

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE
**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Wodonga — 24 February 2014

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Ms P. Northam, Supporting Young Parents Case Manager, Junction Support Services.

Ms K. Hodgens, Youth Services Manager, Junction Support Services.

Mr Z. Mason, Youth Worker, Junction Support Services.

Mr D. Reid.

The CHAIR—Can I call forward to the table those representing Junction Support Services, please. Welcome, and thank you very much for your time this morning. This is a joint parliamentary committee of Law Reform, Drugs and Crime Prevention, currently engaged in an inquiry into the supply and use of crystal meth in Victoria, methamphetamines, generally. I understand you have been given some background in relation to the references for this inquiry and you have a Powerpoint presentation that you wish to give to the committee. How long would that presentation be?

Ms NORTHAM—We are going to talk to it—about 15 minutes.

The CHAIR—Okay. I will read you the conditions under which you are presenting this morning. Welcome to the public hearing of the Law Reform, Drugs and Crime Prevention 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 reciprocal legislation in other Australian states and territories. It is important that you know that any comments you make outside the hearing, including effective repetition of what you said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees.

Ms NORTHAM—Yes.

The CHAIR—Thank you. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and will provide a proof version of the *Hansard* transcript at the earliest opportunity so you can correct it as appropriate. I will ask you now to take us through the Powerpoint and then the committee obviously would like to ask some questions of you.

Ms HODGENS—We also have a witness here and if we could bring him to the table now.

The CHAIR—Can I caution you in relation to—we need a name.

Ms HODGENS—David Reid.

The CHAIR—David needs to be cautioned that if there anything within the courts or any other individuals they cannot be named in relation to—

Ms HODGENS—Yes.

The CHAIR—Welcome, David.

Ms NORTHAM—I will start off.

Overheads shown.

Ms NORTHAM—We are from Junction Support Services and we are here today to share our experiences working with the clients who use methamphetamines, and in particular the drug ice. Information that we will provide today is based on the experience of our clients and in particular the youth who access our service. Junction Support Services offers a range of different programs that support children, youth, adults within all age brackets. Our programs range from counselling, early intervention and prevention, homelessness support, family violence support, out of home care, residential care, teaching youth to drive, mentoring and education options and probably quite a bit more.

Mr MASON—In the past 12 months, Junction Support Services have supported over 1,500 people and the graph is a small breakdown of our clientele group. Individuals that attend

Junction Support Services usually support with one or a number of underlying issues and there is a list of what we deal with on a daily basis.

Mr SOUTHWICK—Can I clarify that. Do you see 1,500 people in 12 months?

Mr MASON—Yes.

Ms NORTHAM—We asked our clients 'Why ice?' and they told us that mainly because of the euphoria. They said things like, 'There's nothing like it. You know you won't get that high anywhere else. You feel full of energy, full of life. The first time is the best, and I was one of the ones who was always chasing the dragons.' Clients who enter our services enter voluntarily and have all their own vulnerabilities within their own person or within the particular social circumstance. This vulnerability is reportedly targeted by dealers. The suppliers are encouraged to give away freebies, and in particular target young people who may already be experimenting with other drugs.

There is a lot of peer pressure as well, and certainly they identified a lack of awareness about ice. They did not really know what the effect would be or what the consequences were. There was a real naivety around it.

Mr MASON—From our experience it has been reported that the demographics of those who use the drug ice can be just about anyone. We have always dealt with the normal drug user, the low socioeconomic background, unemployed, poor education et cetera, but we are now seeing an influx of middle-class blue collar clients who have lost everything from their ice addiction. The youngest age of a client that we have had reported to us about use and addiction is 13 years old, and in the past 12 months 38 per cent of the parents within the Supporting Young Parents Program at Junction Support Services have reported to have tried ice or are currently or past ice addiction.

Ms NORTHAM—How does the addiction start? Our clients have told us that ice use can begin as a social thing and that passing the pipe at a party is pretty commonplace these days. The report that while ice is often labelled as a party drug, they feel that relates more to the euphoric effect. They say that because you cannot legally smoke or inject ice, it is less associated with clubs and much more with parties and within the home. In this way it is becoming much more embedded in our social fabric as children are often exposed at home and obviously also their peers are exposed to ice use. Once hooked, the users that we spoke to said they build a community around their drug use. For example, they would make friends with the dealer's girlfriend in order to ensure they have a consistent supply.

Mr MASON—Cost of the drug: I do not want to be too in your face but I have some Murray River Rock Salt here which if it was ice it is up to about \$1,000, this small little bag. Again, it is not ice, it is Murray River Rock Salt but that shows you how expensive it is. It is up to about \$1,000 a gram in Albury Wodonga, and the usual way to do it is smoke it. You can snort it or you can inject it but the way we have seen most of our clients do it is smoke it, and the effects are much stronger than the speed that we have previously seen and it lasts for up to about six hours. It is quite a long high.

Ms NORTHAM—The financial burden: Because of the high costs associated with the drug, the financial burden is much higher than other drugs, such as marijuana. As such, clients who are using ice often present having lost everything in a very short period of time, for example, within weeks of taking up the use. They will often be in larger amounts of debt and will need to turn to more drastic or illegal activities to support their habit. As our clients are heavily reliant on government payments, most often Newstart allowance—and there is an example of a Newstart allowance and a rough budget—they really do not have the financial means to support the habit, even in the short term. They very quickly go into debt and get themselves into trouble.

The CHAIR—We have been given evidence that the drug compared to like drugs—

whether it be speed or cocaine or other things—is cheaper, and that is one of the reasons why there is a greater prevalence of the drug because of the price.

Ms NORTHAM—With our clients, because of their limited budget, no drug is really cheap and going to fit into their budget.

Mr MASON—What is being reported back is it is not cheap, it is more expensive than speed, it is much more expensive than marijuana. It might be cheaper to produce but that is on a different scale to what we are seeing. We are seeing users coming that have lost everything because they are paying \$1,000 for such a small amount.

The CHAIR—Yes, all right.

Ms NORTHAM—Some of the impacts that we see within our work, in our Supporting Young Parents Program and particularly within the families team we see a high incidence of child protection involvement. Certainly those who present as ice users are at greater risk of having their children either temporarily or permanently removed from their care. We see this happen time and time again. It can be due to putting children at risk. For example, dealing within the home or from the home, risks from associates or neglect of the children while the parent uses. Unplanned pregnancy is also associated with the risk-taking behaviours with ice and is a common presentation to our services. This has ongoing ramifications within the pregnancy for the health of the mother and the child and requires specialist intervention and support.

Some of the criminal activity that has been reported in relation to ice from our clients vary. A lot of people are reported driving under the influence. They said that because ice gives you that high and you are awake for such a long period of time, you are looking for things to do. Nearly every time they got high, they say they were jumping in the car and heading out around Wodonga. They also become involved in dealing quite quickly, and things like petty theft and break-ins. Women that I work with in the Supporting Young Parents Program, I have had a couple who have turned to prostitution as well; some legally through establishments, and others on the side. The other thing is if they are convicted—the youth—there are long-term ramifications in terms of the opportunities they may have for employment in the future.

Mr MASON—Before we leave that slide, it has been reported by my clients that they will use in Wodonga and then not take the drugs to Albury because of the stricter laws. For instance—this is coming from a client—having an ice pipe is not illegal in Victoria but it is a \$2,000 fine in New South Wales. If they are going for a night out, they will use at home and drive to Albury rather than risk the \$2,000 fine.

The impact is huge, what we are seeing, on people and it is a lifelong effect. I am working with a young person that experienced drug psychosis for his ice use and was engaging in risk-taking criminal behaviour. I have been working with him for 12 months. He is linked into a number of services—mental health, drug and alcohol—and he is still struggling to recover, and it will be a lifelong process for this guy, and he only used for 12 months. The impact it is having on society, people themselves and the welfare industry is huge.

The CHAIR—You mentioned that the penalties for having an ice bong in New South Wales is greater than in Victoria.

Mr MASON—Yes.

The CHAIR—Has there been a shift from the bong into injecting?

Mr MASON—From my experience we do not have a lot of clients that inject, they all smoke. It is kind of a transgression where injecting is seen as being a junkie or it is seen as doing something very serious, whereas it is a smooth transition from a cigarette or a joint to then go on and smoke one of these ice pipes. That is what we regularly see, the majority of ice

being smoked.

The impact that it is having, again it is not only on the youth itself, it is also putting stress on the families. We are seeing a lot of family breakdowns due to the financial crisis and borrowing money and whatnot. We are also seeing an increase in social isolation because they are isolating themselves from their friends because of their drug use. We are seeing a large influx of people presenting as homeless because everything has broken down because their ice use has been their primary focus. The amount of services that are required to assist one drug user is amazing. While the ice use may be the primary issue, we have also seen child protection involvement, homelessness services, relief services, police, family violence. One person's recovery can require up to 20 or 30 services, which is really scary.

Mr SOUTHWICK—Has there been a dollar figure put on what that might cost, an average dollar figure?

Mr MASON—I am a youth worker. I do not have the access to those statistics. That is where we really struggle because we are a welfare service we do not ask every person that presents, 'Have you been using ice?' We are only getting what people have disclosed to us. In the last three or four days we have been hunting around, speaking to our clients who we know have used ice, and that are also willing to tell us the negative effects and to talk about it, which is something unheard of in the drug world. In the past, if you asked a client about their drug use they would be very secretive and withdrawn about it. But when we have been asking people they have said, 'Yes, I'll put my hand up. I want to tell society how bad it is and how it has ruined my life.'

Ice in out of home care: At Junction Support Services we have a residential unit in Wodonga. It is hard to determine the effects of the ice use or the trauma these young people have received before coming into our care. The characteristics of a residential tenant are they are physically violent to property and people, they are less receptive to support and advice, they are hostile and overly suspicious and paranoid, and they do not respond to interventions, such as therapy. These clients are vulnerable and they are poly drug users. They have limited attachment to friends and family and they are some of the most vulnerable people in our society. Again because they are reluctant to open up to their workers we have only been able to get the intensive case management statistics, and that says that 39 per cent of young people supported after leaving care have allegedly used ice.

Ms NORTHAM—For us here in Wodonga, having a look at the regional aspect—the drug use with young people—it is particularly lacking a lot of entertainment and recreational activity. Even small things, like we do not have public basketball courts. It sounds ridiculous but there is no cinema in Wodonga. A lot of youth focused events and activities are in Albury. People in Wodonga are far more isolated than those kinds of opportunities. I heard the police speak before about the geography in terms of us being on the Hume Highway in between Melbourne and Sydney. That is a really drop-off point if anyone is supplying along the way.

The other thing we noticed with homelessness, in particular, is the positioning of our housing properties which a lot of our clients will enter. High density public housing still exists around here, and with the drug infiltrating the community much more we have had clients who have come back from detox and they have been broken into by their neighbour five or six times because he is using ice. One client's next-door neighbour's property was raided and there was a meth lab there. It is really hard to get away from it. Living in a small town too, there are small social groups and it is difficult to get away from that.

Some of the recommendations we had for solutions, mainly we would like to represent what our clients told us, and that was the real need for prevention; to not even touch ice because they said once they have had it, it is too late, that is how good it is. Other clients spoke of services—because most of them will access detox and rehab centres in Melbourne and they spoke of services like YSAS in Melbourne, that it has been fantastic, it has a great detox program, they have drop-in food bags, they get hot meals three times a day, they have a pool

table and GP access. That is much more of a holistic youth service that can offer that specialist intervention as well. We see the real need for it to be implemented in schools and taught about, not only drug and alcohol but specifically ice as well. Also, once again, more consistently across the pharmacy initiative for being able to access the ingredients and things like that.

What we have seen is people do recover with specialist services. We have seen great recovery stories where people have their children returned to their care, and things like that. We know it can happen, but those specialist services are really necessary and we need to have that access to them in regional Victoria.

The CHAIR—Ms Northam, can you go back to that photo and identify some of the substances, chemicals in that picture, nice and loudly so we can get it on Hansard and get it on the TV.

Ms NORTHAM—I am probably not the best person for this—

The CHAIR—There is lighter fluid, there is battery acid.

Ms NORTHAM—Yes, cold and flu tablets, psuedoephedrine, acetone, normal table salt.

The CHAIR—I guess the point of that is that there are some very harmful chemicals in the making up of crystal meth, apart from Sudafed and other things that have been identified. They are killer chemicals that people are voluntarily putting into their bodies.

Ms NORTHAM—Absolutely.

The CHAIR—Thank you.

Mr MASON—Next we have David Reid who would like to tell the story about his experiences.

Mr REID—I was on ice for eight months. It completely destroyed my life. In a matter of eight months time I had nothing left. I had a car, I had a job, two beautiful kids, as you can see, a gorgeous fiancée. I have lost it all, bar my fiancée. I am currently in the process of getting my two kids back. I have weekend access with my daughter which I have only just given her back today, which was pretty shocking but you have to. I had money, I had everything, I was living the dream, and then out of nowhere it started off at a party I would have one toke and then it would have been maybe a month later I done it again, and then a week later and then every day. It took control. It is too quick. It is a shocking drug. It is one of the worst drugs you could ever encounter.

I used to smoke marijuana before and all that does is mellow you out, it does nothing. I am doing all drug testing now, clearing all my tests. I have been clean for four months, and I want to put the word out there about how bad the drug is, it is shocking. It is one of the worst drugs I have ever encountered. I OD'd at one point in time, nearly died. My heart rate was down to 54 beats a minute. That was my wake-up call. I can remember sitting there and my whole body was in pain, cramping up, my vision was going blurry, I was nearly dying. I did not call an ambulance, I do not know why, I could not. I can remember sitting there and looking at my daughter. My partner was there too. I pulled through, it took about three hours for it to wear off. Then after that I have gone, 'Nuh, not more.' I went to see a doctor about it. To be honest—this was over in Albury—the medical practitioner I seen refused to help me. He said, 'We do not help people like you whatsoever,' and kicked me out of the hospital. I think something needs to be done with that where people can go in there and get help because I was refused. I am lucky I am not dead. Twelve hours after that I had a toke on the pipe and I was back in the same situation 12 hours later.

The effects of one point do not last for six hours, they could last for 12 to 24 hours with one point, depending on how good it is, the purity of it. It is just shocking. It is something you want to get out of your community, you do not want it around. You would do anything you possibly can to get rid of it.

The CHAIR—Thank you. Hopefully telling your story will encourage that.

Mr McCURDY—David, in your view, how active is ice in the community?

Mr REID—Very active between all ages. I have seen people from the age of 13 smoke it, to the age of 60, 70.

Mr McCURDY—The common user group, apart from the extremes?

Mr REID—I have seen people that are high-profile people, people that are managers of businesses smoking it, to people that do not live in a house, that live on the street smoking it. All ages, all types of people, all different types of backgrounds.

Mr McCURDY—Is the credit that we have heard earlier today—I do not know whether you were here for the earlier reports but the credit cycle that you get caught up in—

Mr REID—I never actually got myself put into a credit cycle, I always paid for it, but I have heard of people, yes, in the credit cycle and it is very vicious where people will go and take property off them. I had a nice car which I swapped for it because I was that addicted to it. That was at the same time as my OD.

Mr SOUTHWICK—David, how were you spending a week in that time?

Mr REID—It could have been anything up to maybe \$2,000 to \$3,000 a week. That is when I was not working. That is swapping goods for it.

Mr SOUTHWICK—You mentioned you did not get any help from the hospital.

Mr REID—No, I did not.

Mr SOUTHWICK—Obviously you ended up getting support.

Mr REID—No, I did not. These guys here called me and asked me if I wanted it. I helped myself. My friends and my partner, they were the biggest people. I have lost my mum and dad—my parents, my brother and sisters do not want anything to do with me. They do not speak to me any more, even still to this day. I saw my father down the street on the way here and he looked at me and turned and walked in the other direction. That kind of hurt a bit but I have to work towards what I can get back.

Mr SOUTHWICK—You mentioned earlier on that you helped, or referenced about 1,500 people in 12 months which seems a huge amount of people. Is a lot of that referral work, phone calls, is it seeing people multiple times. If you can elaborate a bit further in terms of those numbers.

Mr MASON—We offer a range of services through Junction. It is very difficult—
Kat?

Ms HODGENS—Because we do service different things, including the homelessness service, doing those referrals, housing, that kind of thing, or if we are looking at children we are providing family violence counselling or group work, those kind of things. We are using a large range of different activities that we do do with them.

Mr SOUTHWICK—Do you work with Victoria Police. Do you get referred on to

clients from VicPol?

Mr MASON—Yes.

Ms HODGENS—We do have a thing that is called Support Link which is directly from the police to our agency.

Mr SCHEFFER—The committee has heard evidence over time about the marketing and retailing of this drug and I was wondering whether you could throw any light on whether or how the internet is used in promotion and sales, and whether there is home delivery, for example, of these drugs, or are they purchased on the street or in people's homes?

Mr MASON—Facebook is rife. Social media is the only way to contact clients now or the only way clients contact each other, and it is free. Messaging and phone calls cost money. It is largely done over Facebook, and it would be done in codes or whatnot. On the internet you can easily find recipes on how to make meth on YouTube. There are three-minute recipes which is pretty scary. Clients have reported that you can make an ounce of methamphetamine from seven packets of pseudoephedrine. They are researching this stuff on the internet. At the moment—this client in particular, was at the contemplation stage, the risk was still very high, she does not want to go to jail for a long time, and the producing of it is very dangerous but then at the same time there is a financial crisis, she has no money and the reward that could be gained out of it is pretty scary.

Mr SCHEFFER—If I can drill down into that a little bit more. How does it work? You have Facebook site and then?

Mr MASON—You have your Facebook site, you have 150 different friends. Someone might message all her friends saying, 'Who's got something,' or another client will say that she would get onto the dating websites, and anyone at 3 o'clock at night should know that they were on drugs, and message them, 'Have you got drugs?' 'Yes,' 'Okay, come around to my house,' and sell drugs.

Mr SCHEFFER—Then it is home to home after the contact is made.

Mr MASON—Yes.

Mr SCHEFFER—Do you want to comment on that, David? Is that your experience?

Mr REID—No, not really. I did not really have much experience with the Facebook side of it. Every now and again I did, but not really. Mainly I would go around to a mate's place. He is currently now in jail for it. I would usually go around and see him.

Mr SCHEFFER—So you had a few person to person contacts and got it that way.

Mr REID—Yes. I did not put it over Facebook or anything like that, I tried to keep it as quiet as I possibly could.

Mr SOUTHWICK—David, you always have one source that you would go to?

Mr REID—I usually had several people. If one person did not have it, I would go to another.

Mr SOUTHWICK—How did you have confidence in the quality of what you were putting into your body?

Mr REID—I did not. I trusted what they said really, usually, yes. I did not have any confidence in it at all.

Mr McCURDY—David, there seems to be a misconception in the community about nightclubs and those places is where you would go to get ice. We have heard lots of people saying that ice is more used in smaller groups, in a house with friends.

Mr REID—Yes. To get it at clubs is usually not really that good but a lot of people usually go to small pubs, like, pokies areas and things like that. They see someone putting in 50 after 50, you know something is up. They usually go and hit them up, see if they have anything. But most of the time it is direct from a house or something like that. It is not like a pub-club scene drug. It is not like ecstasy or coke or anything like that.

Mr SCHEFFER—You would say—and I know a lot of that is not an exact science—Zac, there are a lot of transactions going on, on social media—not directly in your experience, David—but you would still hold to that, that generally that is the—

Mr MASON—Yes. I have been working with the Youth Support Program which is working with 15- to 25-year-olds, and social media is the way they communicate. There are lots of reports that that is going on and that is where a lot of the dealings are happening and whatnot. I am sure if you asked the police they would have it all. When they get someone for dealing they take their Facebook site and they document it all there as well.

The CHAIR—Given all that and given we talked quite a bit about law enforcement this morning with VicPol and, David, given you said you wanted to tell the story about the dangers and consequences of using the drug, how best are we to do that? We are here to try to recommend to government to take certain approaches.

Mr REID—I reckon the best way is at school before they get on it. Send somebody out there that has done it, because if you send somebody out there that does not know about it and has not experienced it, they do not really know what they are talking about, to be honest. Right. If you send somebody out there that has done it and has been there, you can stand up and say, 'Hey, look, I've lost this, this has happened,' a lot more people will relate to it. Do you know what I mean? Sending somebody around to each different school doing speeches about it and giving advice on it, stuff like that, probably would be the best way to go about it.

The CHAIR—Can I ask you to offer an opinion as well. At what stage of the education cycle? Are we talking primary school or secondary school?

Mr REID—High school.

Ms NORTHAM—Early high school.

Mr REID—Yes, probably year 7 and year 10.

The CHAIR—As part of the evidence, talking about smoking, particularly, and the significant reduction of people smoking now because of advertising, and people saying they have become more aware of the harmful effects, and it has been relayed to us about the Grim Reaper programs in relation to AIDS, do you see that type of approach or is that almost self-defeating in that it turns people off the whole message?

Ms NORTHAM—A few years ago there were a lot of ads around ice use and violence towards hospital staff, and being aggressive and that kind of thing. I spoke to some of my young parents about that and they said it did not really relate to their experience of using ice at all because they said that seems to be something, like violence, that you are kind of predisposed to, or it is in your personality. Whereas they said they had never violently assaulted anybody, and it was really the opposite, that they got a good feeling when they used and it was a positive thing. That kind of messaging is not really the same for everybody. I am not sure if that advertising against it was necessarily effective for a full range of people.

Mr MASON—Also regional detox and rehabilitation centres, we need them across

Victoria. We have seen a lot of young people, especially your parents with families, are not able to access the services down in Melbourne because they have a young child and no supports around them, or something like that. We are seeing they are not accessing those services because they are not regional, they are not local, and this is their world that they are in and they need to get supported in this world to help them, rather than remove in and then bring them back in because it is not working.

Mr SOUTHWICK—David, on the streets, was there any differentiation from dealers to say, 'This is better quality' than something else?

Mr REID—Yes, they all say it. It is just to try and get you to buy the stuff. They are always like, 'My stuff is better. Buy it off me.' Everyone says that. Yes, it is not always the case.

Mr SOUTHWICK—Yes. Would you know whether it is locally made?

Mr REID—You could not tell, no.

Mr SOUTHWICK—They would not market it that way, they would just say, 'My stuff's better.'

Mr REID—Yes. They would not tell you if it was local or whether it come from Asia or Brisbane or wherever.

Mr SOUTHWICK—Was anything branded to say—

Mr REID—No, you cannot really brand it. It is just crystals really.

Mr SOUTHWICK—Or put it in a bag with a certain code on or anything like that?

Mr REID—No, not that I know of.

Mr McCURDY—I want to commend this group. This is one of the best presentations we have seen. I was really impressed with a well organised and terrific presentation. That is all I wanted to say.

The CHAIR—All right. I will endorse that. Thank you, all of you, and thank you, particularly David, who told us a personal story. We do not often have that opportunity. We appreciate the work that you did in coming forward. Thank you.

Mr REID—Thank you.

Ms NORTHAM—Thank you for the opportunity.

The CHAIR—Are you happy to table that Powerpoint presentation to the committee? Thanks.

Witnesses withdrew.

The CHAIR—We are adjourning the public hearing for 15 minutes and we will be back at 11 o'clock for those interested.

Hearing suspended.