LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

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

Canberra — 10 February 2014

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Ms A. Jefferson, Head, Tobacco, Alcohol and Other Drugs Unit, Australian Institute of Health and Welfare.

The CHAIR — Geoff and Amber, would you like to introduce yourselves and give us a quick background, bearing in mind that before you say anything I have to give you the conditions under which you are presenting. Could you just give us an informal introduction perhaps?

Mr NEIDECK — Geoff Neideck. I am head of the housing, homelessness and drugs group and a senior executive of the Australian Institute of Health and Welfare.

Ms JEFFERSON — Amber Jefferson. I am the head of the tobacco, alcohol and other drugs unit at the AIHW.

The CHAIR — Thank you both for coming to our public hearing this morning. We are charged with an inquiry from the Parliament to investigate the supply and use of methamphetamines in Victoria, particularly ice. This is our first interstate public hearing. We have had many in regional areas, where there have been a number of specific problems in the Indigenous and rural communities, and also in the metropolitan areas. It is important work that we are doing, and we are certainly encouraged by the number of people willing to come and talk to us. Thank you for your time.

All evidence taken at this hearing is protected by parliamentary privilege in accordance with reciprocal provisions and the defamation statutes in Australian jurisdictions, as if you were giving evidence in Victoria, and as provided by section 27 of Victorian Defamation Act 2005, the Constitution Act 1975 and the Parliamentary Committees Act 2003. Any comments you make outside the hearing may not be afforded such privilege. I understand that you have viewed or read the guide to providing evidence to parliamentary committees.

Mr NEIDECK — Yes, we have.

The CHAIR — Any reporting of these proceedings enjoys qualified privilege for fair and accurate reporting, as if the proceedings were in Victoria. All evidence given today is being recorded. Witnesses will be provided with a proof version of the transcript in the next few weeks.

In attendance we have Sandy Cook, our executive officer, here at the table and whom I am sure you have been dealing with, and also members of the Australian Institute of Criminology, Jason Payne and Santino Perrone. Hansard is here as well. We do allow some opening statements from you, but we also have a list of questions we would like to ask of you.

Mr NEIDECK — Thank you very much for the invitation to appear before the committee. I would like to make a short opening statement. The Australian Institute of Health and Welfare's aim is to improve the health and wellbeing of Australians through authoritative health and welfare information, so we undertake a range of activities to collect and report information across health and welfare topics, including health and welfare expenditure, hospitals, disease, injury, mental health, ageing, housing and homelessness, disability and child protection.

We have had the opportunity to provide you with a written submission dated 23 January 2014, which indicated that we manage a number of data collections that may be of interest to this committee and others who are interested in the topic of illicit drug use in Australia. Two of the particular collections that we mentioned in that submission are undertaken within the group that I manage. They are the National Drug Strategy Household Surveys and the Alcohol and Other Drug Treatment Services National Minimum Data Set. These collections are both funded under the Australian government Department of Health through MOU arrangements. The AIHW has had a longstanding arrangement with the Department of Health since the late 1990s in relation to the collection of this information.

The CHAIR — Yes, that is true, we do have the submission, but the figures only go to 2010, particularly pertaining to Victoria, where there has been a significant escalation from 2010 to 2012–13. You talk about it remaining stable and in fact declining in other states, where I suspect that information is somewhat old now.

Mr NEIDECK — Yes, indeed that is the case. The arrangement with the Department of Health is to undertake that data collection every three years. It was undertaken again in late 2013, and we

are currently in the process of processing that data for reporting in October this year, so we will have 2013 data later this year. It will take a little bit of time.

Mr SCHEFFER — It will not help us.

Mr NEIDECK — I am sorry about that. I am not sure that I fully understand your time frames.

The CHAIR — We are writing in April and presenting in August.

Mr NEIDECK — Without making any commitments, we could possibly look at whether there is any information that comes out of that collection that might be available for your use.

Just in terms of the data that we were able to provide for 2010, we showed that people in Victoria were slightly more likely to have used methamphetamines in the past 12 months compared to the national average and that while methamphetamine use had declined in other jurisdictions, use had remained relatively stable in Victoria. In effect, Victorian usage had been ranked seventh amongst the states and territories in 2001 but third behind Western Australia and South Australia in 2010.

In terms of drug treatment episodes, while across Australia episodes of methamphetamine treatment services had fluctuated at around 10 per cent of all treatment services, the Victorian average is slightly lower than that, at around 7 per cent.

I acknowledge that we received some additional questions from the committee on, I think, Wednesday of last week. We are in the process of working through those. We have some preliminary information that we may be able to provide now, but we undertake to clear that data and provide it to the committee or give you an indication, in relation to the questions you provided, why the data might not be reliable or we do not have the data at all or information on those particular issues.

We are certainly happy to work with the Australian Institute of Criminology on any data that we have and the interpretation and use of that data. We are happy to be doing that, and as I said, we are happy to follow up on any issues where we can be of assistance to the committee.

The CHAIR — Amber, did you want to make some comments?

Ms JEFFERSON — No, that is all we wanted to say.

The CHAIR — Thank you.

Mr SCHEFFER — I will just come back to the point you made about the data and that you are in a position where you are having a rear vision view of it. Is that fair?

Mr NEIDECK — Yes.

Mr SCHEFFER — Do you get provisional information from other sources that could act as lead indicators at all that might tell you where we are moving?

Mr NEIDECK — You are quite right that the nature of data collection is often looking through a rear-vision mirror, and it does take some time to collect and process the data and report, but unfortunately that is the situation we are in. We do not ourselves collect any lead indicator-type information, but we are aware that there are some other agencies that may have some information that might be relevant.

Ms JEFFERSON — The multiple sources we use for our key indicators for illicit drugs are the illicit drug reporting system and the ecstasy and related drugs reporting system that are managed by the National Drug and Alcohol Research Centre in the University of New South Wales. The main use for us is to give us an indication about where we think the trends might be heading for the national survey report, because their data are able to be published quite quickly from when they are collected. I think the latest available data is from 2013 from NDARC. I do not have any of the results with me that have been published but, yes, we do look at those data sources to give us an indication about where the trends are likely to head in our national reporting.

Mr SCHEFFER — Right. So they are still macro collections, are they? Are the data sources you are talking about now large survey tools?

Ms JEFFERSON — Sort of. The IDRS looks at three different aspects. They have an interview with injecting drug users and then also interviews with key informants — the police, ambulance staff, hospital staff and people who are directly involved with drug users. They also do tertiary analysis of other national data sources, and they combine those to give a picture of what might be happening. I think the sample size varies depending on the jurisdiction that they are looking at, but they tend to be smaller samples of drug users. They can give you an indication about what drugs might be emerging in the market and whether new forms are emerging.

Mr SCHEFFER — With some of the witnesses who we have talked to — and my colleagues can correct me if I have got this wrong — I think generally we are picking up that there is an increase in use of methamphetamine and ice, and in some instances quite a dramatic increase. Does that make sense to you from the data that you have just been describing?

Ms JEFFERSON — I do not have it in front of me, I am sorry.

Mr SCHEFFER — Okay.

Ms JEFFERSON — I have not looked at methamphetamines particularly from either the IDRS or the EDRS data, so I am not sure, sorry.

Mr NEIDECK — I think we would be reluctant to draw any conclusions ourselves from what we are seeing in other data until we have seen our data to confirm any of those trends.

Mr SCHEFFER — Okay. Fair enough. Thanks.

The CHAIR — How much impact do you have in relation to your data collection and work that influences government funding in specific areas? If you highlight an area that, say, has a high usage of a particular drug — tobacco, legal or otherwise — do you then provide advice to the government, whoever it might be, in relation to how they must best respond to that? I am talking about advertising. Do you have any input into giving some direction to stakeholders, particularly government in relation to how they might respond?

Mr NEIDECK — The short answer to that is no, that is not our role. Our role is to provide objective information focused on key policy questions that might lead to those decisions and directions, and to help people understand and interpret the data that they might use to make those sorts of decisions. We would not be in a position to be suggesting what some of those responses might be, but we would deal with various agencies that might be making those decisions, and say what would be the potential implications of certain types of responses, how they might be targeted or impact on particular demographic groups and so on. We would help them to understand the evidence base — we like to use that term — on which they might make such decisions.

The CHAIR — What about the effectiveness? I am alluding to maybe the Grim Reaper programs that were specifically for AIDS or HIV and then the cigarette packaging on bloated lungs and things? Is that part of your work?

Mr NEIDECK — Yes, that is very much is part of the work that we do. We work with all levels of government in terms of measures that would indicate the performance and impact of government programs. For example, we have been heavily involved with all the COAG national agreements and performance reporting frameworks that underpin those in recent years. We do a lot of work around national performance indicator development — so the definitions and the concepts that would be in those — and again help the people who are using that information to understand from the data what the links might be between the need as seen in the community in the first instance, the government response that follows that and then the impact or outcomes for the particular people who are trying to address particular government policy and programs.

Ms JEFFERSON — In terms of the drugs space, it is rare for us to be involved in an evaluation specifically. The last one that I am aware of was in 2005. We were involved in part of

the evaluation of the illicit drug diversion initiative, the aspect that was to determine effectiveness in rural and remote communities. That was a specific evaluation task. That is relatively unusual for the institute.

Mr SOUTHWICK — Following on from the Chair's questions and your answers in terms of doing that evaluation work, are you able to provide us with some of the research and the evaluation on those previous campaigns we have just indicated, for the tobacco-type campaigns and the effectiveness of some of those campaigns?

Mr NEIDECK — Probably not, no. In order to be able to do that we would need to be provided with information about those particular programs and, for example, expenditure targeting a particular programs for a particular cohort. We do not have that information, and if we were to have that, it would be a matter of then analysing that data in relation to the activities that we are undertaking and then the outcomes for particular groups where we may have some information which would shed light on those particular outcomes. It is often very difficult to make those links between the particular government levers and program activity and the outcomes unless there are specifically designed data collections and measures which make those specific links. In the particular case of programs and initiatives that you are talking about, we would only be able to provide you with a broader evidence base of what is generally happening with drug use in the Australian community

Mr SOUTHWICK — In terms of the accountability issues around drug use — and, say, homelessness and other issues — do you have any statistics, research, comments that you would like to provide us with? You have identified in terms of the top line.

Mr NEIDECK — Yes.

Mr SOUTHWICK — If you go down a couple of levels, where are we now compared to five years ago in terms of some of those other issues?

Mr NEIDECK — Unfortunately no, we do not have any data on that, but we have recognised that that is an important issue. We have undertaken, for example, to include in our drug treatment services data collection what we call a statistical linkage key, which would enable us to then look at clients of those services in relation to other aspects of service provision, whether that is mental health, homelessness services — a whole range of things, including hospital admissions and so on. We have recognised that that is an important link, but unfortunately we do not have the data as yet to be able to provide that information.

Mr SCHEFFER — Just picking up from what Mr Southwick was saying in terms of the data that you do have, demographic and spatial, are you able to share with us what you know and what your data tells you about the age groups, for example, or ethnicity, income — that kind of thing — as well as the rural/city/suburban divides? Can you sketch that out for us?

Mr NEIDECK — Generally, yes.

Mr SCHEFFER — So what does that look like?

Mr NEIDECK — I will just give you a short background on that in terms of helping you to understand how the data can be used. From the National Drugs Household Survey — that is a national survey of almost 25 000 households, and I think almost 6000 households in Victoria were selected in the 2010 collection — in terms of those people who were reporting methamphetamine use in the last 12 months, we ended up with a sample of, I think, 109?

Ms JEFFERSON — Yes.

Mr SCHEFFER — So a little over 100 out of a bigger sample of 25 000 households?

Mr NEIDECK — Yes. That can give a good indication of the level of usage within the community, but then when you start to look at some of the breakdowns of demographic characteristics they become less and less reliable because you have less sample involved.

However, we have reasonably reliable information on age groups. We can provide information about urban versus rural — —

Mr SCHEFFER — I am not a statistician or anything, but for the sample of 109 out of 25 000, is the 109 reliable in any way?

Mr NEIDECK — Yes, it is. From a statistical sampling point of view it is quite reliable in terms of the level of usage of methamphetamines in the community. I would note, though, that you have to take into account non-sampling-type issues in relation to the responses to the survey, so whether there is a bias in being able to get to young householders, people who do not have stable housing and that sort of thing — you would need to bear those things in mind as well.

Mr SCHEFFER — Sorry, I interrupted you. You were about to go on to say, given that it is unreliable, what it does indicate, the subsets in the 109 around demographics.

Mr NEIDECK — Yes. In terms of that, we have been having a closer look at this in relation to the follow-up questions that we received from the committee in the last week. In terms of things like age, socioeconomic status, broad geography and some issues around household composition, I think we can give you some reasonable information. Some of that will give additional understanding to the published data we have already provided.

Mr SCHEFFER — Were you going to add something?

Ms JEFFERSON — I was just going to reflect on the question about the linkages between the drug and alcohol population and the homeless population in particular. This survey is just a survey of residential households, so by its nature it omits certain population groups — people in institutions, people in hospitals, people in military bases — so there are some explicit scope exclusions.

The CHAIR — Just on that, have you got much data in the corrections space, as in participants going in? I was told they call them 'clients' now, which is a term I can never get used to. I will say 'prison entrants' rather than 'clients'. Do you have much data in relation to their history prior to going into the corrections system, their usage of drugs in the system and then when they come out the other end? I am just wondering if that is a space that is generating.

Mr NEIDECK — Yes, it is certainly an area of interest for the institute. We have some data collection in relation to prisoners in Australia and prison entrants. In that data collection we have some specific questions about prior use of drugs. Amber can provide some further detail.

Ms JEFFERSON — Yes, there was some information in our submission from that collection at the national level. Unfortunately the Victorian data is not published; the Victorian Department of Justice has asked that it not be published. That does not necessarily mean that you cannot access it; it is just that AIHW is not able to release it without permission from Victorian Department of Justice. The Committee may be able to access this information directly from the Victorian Department of Justice.

Mr NEIDECK — Just in relation to that, we work under a range of protocols with state and territory government agencies; they provide us with the data and then we report nationally. There can be variations around those arrangements, but we would just seek to honour that relationship with the Department of Justice in Victoria and to check with them before providing any detail.

The CHAIR — Of course.

Ms JEFFERSON — In the published findings from that collection, nationally 37 per cent of prison entrants across Australia had used methamphetamine during the 12-month period prior to their current imprisonment.

The CHAIR — Do we assume then that they are still using it in the corrections system? What do we do with that data? You say that 37 per cent of prison entrants had used methamphetamine

going in. Do we then assume that there is a significant trade within the system? I assume that just because they are going to jail does not mean they are going to stop using methamphetamine.

Mr NEIDECK — We might just check on that. Is that what the collection does?

Ms JEFFERSON — Yes. There are several components to the collection. Sorry, I am not across the specifics of the questions that are asked at each point, but I am pretty sure that there are questions asked about illicit drug use on exit. We can check that.

Mr NEIDECK — Yes. So on exit there would be questions about their use within their time in the corrections system.

The CHAIR — I have just remembered a stat. Sandy might not be able to help me, but maybe my colleagues can. It is in relation to alcohol. Can you remember in a previous hearing there was a stat on prisoners going into the system who had been using alcohol and there was data as they came out? There was obviously a significant reduction with access and things like that. Do you have any closing statements?

Mr NEIDECK — No, I will just reiterate that we will continue to work on those questions that you previously provided to us and if you have any additional questions, we are happy to field those.

The CHAIR — Thank you both very much for appearing this morning.

Ms JEFFERSON — Thank you.

Mr NEIDECK — Thank you.

Witnesses withdrew.