

**LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE**  
**Inquiry into the supply and use of methamphetamines, particularly ice,  
in Victoria**

**Melbourne — 3 February 2014**

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Mr P. Dillon, Director and Founder, Drug and Alcohol Research and Training  
Australia.

**The CHAIR** — Good afternoon, Paul. Thank you for attending our public hearing via teleconference this afternoon. We have allotted time for you until about 4.20 this afternoon. As you know, this is an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. On behalf of the committee, thank you for talking to us this afternoon.

**Mr DILLON** — Thank you for having me.

**The CHAIR** — Just before we start, I need to read you the conditions under which you are providing evidence to the committee this afternoon. Welcome to the public hearing of the Law Reform, Drugs and Crime Prevention Committee. 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 you know 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?

**Mr DILLON** — Yes, I have.

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

Paul, you are the director and founder of Drug and Alcohol Research and Training Australia, and I understand you are in Sydney. I invite you to make an opening statement, and then the committee will ask you some questions.

**Mr DILLON** — First off I would just like to clarify my business name, which is Drug and Alcohol Research and Training Australia. I have been invited to provide evidence to this inquiry in two areas, I would imagine. I suppose from an education perspective with my business I have travelled around the country for many years, both through my own business and when I was working at the National Drug and Alcohol Research Centre providing education and information to school students across the country. That is one perspective. My area of expertise is in the drug education area.

The other point that I think is important is that over the last 20 years I have been asked to speak as a social commentator — both in my previous job at the National Drug and Alcohol Research Centre and since I left there — and to make media comment on a range of research and different things that were happening in the community at the time.

From my perspective the phenomenon that has occurred in Victoria over the last 12 to 18 months around media commentary in the area of methamphetamines I found very interesting. What struck me as being quite strange was that this came out of nowhere. I certainly do not want to underplay the risks associated with the use of methamphetamines — and I certainly do not believe that it is not a problem — but I found it quite amazing to note how the Victorian media just really bagged this story and went for it. It just appeared to come out of nowhere.

It was really interesting; I started getting calls around the time that the finale of the TV series *Breaking Bad* came around. I was getting calls from all over the country — but I would have to say that Victoria went completely berserk over it — from media outlets who were just looking for a story on methamphetamines. All the other jurisdictions died down, but Victoria just kept going. I was getting calls and being told stories about methamphetamine use getting completely out of control. All I could use was the evidence that was available — the national data, whether it be the household survey, the schools survey, the illicit drug recording system that was out and a range of different data sources — and I kept saying, ‘Look, I have certainly never seen evidence to support all of this’.

I then visited a couple of areas in regional Victoria. I was giving a professional development session to a range of workers in the health field in one area where this was meant to be a significant

issue — according to the local papers — and I just said to them, ‘Look, where is this coming from? Is methamphetamine use your greatest problem compared to other things?’. What I found absolutely amazing was that the 20 to 30 people in the room were all going on about how much of a problem it was. I said, ‘When was the last time you saw a person with a methamphetamine problem? What is the story?’. Even though all of them said it was a great problem, most of them had not had any practical day-to-day experience of working with anyone.

I thought it was interesting that there was this media build-up. Even though there is data — and certainly I know that data has put forward during your inquiry, and I have seen much of it — I think sometimes you just have to take a step back and go, ‘Absolutely it’s an issue; it’s a significant issue, but let’s put it into context and try to sort out the hype from the reality’. That is my experience.

Over the years that I have worked in this field this is one of the most unique situations I have ever seen — where one part of the country has grabbed hold of an issue and it has just exploded. It is a really interesting situation. I am glad the inquiry is taking place, but it will be really interesting to sort out hype from reality.

**The CHAIR** — Thanks, Paul. I invite the committee to respond to that, given we have taken a considerable amount of evidence from regional cities and towns and also Melbourne over the last four months. I will start. I note from your biography that you have done quite a lot of work with sporting groups.

**Mr DILLON** — Yes.

**The CHAIR** — You have collected some evidence to suggest that the use of methamphetamines in a whole range of ways is not so much rife but certainly evident in football clubs and other sporting associations. Given your experience and connections, would you say that the use of ice particularly and methamphetamines generally is prevalent throughout sporting clubs as a performance-enhancing drug?

**Mr DILLON** — I think it would of sort of depend on what you mean when you talk about sporting clubs. I think it is certainly not a drug that you would see necessarily used by elite sports when you are talking about people who are regularly drug tested, for example, because the risk of actually getting a positive test is something that would usually deter the elite sports level. I think when you are talking about pubs and clubs, it has very much to do with the culture that exists within that community and within that sporting club. It is the same as when you are talking about any drug and in particular, I suppose, when you link it with alcohol. There are some sporting clubs where certainly alcohol is at the very heart of the club, and if you want to drink a lot more, then certainly methamphetamine might pop in to give you the capacity, the ability, to drink more without falling over.

Do I think it is actually used as a performance enhancer? I would say most probably not. If you are a regular user of methamphetamine, most probably you are not going to eat well and you are not going to sleep well. Your ability to actually function at a high level, to perform at a high level, would be severely reduced. I think if you used it recreationally, you used occasionally, most probably you are not going to have a huge impact. But certainly if you are a dependent user or regular user it would impact upon your performance and certainly would not be a performance enhancer.

**Mr SCHEFFER** — Thank you for that presentation, Paul. On the remarks that you made, there has been a current of witnesses whose evidence has been broadly in line with what you have said, but of course we have also received, as you would expect, other evidence that puts the view that ice is an ‘epidemic’ and a ‘crisis’. I am wondering, given that you knew you were going to be presenting to this committee, whether you might have had time to give a bit of thought to this: do you have any idea why there would be this disproportionate concern over methamphetamines in Victoria?

**Mr DILLON** — Look, it does not really make a great deal of sense to me, unless you look — and I would love to see somebody who has; I certainly asked around to see if anyone had done it — at a media analysis of the situation. In America it is called the breaking bad phenomenon. You had the finale of this TV program that really sort of captured the imagination of a viewing public. I do not think it is the same here, but it got lots of media attention that it was finishing. I think around that time what happened was there were media outlets that were looking for any methamphetamine story that they could run in conjunction with this. I think what may have happened in Victoria, because certainly if you look at the timing of this, this is when the stories first started. If you look at regional areas, if there is a problem with a drug in a regional area and a regional paper gets hold of it and they have people who will speak to it — I need to say one more time to make it very clear that I am certainly not saying that this is not an issue. This is a very, very problematic drug.

The major issue with this drug — and I am sure you have had many witness who have said this — is that you are talking about a drug that has a purity level that we really do not see with any other illicit substance. So if you start messing around with it and you get into difficulty with it, you are going to have great difficulty with it. Of course, there are so many issues with it. It is a very visual drug in many ways. If you are a hard-core user and you get into trouble, you look like you are in trouble. You have the mental health issues that go with that, and you have the violence that goes with it. There are so many things that confect.

In a regional centre, if you have a handful of people who have this problem — I am using ‘handful’; I am not saying it is four or five people — it is very, very easy to see. They get a lot of attention, and what happens is they cause a great many problems. The people I have spoken to in Victoria who are having issues with methamphetamines are those front-line workers, whether they be from health or law enforcement, who are having great problems with these people.

When I say to them, ‘How many are we talking about? Are we talking about hundreds, thousands?’, usually, when you actually boil it down, it is a core group causing a great many problems, but the problems look much, much larger. In a regional centre, a few people, underfunded — they do not have great resources — cause a great drain upon what is happening. I think sometimes with these stories — and I have seen many of them over the years; we are certainly not minimising it and certainly not trying to take away from any of these people who are trying to deal with it, whether it be the families or the workers who come in contact with them — they tend to explode in regional centres mainly because they are underfunded. They do not have the capacity to deal with them and this group will cause a great problem.

**Mr McCURDY** — Paul, I understand you are out and about doing education in schools and within the community. Where do we get the best bang for our buck, or where is the dollar best spent in terms of education, and what is our target age group?

**Mr DILLON** — I think it is really interesting with the issue of methamphetamine, because no matter what school I go to, if I talk about illicit drugs — I have actually said to young people, ‘Okay, which is the most harmful, which is the riskiest, which is the most unattractive drug?’, and methamphetamine is just right next to heroin. It is the drug that is seen as the gutter drug. It is seen as highly risky. It is on the end of the line. It is certainly not something that people, for the most part — I think in terms of bang for your buck or dollar, what we would typically do is a sort of universal sort of campaign, a preventive campaign. I think the Australian government was one of the first in the world to actually do a campaign that targeted methamphetamine or ice. For the most part — and I am not a big fan of these mass media, bulk, universal campaigns — I think that campaign did an incredible job.

I was at a school today. I knew I was coming here and presenting today, so I asked a whole pile of questions of year 10s, year 11s and year 12s about methamphetamine. Every single thing that was put onto those ads — the bugs crawling under the skin, dirty gutter drunks, all those sorts of things — that is how these young people responded around methamphetamine. I think the only way that you can really deal with this effectively is by targeted campaigns. I think a broadbased universal campaign is probably a waste — I say ‘waste’, but there are limited funds. I think you have to target and target very specifically the at-risk groups. Realistically I think this is not a drug

that is used by most young people, so in a school setting I think you target your education much more at where it is going to do most good. Realistically, for most young people it is alcohol, alcohol, alcohol. In terms of methamphetamine I think it does need to be targeted to at-risk groups, whoever they are. From the data that I have seen from Victoria, it would appear that it is predominantly in regional and rural areas. It would appear that most probably a targeted regional campaign is appropriate as well.

I certainly would not suggest — as I think it would be a bit of a waste, and I do not know quite what you would do — a school-based campaign around methamphetamine. I think if kids do not have knowledge in the area, they would not feel comfortable doing it. It is probably much more effective doing what we do in schools and doing it well, although in Victoria, as I am sure you are aware, the drug education units really have been completely dismantled in the past few years. But I think targeted campaigns for at-risk groups is most probably the best way to go.

**Mr SOUTHWICK** — In terms of where you might think young people would be getting information from which positively reinforces the message to use ice as being a safe drug, we have heard of a lot of information in campaigns about what ice might do to the skin, including visible signs on the skin, scratching and all that sort of stuff. We have also heard that kids would then go to the internet and would soon find all that out. But from initial scans for me that does not seem to be the case, because when you put ‘ice’ in a search, it gives you all sorts of horrific stuff. Do you know where young people might be going for this sort of positive reaffirmation that ice is not as bad as what we think?

**Mr DILLON** — There are two things here. Firstly, a lot of scare campaigns have come out of America particularly. For example, there are the ageing ones that we have where you have got the mug shots over 10 years. There are lots of websites that completely look at those campaigns and show that they are factually incorrect. They are campaigns put out by the US drug enforcement agency that absolutely show 10 years of someone who happened to take methamphetamine but they also were HIV positive and the kind of people who lived on the streets and worked as sex workers, so it is no surprise they look like that after 10 years. It is not necessarily just the methamphetamines that did that.

Most people who get positive information about methamphetamine get it through someone else they know who has used it. Personally I do not know of any websites and I do not know of chat rooms that talk about methamphetamine in a positive way. I think most people — even methamphetamine users for the most part — will go, ‘Yeah, you know what? It is a fairly risky drug’, at the very least. But I think one of the dangers that we have had is that a lot of the campaigns, particularly from America, and a lot of the media stories about methamphetamine are about, ‘One puff of crystal and you are addicted’, and, ‘If you use, your body will decay looking like this — methed out’. I am sure you have had evidence about that — you know, ‘Smoke it and all your teeth fall out’. In fact the evidence is quite clear. Yes, if you do not clean your teeth, all your teeth will fall out, but if you puff on methamphetamine occasionally and clean your teeth, you most probably will not have a problem. I think it is just these two things. Most people get their positive information about methamphetamine by sitting in a room watching someone else smoke and they have a fantastic time; they have a great response.

The second thing is, when you do scare campaigns — you need information, but manipulate it to really scare people as much as possible — it feeds in perfectly with what the public and the government want, but in terms of, ‘Can that message be discredited?’, absolutely. That is certainly what you should do. You should look at that stuff and go, ‘That’s not my experience’, and they reject it.

The story about bugs and everything under your skin is going to work really well on often young people who have no intention of using the drug. But if Victoria — particularly regional Victoria — has such a great problem with amphetamine, as is being said, I think she has got to look at a campaign that is going to have credibility with those people, with that target group. I do not know. Whatever that message is, it has got to be a message that is based on good evidence and is not just completely trying to scare, shock and horrify. It should say, ‘This is what can happen’. Then it

cannot be discredited. It cannot be turned around — ‘It’s not the meth that did it; it could’ve been a whole pile of things that could have caused that’.

**Mr SOUTHWICK** — Could you have a two-pronged approach though — those who are not using it at the moment and making them aware of the dangers versus those who are using the party drug?

**Mr DILLON** — Yes. The Australian government campaign, which was certainly a scare campaign, was very effective. It delivered an image that those people who did not use the drug looked at and went, ‘Yes, this is — —

When you have the vast majority of the population who go, ‘I don’t like that drug anyway; it’s a gutter drug’. To actually do a universal campaign that gives an image that says, ‘This is a dirty drug, it’s not nice; stay away from it’. I think that is really important to maintain that. But certainly, as you said, for a dual campaign to actually make it to that targeted and high-risk group you have to provide a different message. They are not going to respond to that scare one.

**Mr SOUTHWICK** — That is great. Thank you.

**Mr SCHEFFER** — Paul, I want to ask you about data. In your introductory remarks you talked about the national data — some drug reporting; you mentioned those macro reports — but there is little evidence coming from the data that we have had so far. To some extent that data is a rear-vision view. Some of the smaller organisations that you mentioned in the local Victorian organisations were saying that it was trending up — maybe from a small base, but nonetheless trending up. In your experience can these small organisations be lead indicators that we will eventually see expressed in the national data? Could you reconcile that for me?

**Mr DILLON** — It really depends on a whole range of things. I have to admit that in all the years that I have been doing this I have never seen anything as unique as this situation that we are seeing in Victoria at the moment. I travel around the country, and as much as I speak to school communities I also speak to drug and alcohol workers, GPs and a whole range of people, giving them professional development, talking about current trends and stuff. With the stuff that has been going on Victoria with methamphetamine, I have been asking the question I always ask of the NSP workers or the local drug and alcohol workers or community health — whatever it is — and I say, ‘What are you seeing in methamphetamine? Are you seeing increases in use? Are you seeing increases in presentations?’.

Across the country you see little blips, but overall I certainly do not think it is an epidemic. As I have already said, this group causes great problems. An NSP worker would much prefer to work with a heroin user than an amphetamine user; they are much easier. They do not cause you that much grief. What anyone has to do around looking at data from smaller agencies, particularly in regional centres, is to look at them and to say, ‘Okay, certainly this is the trend that we are seeing and we have to be aware of. How can we respond to this? Do we respond at a community level first off, but keep an eye on statewide trends at the same time?’. The problem is it can be — —

I keep saying it, and I cannot emphasise it enough: I am not going to take anything that any agency has said. In 25 years of doing this — and I get all the media monitoring through the Atco update and some other places — I have never seen local community press, like I have seen with regional Victorian press, grab the issue and just bash it against the wall. The last time I can think of anything close would have been way back in the 1990s at the peak of heroin overdoses when we started to see some young and not-so-young people dying from heroin in regional centres. Regional centres grabbed that story and ran with it. I am not saying it is not an issue, but I think what can happen is that when a local paper or the editor of a local paper gets a story it can be, ‘This is a big story. This is really affecting our community; let’s run with it’. You have got to start looking at it and ask, ‘Which comes first here? The chicken or the egg? Yes, it is a problem, but is the media reporting of it contributing in some way to the issue?’.

To actually say, ‘We have an incredibly pure drug in our hands costing \$100 a gram and you can get it down at the local corner where the drug dealer is’, comes very close to marketing and

promotion of the drug. It is a very fine line between alerting the community and actually making it into an issue.

**The CHAIR** — All right, Paul, we might wrap it up there. Thank you again for the teleconference this afternoon and for contributing to our report into the supply and use of methamphetamines in Victoria. We will certainly take your comments on board, because at the end of the day we have to work through some of the more sensationalist reporting through the media as against what is actual fact and what is happening out there. Is there a closing statement you want to make, Paul?

**Mr DILLON** — No thank you. I suppose, as I said many times, I certainly do not want to underplay anything, and I certainly am aware and work with people. This is very difficult. If you are working with methamphetamine users — they are a very difficult clientele, so I certainly do not want to underestimate the problems people have. I suppose I am just trying to give that other side that I believe needs to be considered.

**The CHAIR** — Thank you very much for your time this afternoon, Paul.

**Mr DILLON** — Thank you.

**Committee adjourned.**