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 A. Halloran-Lavelle, Chief Executive Officer, Zena Women's Services.

Ms C. Yeatman, Support Service Manager, Zena Women's Services.

The CHAIR — Good afternoon. Thank you very much for coming here to this inquiry this afternoon. My name is Simon Ramsay, I chair the Law Reform, Drugs and Crime Prevention Committee, which is a joint parliamentary committee. Our inquiry at present is to look at the supply and use of methamphetamines in Victoria, particularly ice. It has a broad reference which I suspect you have seen, so I will not go into the detail of that. We have allotted until 2.45 for this session. Before you present—I assume you have a small presentation there.

Ms HALLORAN-LAVELLE — It is only a small presentation but, yes, I do have one.

The CHAIR — Thank you. I will give you the conditions under which you will make that presentation. The 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?

Ms HALLORAN-LAVELLE — Yes.

The CHAIR — 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 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. Over to you.

Ms HALLORAN-LAVELLE — Thank you very much. First of all I think I need to explain that Zena Women's Service is a specialist family violence service in the Barwon region. We support women who have or are experiencing family violence through in house programs. We receive referrals for police attended incidents through the L17 process and we also receive agency referrals. Currently this year we are receiving an average of 155 referrals per month, the majority of which are through the L17 process. We attempt to contact all referrals up to three times. Of those we were able to engage approximately 40 per cent have indicated drug use as a contributing factor to risk. This equates to an average of 23 per month. Unfortunately we do not collect data which has been a bit of an issue in this case.

The CHAIR — That is 23 drug related family violence or—

Ms HALLORAN-LAVELLE — Yes. That is all we can say that are drug related, but that is not to say—that is just the minimum because we are not able to contact, we are going through on an L17 referral which does not necessarily have all the information we require and we are only able to contact about 50 per cent of actual referrals that come through per month. We attempt to contact them up to three times and after that they are filed. Those that we are able to contact we are looking at about 23 a month that have confirmed there are drug related issues.

However, as I said, we do not look at the specific kind of drug other than in the case narrative. We have gone through and looked through the case narrative and it has indicated that—a typical example is October this year we received seven that were specifically methamphetamine. Our intake team have indicated this number is increasing on a month by month basis, as are the severity and risks described. Zen's intake process is really intense. The short-term support in this particular program is designed to minimise risk and maximise safety and that is done through strict risk assessments. The intake team have expressed concerns they are supporting women with the highest levels of risk they have ever been involved with. Some of our intake workers have been involved in family violence for about years.

In Geelong we have a risk assessment management panel which we call the RAM. It is a pilot, a multi agency response to high-risk domestic violence cases in Geelong. The RAM accepts referrals of clients identified as being high risk, as high risk of escalating and cumulative harm of family violence. Information showing between the core agencies enable an up to date client status which

is crucial to developing well defined actions and reducing an identified risk. Some of the core partners that sit on this are Zena, Victoria Police, Department of Human Services and Child Protection, Corrections, legal, Office of Housing, Bethania and Barwon Health, with some other partners that are coming in and out and on case requirements. All the partners, without exception, have expressed concerns of the rapidly growing number of meth users that they are witnessing.

Between January 2012 and October 2013 there were 51 cases presented at RAM, and of those 24 have identified as methamphetamine users, which is 47 per cent. The use of methamphetamine in domestic violence cases is really complex. In cases where there has been domestic violence prior to methamphetamine use, the woman who has been the victim of violence has already experienced intense trauma and is often less often able to access support. In these cases the use of methamphetamine is not the cause of violence as we are of the opinion that it heightens the key traits which already exist but which are normally regulated. The use of drug and alcohol heightens risk but they are not the cause of domestic violence and should not be treated so.

Cases that we have been involved in have reported the perpetrators to be experiencing extreme agitation and paranoia. The length of violent behaviour and paranoia can last days after the binge. The majority of users we are seeing are between the ages of 15 and 25. Zena staff have supported women to obtain intervention orders for their partners or children, but the lack of self-regulation is a symptom of ice users and these are regularly breached and do not offer necessary protection for these women. Police have been called to incidences where the perpetrator is displaying psychosis but mental health services have not been able to section the perpetrators as they have been under the influence of methamphetamine.

Methamphetamine appears to be the current choice of drugs for clients, but for Zena it is the most destructive and dangerous of the previous drugs of choice for a number of reasons. The stimulant effect lengthens the risk period; the receptors in the brain which regulate behaviour are damaged and blocked which results in extreme behaviour; addiction occurs faster than most other drugs; it is cheap and easy to manufacture and does not require smuggling into the country; it is one of the hardest and longest withdrawal processes of all illegal drugs, and the long-term effects are still being researched but reports of psychosis months after kicking the habit are becoming more common.

We are not receiving reports of women and mothers who are using which is extremely concerning. I am sure we can only assume there are a number of children in the Geelong region are in extremely dangerous situations but because of the illegality of it we are not receiving these referrals, the women are not necessarily coming forward. Unfortunately we do not have the answer. What we do know is the ice does not cause domestic violence but it heightens the associated risks dramatically.

Additionally no one service can deal with this alone, it has to be a partnership approach and a shared responsibility. A regular inclusion is the condition that an intervention order would offer some protection as would regular drug screening to support breaches. An increased accessibility to drug support, including detox and rehabilitation would also be beneficial.

The CHAIR — Claire, are you wanting to contribute?

Ms HALLORAN-LAVELLE — She is here for questions.

Ms YEATMAN — Absolutely.

The CHAIR — Thank you.

Mr SCHEFFER — You spent a little bit of time talking about the issue of the effect that methamphetamines and ice have in relation to family and aggressive behaviour, which we have heard quite a lot of evidence on, and you are saying that it heightens because it reduces inhibitions.

Ms HALLORAN-LAVELLE — Yes.

Mr SCHEFFER — We have heard from medical people—there have been various opinions there too but one of the medical people said quite clearly it causes that sort of behaviour. I am wondering what you base what you are saying on? It is not a unique view but what is it grounded in?

Ms HALLORAN-LAVELLE — I think it is grounded in the fact that any drug and alcohol use we do not see as a cause of, because the research that we have looked into identifies that the key traits are already there. It is not a reason, it is a heightened risk. You cannot excuse domestic violence by saying, 'I was drunk, sorry,' or, 'I was high.' These are behaviours that were almost dormant and you know that your brain reasons right and wrong but you have these actions of being—

Mr SCHEFFER — If I said to you that you are saying that because you do not want to take moral agency away from someone, that is not a reason for saying that, physiologically in terms of the inhibitions in the brain in the neurotransmitters, they cannot do it. I am putting the proposition that violence is something that happens neurological in the brain and that this substance people take throws a switch—I am just putting this as a proposition—that causes it. You are saying that you do not like that because you want to keep a moral framework within the individual.

Ms HALLORAN-LAVELLE — Yes.

Mr SCHEFFER — Yes, okay, that is fair enough.

Mr McCURDY — I am trying to think through the whole family aspect as well, how that augurs for the children in these situations. Where is the crossroad point for them?

Ms HALLORAN-LAVELLE — I wish I knew the answer. I have been speaking to (indistinct) this morning, without the use of methamphetamine, when there is a child, young person or adolescent using violence in the home, it is very difficult to find a support mechanism. There is nobody currently that is case managing these young people, so we are dealing with the mums who are not wanting to go through the court intervention process. Obviously they do not want to kick the child out of the home so you are sort of stuck between a rock and a hard place. When you have methamphetamine in the mix as well it further complicates matters unfortunately.

Mr CARROLL — Following Time's line of questioning I was trying to also get a handle on it. Do you put vulnerable women—where there is domestic violence—into a safe house? You do not run the safe house?

Ms HALLORAN-LAVELLE — We have a refuge in this area, we do, yes.

Mr CARROLL — Like a high security—

Ms HALLORAN-LAVELLE — Yes. We tend to refer women who are needing that service out of the region if they deal with us within the refuge, but we receive others from Melbourne and surrounds.

Mr CARROLL — It is a high probability that generally it is the female that is not taking the drug, or you have both situations where—

Ms HALLORAN-LAVELLE — This is the issue that we have not had that many women come through that are using ice but I am assuming—and it is only an assumption—that because of the illegality and the concern that child protection might get involved and the ramifications for the children but, no, we are not necessarily getting that many women through but we are getting them through where the child is using methamphetamine or the partner.

Mr CARROLL — What I am getting at is, the mother and the child are put into the safe house and then the problem, in many respects, is still at home.

Ms HALLORAN-LAVELLE — Yes.

Mr CARROLL — What happens there? Say, he is at home, he takes alcohol, crystal meth and exhibits violent behaviour, the woman and the child are in the safe house, do you—

Ms YEATMAN — He goes through the justice process, then to Marginate or Barwon or some prison. They do men's behaviour change. Also Bethania is another family service that do men's behaviour change, and the drugs and the mental health will go with that. We only work with women and children.

Ms HALLORAN-LAVELLE — As part of the RAM process as well, we look at making the perpetrator accountable. It is only as a last resort that the women and children will leave the home. We do try and secure the home to make sure there is adequate safety at the home, but sometimes it might take a few days for an intervention order to be arranged. They will be moved out of the area until they have that and then they can safely move back. The issue that we are experiencing is that an intervention order is not stopping people using methamphetamine because there is no regulation of behaviour.

The CHAIR — Given all you have said about the drug—and we have heard on a number of occasions through the inquiry up to date, and that is the impact the drug is having, particularly to the brain and its longer-term impacts—what would your suggestion be? What could this committee do in relation to recommending back to parliament when it tables the report how we can address the family violence associated with crystal meth—not so much the women and children—with the male?

Ms HALLORAN-LAVELLE — One part that I have identified during my presentation was the use of the conditions of the intervention order because currently we have not had any cases through Zena where a condition of abstinence from drug use has been a condition of an intervention order, if that was optional, and also the drug screening to ensure that any breaches were captured, that would be one option. But of course it is the heavier ramifications should they breach an intervention order, which is something that we are experiencing at the moment—regular breaches of intervention orders, and they seem to be breaching and breaching.

The CHAIR — That has happened in many cases not only specifically with use of crystal meth.

Ms HALLORAN-LAVELLE — No, exactly.

The CHAIR — The intervention order issue is a generic one.

Ms HALLORAN-LAVELLE — Yes.

The CHAIR — In relation to the education and training, the early intervention, where do you see the government or this committee in relation to recommendations into the promotion and education of the serious impacts of this drug? People see it as a sort of glorified recreational drug, in some cases, that provides a whole range of stimulants. We have talked about the Grim Reaper program, we have talked about the success of reducing the tobacco usage, but where do you see programs fitting in with the dangers of using this particular drug specifically in potentially promotional or educational programs?

Ms HALLORAN-LAVELLE — I would say that obviously educational programs in the schools is an overall prevention for a multitude of drug issues but this in particular, the sheer seriousness of it, needs to be possibly very clearly defined with children and young people. It is very clear on the internet, you Google it, you can see the photographs, it is a real visual impact, I think and, yes, just making sure you go into the schools. But also you are not only accessing it within the schools but you are also having to deal with the problem on the ground as well, ensuring that there is further rehabilitation detox programs and there is then money for men's behaviour change programs further down the track when they are clean.

Ms YEATMAN — I have found from personal experience getting prisoners that have done their time for the crimes they have committed that come in to talk to young people about their own experiences is the way to go. That is what we did in the UK when I was a drug and alcohol

counsellor working with prisoners. I worked with 600 prisoners in two years around their drug choice and their mental health issues. By getting them to come out and speak to young people in schools that is where you engage because they have been at the same level as young people and they can evidence their experience by saying, 'I did five years in gaol. I did this crime because I was on this drug. Look at me. Look where I am today.' It is personal experience sometimes that is the way to go engaging young people, especially ones that are used to it from their parents, from their peers. It is a good way to go.

The CHAIR — Why do you think the judiciary is soft on breaches of intervention orders?

Ms HALLORAN-LAVELLE — It might be capacity, I do not know (indistinct) justice level. I do not know. I do not the answer. We are now experiencing over and over again, women are now very fearful of reporting breach of intervention orders because they feel they are being hauled into the police station and then walking straight back out. They go straight up to the courts. We have our court workers. I have stood next to them, and they are still threatening within the court and they have just been served. It is that lack of authority, they will not accept.

Mr CARROLL — If I follow the chair on a bit of a general question. There has been a lot of media attention on the lack of high-security accommodation in New South Wales for women. We have not really had a lot of attention on that in Victoria. You are at the coalface, but is there a very big demand at the moment for high-security accommodation for women?

Ms HALLORAN-LAVELLE — There is very much. We received an email from the statewide service last week where they had about 15 women in crisis accommodation that were wanting—it was literally night by night—refuge accommodation and they could not answer them. It is a statewide service. It is something that we are wanting, it is one of my key priorities. The next 12 months will be (indistinct) obtaining funds to maybe look towards a purpose-built refuge facility in the Geelong region to increase what we already have.

The CHAIR — Sure, okay. Thank you both very much for your time this afternoon. We appreciate it.

Ms HALLORAN-LAVELLE — Thank you.

The CHAIR — We are closing the public hearing until 3 o'clock.

Witnesses withdrew.

Committee adjourned.