

**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

Superintendent P. Pottage, Division Commander, Division 1 (Geelong) Western  
Region, Victoria Police.

**The CHAIR** — Welcome, Superintendent Pottage, and thank you for your time this morning. We are joint parliamentary committee of the parliament, Law Reform, Drugs and Crime Prevention, and currently we are doing an inquiry into the supply and use of methamphetamines, particularly ice, in Victoria. You have seen the terms of reference, and thank you for your time this morning to provide evidence from the Geelong Police. Before we start, superintendent, I do need to read you the conditions under which you are presenting to the inquiry this morning. 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 the evidence that they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and we will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate.

We have allotted to 12.30, Superintendent, for this session. As you know we are keen to ask questions of those presenting but also obviously give you time to be able to make a small presentation. Thank you.

**Supt POTTAGE** — I will refer roughly to the questions that were provided. I will skip through some but they do provide an order which is useful in terms of going through the issue. The possession and use of ice in Geelong has been escalating and it is probably the last two years has been the most significant in that time frame. Our top five possession and use drug offences are in order—possessing cannabis, which in the last 12 months has shown a nine per cent decline; possess amphetamine, which has shown a slight increase; possess methamphetamine, which has shown a 400 per cent increase, 55 offences relating to that, compared to 11 the previous 12 months, and the use of methamphetamine has also increased from one offence to 13 in the last 12 months; the fifth, possess and use is related to various prescription and other unknown drugs.

The top five local offences for manufacture and traffic offences relating to drugs involve the cultivation of cannabis which, as with possession, has declined a little by six per cent; traffic methamphetamine is the second which has shown a 105 per cent increase to 43 offences in the last 12 months; traffic cannabis has shown an increase of 78 per cent; then traffic various other drugs of dependence; and traffic amphetamines is the fifth. There is probably no simple reason for the increased use locally. The supply and demand paradigm for drugs, which has probably been regaled endlessly, is pretty complex. The local supply of methamphetamine has undoubtedly increased dramatically, but as with the other historic surges of illicit drugs it is difficult to determine an increase in supply fuels greater demand, or whether a gradual firming in demand encourages supply and the related entrepreneurial behaviour or perhaps both occur together.

Why now? My belief is it is a generational issue. It probably commenced after the Second World War and it has to be seen in the context of many decades of change in drug use and attitude. Cannabis and a range of other methamphetamine type drugs have long been labelled as recreational and now several generations of users appear to be taking this very literally. The use of a wide range of drug types has probably come to be seen as similar to that of alcohol, and that they are illegal appears to deter less people than it used to. The effects and perceived benefits of amphetamines also appear to be aligned to the perceived increase in the pace of life, the 24-hour world, instant communication, the go-go lifestyle that the 21st century western world has moved to. It seems to be more useful in this lifestyle than, say, heroin and other opioids which promote lethargy and sleep for many hours after use.

The seriousness of crystal methamphetamine use in Geelong has reached a point not far short of critical. It far exceeds the current harms being seen from illicit drugs, such as heroin. Compared to alcohol it is difficult to judge without detailed research. Alcohol certainly remains very significant in domestic violence and public place violence and road trauma. The polydrug use I will get to if

we have time, but it is certainly very prevalent and I am sure previous witnesses have gone into it in detail.

The problems and challenges methamphetamine imposes for law enforcement in Geelong, there are five main areas which appear to be affecting law enforcement. The first is the nature of the drug which in turn has a couple of issues, and the behavioural component, again listening to previous witnesses, has been dealt with significantly. Short-term and extended use of ice can produce wildly erratic behaviour, including significant aggression. This becomes apparent in family disputes with parents, partners and children, interactions with unknown people in the street and hotels or anywhere in public, altercations arising between persons known to each other at private premises, and actions with hospital emergency departments involving paramedics. These will often lead directly to interactions with police and often can lead to extremely violent confrontations which are difficult to de-escalate. The use of such methods as OC spray are often not effective. Geelong and Ballarat have recently been issued with tasers that so far have not been deployed. It is the betting season and my bet would be the first time we deploy a taser will probably be in relation to a person affected by ice. Assault police charges in the Geelong area have in fact declined over the last 12 months.

The second behavioural issue is the decision-making and the effect ice appears to be having on the short term decision-making whilst intoxicated, and serious crimes are being committed on the spur of the moment with little planning and high-risk of violence would be used. The consequences are not being considered. These often include burglaries, aggravated burglaries and robberies and include either single offenders or offenders acting in company.

The third behavioural issue is paranoid behaviour which appears to develop quickly with sustained use and is possibly one of the reasons for the significant increase in theft and the possession of firearms over the last two years. One recent example saw an ice addict sitting in his small room at home surrounded by numerous wide screen televisions all linked to his CCTV system throughout his garden and house, bizarre behaviour but he genuinely believed it was needed.

The last major behavioural impact is the need to commit crimes in order to fund the addiction. Historically this behaviour was associated with heroin addicts, committing daytime residential burglaries or the occasional armed robbery. With what appears to be a relatively quick addiction time, police are finding that offenders for all types of day and night-time burglaries, robberies, theft from vehicles and other thieving offences are citing the need for quick cash to purchase ice as drivers for the offence.

The second of the major areas affecting law enforcement, apart from the behavioural, is the supply investigations for all drugs and are often complex. Local police have both a capacity and a capability challenge. Capacity in the calls for assistance and business as usual need to be resourced and staff seconded into specialist areas always impacts. There is the usual tension in resourcing proactive areas, such as youth crime prevention and targeted crime units, but this tension is increased when it is evident that the increasing amount of crime is linked in one way or another to ice. From a capability perspective not all police have the skill or desire to work in drug investigation teams and there is finite technical support for such things as surveillance, listening devices, telephone intercepts and monitoring such services. It is a labour intensive business. Management of human sources—that is registered informers—whilst extremely effective at gaining accurate inside information is labour intensive, has a very high management accountability overhead and is high risk. Drug briefs are often lengthy and trials two years in the future.

The culmination of an investigation late last year in inner city Geelong, an apartment was searched. A revolver, two sawn-off shotguns, scales, drugs, numerous mobile phones and cash was seized. The cash took five hours to count, a total of \$305,000. This led to another job conducted earlier this year in which 19 men were charged with 40 firearms offences, over half of them with traffic or possessing ice, and 13 firearms located and several charged with serious assaults arising from shooting people. Such investigations are an overhead for local police.

The third major area affecting law enforcement is that the crimes are often involving people with no previous criminal history. Aggressive behaviour by persons not usually prone to same is

landing them in the criminal justice system. It is evident in a number of serious assault matters involving males who have not been previously disposed to violence and not having any criminal histories. They are assaulting members of the public and police, often without warning. There are peripheral crimes associated with the trafficking of ice, such as serious assaults, shootings and aggravated burglaries all being used as debt collection methods. There also appears to be a link with increased firearms offences and the need to possess firearms. There is a generally used comment in Geelong that every half-baked crook is selling ice and seems to be wanting to be a gangster. Charges for the possession of firearms has increased significantly and vehicles are routinely intercepted with cash, drugs and a sawn-off rifle or handgun under the seat. 2012 saw a large increase in rural and suburban firearms burglaries, and there has been evidence of guns in Geelong, in areas such as the western suburbs.

The last issue affecting law enforcement is the impact that drugged drivers are having on a range of road trauma. Last year the highway patrol in Geelong conducted drug tests in a high-risk area and one in five drivers were returning positive results. Random drug testing is not currently available with highway patrol members, and there appears to be a technology and costs overhead with a 40,000 limit per annum currently in place in the state for drug testing. Geelong is one of the top four rated areas for impaired drivers. The true figure for injury collisions that are involved or are caused by drivers under the influence of drugs is just not known. Currently about 15 per cent of fatal crashes in Victoria involve drug-using drivers.

Some general comments with regard to supply—and these are sourced usually directly out of the mouths of the offenders that have been processed at local police stations. Purity of methamphetamine in the area has increased whilst the prices remain static. Generally you would have previously been told .1 of a gram sells for \$100, and that has remained relatively static. The only difference is the purity has increased to levels up to 80 per cent. The recent Geelong seizure of admittedly a small amount of ice had the highest purity that forensic science has yet seen. Many of our clandestine labs found locally have in fact been washing or purifying laboratories, and have been purifying dirty methamphetamine, increasing its purity. It suggests a number of scenarios with regards to both the importation and local production and the availability of large amounts in pure form methamphetamine.

The source of methamphetamine appears to be both locally cooked and imported, and the opinion and information locally known is that through various degrees of separation and supply of all methamphetamine is linked to outlaw motorcycle gangs. It is just what is believed locally. I suspect it is reasonably accurate but may not necessarily be exclusively so. The impact of ice is readily apparent on a daily basis. It is affecting burglaries, night-time burglaries. Commercial burglaries in Geelong have been problematic for the last two years. Hundreds of offenders have been arrested and brought before the courts, and the rate is still climbing. A significant proportion of those people do not have previous criminal histories, and a significant proportion claim to be committing burglaries either under the influence of ice or to purchase future ice use.

Our partnerships with drug rehabilitation organisations is weak. Current drug services in the area are provided by the Salvation Army, Barwon Health and the Uniting Church. Services provided by youth support advocacy services and the police online referral system support link as local options for all of those services. There is a high degree of cooperation locally in areas of at-risk youth, family violence and mental health, but for some reason not with drug offenders and drug rehabilitation providers. Police will generally support applications for credit bail at court and diversions, however, drug diversions are commonly complicated by the commission of offences at the time.

The mental health issue is causing significant angst, and the actual cause of the mental health issues to a particular person is not at the time that police attend. Police attendance is usually at crisis point, whether it is a schizophrenic without medication, an ice user going through a psychotic episode, a person with an acquired brain injury, generally at the time it does not matter but is certainly of interest later in their treatment. That is probably about as far as I will go. I will put myself open to questions.

**The CHAIR** — Yes, thank you. Perhaps I will kick off. There are a couple of issues I wanted to canvass with you. If you believe the Geelong Advertiser the suggestion is we are in an ice crisis, an epidemic sweeping regional and rural Victoria. You have indicated there has been a 400 per cent increase of cases associated with your response to methamphetamine, particularly ice, which is considerable, and you have said it is escalating. Could you put it into perspective for us in relation to ice as against other drugs. We understand there has been a changeover from traditional drugs, such as heroin, ecstasy and cannabis, to ice. But a crisis or an epidemic, is that sensational tags? The issue around drug testing, it has been said to us in previous hearings that this is an issue for police in relation to the cap and costs associated with drug testing. I assume this is a blood test, but apart from that I have little knowledge of the process as against cost of an alcohol test, as against a drug test.

Thirdly, it was also said to us at a previous hearing that the paramedics feel somewhat isolated by the lack of police response to support their front-end engagement in relation to those showing signs of quite physical, antisocial, aggressive behaviour. I am not sure if the resources are such that you have capacity to respond to supporting the paramedics when they do reach an incident where there is obviously quite aggressive behaviour because of the use of ice. If you can briefly respond to those three.

**Supt POTTAGE** — Probably epidemic, I would prefer, rather than crisis. Crisis has an emotive context. Yes, the Adi would probably use 'crisis' rather than 'epidemic' but my personal view is the crossover between—or there is a significant difference in use between the heroin-like substances and the synthetic opioids and the Oxycontin and the various other prescription based codeine, heroin-like substance which are effectively narcotics by definition—poor sleep, lethargy and for some people find it extremely attractive, not much good in nightclubs. You do not use heroin and then go out and try and dance in a nightclub because in fact you would go to sleep. It then moves to another significant group of people, they are good drug choices, amphetamine based. What we are seeing is a continued use by a large amount of people of alcohol; there is still a significant heroin-using population in Geelong; there has been an increasing amount of ATS—amphetamine type substance—use being driven, in my view, simply by the inexorable changes of lifestyle and culture that the western world has seen.

I think the challenge with ice—and previous witnesses alluded to it—is it is an added extra. It is a whole different, additional component that a lot of people who perhaps would not usually use drugs to excess are being sucked into and becoming quickly addicted to it. I think that is where 'epidemic' is possibly a better term. The road trauma issues, there are technology challenges with drug testing still. I am not sure of the exact costs but the process of preliminary saliva testing and further machine testing and then laboratory analysis is expensive. It is certainly significantly more expensive and time-consuming than breath alcohol testing. There is no graduated penalties currently for drug-driving. You get to a point, you get a penalty and that is it. They have quite a sophisticated penalty scale for breath alcohol testing which has been developed and has become increasingly graduated since the 70s. With computers and a lot of other technology we have hit points where there is no technology barrier. I think with drug testing there probably currently is, and it is certainly linked to cost.

Surveys in previous years have clearly indicated, particularly in rural areas, the fear of detection is minimal for drug-driving, so we have had self-reporting surveys for many years state cannabis use, amphetamine use and other drug use we have had in particularly rural areas is rife and people have little hesitation to drive cars because detection is minimal. The last?

**The CHAIR** — I had taken from a previous hearing where the paramedics indicated—

**Supt POTTAGE** — Yes, sorry.

**The CHAIR** — Because of resources—they felt alone in response to—

**Supt POTTAGE** — The response to paramedics asking for police assistance when they are subject to some level of violence generally gets treated in exactly the same way as if a job came over where police would be, 'We're in trouble.' I would be very surprised if there were any

instances where the utmost effort had not been made to get to paramedics immediately, and if there had been delays it would have simply been because of the capacity at the time. Corio has one divisional van and they can only do one thing at a time, but it is certainly treated very seriously, and it was aired several months ago, we received a couple of legitimate phone calls from that industry with regards to the way it was aired, but I do not believe it is an issue any more. We keep a capacity (indistinct) at any time for any job.

**The CHAIR** — Thank you.

**Mr SOUTHWICK** — Thank you, Paul, I am wondering whether you think there should be any additional law reform or police powers to further combat the epidemic that we are talking about here today that we are not doing already?

**Supt POTTAGE** — I have thought at length over this and it is extremely difficult. It is a difficult question and probably premised on a belief that to some degree we can police our way of the issue. My personal view is that we cannot. We have high demand levels, and whilst we continue to have high demand levels it will remain exceptionally difficult to police our way of it. I think the powers that Victoria Police has in relation to technical resources, coercive powers that other agencies have, may act on our behalf are sufficient. We are dealing with a significantly complex, entrenched organised crime network that is commodity based, it is profit based and it is all premised on the demand for product. Barossa wineries would not exist unless there was a demand. Bellarine wineries would not exist unless there was a demand for product. I have a relatively simplistic view that the drug paradigm is not dissimilar to that of alcohol.

**Mr SOUTHWICK** — You said earlier that the partnership with drug rehabilitation units is weak. Can you elaborate on that with Victoria Police as to why?

**Supt POTTAGE** — I do not know that it is weak with Victoria Police. It is certainly weak here, and it caused me some concern when I read the question and it caused me to think, because we have spent a significant amount of time and effort, and Geelong is blessed with a very high level of cooperation and cooperative synergy between service providers, whether they be private, DHS, or various government departments. In areas involving youth, there is significant work and cooperation between police, third party service providers, and DHS. Similar arrangements exist for family violence and for mental health. I was perplexed when I read the question because I knew the same level of cooperation or interaction does not occur with the drug rehabilitation areas, and I really do not know why.

**Mr SOUTHWICK** — Cooperation between who?

**Supt POTTAGE** — In terms of police and service providers, Barwon Health, and there is another drug rehab. My only thought is that it is not occurring simply because of separation of roles, and there has not been a perceived benefit in us interacting with those agencies. There is, certainly with youth, keeping youth out of the criminal justice system, and interaction with drug offenders usually occurs when they are already at the point of being in the criminal justice system. We would refer people to the support agencies if it was relevant, and would support court referrals, but then getting involved with those agencies may not have a great level of perceived usefulness or benefit for us. I am sure that the interaction at an organisational level is probably far greater than what it is here locally.

**Mr SOUTHWICK** — On the ground, yes.

**Supt POTTAGE** — Yes.

**Mr CARROLL** — Paul, you said 40,000 was allocated to drug testing, was that just with Geelong—

**Supt POTTAGE** — That is 40,000 tests.

**Mr CARROLL** — 40,000 tests.

**Supt POTTAGE** — Statewide. That is a figure I have been supplied with. There is a cap on tests.

**Mr CARROLL** — As the chair eluded to, this issue has come up previously about resources being more dedicated to drug testing. We have also received evidence that ice is an epidemic in the trucking industry. The question is—and you spoke about how people sort of understand that they could get away with almost taking a drug in a regional area and not be caught—if someone turns up at a booze bus and they are well under .05 but the police person thinks there is something not quite right, do they then have the power to undertake a drug test?

**Supt POTTAGE** — Yes.

**Mr CARROLL** — They can.

**Supt POTTAGE** — Usually the buses will have the capability to do those tests there. It probably amounts to frustration with the highway patrol professionals—is the drug testing or the ability to drug test is limited to a relatively small number of traffic enforcement units. Certainly the Geelong Highway Patrol currently does not have that capacity. There is, it is fair to say, a fair level of frustration where the evidence is mounting that there is a significant road trauma issue with not just the traditional alcohol but certainly cannabis and amphetamine use.

**Mr CARROLL** — When you say Geelong does not have the capacity, is that the booze buses do not have the capacity?

**Supt POTTAGE** — No, the actual highway patrol members. They do not have the equipment.

**Mr CARROLL** — Essentially, in a perfect world you would have the equipment in all highway patrol cars.

**Supt POTTAGE** — In a perfect world you would probably put it on level pegging with breath alcohol tests.

**The CHAIR** — Can I clarify, when you are talking about drug testing, are you talking about drugs per se or can you test for individual—heroin, ice, cannabis? In your road trauma stats are you excluding alcohol in those figures or—

**Supt POTTAGE** — Yes. There is a specific offence for drug and driving. I am no expert on the drug testing in traffic but I believe amphetamine and cannabis are tested at the moment.

**The CHAIR** — Are they tested by a blood test?

**Supt POTTAGE** — A saliva test.

**The CHAIR** — Right. Then there is a requirement to do further testing.

**Supt POTTAGE** — There is an initial saliva screening test, there is a further test usually done back at the police station involving some technology.

**The CHAIR** — That you cannot do in a booze bus.

**Supt POTTAGE** — I believe that that level may be done in a booze bus. There is then a third stage where the sample is referred to forensic science for actual analysis. That is my understanding—and I am not an expert. My understanding is it is a three-stage process. Also the third stage requires the transport of a sample from wherever to a central analysis which has issues with places like Mildura and Warrnambool.

**Mr CARROLL** — With a breath test it is very quick and the cars are moving through. I presume with the drug test it does require the driver to get out of the vehicle?

**Supt POTTAGE** — Out of the vehicle.

**Mr CARROLL** — Yes.

**Supt POTTAGE** — It is pretty time-consuming.

**Mr McCURDY** — In terms of ice users, it appears to me they are obviously taking over a bit from the speed users and there also there is a new market out there as well, so it is growing that group. At the same time the maintenance of those people from your perspective, the ambo and everybody else, requires more resources. My question is—I mean, we all could do with more resources—do you think it is more from a policing perspective we need more resources or more partnerships, in terms if you have a bucket of money to put into resources, would you say more police will help the situation, or partnerships?

**Supt POTTAGE** — Our involvement—and it probably relates to the mental health issues generally—is generally at crisis point. An ice user using ice privately in his living room is not going to present necessarily a police problem. Where that ice use escalates into violence with his family and people are assaulted or his friends are assaulted we get to a crisis point. The police management at those crisis points is similar to that which occurs with mental health patients—schizophrenics off their medication, acquired brain injury issues. The cause of that behavioural issue in a time of crisis obviously at the time is probably not all that relevant to us, but the ice users, as previous medical witnesses have attested, are extremely difficult to manage, have high tolerances to pain, will fight, and certainly things like OC spray which traditionally incapacitates people have shown to be at times ineffectual. At crisis point they are posing significant issues where a mad, fighting, ice-affected person takes extra police to try and control, and that has extreme impacts getting them to hospital, behaviours in cells, there is a significant downstream effect.

**The CHAIR** — All right. Thank you very much, Superintendent Pottage for your contribution and evidence this morning. We appreciate it.

**Supt POTTAGE** — Thank you.

**The CHAIR** — We are closing the hearing for lunch and returning at 1.15.

**Witness withdrew.**

**Committee adjourned.**