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

Ms K. Kline, Drug and Alcohol Worker, Wathaurong Aboriginal Co-Operative.

Mr N. Stanley, Youth Justice Worker, Wathaurong Aboriginal Co-Operative.

The CHAIR — Welcome to the joint parliamentary committee of Law Reform, Drugs and Crime Prevention and this inquiry into the supply and use of methamphetamines in Victoria. We have Kit-e Kline as a drug and alcohol worker, and Norm Stanley, a youth justice worker from the Wathaurong Aboriginal Co Operative. Thank you both for being here as part of this public hearing in Geelong and on behalf of the committee can I pay our respects for the laned on which we are conducting this hearing, and to your elders past and present.

It is important we try and keep to the times allocated, given we have a full list of witnesses during the day. We have allotted from 11 o'clock to 11.45 for this session. It is up to you how you want to present. We will ask you some questions as part of the presentation. Before you start I do need to read you the conditions under which you are presenting to the inquiry this morning and advise you that 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. 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. Have you received and read the guide for witnesses presenting evidence at parliamentary committees? Yes.

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 the evidence and we will provide a proof version of the Hansard transcript at the earliest opportunity so that you can correct it as appropriate. We do have the full committee in attendance. Thank you.

Ms KLINE — Thank you. I wrote the submission and submitted it to Sandy. I have invited Norm along, he has had a lot of contact through the justice system with ice use. I thought his information would be valuable as well, and I also consulted with Norm when I wrote the submission. The process of gathering information to answer the questions set out in the submission have been by interviewing consumers, family members of consumers, partners of consumers and also various employees at Wathaurong Aboriginal Health Service and Co-Operative. The areas where the interviews took place was through justice, our housing worker, family services, the reception area, doctors, nursing and also through Barwon Health Needle Syringe Program.

The first question, 'Examine the channels of supply of methamphetamine including direct importation and local manufacture of final product and raw constituent chemical precursors and ingredients,' what I found was that it appears that access to ice from our community members is available by taking regular trips into Melbourne or by the Melbourne supplier coming into Geelong and dropping off supplies in bulk. The users are supplying ice into our community to support their own habits and also to make a small income to afford basic day-to-day living, paying rent and affording food.

Number 2, 'Examine the supply and distribution of methamphetamine and links to organised crime organisations including outlaw motorcycle gangs.' We did not have any information to come to that conclusion, whether or not there was a connection to the organised crime. Number 3, 'Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas.' We are from the Wathaurong Aboriginal community. We are representing our indigenous people here. It appears that there has been a significant increase of ice use within the Wathaurong community within the past six months. This information has come from all areas of the people that I have been interviewing. All services have noticed this and it is shown to have an impact on their clients lives. It has affected physical, emotional and mental health and caused problems within relationships, employment, education and the law. Ice use is not spoken about much within the Aboriginal community as it has a shame factor attached to it. Most people want to keep their use confidential.

Number 4, 'Examine the links between methamphetamine use and crime, in particular crimes against the person.' 100 per cent of people who have come into contact with ice have had dealings with the law. It has contributed to theft, assaults, domestic violence and the implementation of AVOs. Norm, do you want to talk more about the justice side of it.

Mr STANLEY — I work in both Koori youth justice and also local justice as well, working with young people as well as adults within the community too. The role that I have is very challenging but it is certainly a role that was combined and put together to be able to work with both sides. I could work with youth and even follow right through to the adulthood years as well. I am also a member of the ACJP, the Aboriginal Community Justice Program, which means I go on call month to month with another couple of people as well. I was looking through a lot of the people that I have been working with. I have been in this role for two years now. I can very easily say that a good 70 per cent of the young people that I am working with have certainly come into contact with ice use. It is not the only reason that they are getting into trouble but it is certainly an area that is really affecting them.

Within the adult set I am working with, a good 95 per cent of the adults that I am working with certainly have a very big issue with their ice use. Looking at those things, certainly with the theft, the assaults, domestic violence, those three areas there are probably really the key areas that I am dealing with in both sides, with the young people and with the adults as well. AVOs, so many of them are being breached and a lot of that—I can very easily say again—is around the ice use itself.

Ms KLINE — Number 5, 'Examine the short and long term consequences of methamphetamine use.' From my interviews, the short-term and long-term effects appear to be the same and are related to dysfunctional relationships, crime, physical and mental health. It also impacts on the person having access to education and employment opportunities which can also impact on finding stable housing. Ice use also brings about experiences of feeling paranoid and can also contribute to not feeling connected to their Aboriginal culture or partaking in cultural activities. It can be a socially isolating substance, and users can often be using on their own as well.

Number 6, 'Examine the relationship of methamphetamine use to other forms of illicit and licit substances.' It appears that ice use has become the drug of choice within the Wathaurong community, and users will also use cannabis and prescription medications to find some balance from experiencing highs and lows. I remember one of the interviews I had with our GP. Dr Scott said that he had a very high presentation now of people coming into the health service who were using ice and it has increased over the last six months. People are wanting to get more prescriptions for benzos to help people come down with highs; also injecting drug use has become a problem as well, and related health effects of not injecting properly.

Mr SOUTHWICK — Can I just ask on that, what has ice replaced that is now the drug of choice in the Wathaurong people? What were they using before?

Ms KLINE — It is an escalation of yarndi, cannabis use. People who are using cannabis are wanting to experience ice use. They are still using cannabis to help come down from a high but it has become a drug of choice over cannabis use. Also people who have never used drugs before or have used alcohol on social occasions, are now using ice as a recreational drug. It starts off as being a recreational drug but then again to sustain that ice it then eventuates to a daily habit.

Mr SOUTHWICK — Is most of that smoking as opposed to injecting?

Ms KLINE — It starts off as smoking and then it goes on to injection and stays as injection, yes.

Mr STANLEY — To add to that, I have also found that ice seems to have taken over with the sellers, the dealers. They no longer have speed at their disposal. Once ice came in and people were looking for that quick hit of speed and there was none of that available, ice was offered to them and all of a sudden, one hit of ice and they are hooked, so bad that the next day they are back and then it continues on.

Mr SOUTHWICK — Thank you.

Ms KLINE — Number 7, 'Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use.' We believe that past and existing strategies for dealing with the ice problem is not working. People who are using ice should not be treated as a criminal, and healing options should be provided. Aboriginal people are dealing with

transgenerational trauma, and substance use is a means to deal with this trauma. It appears that the strategies are to lock people up and keep them in a system that clearly is not working. The representation of Aboriginal people in our gaols is disheartening and on the increase, and a different approach is needed.

Number 8, 'Consider best practice strategies to address methamphetamine use and associated crime, including regulatory, law enforcement, education and treatment responses—particularly for groups outlined above.' Again within Wathaurong community, as an Aboriginal community drug and alcohol worker, I believe that we need to try a different approach in dealing with alcohol and other drug use and crimes, particularly ice. Our community members are using substances to deal with their trauma and they are committing crime to support their addictions. It is this simple: as a community we need to have healing centres established in our regions that are culturally appropriate. An example of a program that is working effectively is the Wulgunggo Ngalu Learning Place. I have some information on that. We need more places like this for men and women. Gaol is not working, justice reinvestment works. Our healing centres would be an alternative to going to gaol and would facilitate detoxification of drugs and ongoing support at a facility for up to a duration of two years.

As was mentioned before with emergency and paramedics, with detoxification it needs to be longer term than what is currently offered with other drugs which is seven to 10 days. Detoxification needs to be possibly a month just to detoxify the body and then I would recommend up to two years. Everything I have seen that is happening with the treatment of ice use is a bandaid effect. I really believe we need to address the underlying causes of why people are using drugs. In our community, the Aboriginal community, I see it as from transgenerational trauma that has stemmed from colonisation of this land. It would be a facility to assist the person to enhance their quality of life and assist them to reintegrate into their communities as leaders, instead of reoffenders.

In concluding, I would like to say every attempt has been made to get a clear understanding of how the use of methamphetamine is having a direct impact on the Wathaurong community. It has been difficult to collect specific data on the number or percentage of community members using ice, how they are using it and whether or not they are using needle syringe programs to access clean injecting resources. I am aware that this data is not available as there has been no means for collecting this specific data on any of our systems or any of our stakeholders systems. All people that have been interviewed have indicated that ice use in our community is a problem in the lives of many individuals and families, and their appears to be no current solutions or supports in managing this, except for a referral to drug and alcohol services.

I wanted to talk about Barwon Health Drug and Alcohol Services, the presentation before us. They mentioned they have the ADIS system and that is the system we use to collect data. There is no specific ice question to collect the data. Also not everyone that uses ice in our community is referred to a drug and alcohol service because a lot of people for various reasons are not wanting to get counselling or come in because when you are accessing drug and alcohol services for confidentiality as well, people are going to know and talk that someone has a drug and alcohol problem. I am in the process now of doing a project to gather some information to see with mainstream services which of our Aboriginal community are using these services and whether data has been collected on specific ice use through the needle syringe programs that are run through Barwon Health. We have a needle syringe program at Wathaurong. It is not being used as effectively as it could be and we are doing some research at the moment into why that is.

One of the barriers I have seen in gathering information for Wathaurong community members in ice use and how they are using ice is that when I have contacted hospitals and the emergency and other mainstream organisations, the question, 'Are you Aboriginal or Torres Strait Islander?' is not being asked, and it does not seem to be on any collection forms and that is something we are looking at doing as well.

The CHAIR — Thank you very much. You have gone to a considerable amount of trouble to respond to the questions we provided and we thank you for that. It makes it a lot easier for us to get the information we are seeking. Perhaps if I can start asking a question and then I will

ask the committee. There are a couple of issues you have raised out of that. One, I need to have an understanding of, is ice being substituted for alcohol use in the indigenous population, because traditionally alcohol and cannabis, I think you have indicated, are perhaps the two main drugs, legal or not. Is that a substitution or is that a complementary drug. Two, I am a little unclear about the supply chains. You have indicated there does not appear to be any connection between organised crime or outlaw bikie clubs in relation to distribution, so I can only assume the distribution of the drug through the indigenous population is from one to the other, rather than any specific area. Is there much manufacturing going on, or is it mainly coming from overseas and being distributed through different channels? The other one perhaps I would ask, is it a drug of choice now—I heard on the way down from Ballarat that ecstasy is now being more widely used because the safrole ingredient now is more available than it was before. It was not available, therefore the drug went out of popularity, I guess, or usage, and now it is becoming more popular, but it does not have the same harmful side effects as ice. Would you care to comment on those?

Mr STANLEY — It will depend on individuals as to whether they are substituted. From my dealings I have not seen that it is being a substitute for anything else. It is an added-on drug that does not reduce the alcohol or the marijuana use at all. Ice is another drug that has been added into the range of substances that they do wish to use. Manufacturing, I am very unsure of. I do not think I would be told any of that, being in my role. If I was working with a client they are not going to tell me that they are getting it from somewhere where it is being manufactured. From what I have understood from quite a few of my clients, there are regular trips that are being made, as Kit-e pointed out before, into Melbourne and then back into Geelong again. Whether it is being brought down here or whether they are going up there and sourcing it, they are bringing it back and distributing throughout the community.

A lot of the community members are so close, and so closely connected to each other, that they will know if there is a shipment or something coming in. They will know when it is going to be here and they will pretty much pick up whatever they need to and then it starts from there.

Mr McCURDY — Norm, do you think the Aboriginal community is being targeted in this, any greater than any other part of the community?

Mr STANLEY — In some circumstances, yes. In one instance of a client I know that it was almost set up while they were in prison that 'upon release you go to this place or this person, then it will all be set up for you and you'll be able to go from there.' From your question, from that incident itself, I certainly believe it was a targeted thing, yes.

Mr SCHEFFER — My question is also to Norm. Correct me if I did not hear this properly but I thought you said in the Aboriginal community, the Wathaurong, that 70 per cent of young people have come into contact with ice and about 95 per cent of the adults. Depending on what contact means, that is an awful lot of people across a really large area. Can that be right?

Mr STANLEY — Those are clients that I am working with.

Mr SCHEFFER — Of the people you are seeing?

Mr STANLEY — Yes.

Mr SCHEFFER — I see. I was a bit surprised.

Mr STANLEY — No, that sort of percentage with the entire community?

Mr SCHEFFER — You are talking amongst the people you are seeing—

Mr STANLEY — Yes.

Mr SCHEFFER — And building on your response to a question earlier on, they are adding—that 95 per cent and 70 per cent—ice onto the range of drugs, including alcohol that they use?

Mr STANLEY — Yes.

Mr SCHEFFER — Okay, thank you.

Mr STANLEY — I was wondering how much families are targeted. If you could talk a little bit more about the impact on use within the family itself. We have heard from other evidence that there has tended to be—we had a forum in Bendigo where you had smoking buddies, the father smoking with the child, or the mother smoking with the child. Is that the same type of thing that is happening in the indigenous community?

Ms KLINE — Yes, when I have been doing some interviews of consumers and family members of consumers, that mum and son have been using together and it has been introduced to the child and become drug using partners. I cannot give you specific information on the data because it is harder to record that. It has been word of mouth and what has been spoken about. The question you had before about how many people in the community are using drugs, I was talking to a family member and they said probably three out of five people, people that they know, a pretty high percentage use drugs. It has almost become normalised as well within some communities depending on the age and their peer group. Within peers it has become normalised.

Mr SOUTHWICK — One other question, in terms of these healing centres that you are proposing, are you suggesting that people be referred to these as part of the treatment whether it be from the judicial arena or from Victoria Police that they be referred to these centres?

Ms KLINE — Yes.

Mr SOUTHWICK — Then how long are you proposing that somebody have treatment within the centres?

Ms KLINE — I would probably propose two years. I would like to see the development of a healing centre established in western region Victoria. For me to get someone into detox at the moment is about a six week wait. That is what you are looking at. Then there could be a three-month wait on rehabilitation. There is definitely a lack of services and a big gap. On representation of Wathaurong I would like to see a culturally specific rehabilitation centre. I see Aboriginal culture and the connection to culture has been a strength for Aboriginal people to use for self-healing, so if we had a healing centre established. I would not recommend using what is already here because there is a lack of services. The wait is too long. We can see from the other presentations there are presentations every day into ER and emergency and Swanston Centre Mental Health. They are in there maybe three or four days and then out again, and then re representation. That is the same that we see through our community, coming in through the drug and alcohol services and through GP. It is a cycle and it is not stopping. My recommendation would be a two year treatment plan and a residential facility, not only for the individual but also for their families.

Mr CARROLL — Going a little bit further with what you have proposed with the healing centres—it is culturally specific—are we talking similar to the indigenous court model where the indigenous elders are embedded in the rehabilitation process? Is that what you are getting at?

Ms KLINE — Yes, there would definitely be involvement of elders but it would be a residential facility. I was going to say, in Geelong we do not have a Koori court here. There are Koori courts in other areas of Victoria but there is nothing here and I am wondering why, especially with the over representation of Aboriginal people through our legal system. Talking about the recommendations, well, I am not sure which other sites you visited within Aboriginal communities and NACCHOs for Victoria, but I have been talking with Warrnambool, Portland, Hamilton, Ballarat. The problem is the same with ice and substance use. There are no facilities for Aboriginal people for drug and alcohol treatment in western region Victoria.

Mr CARROLL — Kit-e, earlier in your presentation you spoke about the shame factor, the indigenous community taking ice. Does the shame factor still apply with other illicit substances or is it more specific with ice that there is a shame factor taking that?

Mr STANLEY — I would probably say yes, that it is more so with ice, with heavier substances. Within the communities, even myself from a very young age, alcohol and marijuana were almost an acceptable thing to do. There was no shame in knowing who was drinking or who was smoking or anything like that at all. When it comes to ice there certainly is that trying to hide it away. A couple of my clients are people I grew up with and they can sit straight in front of me and I know that they are heavily affected while I am talking with them or while I am trying to work with them, and I can ask the question a hundred different ways over and over ago whether they are using or whether they are affected right then and now, and, 'No, no, no, I'm not at all, bro. I'm not. I've had a bit of a smoke but that's about it.' Where as I know but I am hoping that they will open up and tell me, 'I am, bro, and I do not know what to do about it.' That shame factor is real and it is big with the ice here, absolutely. Whether that is because I know these people, because I have grown up with them, they are my age, they are kids that I have knocked around with, whether that is a part of it, I think that would be pretty strong but I also think that would be the same thing with other people too, certainly that work within the community. With someone like Kit-e, they might be a bit more open to say, 'Yeah, I have been,' because Kit-e is not someone that they have grown up with. Certainly the shame factor is a lot stronger when it comes to ice or anything other than just smoking or drinking.

Mr SOUTHWICK — Extending on from that, what then is the likelihood of those people voluntarily attending a healing centre if there is that shame factor and not wanting to be public in terms of their rehabilitation? Is that problematic?

Ms KLINE — Yes. I suppose the approach that I take in working as a drug and alcohol worker, I do not focus on drug use being the problem. I try and look at the underlying reasons why, and hence why I would call it a healing centre, rather than drug and alcohol rehab. Anyone from the community would be able to access this resource and people would not need to know that it is specifically for drug and alcohol use, it is simply for self-healing. That would be my approach in how I would use it, to be able to get participants to go. The drug and alcohol use is not the problem, it is the symptom. We are going to the healing centre to address the underlying reasons, why is the person using substances. Usually it is related to trauma.

Mr STANLEY — Where that has affected the families as well, the healing needs to extend into the family too. The family being extended family, other people that are very closely connected to the family as well. They are really hurting. If it is one people within the family that is using ice, that affects absolutely everybody within that family circle, and friends. They are the people who are very strongly connected to those people. Through a healing centre itself we would be able to focus a lot of the healing into the family members, into everybody else around them at the same time, that it becomes a healing for everybody that has been involved with that. Yes, importantly the person who is using but just as important those family members who have been around it, who have probably copped some of this violence or copped some of this crap from the person, that they can continue to heal within themselves at the same time as the person who is there.

Ms KLINE — We are not only healing individuals, we are healing families and communities.

Mr SCHEFFER — Just so that we have it on the record, you did talk about underlying causes a number of times. You talked about transgenerational trauma, colonisation and I will add to that legacy of massacre and expropriation of country and so forth. How does that history play out when you talk about underlying causes in relation to issues like ice and related illicit use of drugs?

Ms KLINE — My belief is when people use substances it is self-medication. It is suppressing feeling and usually it is a negative feeling. From my experience of working in Aboriginal communities and studying Aboriginal culture, from the time of colonisation, as you know there were massacres, stolen generation, children were taken from their families, there was a lot of abuse that happened as well within residential homes. When a person experiences this there is no healing that has taken place, and they are having children and families themselves. This hurt, pain, grief and loss certainly has an impact—a transgenerational impact—on how they are raising

their families and also their own healing. Also when you are looking at people who are taking substances it is learnt behaviour within the family home. We can see a lot of the clients I work with they just have not started using substances, they have seen their family members use substances, and people before that have seen their family members using substances. It becomes normal within the family home, substance use. If mum is feeling stressed she might have a drink, or for dad to relax he goes out and smokes some cannabis. It becomes a way of dealing with life's stresses. We can date this back to the trauma, because it is not an individual trauma, it is a cultural trauma that happened to most Aboriginal people.

Mr SCHEFFER — Thank you.

Ms KLINE — Do you want to add onto that as an Aboriginal person?

Mr STANLEY — I think you summed it up spot on there. It is certainly something that is learnt from a very young age that you grow up with and it becomes acceptable. It does become acceptable to have a drink or a bit of a smoke for any reason whatsoever, whether it is just a meeting, a catch-up, a party or it is relaxation or whatever it might be, it is acceptable. I do completely agree that it does come from a long line of our history. I can speak from a personal point where I have seen it right throughout my family. I have heard stories of that for a long time back as well, and how it ended up in my mum's life or my dad's life or my aunties or uncles, that it is from back there that they saw this and it was a part of their healing, I guess. That is how it has always been done.

The CHAIR — Thank you, Mr Stanley, Ms Kline, very much for your contribution this morning. We appreciate it.

Ms KLINE — Thank you.

Mr STANLEY — Thank you very much for your time.

Witnesses withdrew.

Hearing suspended.