

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

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

Geelong — 28 October 2013

Members

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Witnesses

Mr T. Marshall, MICA Paramedic and Group Manager, Ambulance Victoria, Barwon District.

Ms S. Grant, Advanced Life Support Paramedic and Team Manager, Ambulance Victoria, Barwon District.

Mr SCHEFFER — We will open this hearing of the inquiry into the supply and use of methamphetamines in Victoria and I would like to, on behalf of the committee, welcome Terry Marshall and Shea Grant. Thank you very much for coming. I am the deputy chair, and an apology from the chair, Simon Ramsay, who cannot be here until a bit later on. I think you are familiar with the range of issues that the committee is interested in. We will give you whatever time you need to talk. We have just under 45 minutes, and then there will be some follow-up questions that different members of the committee will need to ask you. Before we jump into your presentation there are a couple of formalities we need to go through which is to read out the requirements and the obligations of witnesses presenting to a 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 the reciprocal legislation in other Australian states and territories. However, it is important that you note that any comments that you make outside of the hearing, including effective repetition of what you have said in evidence, may not be afforded such a privilege. I take it you have received a copy of the guide for witnesses presenting evidence to parliamentary committees?

Mr MARSHALL — Yes.

Mr SCHEFFER — Yes, you have that, good. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for evidence that they would give or have given may constitute and be punishable as a contempt of parliament. We are recording this evidence, as you can see, and we will provide you with a proof version of the Hansard transcript as soon as we can so that you can make any corrections to that as appropriate. As I said earlier, I would like to invite you to make an oral submission and we will follow up with some questions.

Mr MARSHALL — To start off, my name is Terry Marshall. I am the group manager from Barwon District here in Geelong, and Shea Grant is our team manager of the Geelong Central Branch, and that is located opposite Geelong Hospital. Shea's branch responds largely in most instances inside that central Geelong area. To put it into some sort of context, in Geelong we respond to about 25,000 emergencies a year, and I classify an emergency as a lights and sirens code 1 emergency where we are trying to get there as quickly as we can.

Mr SCHEFFER — 29,000?

Mr MARSHALL — 25,000 per annum. It is quite a busy area and I would argue it is probably the busiest area in regional Victoria outside the metropolitan area. In total we have nine branches in the Geelong area that service the Bellarine Peninsula, as well as Geelong, and also two other ambulances—one at Anglesea and one at Lorne. That is the context. In total there are about 108 paramedics that operate in this particular area. The regional management team is based here in Belmont. The regional manager is a gentleman by the name of Mick Cameron.

My understanding is that at Bendigo and Melbourne, I think, a presentation has been given to you from Ambulance Victoria which is the same one, so I am not too sure of the benefits of going through each and every one of them. However, I think there are some important points overall from Ambulance Victoria's perspective and inclusive here in Geelong, and that is one point that Ambulance Victoria attends 650 to 700 cases per annum for crystal methamphetamine compared to approximately 11,000 cases per year for alcohol related incidents. By far our major concern is surrounding the use of alcohol and the implications of alcohol as well.

On top of that, when we are contacted to assist someone, often the call does not come in with someone stating that someone has used this particular job. Often the call is a person has been assaulted or a person is unconscious or a person is just not themselves or they appear to be affected by something. It is not until the paramedics arrive at the scene and they assess the patient and they bring them back to the hospital where some further investigation is done to ascertain exactly what the cause of that particular incident was, and often we are not privileged to that under patient confidentiality. I believe some of the medical facilities here in Geelong would have more detailed

information surrounding that. Given that we are a community that only has one hospital they tend to be able to capture a lot of that information.

In Geelong itself last year in total we attended 18 cases which out of a total of 25,000 emergencies that does not mean there is not more use of crystal methamphetamine out there but it is just in cases we have attended where we have identified that that is part of the issue and the reason that we have been contacted to attend. Without putting Shea on the spot, she is fairly familiar with the cases that her particularly Geelong team attends. Again to put it in context even though we have ambulances at Ocean Grove, Bellarine, Belmont, Lara and Norlane, often we end up at the hospital, and from the hospital we are despatched everywhere. Although Shea will have a good idea, other team managers in the area, their crews respond all over the particular district.

Ms GRANT — 18 cases is not a lot so you are not going to see too many cases. Personally I have not been to one that I can remember in recent history. From my perspective my crew have not talked a lot about attending those cases.

Mr SCHEFFER — They have not?

Ms GRANT — No.

Mr SCHEFFER — Alcohol, yes, but—

Mr MARSHALL — I would think our major concern here in Geelong is the use of alcohol and it is not unusual every couple of weeks to hear another story on the front page of the Geelong Advertiser of someone who has been assaulted or what have you, and it puts an enormous amount of pressure on us, particularly on a Friday and Saturday night. If Geelong Football Club loses, it is a good night and when they win it can be very busy. I do not say that lightly. They get up and about when Geelong win, and they go home a little bit upset when they lose, so it is very busy at times. I am going through the letter, if that is okay, and I will have to apologise from the start because some of the things relate to the crime the use of crystal methamphetamine and I certainly do not have any knowledge of that, and I would be surprised if Shea did as well.

If we go back to the early 90s, I was a MICA paramedic in Melbourne and we would be responding to literally hundreds of cases of heroin abuse, and I think that is where Ambulance Victoria joined up with Turning Point to try and do something about that. There were shifts where I would go to work and I would swear that the dealer was a kilometre in front of me because you could almost track where they were going because I was pulling up and giving them Narcan to resuscitate them and we would go to cases where four people would be unconscious and non-breathing and I would resuscitate the lot of them.

One of the things we have always done in Ambulance Victoria—and particularly the paramedic—is not to ask too many questions because we do not want people to think we are there to investigate, we are there to treat and to resuscitate someone. If we ask too many questions people will not contact us when someone is unconscious or someone is not breathing. We do not specifically go there and ask for a lot of names and addresses. We will take the information that is given to us but remember that we are there for one reason and it is to resuscitate the patient. The aspects of crime behind it are something that we do not get involved in.

Mr SCHEFFER — I understand.

Mr MARSHALL — Often we would attend those type of cases and the police are not involved. Generally, the police are called to these type of cases with us when the paramedic's health and safety is threatened in which case then the police take over when they arrive and provide that protection to the paramedics at the same time. Question 1, 'Examine the channels of supply of methamphetamine including direct importation and local manufacture.' Unfortunately I do not have any knowledge about that. I cannot provide you with any answer there.

Mr SCHEFFER — That is all right.

Mr MARSHALL — 'Examine the supply and distribution of methamphetamine and links to organised crime, organisations including outlaw motorcycle gangs.' Again I do not have any knowledge of that. 'Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas.' Again I refer you back to the 18 cases we have attended. We have not broken them down into any health aspect. I could not tell you whether they were the Lebanese community or from the indigenous community. I would have to look further at that if you would like me to.

Mr SOUTHWICK — What about the age group?

Mr MARSHALL — Again I would have to go back and pull those 18 cases out. I would assume it would be 18, probably 20s but that is an assumption.

Mr SOUTHWICK — And gender?

Mr MARSHALL — I would have to go and have a look at that as well, sorry.

Mr McCURDY — What you are saying I think is there is no stereotype ice user that you would make any assumptions when you got somewhere, that you would make an assumption that they have been on ice because of the specific characteristics of the person—male, female?

Mr MARSHALL — I would personally have to leave that to Shea.

Ms GRANT — I would not think so. You would treat each case individually.

Mr MARSHALL — It could get you into trouble from the start by assuming—and then you find out there might be another medical issue.

Mr SCHEFFER — Yes, of course.

Mr MARSHALL — 'Examine the link between methamphetamine use and crime, and particularly crimes against a person.' Again I would have to look at the particular details provided in each case which would be a matter of downloading the case and looking at it, because although we might be treating the person there still could be a crime associated with it, but that may not be on our patient care records because the patient care record is about the patient. Often they will just have a very brief history, for example, we might have been called to a scuffle, but there would not be any real information surrounding that in association with the crime from our patient care records, and they are the only records that we keep.

'Examine short and long-term consequences of methamphetamine use.' Obviously any drug that causes concern in the community is of concern to Ambulance Victoria. We see ourselves as trying to work with our community to make healthier, better communities. We have many programs out there that tend to do that. They are teaching someone CPR and introducing defibrillators into sports clubs. Going into local schools and discussing speed related issues, alcohol related issues, drug related issues. We try and engage our community and engaging in a fashion that means something. You can have a lot more impact by teaching a special accommodation place about how to do CPR than necessarily the boy scouts, but direct that to where you think you are going to get a bang for your dollar.

Alcohol again is one of our major concerns. You would be going to work at 6.30 in the morning and seeing people leaving nightclubs. I am not too sure how anyone operates when you are tired and you have been consuming a large amount of alcohol. The sun is coming up and you are leaving a nightclub. It often worries me, where does that lead to. When people are tired, hungry and fatigued and full of alcohol it can cause problems. We would like to see something done about that.

Also illegal drug use is a concern to us as well. Not only does it tie up the resources but sometimes we can find our paramedics are—people who are affected by these drugs sometimes can be a little bit combative and although it is not intentional it would not be the first time I have heard of a paramedic being injured or has an injury report being submitted because they have been

accidentally struck by the patient or found themselves in a situation where they feel a little bit uncomfortable and we have to provide some support to ensure that their health and safety is maintained during that particular case, but again there are 18 cases so—

Mr SCHEFFER — Yes.

Mr MARSHALL — 'Review the accuracy of past and existing federal strategies for dealing with methamphetamine use.' Again I would go back to the fact that we have had 18 cases in the last 12 months in Geelong. It is not a big driver for us in Geelong to manage this particular problem at the moment. Again we go back to the alcohol issue and we tend to conduct more community education, particularly to schools. Often, in conjunction with Victoria Police, we will try and grab as many schoolchildren as we can down to somewhere like the arena which is a big sports stadium and we will have people present on—a father, maybe, who has lost a son from speed and alcohol. We will have police and the CFA and ambulance. We take them out the back and we have cars parked and we try and show them that aspect of what that decision can lead to, but we have not spent time with methamphetamine education.

Mr SCHEFFER — Young people do not raise issues around methamphetamines or ice?

Mr MARSHALL — No, not when we run these sessions. We tend to see in these issues that the young men are the risk-takers. Then we can see young women making poor decisions to get in cars where they should not, so the education is around that. When we talk to young females, 'You won't wrap the car around a tree but by getting into this car you could end up around the tree, so you need to make a wise decision.' The Geelong Advertiser is a very good barometer of what is happening in our community here. We do not see a lot of stories come through the Geelong Advertiser surrounding the use of methamphetamine.

Mr SOUTHWICK — Can I pick up on the 18 cases that you have had, where have most of those been located? Has it been at clubs, has it been at people's home residences, has it been at raves? Do you have any information around that?

Mr MARSHALL — No, I would have to go back and look. I assume most of them would be around clubs. There are only half a dozen clubs in Geelong that stay open late at night till about 6 o'clock or 7 o'clock in the morning, but I would have to go and have a look at each particular case to look at where that was occurring.

Mr SOUTHWICK — Further to that, when you are going out for, say, alcohol related activity, which is obviously very prevalent as suggested, have you found through some of the paramedics that they are seeing, not people that are acquiring assistance but that there is what might appear to be people that are on illicit drugs like ice at rave parties at clubs where—

Ms GRANT — It is not something that we could discuss, I do not think. I know a lot of people say they went to a nightclub and saw these people affected by drugs. You would be focusing on (indistinct) I would imagine and then just being wary of what was going on around you for your own safety, not necessarily what had been taken or what they had been drinking.

Mr SOUTHWICK — In the last 12 months you would suggest that the presentation, the number, in terms of people that are presenting and what you are visualising around has not increased, it seems to be pretty much the way it—

Mr MARSHALL — Yes. To reinforce Shea's point, if Shea and I were responding to a case, there would be something wrong with that person that we need to ascertain quite quickly what is wrong with them, and if we were in a place that had a lot people there, one of the things I would be doing, if Shea was attending a patient, would be making sure that she is safe while she is doing that. I would be scanning the environment to make sure that there was no threat to her safety or mine. If we identified something then I would quickly grab her and we would leave immediately. Our mind set is not to gauge what is happening around us from that aspect, it is more about the health and safety aspect.

Mr SOUTHWICK — Thank you.

Mr MARSHALL — 'Consider best practice strategies to address methamphetamine use and associated crime, including regulatory law enforcement, education, treatment, response, particularly for groups outlined above.' I am not too sure how I can answer that from the perspective of—I have no background in how you can manage that type of illicit drug use in the community. My practice is to respond to those issues, not to manage it. I have had discussions with members of VicPol in this particular region. I know that at times we discussed our concern over this late night tension at some of the nightclubs which I know would not please too many people, but we feel sometimes that can be a concern to us in this particular community.

Mr CARROLL — On that point, Terry, we have had some evidence in relation to coordination between Ambulance Victoria and VicPol. There has been a change in policy. Once upon a time, say you were going out to a site where there had been either drug use or alcohol, and there was aggressive behaviour, that ambulance paramedics now can only really call upon the police once they are in amongst the aggressive behaviour. Where once upon a time if you were going to perhaps a nightclub you could have called the police earlier to have them there with you at the scene as you arrive, but now it is really you are there first, if there is an incident or there is aggressive behaviour, you then call the police. Are you aware of that? Do you want to tease that out a bit?

Mr MARSHALL — Yes. We go back five or 10 years you have a small ambulance service here in Geelong, and Victoria Police, the relationship between the two of them was much closer, being a small community. I think you would find that in most small towns throughout Victoria, the police and ambulance are very close. As we have grown and the number of our responses have grown and more police are coming to the area, although we are still very close to VicPol, it is maybe not as tight as it used to be. The pressure is on them as well to get to whatever it is, a car burglary or what have you. We previously would contact police and they would respond to us, just out of us contacting, out of concern for the safety, which then put an enormous pressure on Victoria Police as well, particularly if there are two or three response units in the Bellarine Peninsula, Greater Geelong area which can cause problems for them.

My understanding now is there has to be a threat to the paramedics and VicPol will respond immediately. Once that situation occurs there is quite a rapid response. We also rely on what is known as location of interest. If we go to certain locations and paramedics experience a threat to their health and safety then we register that as a location of interest, that when the next case comes up there, there are case details that show in the computer and the dispatch system to say that we need a rendezvous point with VicPol before we will respond there because we have past history to indicate that that can be potentially dangerous for our paramedics to attend.

Mr CARROLL — Thank you for that.

Mr SCHEFFER — Okay. I think all our questions, we absolutely understand you are operating from a low central base and so your responses are going to have to be limited necessarily, but what I did want to ask you is do you think the incidents and therefore the use of ice and methamphetamine is escalating in Geelong?

Mr MARSHALL — I would have to go back and have a look at the details from the year before to see if we had an increase. I know we only had 18 cases. I do not know.

Mr SCHEFFER — It is a bit hard to answer. For example, five years ago would there have been 18 incidents?

Mr MARSHALL — No.

Mr SCHEFFER — Three years ago or even two?

Mr MARSHALL — No, definitely not.

Mr SCHEFFER — This is a phenomenon of the last maybe couple of years.

Mr MARSHALL — Couple of years.

Mr SCHEFFER — I do not want to put words in your mouth but is that fair?

Mr MARSHALL — No, I agree with that.

Mr SCHEFFER — Very recently there has been this build-up. Going back you said that you had experience of heroin use back in early 2000. That was Melbourne, was it?

Mr MARSHALL — Yes, that is right.

Mr SCHEFFER — Do you see maybe any parallels even at this early stage, how the use of heroin showed itself compared to the way that this small sample of ice use is presenting?

Mr MARSHALL — No, I do not see any parallels but there seemed to be one thing that happened to me during the 90s with the heroin use, the ease of which it seemed to be available. I had no idea there was so many of them, so many people out there who were using heroin. I was working at MICA 1 which is right in the heart of Melbourne, and we would maybe go to two or three a week when you were on a shift, and all of a sudden you would go to eight or 10 a day. The prevalence of it seemed to be everywhere. What surprised me, like, I ended up responding to kids who lived down the street. I would go to Richmond and think, 'That kid lives down the street.' I had no idea that they were involved in drugs. I do not know whether the price came down but the ability to get your hands on the stuff was obviously much easier.

Mr SCHEFFER — Given what we do know—I will not go through it all but it gave rise to the government seeing fit to give this committee this inquiry, so it is a serious issue that has been elevated to that extent—in your organisation are you tracking that and making sure that frameworks and protocols are in place in case there is an escalation such as you described with heroin?

Mr MARSHALL — Our clinical area would look at these type of cases and if we saw a large increase they make introduce different protocols through the Medical Standards Committee to say that this is something that we need to do because there has been an increase. We would look at that area. An example of that is—I will go back to the heroin issue again in the 90s—only mobile intensive care officers would administer Narcan which was the drug that would reverse the effect and they would start to breathe again. It saves lives. The change in protocol was that the drug would now be given intramuscularly which meant that the patient did not wake up combative, they were not threatening to the paramedics. Also the drug was then not used by MICA paramedics but it was given to ambulances. The availability of that drug went from—I think in those days there were eight or nine MICA units in Melbourne, and we did not have any in the country, I do not think. Then every ambulance in Melbourne was now running around with Narcan and the ability to resuscitate these people. That is an example of how we change the protocols through the Medical Standards Committee. The Medical Standards Committee are the experts. They do not grab a local doctor who has an interest, they use a person that understands this more than any other person, and that is based on the best available medical evidence that we can provide to develop that. Locally we are not doing that. Locally we are not tracking the use of methamphetamine.

Mr SCHEFFER — Yes. Any questions?

Mr McCURDY — Mine follows on a bit from what you have said. In the event of a sharp increase are there any particular areas—you have already identified—that you would like to see changes in paramedics or Ambulance Victoria? Safety would be the bigger issue. If all of a sudden you went from 18 to 180, are there any issues that you could put your finger on that you would say safety would be a big issue or resources?

Mr MARSHALL — An extra 180 cases in a year is something that we could respond to that surge. It would put pressure on us. We are not like Melbourne where there is always a truck somewhere you could send to the case, and I know there are spots, issues, in Melbourne. In Geelong at our busiest period we have 12 ambulances driving around. What we have to do when we have this surge—and it does happen quite frequently in our community—we start sending out our support officers, our duty support officers, group managers, such as myself. We keep going up the tree and sending people until we cover those cases. That could cause us some issues in regard

to the resources that we have at the moment, but added to that then we might have to start looking at seeing if we can bring other resources in from Melbourne to support us which in my mind this is how the system should work. Now that we are amalgamated there is one service.

My main concern again would be for the health and safety of paramedics. Over the last five years we have seen a large increase in the number of paramedics who have been brought in to Ambulance Victoria from various universities around Victoria—Monash, Australian Catholic University, Victoria University. When I joined I had been a tradesman for six years, a foreman, and I come to the service at 28 or 29. We now have a lot of young kids coming in at 21 or 22. Generation Y is very different from how we come into the service. We are find that we have to provide them with an enormous amount of support. They are young people and they have gone from school to university into full time work. There is a lot of education we have to do with them to get them to that point of the accountability and responsibility of being an employee. That is my concern with their health and safety, they are just young kids.

Mr McCURDY — Can I pick up clarification on the reported incidents against paramedics; understanding of the low base. Do you suggest there have been reported incidents from ice users in terms of violence against the paramedics, and roughly what number might that be?

Mr MARSHALL — If the paramedics feel their health and safety is threatened in any way, whether they slip over in the kitchen at our branch, or they go to a case where their health and safety is threatened, they will fill in a hazard injury report. Being a very busy district here I would probably see 200 or 300 of those reports per year. The team manager then conducts a risk assessment on that and provides some support to resolve that issue, be it controlling the issue along the lines of an engineering solution, or it might be an education solution. Again I would have to go back through those reports because they are not put together in a table format that are presented. I would have to go through each one of them. During that time though I would see probably 20 reports a year that are related to a paramedic's perception that their health and safety was threatened. They may not write down, 'I was assaulted.' That is a different issue, I would get Victoria Police involved. But they may write down, 'The person at the scene was aggressive towards me,' or, 'They swore at me,' or, 'I felt I wasn't safe.' The reports come in with no physical issue associated with it but more a perception that their health and safety was at risk at that time.

Mr McCURDY — If you got a call and you knew that where you were going there was somebody who was on ice, would the paramedics have a different behavioural plan, or would there be a different safety plan to know that, 'Right, we're going to a place where there could be an increased level of violence at this particular presentation,' as opposed to something else?

Ms GRANT — I think you go into any job with a heightened sense of health and safety but I guess if that information was available you would probably be more wary of what you were going into. Any job that you go to, you are going into an unknown residence and there could be any sorts of threats. You do not know that what the person is saying over the phone is a threat, so you have that heightened sense of health and safety on the job.

Mr SCHEFFER — Okay. We are out of time. Can I, on behalf of the committee, thank you both very much for coming along. I know it is a big ask out of your day, and it is very much appreciated. We will use it and you will get a copy of the Hansard transcript to check over.

Mr MARSHALL — Thank you.

Witnesses withdrew.

Hearing suspended.