

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Mildura — 5 December 2013

Members

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Partnership (Project Ice Mildura).

The CHAIR — Good morning. I understand you have sat through some of the proceedings this morning, so you know this is the joint parliamentary committee for law reform, drugs and crime prevention. It is one of 12 committees of the Parliament, and we are in Mildura this morning as part of our inquiry into supply and use of methamphetamines, particularly ice, in Victoria. I am sure you have had an opportunity to read the full reference, which is quite extensive and broad, and I understand our executive officer has provided you with a list of questions around your contribution this morning.

Thank you for your time this morning. As you will appreciate from previous witnesses, we do like to ask questions. We invariably find that period is short because of the contributions by the witnesses, so I will ask you if you can keep it brief because that will allow us to probe out some questions that we are seeking answers to.

Before that I would like to read you the conditions under which you are presenting at this hearing 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. 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 read the guide for witnesses presenting evidence to parliamentary committees?

Ms WITHERS — Yes.

The CHAIR — It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness to the evidence they would give or have given may constitute and be punishable as contempt of Parliament. Hansard is recording the evidence, and we will provide a proof version of the transcript at the earliest opportunity so that you can correct it as appropriate. Thank you. Who will lead the evidence?

Mr McGLASHAN — I will lead, thank you. As you are aware, Project Ice Mildura put a consortium application in to the inquiry, and you are hearing from the individual members today as well, so we want to concentrate on what Project Ice Mildura is, and what it is currently doing here locally in Mildura.

Overheads shown

Mr McGLASHAN — We draw your attention to the first overhead, which shows that Project Ice Mildura is not just a group of vigilante community members who have got together, but it is actually a formal approach under a very formal model here locally that we call the Northern Mallee Community Partnership. You may recall the superintendent earlier reflected on the community engagement framework having undergone a restructure lately. That model in front of you is that restructure. There is an executive committee which is made up of the different community sectors including police, health, education and welfare, and there is a partnership office which both Michelle and I work out of, so we do have some resources there to implement what we call our wicked problems locally.

Some of the operational groups in the purple are some of the things we work on, and the blue are the project groups. This demonstrates that there is a formal process in place, and the community safety group with the arrow on the slide is where Project Ice Mildura fits. So we have a community safety organisational group, which is chaired by Inspector Simon Clemence from Victoria Police, and Project Ice Mildura is one of those project groups out of that particular organisation. You can see some of the organisational members there, so it is represented across a broad number of local organisations which includes health, education, justice, welfare, police and so forth.

Ms WITHERS — We have included this cliff analogy. Pictorially it is the easiest way for us to explain to you how and why Project Ice has come about. Having been privileged enough to listen to some of the prior witnesses, there certainly has been questioning around hard data, and you are certainly talking about the pointy end of the stick when you are talking about that. If you

look at this analogy, you will see the pointy end of the stick, as we talk about it, is there at the bottom. When people have come over the cliff, they are there at the tertiary end, so you are looking at your ambulance, the hospital et cetera, as you have been requesting.

When you move up, you go through your prevention phases until you see that at the top you have the community. What we have seen here, and the reason for this analogy, is to show you that what our Project Ice is about is a proactive campaign. We are not waiting until people are falling off the cliff and in crisis. We have all become exposed to the fact that ice is an issue in our community. We do not have the hard data but we are all aware that it is a growing problem, so what Project Ice is doing is an education and prevention campaign to address the people who are not near the edge of the cliff.

You are looking at people who know nothing about drugs. You are looking at people who are perhaps interested in finding out what is going on, perhaps at risk of recreational use. What we are wanting to do is inform the community about what this is so that when they are exposed they have some quality credible knowledge. That is why we have put that analogy in. We are not talking about waiting until they get to crisis. Project Ice is about speaking to the community before it becomes critical.

Mr McGLASHAN — Which brings us to the next slide. Project Ice Mildura is very much a preventive model. That is our main area; our biggest weapon that we have got at our disposal is education to the community. It is a proactive response. It is organised, and it aims to try reduce the demands and the supply in our region. It is important that we educate the community, and most important that we allow families and friends to have that difficult conversation with their loved ones and so forth that this is an issue locally and we need to start talking about it to address it.

Out of that comes information from the community, which is leading to enforcement agencies on the issue. We want to try and promote local access to drug and alcohol services, and also to advocate for further services down the track.

Ms WITHERS — This slide is very representative of what some of you, I think Johan in particular, have mentioned — the media. Perhaps there has been some intimation that this is a bit of a beat-up and it is not really reflective of what is going on in the community. I would like to let you to know that this slide is representative of the hard work that Project Ice has been doing. The media is actually a dedicated strategy that has come from Project Ice. Project Ice employed a local public relations and communications consultancy, so that we have actually driven this media that you are seeing. It is not something that people have grabbed and run away with. They are very well informed documents. The relationships with the local media are excellent. We have a very good working relationship, and as such we have been able to drive this campaign. It is not a beat-up. This is a campaign that is very structured. It is founded on local information and local knowledge, so I would really like to rectify and put forward that this is something that is a particular strategy of Project Ice that we have driven, and we will continue to do. It has been incredibly successful. This is only one medium that we are using — of course there are multiple strategies that we are using within Project Ice — but I really wanted to point that out and clear that up, because it has been incredibly popular, but it has not happened by accident.

Mr McGLASHAN — I will just point out the bottom headline there — 'Fisher fury'. That was a local businessman who donated \$10 000 to Project Ice Mildura to help with our promotional campaigns.

The CHAIR — How else are you funded? You were getting funding from the council?

Mr McGLASHAN — We have been funded through our members. Most of our members — the old local organisations that are government funded — have donated \$2000 each. We have had donations from the community as well — the Lions Club, Alan Fisher — that you have seen there. We have got a slide later on to show you we have raised about \$36 000 to date.

This is a snapshot of some of the campaign brochures that we have been using. Right down the bottom there is 'Ice — the cold hard facts'. That is about to be put onto a mobile billboard locally. In the next six months it will be driven around to strategic places — high schools and so forth — as part of that proactive campaign. We have also got a radio ad that has been running. If you allow, it will be a privilege for me to play this — if it works. It goes for 30 seconds.

Mr SOUTHWICK — Can I ask a question while you are doing this? In terms of the messaging that you have got there, what expert has been behind that to ensure that you are delivering the right message?

Ms WITHERS — We have had a lot of work. A part of the Project Ice consortium is our local drug and alcohol workers, so we have been sitting within it and assisting.

Mr McGLASHAN — We have also consulted Anex out of Melbourne about what we want to do, and they have given us some guidance as well.

Ms WITHERS — When we created this local structure we actually ran it by the so-called experts to ensure that we were putting out the right message. We have certainly been given that guidance.

Mr SOUTHWICK — Is there a danger that you are actually attracting young people to explore, try, find out — curiosity, all that sort of thing — when you have got colourful messaging?

Ms WITHERS — I know it could certainly appear to be that way — it is very colourful — but the advice we have got is that it is engaging. The kids are actually looking at it, and the kids are reading it. The other thing that we know is these kids are exposed to that information anyway — not this information, but the fact that it is out there and that it is something that they may possibly try. If you have got a child who is in that situation — as you are talking about — what we have been directed is that it is better for them to read the information and to look at the posters than it is to not read anything and to stay ill informed. While, yes, it is engaging and it is very colourful, our feedback is it is putting across the message, and it is the message that we want the kids to get.

Radio advertisement played.

Ms WITHERS — That is obviously an example of one of the radio ads that we have got at the moment, and that will change as things progress. We are looking at that being updated now to reflect coming towards the Christmas period, which is always an issue for individuals.

Mr McGLASHAN — As mentioned, a number of community information sessions are being run locally, and we have had about 29 so far run through invitation and monthly events. When you look at it on the ground, we had three community forums initially that were run by Anex out of Melbourne. We realised that demand was outgrowing our budget, so we decided to train local professionals to be able to go and deliver information sessions on this particular issue. As mentioned, there have been 29 to date that registered about 630 people. Mind you, we have only been running since August, so we still have got a fair bit of work to do.

Last week we launched a Facebook page from one of our younger staff members who knows how to do that. As of yesterday afternoon at about 3.30 p.m., she brought the stats up and there were 89 576 people who had read the Project Ice Facebook page, with 2000-odd likes, if you know your Facebook terminology.

Mr SCHEFFER — That is in the Mildura area?

Mr McGLASHAN — Facebook can go national. There was one guy in Thailand who responded.

Mr SCHEFFER — Is it fair to say that that is many more than the population of Mildura, for example?

Mr McGLASHAN — Yes.

Ms WITHERS — Absolutely. One of the really interesting things when you are looking at this — I have got some statistics here — is that there is also on the Facebook page a link to local and national support agencies and services. Within that time we have already had 2000 people follow that link, which I think is phenomenal.

Mr McGLASHAN — One of the most powerful slides that we use in our presentation is where people get it as to why it is so addictive. We explain how dopamine is released into your body, and this example shows that with nice food and a nice meal you get about a 50-unit dose of dopamine, and the most natural thing that we know that you can get a hit — a high — from is sex and orgasm, you get 120 units. Then come the man-made substances. Cocaine used to be the king of all dopamine hits. You can see by this slide that methamphetamine is by far something we have never seen before. People who have actually used this will tell you that they have never experienced it. It is an incredibly powerful hit. Of course in the information sessions we explain the coming down, which is even harder, and the consequences that go with that.

We are looking at a family and community response. As we mentioned, we want to get this message out there and we want people to discuss it. We want families to be confident to talk to their teenage children about it. We are trying to educate kids in schools as well not to go near this particular one.

To conclude, our recommendations here — as you can see on the screen — include that we think it needs to be mandatory for drug and alcohol education in schools, especially around methamphetamine.

Ms WITHERS — If I could just add to that, if you speak to people within the education system, they will tell you that children are already receiving 10 hours of education a year specifically to do with illegal drug use. Unfortunately when we speak to youth in this community — I cannot speak outside of that — they wonder where they have received that education. They are not hearing it. They are not identifying that they have received that. We would like specifically to ensure that there is a formal expectation that schools address this and that it is not something that can perhaps slip under the radar.

Mr CARROLL — Yes.

Mr McGLASHAN — We talk about access to specialised withdrawal treatment beds. This is not available locally, and it is very difficult for someone to get into a clinic in one of our capital cities — there is a waiting list of around five or six weeks. You have to have withdrawn from the drug initially, and you have to be ready and willing to change your lifestyle. At the moment we have a successful program called Victoria Police cells, where we take individuals in against their will, and we force them to withdraw. I am a custodial nurse with Victoria Police, so I see that firsthand. They come down very, very hard, and they are quite difficult to manage, but it is a controlled environment, and it is the most successful method we have currently.

Mr SOUTHWICK — Can you elaborate on that, please? That is a current strategy that is being used?

Mr McGLASHAN — It is the only successful strategy we have locally where people can be forcibly removed from the drug.

Mr CARROLL — I suppose the issue, Rob, is that if they are forcibly removed from the drug, how often are they still coming back? If they themselves have not made the mental leap of 'I have a problem, and I want to deal with it and get off crystal meth', and if they are being forced to go into a cell for 48 hours, are they basically then back out into the community? Are you seeing repeat offenders come back in?

Mr McGLASHAN — Absolutely, yes. And it depends, of course, on what their situation is — how long they are held in custody or whether they can go onto a forced court order to attend a rehab centre or not.

Ms WITHERS — And there is the social living environment. We are all aware that if someone going through that situation goes straight from the cells back to an environment where drugs, alcohol and so forth are an everyday occurrence, obviously recidivism is going to be an issue.

Mr McGLASHAN — We are seeing first-timers come in at the age of 40 who have been mixed up with this drug. Because they have never been exposed to the justice system, they do get a shock, so we have had some success with them turning their lives around and so forth.

So the recommendation is to look at more governmental direction for clinical guidelines. I know we have drug and alcohol centres, but methamphetamine is quite different in the withdrawal and treatment. With Project Ice Mildura there is no package you can pick up and say, 'This has been tested and recommended from the best sources we have available to us from Victoria or Australia. Run with this; we know that the campaign has been trialled and tested'. We are making it up as we go, and we are learning a hell of a lot along the way as well.

Ms WITHERS — That links very much to your question, David, about what expert advice we have received. We have had to seek that out and search for it. That is exhausting — it uses a lot of resources. If there had been something out there that existed that people could get and perhaps modify for their local community, it would have made things so much easier for the Project Ice committee.

The CHAIR — Thank you very much your submission and the responses in each of the references that you have provided. I have read them all.

Ms WITHERS — That's very good. That's the best statement!

The CHAIR — It was most useful.

Ms WITHERS — Good.

The CHAIR — An area you have not touched on is in relation to the judiciary and how it hands out penalties for supply and trade. Do you think the courts are too lenient in relation to the way they deal with penalties on trafficking? Is it seen within the court system as a criminal offence?

Ms WITHERS — I would have to say, only from personal experience and personal conversations I have had with people within the community, that that seems to be the reflection — that people are suggesting that there does not seem to be a lot of continuity in the sentencing and that, yes, at times it is too lenient. Because Mildura has a revolving chair, we do not have any one person here the whole time. Whether that is reflective, I am not sure; I do not understand the judicial process personally. We have considered trying to get access to some of the people making these decisions and handing out the judgements so they could have an understanding of the situation here, so that when they come to this community and see what is going on we have the opportunity to talk to them about the issues in our community and whether they would be able to have some more flexibility in their decision making, perhaps.

Mr McGLASHAN — There is a slide within our presentation that we show that the drug is actually illegal, and we show some of the consequences by law. One of those slides says that if you are caught with 3 grams or more as a trafficking offence, you face a jail term of up to 15 years. We are in discussions about taking that out, because we know the reality is that we have had guys here who have been caught with a lot more than that who are getting six-month jail terms or suspended sentences. It does not reflect what the law can dish out.

Mr SOUTHWICK — I am wondering about your views about involuntary detention or forcibly sending regular presenters as ice users to programs to sort out their issues. Mental health services are obviously capable, but not when it comes to — —

Mr McGLASHAN — Yes, we have limited options. We are getting phone calls from families who are quite desperate. They are ringing us at Project Ice Mildura and saying, 'We've

got a teenage adult child who is out of control' — there are some horrific stories you have probably heard through other areas — and saying, 'We want this adult kid picked up and taken to rehab'.

Ms WITHERS — They say, 'Do something. Help us'.

Mr McGLASHAN — When we say, 'There are no means at our disposal to do that without the person's consent', they feel like they are isolated and that there is no hope. It is quite frustrating. I think under the drug dependency act you still need the person's permission, but we need to explore what other options there are.

Mr SOUTHWICK — So you would like to see potential changes in this area?

Mr McGLASHAN — Absolutely.

Ms WITHERS — We are talking about ice, and it is very easy to isolate that and just talk about the users, but we have to remember the social impacts of ice on families, communities and, if you want to get clinical, taxpayers. This is a huge burden to society in all models on that continuum. Project Ice is more than just about the user; it is about the education and the prevention, and it covers that whole spectrum.

Mr McCURDY — Where is the future audience? You spoke about a 40-year-old. You have referred to a lot of younger people. Where is your biggest target audience, and do you see that changing in the short term?

Mr McGLASHAN — It has to be at the school-age level for prevention. That is where we need to start. Once you can get another generation that is fully informed and aware, this problem will go away in time, but it is very difficult to fix the issue at the pointy end, as we know. Project Ice Mildura is about drawing a line in the sand, working with what we have got and stopping as many people as we can from falling over that cliff.

Ms WITHERS — While we have tried this for many years with alcohol and we have not necessarily succeeded, I think this slide — if I can draw your attention to that — is very good. It includes the quote, 'All it takes for evil to prevail is for good men to do nothing'. We are about trying to do something and make a difference.

Mr CARROLL — On schools, we are looking at best practice strategies and recommendations to make to the government. How do you best get your message through to a student sitting in a classroom? What I am getting at is: do you need more than just a teacher who teaches maths talking about drug education? Do you need a peer or real-life examples? Do you have any evidence you think would cut through to students most in schools?

Mr McGLASHAN — There is nothing more powerful than a real-life example. We are working with some people now who are coming on board with us. Their stories are so much stronger than ours. It is incredibly powerful when they talk about their own life experiences, their family hardship, their financial hardship and so forth. The textbook presentations are okay, but they only go a certain way.

Ms WITHERS — And the skills and capacity of the people delivering these sessions are going to make a difference.

Mr CARROLL — So a properly educated front-line person involved in drug education and counselling and the real-life stories?

Ms WITHERS — Absolutely.

Mr McGLASHAN — Yes, I believe the kids will take that a bit more seriously than the arts teacher.

Mr SOUTHWICK — Do you think there has been enough done to actually expose the dirty nature of this drug to our young people — the facts of what it is made of, what it causes and

what the ultimate end result is for those who take it? I go back, if you like, to almost the Grim Reaper campaign that was being used in the past and that put it in your face — ‘This is effectively what can end up happening’.

Ms WITHERS — I think the answer to that would be very clearly ‘No’. If that was already happening, Project Ice would not exist. This is a local campaign to try to address a local issue, but this issue is everywhere. It is not only in Mildura, we know it is everywhere, and I would like to see what is going to be done at a much higher level, be it state or federal, about how they are going to address this. This is only one example, so I would say no, I do not think there has been enough.

Mr SOUTHWICK — Yes.

Ms WITHERS — Again looking at expert advice, we had looked at some of those Grim Reaper scare tactic campaigns — and I personally still remember the Grim Reaper ad — but our advice was not to start in those scary, shock tactics. It can be built into — this is coming from an expert — the campaign, but you cannot start there.

Mr SOUTHWICK — Right.

Ms WITHERS — So while initially we immediately thought of jumping to that sort of shock ‘get the message out there’ approach, our expert advice said not to do that. So it is something that we are certainly looking at building into the campaign, depending on the lifespan of the project. But given the advice, no, we have not as yet.

Mr SOUTHWICK — I notice from your website that you have been running a lot of information sessions.

Ms WITHERS — Yes.

Mr SOUTHWICK — How desperate is the community in Mildura in looking for a solution for some help on this? Are you getting lots of families — mums and dads — turning up to these sessions?

Ms WITHERS — Certainly a broad mix of the community, for sure, from current users through to grandparents, for sure. Because within the information sessions they go through quite a number of steps, talking to people about what ice is, how it works and what its effect is on the body. Rob showed you that graph, which I think is just excellent as far as putting it into perspective. They talk about the long and short-term effects, and they talk about the signs and symptoms to look for, and that is something that obviously gets a lot of the conversation going — whether it is from the young, who are seeing that, and their friends wanting to know, through to the parents, who are saying, ‘Gosh, I didn’t realise’. That is all a part of it. And then of course within the community information sessions is built in information about where to go and where to seek treatment and support and further information, and that is also done at a local and national level. So the information is presented, and they also have takeaway handouts that they can take home and read at their leisure.

Mr SOUTHWICK — One last thing: what do you want from us in these stages that you have got to so far in terms of law and order, policy and overall working on the whole crime element of this area?

Ms WITHERS — We have that slide, but hopefully you will have the chance to reflect on, when you have finished with today’s presentations, what our recommendations are. We could possibly be a little bit more specific, but we understand that this is just coming from a local level and that you are having to take into perspective the whole state. Rob, did you want to add to that?

Mr McGLASHAN — Yes. We sort of are waiting for the cavalry to arrive, a little bit. We are doing it by touch and feel and hoping we do not make too many mistakes, and we are learning a lot. We really are looking for Big Brother to help us out —

Ms WITHERS — Give us some guidance.

Mr McGLASHAN — and say, ‘You’re on the right track’, or ‘Here are some further resources’, ‘Here’s access to schools’ and so forth.

Mr McCURDY — Did you model this off any other program anywhere else in the state or internationally?

Mr McGLASHAN — Research through international and national past campaigns. There is a lot of advertising in America, especially TV ads that are quite powerful. We are looking to run those locally. We looked at what Queensland has done and some of the billboards it has run. We have tried to tailor those into our own local model.

Ms WITHERS — However, we are fortunate because of the Northern Mallee Community Partnership that we have such an array of local agencies and organisations, which I think is rather unique, and the fact that they are working so well and together on this is identified across the whole region.

The CHAIR — I did note in your submission a couple of lines where it suggests that both federal and state governments do not appear to have any sort of strategy in relation to responding to this; in fact I think your words were ‘non-existent’.

Ms WITHERS — Yes. You mentioned earlier and there was discussion about the comparison locally with alcohol and ice. I think David answered that very well. However, we need to remember that alcohol has been around for a long time and there have been national campaigns for that. That is existing; it does not exist for ice in Australia at this moment, and that is what we are searching for.

Mr SOUTHWICK — One last thing. If we do everything that we possibly can to eradicate this problem of ice — —

Ms WITHERS — You would be a bit of a hero there, wouldn’t you!

Mr SOUTHWICK — Yes. Do you think that it would just be replaced by another drug? So is it not necessarily ice that is the problem but all of the things that surround, if you like, the reason why people are taking drugs like ice in the first place?

Mr McGLASHAN — Drugs have been around forever, as we know, but with this particular drug I remember that one of the ED doctors, when this first raised its ugly head, actually said publicly, ‘Please bring back heroin’. We have never seen anything like this drug and the consequences of it before. So yes, if we can, we need to eliminate this one. There is always going to be a drug issue, I think we are never going to eliminate that, but we do not want this one to be hanging around for too long.

Mr SOUTHWICK — So this is the real problem?

Mr McGLASHAN — Yes.

Mr SOUTHWICK — Thank you.

Mr McCURDY — But as you just said about putting too much emphasis on one, if we put all this emphasis on ice, is there a chance that we overlook everything else that is going on in the community?

Mr McGLASHAN — It is supply and demand, is it not? Whatever is available, people will obviously take it for whatever reason, so we need to work on both levels.

Ms WITHERS — I think also at least it is raising the conversation, having those difficult conversations. If you can get people to talk about it, if they have those skills and that experience, they may well talk about other things as well, but this is one driver of education.

Mr CARROLL — Michelle and Rob, it is commendable, all the agencies coming together and the education focus of Project Ice. But I want to get to the issue of local youth facilities and transition to employment opportunities. You can educate young people — great — but what about if there is not much for them to do in the local community? If they are finishing high school they could — what — go fruit picking or maybe go to Melbourne? Is there a lack of industry, a lack of employment opportunities and also a lack of youth facilities that could also be a contributing factor to them taking up drug, alcohol and ice use?

Mr McGLASHAN — Absolutely, and the stats back that up when you see our youth unemployment, our levels of unemployment and our levels of low socioeconomic status here.

Ms WITHERS — Lower education.

Mr McGLASHAN — We lead the state in a lot of those areas. It is an issue, of course, and we are going to touch on that later with the Mildura city council presentation. They are going to talk about demographics.

Mr CARROLL — I look forward to it.

Mr SOUTHWICK — Just on that, do you think the dealers are being pretty smart by targeting vulnerable communities like Mildura, say, that are effectively low-hanging fruit for them to pursue ultimate clients in?

Ms WITHERS — We cannot speak on their behalf, but I think if it was in a legal world you would say they were good businessmen.

Mr SCHEFFER — They would be what?

Ms WITHERS — In a legal sense you would say that that was a good business decision, would you not?

The CHAIR — In closing can I again say congratulations on the work you are doing through Project Ice. It is far more proactive, I would suggest, than perhaps a few other regional cities we have been to. But you have specific problems here obviously, and you have responded to them yourselves, which is great community spirit. If you separate the demographics out, you have your long-term drug users, who have traditionally used drugs of any description at any point in time, and ice has come up now for a range of reasons that we have already discussed; you then have your recreational drug users, who have always been active in that space at some point by using something, whether it is speed or cocaine, or even marijuana or cannabis; and then you now have what I believe is almost, as you have said, middle-class users who, out of boredom and other things, are starting to get that hit of ice, which produces a high that no other drug has done.

We are now going into really uncharted waters, which is where I am heading, in that you have a drug that is creating all the stimulus of effect that has not been given by any other drug we have yet seen. Because of its addictive nature and the fact that there is obviously a very profitable supply chain, you have a whole lot of other players in the market. This is quite different from other drugs. We are always hearing, 'Of course this is just a drug that has replaced another drug in a space of time and we will be moving on to another drug in the future'. This drug is special in a way in that it actually gives a hit that we have perhaps not seen in drugs before, it is now placing itself in a demographic we have never seen before and it is highly profitable to a lot of traders and traffickers who perhaps have not been as active before, particularly in regional centres.

I know that was a very longwinded summation, but I am of the view that we are dealing with something a little bit different and we perhaps need to identify that as part of the hearings and obviously be aware of some outside influences that are playing in the supply and distribution chain. Is that a fair summary of what we are facing with this particular drug, as against other drugs?

Ms WITHERS — Yes, I definitely think so. They are uncharted waters, and that is where it would be nice for communities such as ours to have some guidance and direction, as we have

mentioned in our recommendations. Some research might be able to be done. They are uncharted waters, but something needs to be done; doing nothing is not the solution. If we try and fail, at least we will have tried. It would be terrific if we could overcome some of that by having that clear guidance and direction from a high level that we know is reputable and practical.

If I can bring you back to our campaign, it really has not been funded from anywhere except at the local level. The slide of the donations that are supporting Project Ice shows that we have done a lot with a very small amount of money because of the goodwill and partnerships within the community. But that is not necessarily replicable in other areas if they do not have that strong foundation and resourcing. They are uncharted waters, and it will cost a lot of money.

Mr McGLASHAN — I should add that none of those funds go towards any wages or administration costs; all of that money goes towards marketing and promotion. We are employed by Primary Care Partnerships funding from the Department of Health, so every dollar will go towards the campaign.

Mr SOUTHWICK — If I could make a comment, you are doing something on the flip side of all that that is unique, in bringing people together to tackle this issue. It could very well be seen as something that is almost a pilot or trial for other areas.

Ms WITHERS — We have actually discussed that within the committee. We are more than happy to share any of our findings, outcomes and so forth — even just the documentation of our journey to get to here.

Mr SOUTHWICK — That would be great.

Mr McGLASHAN — We have had requests from Broken Hill and Shepparton to present to community groups. They are outside our area, of course.

Ms WITHERS — And our resourcing.

Mr McGLASHAN — And our resourcing, so there is a desperate need.

The CHAIR — Thank you very much. We appreciate your time this morning.

Mr McGLASHAN — Thank you. We appreciate the invitation.

Witnesses withdrew.