually — —

Supt CLIFTON — It is all pointed at people on whom we have information are either trafficking or buying or selling ice. The whole operation is because of ice, even though we pick up — —

Mr SOUTHWICK — Yes, but were there actually local meth labs as part of the — —

Supt CLIFTON — No. Out of that there have only been two labs we have come across — two active labs. There were certainly others where the paraphernalia and materials were there, but they were not in operation, so you can sort of get the idea of why I am drawing the conclusion that a lot of it is imported from elsewhere, whether it be another part of Australia or overseas. There are probably better experts with customs and people like that who can talk about that, but certainly we are not finding a proliferation of home grown stuff or domestically made stuff.

This committee is a good idea because it lets me raise something that is an issue for us. One of the other things that is an issue for us in central Victoria is the impact it has on road trauma. If you look at the figures around Victoria, but certainly in rural Victoria, our incidence of catching, arresting or processing people for drink driving is decreasing, but drug incidence in driving is increasing. I guess that reflects society and where things have gone with drinking and drugs and things like that.

One of the ways we catch people or detect people is through evidentiary drug tests, which are limited by funding. We only get a certain amount of drug tests per year per area to test with. For instance, Bendigo — I am not talking central Victoria here; I am talking Bendigo — gets 1500 tests a year. If you put that in comparison to what we issue in PBTs for drink driving, we issue 200 000 plus of those. My instructions are that a submission by Victoria Police went to government this week to increase the funding for that, and I would encourage and support that.

Mr SCHEFFER — When you talk about roads, are you making a link between people using methamphetamines and ice and road accidents and testing?

Supt CLIFTON — Yes.

Mr SCHEFFER — So how do you, if you pick someone up on the road — —

Supt CLIFTON — There have been five fatalities in central Victoria in the last 12 months directly associated with ice.

Mr SCHEFFER — Yes, I appreciate that, but my question is: how do you actually work that out? What tests do you give them?

Supt CLIFTON — There are pathology tests for those, but we have — they are called POF tests. It is an acronym — sorry, I don't know. They are more expensive, obviously, than just a chuck away tube for PBT for drink driving, so the funding is limited for them, but that is contrary to the fact that we are starting to see more people drug drive than drink drive. Over the last 10 years I could probably say it has become socially unacceptable in most cases for most people to drink drive, and that is probably one of the reasons why drink driving is going back, but we are seeing an increase in drug affected drivers. What I am saying is that we are limited by that funding and those amounts of tests to actually detect more drug drivers. I do not make any political comment on that. All I am saying is that Victoria Police this week has asked government, or put in a special bid to government, to get more tests because they are highly effective, especially in industries like the transport industry, where we have quite a good hit rate with truck drivers driving affected by drugs. Sorry, I am just working my way through this. There is a suggestion here:

Are there particular groups that come to your attention that are at (high) risk from problematic methamphetamine use?

The answer to that would probably have to be no — not for use anyway. It is not selective. It chooses good families as well as bad, or good parents as well as parents who probably do not do as well. I will give one isolated example without being too particular about it, because it will identify someone. For instance, we had a 16 year old youth recently processed for a very, very large number of thefts of motor cars, who had never been in trouble with the police before, because of an ice addiction at 16. The youth was from a very loving family with very vigilant parents, so it is not selective. I guess if you had to say where it does select, it does select sometimes where you have got parents who have had the same problems and the same habits. We have often heard about welfare institutionalisation in families. I am sure there is an element of that in drug use as well.

Do we work in partnership with organisations in Bendigo to address harms and challenges? We have mentioned — some of you were there last night. That was just the start on the journey for ice. One of the things you will find in rural areas, and particularly the Loddon Mallee area, is that there are particularly close working relationships with government departments and government organisations. We do this in a large range of things, including youth and especially youth. There are very joined up efforts between education, health, DHS, Victoria Police, justice and a lot of local organisations, particularly the 11 local councils in the Loddon Mallee region, which are all very much involved in joined up drug and youth efforts. So, yes, we do.

Is there a link between methamphetamine use and comorbid illness? What challenges does this pose for police? Once again, sorry to be quoting a lot of figures at you, but the time that police spend now on mental illness is fairly astronomical. I am just going to refer to my notes, if I can, for some figures. The reason I know about this is that we have just started — which goes to the previous point I have made — a joined up effort with Bendigo Health, the health department and Medicare Local, which, as you might know, is a commonwealth thing, just so we can treat our mental health patients better. You might ask for the purposes of this inquiry why that is important. It is important because there is an ever increasing and large ice, or methamphetamine, connection between mental health and the effects it has on a person's cognitive and mental ability, especially if they are heavy users, to the point where — and you might ask others about this — it is a lot harder to treat than other drugs.

If you look at just the police involvement in mental health in the last 12 months — and this is a limited figure — we have attended 333 mental disorder transfers. When I talk about that, that is police going to a mental patient's issues because the mental nurse or the CAT team or the mental health practitioners cannot handle that person. That then involves police transport, which is not ideal, to emergency centres — the only one in the region is at Bendigo — for a long period of time. If you can just indulge me a little bit, I will go through the process. The process in police attending goes from the time police attend, to transport to take them to the hospital to have certification done and then to possible admission. It is an average of 45 hours of a police van being off the road. If you think about that in terms of Echuca or Castlemaine or Maryborough, it is often the only police van on the road in that vicinity or that town at that time.

We are working on that, as I said, with what is called a PACER model, which a couple of other municipalities have. There is one in the northern suburbs of Melbourne, there is one of Moorabbin and there is one that has just started in Geelong, where we have a police officer working with a mental health practitioner at sufficient level, who can take over those people and allow the police to return to their duties. The funding of that is very problematic because it is funded by either the local health organisation, like Bendigo Health, or Barwon Health in Geelong, or by Medicare Local, which is a commonwealth funded organisation. Although it is quite expensive it is probably good value for money because it allows police resources to go back onto the road to do what they should do. But I will connect it to this issue.

If you think about that, that is the sort of impact that drugs are having on mental health issues, so there is a significant cost not just to police but to mental health practitioners and hospitals. I am not sure what it is like in the rural areas, but all the rural admission centres are through emergencies, so that impacts on the emergency department as well. I guess the committee will talk to other people about that who are better qualified to tell you the time that that takes, but it could quite often mean that there is a police divisional van with two members sitting at emergency for an hour or more

waiting to be seen. There is a significant impact on both mental health but also the services that are provided to mental health through this.

I have talked about the challenges to law enforcement. I guess one of the challenges for us is that we do not have people who are trained in how to deal with people who are, to use a common colloquialism, off their face completely. There is a challenge there for us in regard to training.

As to what strategies should best be put in place to address the issues of methamphetamines, from a police perspective the only strategy we have is to work with other people and organisations, like we did at the forum last night, or to attack it from a purely policing perspective. I would have to say the operation that we had run, which I explained before, called Operation Disrupt has an effect in the short to medium term because the evidence has shown that it has changed the patterns of volume crime — in other words the crimes that support people's habits, like theft from motor cars, burglaries and so on — in central Victoria. It has shown that over the last six months that we have been running this operation all the volume crimes have gone down. It does have an impact, but I am not sure about the long term impact. I think I am about done with all the questions.

The CHAIR — Thank you. We are running short of time, but I will invite each of the committee members to perhaps ask a question of you. Can I just get clarification on one issue. In relation to the distribution of the drug we have spent quite a bit of time on impact and response from the police, but from what you have said the rise in the incidence of use and abuse of methamphetamines in rural Victoria is occurring, firstly, because of the price and profitability of the drug going through the supply chain. So organised crime and outlaw bikie clubs are heavily involved in distribution because it is a significant profit making venture for them?

Supt CLIFTON — I guess what I am saying is that it is highly attractive to them.

The CHAIR — But it is mainly coming from overseas, so there is not a lot of local chem. lab making of the drug here in Bendigo or in the region, but more so the distribution through — —

Supt CLIFTON — I think there is a lot of it in number but not in quantity. From a police perspective we are not at this stage finding a lot of quantity out of that. It is either made outside the region or overseas. I am making an assumption about the overseas bit. A lot of that is from intelligence that shows there is a lot coming in from overseas as well. But as for rural Victoria and the policing effort so far, we are not finding large quantities that are domestically manufactured. That is not to say they are not made somewhere else in Australia — I cannot speak to that — but there would be much more qualified people in Victoria Police who could speak to that.

The CHAIR — Do they refine the crystal meth to a greater purity locally, or is that — —

Supt CLIFTON — Yes.

The CHAIR — The product that comes in from overseas is pure as?

Supt CLIFTON — No. I do not know about the purities that are coming in. As I said, there would be people much more qualified than me to speak about that. But it is certainly cut down, for want of a better word, with other products.

Mr SOUTHWICK — So it is brought in from overseas, then cut down and then sold?

Supt CLIFTON — What I am saying is you would need to speak to somebody else who perhaps sits within the crime department of Victoria Police. They would be more informed about the purity and what they are finding from overseas, but certainly when it reaches the domestic market here it is cut down. That is how people make money out of it, just the same as they do out of heroin, speed or whatever: they cut it down with other agents.

Mr McCURDY — Just for clarification, you spoke about the family violence incidents numbering 2000 plus, and 600 were either — —

Supt CLIFTON — Six hundred of those involved drugs.

Mr McCURDY — Can you clarify whether that is alcohol and drugs?

Supt CLIFTON — It is not alcohol, no. And when I say ‘involved’, it is not necessarily the cause of it, but when the police attend there is some suggestion of drug involvement.

Mr CARROLL — Thanks, Superintendent, for your presentation. This committee is looking at best practice strategies to deal with people who are on methamphetamines and ice. You spoke a bit at the end of your presentation about the need for more resources for police training and how you are working with other organisations. You spoke about how people admit that they are on ice. When police officers go to the scene of a burglary I presume the officers then take those people back to the station. I am trying to work out the link. What do you do with them then once they are charged? Do you then try to get them into a treatment facility? Do you make connections or give them brochures?

Supt CLIFTON — We have a process called SupportLink, which is a referral process. It is not necessarily just for drugs or ice: it can be for family violence, it can be for victims or anybody. We refer them to that. In other words, we do not see ourselves as the after care. We might have concerns about after care, but we are not the after care, and I have to say it is just a recent introduction to Victoria Police in the last two years. It is getting some terrific take up. It is a referral service that will then refer those people on, provided that they are willing to participate, to whatever service they will need, whether it be health, psychiatric, or just advice or whatever.

Mr CARROLL — So it is really up to them.

Supt CLIFTON — The incidence of somebody who is on ice taking up that service would not be very large, I would suggest.

Mr CARROLL — Large?

Supt CLIFTON — It is low.

Mr CARROLL — Low, yes. So it is really left in their hands if they want to go off to SupportLink and get counselling and try to get support?

Supt CLIFTON — Yes. You are probably better off talking to somebody from justice about that because that is the service that is supplied through either prisons or in prison. There is a big gap in the middle there, I suppose. We would charge somebody, and if they are not sentenced to a term of imprisonment, then the likelihood of them gaining treatment without their own will or wish is fairly low.

Mr CARROLL — The critical thing is to get them into treatment, because I presume often you would see that they are becoming repeat offenders.

Supt CLIFTON — They are all repeat offenders. Once they come to the notice of police because of ice it is very rare that they will not come to the notice of police again and again and again.

Mr SCHEFFER — We have been told by other agencies doing research that there is not data that indicates that more people are using ice and methamphetamines but that the harm, or the number of people who are using it, is increasing because of the increased purity. I am not saying it is not spreading, but there is a lag time as to when the data is gathered. My question to you is: do you agree with that, or is your sense on the ground that things are changing and more people are using the drug than before?

Supt CLIFTON — That needs to be put in context. Are more people using drugs than before? No. Are more people using ice than before? Yes.

Mr SCHEFFER — Okay. Thank you. That is it.

The CHAIR — I close the hearing.

Witnesses withdrew.