

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

Ballarat — 18 November 2013

Members

Mr B. Carroll
Mr T. McCurdy
Mr S. Ramsay

Mr J. Scheffer
Mr D. Southwick

Chair: Mr S. Ramsay
Deputy Chair: Mr J. Scheffer

Staff

Executive Officer: Ms S. Cook
Committee Administrative Officer: Mr J. Elder

Witnesses

Mr Stuart Fenton, Drug and Alcohol Counsellor.

The CHAIR — Welcome to Stuart Fenton, who in our listing is described as a drug and alcohol counsellor and a recovering ice user—or recovered.

Mr FENTON — Recovering addict.

The CHAIR — Thank you very much for your time this afternoon and providing evidence to this joint parliamentary inquiry into law reform, drugs and crime prevention. Our task is to report to the parliament next August in relation to an inquiry into the supply and use of methamphetamines, particularly ice, in Victoria. We look forward to your verbal submission. We have allotted some time until 2.10. We are running a bit over time so I will certainly allow you the opportunity if in fact there is more that you wish to tell the committee. We would also like to, obviously, pose a number of questions to you.

Stuart, just before you start, I will read you the conditions under which you are presenting today, and they are quite important, particularly in relation to naming names or agencies that might be part of your verbal submission. I will just flag for you to be mindful of the fact that we are recording the evidence and there is some propriety or privacy in relation to others that you might name or might not name. It sounded very convoluted but I guess I am just flagging to be careful what you say in relation to other people.

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 note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees? You have seen that copy?

Mr FENTON — I have read everything you have sent to me.

The CHAIR — 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. Again, thank you for your time this afternoon and I invite you now to make a verbal submission to the committee.

Mr FENTON — Thanks. The brief I got was to talk about my involvement with crystal meth, what made a difference for me and my recommendations, so I have written a six-page document there which I have given you which covers that all, in case you do not catch it today, but I reckon I have got about 15 minutes to give that to you.

The first part of that, my involvement, was that I started using drugs in my early 20s and that was mainly just marijuana and ecstasy. I was on the party scene in Melbourne and I did that in a sort of very moderate way until I was about 27, when I started a friendship with someone who was getting crystal meth in small quantities from a drug dealer in America. That was how I began to use it and then it started to become more prevalent up in Sydney at that time when I was going to those parties and nightclubs, so I started to use it more, and I was just ingesting it at that point.

After some time, I went to study in America where it was being used considerably more, and I started to smoke it, and then when I returned to Sydney in early 2000 where it was very common to inject it in the party scene that I was in, I started to do that. That was in the late nineties, early 2000.

My experience was that I started to experience drug-induced psychosis, which is what led me to my recovery. I was not a very violent person when I became psychotic. What I used to experience was that I became very introverted and fearful and thinking that people were talking about me or plotting to kill me, so a lot of my psychotic episodes were usually me alone in a room talking to myself or fearful that I was being filmed, and putting sticky tape over the walls to stop people filming me.

As you can imagine, this was very impactful to my family and to my friends and all the people around me, and I returned from overseas in early 2000 promising that I was not going to use this drug any more, but found myself helplessly addicted, and so I spent another 18 months in Sydney continuing to use it. I tried many different means to try and stop that. I would see therapists and psychiatrists, and I would go online and read information and discovered spirituality and read a lot of stuff about that, and practised meditation, but nothing seemed to be able to stop me from doing something that I really did not want to do.

In that time, everything that you read in the media happened to me, basically. All my relationships diminished. My relationship with my family deteriorated. I was working. I was a highly functional addict, so I had become a schoolteacher and I had finished a qualification and I was working in a school up there and I had managed to keep my job, but I was calling in sick on a regular basis and could not get there. I was unwell a lot of the time—you know, most of that same stuff—and having regular psychotic episodes.

What then happened for me, what made a difference for me, was that I was suggested to go to a 12-step program, which I tossed and turned about until I finally went there, and I found that I got incredible support from that program. While I was attending that program I would get more and more clean time, but I was still relapsing. I was still going back and using the drug and I was still trying to use other strategies like going back to my parents' farm and staying there, but when I came back to the city I would still use it.

Then I had a major psychotic episode and lost my job. People had been telling me that I needed to go to long term rehab and at that point, when I did not have a job any more, I decided I was just going to surrender everything and do that, so I went to The Buttery in Byron Bay, which many people had recommended to me. It is a very longstanding program with a great reputation. I went there and I made a decision to stay there as long as I needed to stay there, which was 10 months. I stayed six months in the initial program and then four months in a halfway house, and what I learnt about myself then was a whole series of factors.

I really believe in the disease model of addiction, which has been born out of the 12-step paradigm, I guess, and that is that certain things happen to an individual as they are growing up which is to do with low self esteem, trauma in the family, not learning how to communicate, not being given life skills—a whole series of factors which is in the information that I have given you.

What I did while I was in rehab, basically, was attend groups and get regular counselling and developed some insight and awareness into what were the reasons that I really thought I used drugs. I thought I used drugs because I just enjoyed pleasure and it was a rush and it was fun. I have also documented in there the reason why, in my experience and in my professional experience, I think crystal meth addicts use crystal meth.

I spent that 10 months basically just focused on rehabilitating myself, building my self-esteem, learning how to communicate better with people, learning how to set boundaries, reintegrating with my family, learning about the family dynamics that had happened that had led me to a place of feeling that I could not cope in my life without using a drug. As my self-awareness and insight grew, and with the massive support of that 12 step program around me, I was able to transition back into working part time and then eventually full time, and when I returned to Sydney two years later I started a 12-step support group for crystal meth addicts which has now been running for eight years. We started with one meeting a week and now there are 10 a week up there, and recently I started two of these meetings down here, one in Melbourne and one just close to here.

Basically, I also became a Gestalt psychotherapist, then a drug and alcohol counsellor in that time. I had a very influential Gestalt psychotherapist when I was in rehab and that is what I wanted to become, because she helped me understand why I was using this drug, so I went off and basically became, for others, what she was for me, and so I have worked for the last six years in a therapeutic community in Sydney, working with addicts.

I do not have any evidence based statistics for you; I can only tell you what I saw. When I first started working there six years ago, there was an even spread of heroin, alcohol, marijuana, and ice

users, and in a survey we did before we left there, for 14 out of 28 clients ice was their primary drug of use, and that is not including the others who used heroin and marijuana as their primary, but ice as well as. So I have seen it increase dramatically over six years.

My personal opinion about why I believe in the disease model is that I do not believe there is any major difference between any drug, except for the way that people behave when they are on the drug—the craziness and the violence and the acting out. I guess I am coming up to my recommendations.

The CHAIR — No, I am sorry, I was going to say do not be too conscious of the time, because we want to hear—and bear in mind this will be treated as a submission. It goes into the submissions that we have received, so it will be well covered in a document form as well.

Mr FENTON — Okay. I am not great with talking about this stuff, but what I understand is that in New South Wales there are a lot of therapeutic communities and rehabs that are 12-step based, and the reason I think that makes a difference is that they provide ongoing daily support for addicts once they leave rehab, so it is somewhere that they can continue to go. I even still go to one or two meetings a day to remain a part of that program. Since I moved down to Victoria, which was nine weeks ago—and I have started working in domestic violence—I have a case load of 10 clients. My field is changing now, but I have three or four addicts and alcoholics on my case load. I have tried to get them into rehabilitation down here and I constantly struggle with being told that there is a four-month waiting list or a two-month waiting list for the three or four long term therapeutic communities that there are here.

What I also understand is that none of these long-term therapeutic communities are 12-step based. When I worked at the place that I was working at in Sydney, we would constantly have between four and six Victorian clients up there who would come up to us specifically because there was nothing on offer for them down here. There are 12-step based rehabilitation centres down here, but they are private, so the general public cannot have access to them.

I am not saying that I do not believe that the other places that are available are not helpful, but I do believe there should be a space down here for a therapeutic community that is 12-step focused so that addicts can move off, once they leave rehab, to get ongoing support.

I have documented in here where it says that people are always asking, 'How can we cure it?' believing that there could be a cure for this. I have given a metaphor there of, let's say, a person who wants to lose weight. They enlist a whole lot of support to be able to do that, and they go ahead and they do it. Let's say they go from 85 kilos down to 60. I do not think anyone in society would expect that that person would just then happily be 60 kilograms and not have to do anything more to maintain that.

I do not know whether sometimes people—at least the people I come into contact with—miss the point that addiction in the disease concept model means that recovery has to be maintained. I am 10 years clean now, but I still need that maintenance, I still need to turn up to meetings and talk about what is going on for me, because it is what is going on for me that drove me to use crystal meth and other drugs. If I build up a massive amount of support around me, and all the win win sorts of support, then there is never any cause for me to go back and do that. When I see people relapse and go back to using it, often that is the reason why.

I do not know whether it would be possible, but I have written in this brief what I think is the solution, and it is a massive fantasy, I guess. One of the health models that I heard of recently, which came from America, was that if you are walking beside a river and you are with some friends and suddenly you see someone floating down the river and they are alive but they are injured, you pull them out of the river and you attend to their injuries. Then suddenly another body comes down the river, and you do the same thing. I believe harm minimisation is sort of what we are doing. We attend to their injuries once they have floated downstream. What this health model suggests is that we have to at some point ask, 'What's happening upstream? Where are these bodies coming from? Why are they injured and why are they falling in the water?'

When I am talking about upstream, I am talking about what happens to people so that they go off and use a drug like crystal meth, or any other drug, and that is, like I said before, low self esteem, inability to communicate, lack of boundaries, trauma in their childhood. So what you would be doing is creating education in schools. We have such a massive focus on academia in schools. I am a schoolteacher as well. I was a schoolteacher for six years, so I know that environment really well. It is based on what you can achieve. It becomes a really competitive environment.

In the schools I worked at there was never any focus on emotions or life skills or any of that sort of stuff. There was occasionally a sort of lip service attempt to do that sort of stuff, but if there was some way to be able to integrate learning about the self, about what our emotions are for, what our needs are, how to communicate, boundaries—all that sort of stuff—maybe that would be a way to prevent this from happening quite as much as it has been happening.

At the moment what we are mainly focused on is down the river stuff, with the harm minimisation and the pulling the people out of the water and trying to fix them up. Even then we do not even have adequate resources to do that, or not in Victoria, because I do not believe the therapeutic communities down here are set up well enough for it.

I think the other part of my fantasy was teaching people how to be relational. I just see so much conflict. That is why I am working in domestic violence now. People are not just addicted to crystal meth, they are addicted to rage and hitting their partners and their children. This is an addiction as well for them. People do not know really well how to be relational. That means, how do we relate to other people? That would be a focus in schools as well, having classes where kids learn how to be relational and to talk about the conflicts they have with people and the difficulties they have in relating to one other.

A lot of this comes from my own personal experience—that is, I did not know how to relate to people, I did not know how to get my needs met with people, and it was just so much easier to sit in a room and inject crystal meth, until it stopped working. That is what happens with every drug. It will stop working. I have seen the graphic images that they show of people in psychotic, violent, bloody rampages, but for all of those there are a whole heap of them sitting alone in a room as well, and it is all about not being able to relate to other human beings in a healthy way.

When I worked in the therapeutic community in Sydney my role really, as I saw it, was just initiating the self loving experience, along with teaching them to decrease their feelings of pain and shame through talking in groups, emotional release, teaching them how to build healthy, strong environmental supports, boundaries—all that sort of stuff that I mentioned earlier.

My craziest idea would be to have a control group and follow them for 30 years and apply all these strategies to them and then compare it to a normal school and just see what the outcome of that is. Addiction has been around for hundreds of years. Thirty years is nothing if you are going to cure it, and this could be a way to find out. I have been in the industry and my addiction has left me there for 15 years. I work with addicts getting them clean. I have eight or nine sponsees that I mentor. I am a drug and alcohol counsellor with a case load of 10 clients. I am in the field. I am in the thick of it all the time, and this is what I truly see.

I think the harm minimisation approach, while it has lots of good stuff in the way that it addresses HIV and safe injection practices and those sorts of things, in terms of using drugs is just a bandaid and the problem is going to continue while we keep putting the bandaid on. What would be a better thing would be to go upstream and stop the people getting injured in the first place.

The two recommendations I make are (1) the education and awareness approach in schools from an early age and (2) a 12 step based TC that the public has easy access to, with 30 to 40 beds in Victoria. That is it.

The CHAIR — Thanks very much, Stuart, and thank you for the submission too, which we take as a written submission as well.

Mr SCHEFFER — Thanks very much for that presentation. It was very interesting indeed. Could I just take you back. In part of your account I think you described yourself at some

stage as a highly functional addict. They were your words. Then you said, however, that at the same time you were calling in sick to work and that you were having increasingly regular psychotic episodes and so forth.

One of the things that has been puzzling me is, do you think that a person can use methamphetamines, or ice, for a protracted period of time in a manageable way, or do you think that as soon as you start on it there is an automatic and rapid slide into a dangerous situation?

Mr FENTON — I do not think everyone is tarred with the same brush with crystal meth. People I know can function on it for 10 or 15 years, smoking it on a daily basis in their job, but I have also fortunately witnessed the person in my mind, who is a solicitor, finally recovering and going onto a 12 step program. Unfortunately, what that 15 years of manageable using does is, it gives the impression that this is a drug that you can use and not be affected. I was at the other end of the continuum, where I started using the drug and got psychosis within the first six months of using it.

Mr SCHEFFER — So with you it was rapid?

Mr FENTON — It was rapid with me, yes.

Mr SCHEFFER — Okay. How long were you using it?

Mr FENTON — Six years.

Mr SCHEFFER — So from the very beginning you were experiencing calling in sick and regular psychotic episodes?

Mr FENTON — Yes, but I would say that it got worse and worse, so it was a slide down over that period of time, but the psychosis started fairly quickly with me. I have also noticed that not everyone gets psychosis. I think you have to have a predisposition to it.

Mr SCHEFFER — You say that some people you know have used it for a period of time in 'a manageable way'; it still has an impact but they are managing it. What I was driving at is whether there is something that happens in that trajectory that causes that rapid turn or whether it is an inevitable consequence of the drug. So is it a personal thing, a contextual thing or is it the trajectory of a substance?

Mr FENTON — That is a hard question to answer. It could be either or. Someone could be managing it quite well and they might have a traumatic experience in that time which would make them increase the amounts they use. The combination of the length of time you use it and the amount that you use will bring you down faster. Let's say they had a traumatic episode in their manageable using and they started to increase their use; I would say they would probably come down quicker. Generally, with those really manageable people that I see, it is just a very gradual decline for them.

Mr CARROLL — Thanks, Stuart, for your presentation. I enjoyed reading what you have supplied to the committee. I take it you are an advocate for the 12 steps type of approach, which is cognitive behaviour therapy. Is that what you—

Mr FENTON — What I said in there is when people have a problem with 12-step, I think there are some underpinnings to it that come from other modalities like CBT or ACT or everything else that can explain how it works. There is a lot of focus on the higher power God aspect of it, which gets very confused and abused at times.

Mr CARROLL — One thing we have learnt is there is the drug but it is what the person brings to the drug: what is their baggage, if I could put it that way, their family history? What has led them to become a drug taker and particularly on ice? We get a lot of evidence that it is about prevention to stop them becoming an ice taker. It can sometimes be very hard to stop someone who has had it given to them from a parent or a loved one or something like that, or have had extreme trauma. What is your advice about people in that situation and for us who are thinking

about some really severe cases out there where people are really struggling and it is just an outlet for them? They have serious emotional trauma, whether it be in the family home or some sort of history where the drug, ice, and the feelings of euphoria that it gives them helps them so much. It is very difficult to prevent them taking it up. Would you agree with that?

Mr FENTON — I really agree with that. I do not think that preventing meth being made or sold is going to do anything to this because they will go and find another drug anyway, or another process addiction to try and satisfy that unmet need, whatever it is. When you say what is the advice I would give; to who?

Mr CARROLL — People who have been in similar situations to yourself, who have had some sort of trauma. What else could it be? You went through the—in Byron Bay. You went there but were there any other avenues where you thought, before you got to that stage, 'If only this was available?' Like some people advocate good sports programs in the community and things like that, but was there anything else?

Mr FENTON — No, I do not, because—

Mr CARROLL — Did you go to a GP at all?

Mr FENTON — I went to a GP many times.

Mr CARROLL — That did not do the trick in the end, did it?

Mr FENTON — What do you imagine a GP would do?

Mr CARROLL — A referral.

Mr FENTON — To who?

Mr CARROLL — A psychologist.

Mr FENTON — But I am telling you that is what happened. I went to GPs, they referred me to psychologists. A psychologist you see one hour a week, I know, because I am one and I work with meth addicts. I have just worked with two meth addicts that I have sent off to The Buttery, but I worked with them for 18 months before they lost everything and decided, 'Okay, I might go now,' but I started telling them that at the beginning. I told them that because that was my journey. Prior to that I had also sent five or six other people through The Buttery, Mirikai, and other 12-step based programs. At this point three or four of them are still sober after three or four years. I do that because I have seen it work and I have not seen anything else work.

I do know of a clinical psychologist in Sydney and I brought this exact question up with her: 'Can anyone get clean, like abstain for long periods of time, without a 12-step program or solid support like that?' I have not seen it but she reckons it is possible if they develop a higher power—I am not talking about religious or God—something that is greater than themselves that they believe in fully. It could be a meditation practice, it could be a belief in religion that you give yourself over to. She says she has seen it happen. I have not. I have yet to see proof of that. My belief has always been that 12-step is vital, but the reason for that is not because I worship 12-step. I do not know if you know anything about attachment theory, but 12 step provides a secure base for someone. If they have had an uncomfortable experience in their childhood and cannot attach to their family, the 12-step program becomes that new secure attachment where they learn to trust, they learn to go and get support, they learn to reach out.

So I did everything I could. I did not want to go to rehab. I did not want to go to a 12-step program. I did not want to be a member of one of those groups. I tried every other avenue and came up against a dead end. Really what I wish is that all that time I spent trying all those other avenues, I had just gone to 12-step or just gone to The Buttery then.

Mr CARROLL — Do you remember the government's campaign 'Ice is a dirty drug'? Do you remember that being on the TV screen when people would—

Mr FENTON — Yes.

Mr CARROLL — What were your thoughts on that?

Mr FENTON — It is a little bit like the spectre in the HIV ads, like it is a scare tactic. It probably had some sort of effect but an effect in scaring people off temporarily, I would say. That is one face of crystal meth. The other thing about crystal meth is when people eventually use it or come into contact with it, the rush of it is so powerful and intense, it is such a euphoric experience. When you feel that, any other negative emotions or experiences that you have ever had get wiped aside. It is a clear crisp high that makes you feel invincible and powerful. If you are a person who has been through trauma, you do not know how to manage your life, you are irresponsible, your family are critical of you—whatever—this is the perfect answer. You know you can stay awake for days, you can work, you can seem really functional to other people.

Mr CARROLL — If you do a Google search on someone who is a crystal meth user, you get the images of the skin pigmentation and the digging in and thinking there are bugs under the skin. That is very much a graphic that comes up on the internet but how prevalent is it out there? We have not had much evidence on that or people presenting it as a big side effect of what people do to their faces and things like that.

Mr FENTON — How prevalent are those—

Mr CARROLL — Yes, people that dig into their faces thinking there are bugs.

Mr FENTON — It is not that prevalent. They are the worst case scenarios when people are in the final quarter of getting really addicted to it. I told you I am a member of a 12-step meeting for this and I was in Sydney on the weekend where there were 50 people sitting in the room. None of them looked like that, that I can remember. A lot of those were people who have just come into recovery, only been there for a month to two months. I do not think that is a very realistic representation of what ice does. People might see that image and they will just say, 'Well, my other five friends use ice and they don't look like this.'

The CHAIR — Stuart, I suggest we could probably spend a lot more time talking. It is an interesting story you are telling and thank goodness for a good outcome, as much as it can be a good outcome. I am just curious; you said much of your work now is in domestic violence, which I find somewhat fascinating. You have come out of a traumatic period going into—which must be a continual traumatic period of dealing with those affected by domestic violence. Is that because of your experience with the drug and the associated sort of increase in domestic violence? Can you tell me why you had a specific reason to want to be engaged in that area, given your past?

Mr FENTON — It is almost unrelated. I have reached a point in my career where I only have to work three or four days a week and I wanted to semi-retire here to a nice place and have three days off a week. I applied for 10 jobs down here and most of them were in drug and alcohol, and this was the job that I got. The reason I took the job was because I have worked six years with men from gaols who are all addicts in a therapeutic community. I became the main group worker in conflict resolution and anger management. I became very good at working with these kinds of clients and I actually find the work really exciting. Without crystal meth in my life I like to have exciting things in my life. It satisfies a need for me. It is not only that, though. It is that I have an enormous amount of empathy for anyone. I think there are a lot of people who would not want to work with these kinds of people, so I will step in there and do it because I think they are just as important and deserve the attention as anyone else.

The CHAIR — All right, thank you very much, Stuart, for your contribution this afternoon. We appreciate it.

Mr FENTON — Thank you.

Witness withdrew.