

**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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Witnesses

Mr M. Hawson, General Manager, Community and Culture, Mildura Rural City Council.

Mr R. McGlashan, Executive Officer, Northern Mallee Community Partnership (Project Ice Mildura).

**The CHAIR** — Good afternoon, Mr Hawson. My name is Simon Ramsay. I am an upper house member for Western Victoria Region and also Chair of the joint Law Reform, Drugs and Crime Prevention Committee. We have seen Rob McGlashan at this morning's session, and we welcome him as well.

This is an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. This is one of the regional hearings that we are conducting at the moment. Thank you again for making time available to provide evidence to this hearing this afternoon, Mr Hawson. I need to read you the conditions under which you will provide that evidence, so bear with me just for a second.

All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and is further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. However, it is important that you note that any comments 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 to witnesses presenting evidence to parliamentary committees?

**Mr HAWSON** — Yes.

**Mr McGLASHAN** — Yes.

**The CHAIR** — It is also important to note that any action which seeks to impede, hinder or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of Parliament. Hansard staff are recording the evidence, and you will be provided with a proof version of the transcript at the earliest opportunity so you can correct it as appropriate. We have allotted time until 4.05 p.m., and I invite you to make a brief verbal submission so we can have the opportunity to ask questions on it in this session. Thank you.

**Mr HAWSON** — Thank you, Mr Chair. I guess I am coming in on the tail end of quite a long day that you have had. I felt it best to approach this submission in trying to round off a lot of the issues that you have probably heard but also try and explain a little bit from a community perspective why we think we are the way we are, and probably the stories that you have heard throughout the day, and hopefully put them in a little bit of context about why this issue is such a pressing one for our local community.

From a council perspective, obviously we are in the social planning space quite heavily, and we are obviously very concerned about what happens with our community, and any impacts on that we take very seriously. We have certainly been in the space of looking at our social indicators for a long time now. We started getting serious about this work around about 2004 when we commissioned Professor Tony Vinson to come and help us identify some social indicators just to give us a feel and take the pulse of the community to find out how the community is really travelling. We always felt there were some undercurrents there that might not be presenting themselves as overtly as what may be present on the surface. We undertook that work, and we identified a number of indicators that helped us guide and plan the way we respond to these things. It is a good baseline to understand what they are, and then it helps put things into context when we have issues like this that impact on the community. I have highlighted a number of them. It is basic demographic stuff that gives us an understanding of why we may well be susceptible to such things as this ice epidemic.

As you know, our population is around about 52 000 in the central area, but we do have cross-border and a lot of transitory people coming from New South Wales, if you add another 7000 or so onto that with our neighbouring New South Wales and even to some extent South Australia.

We have an Aboriginal and Torres Strait Islander population of around 3.79 per cent. The Victorian measure is around 0.74. Humanitarian arrivals as a percentage of new settlers is around about 51.7 per cent, whereas the Victorian measure is 12.3 per cent. Our community acceptance of diverse cultures is around about 35.4 per cent, where the Victorian measure is 50 per cent. The

percentage of who helps and volunteerism — this is something we are quite good at — is around about 22 per cent, whereas the state measure is 19 per cent.

From a socioeconomic perspective, the index of relative socioeconomic disadvantage — a measure of the SEIFA is 957, and we are ranked 12th in terms of disadvantage. Our unemployment rate is 7.6 per cent, with fluctuations obviously taken into account; the Victorian measures are running at about 5.4 per cent. Social housing as a percentage of the total dwellings is 6 per cent, whereas the Victorian measure is 3.8 per cent. Families headed by one parent, 18.2 per cent, whereas the Victorian measure is 15.5 per cent. The low-income families with children is running at 2.7 per cent, whereas the Victorian measure is 1.8 per cent.

Our education measures stem from a year 9 student — we take a look at a year 9 student to gauge how we are travelling as far as that goes. The national minimum standard in reading, for example, is 85.6 per cent, whereas the Victorian measure is 92.3 per cent. In writing it is 82.7 per cent, and the Victorian measure is 89.4 per cent. Numeracy is 90.5 per cent, and the Victorian measure is 94.4 per cent.

In terms of health and wellbeing, persons overweight or obese has an average in our LGA of 56.9 per cent. The Victorian measure is 48.61 per cent.

**The CHAIR** — What is that figure, of overweight and obese?

**Mr HAWSON** — It is the percentage of people who are overweight or obese.

**The CHAIR** — Based on what methodology?

**Mr HAWSON** — Based on your BMI index that they use to put you into a certain scale. It is a pretty rigorous measure. I think I am in the — —

**The CHAIR** — I think I am overweight and obese on that section too.

**Mr HAWSON** — I am overweight. I would be reluctant to comment, Mr Chair. I can only comment personally, but I know I fall into that overweight category. I am not in the obese yet, but it is a very rigorous thing. One of the things we are a part of is the Victorian initiatives in Healthy Together — 14 local governments. They are targeting areas that pick up on certain indicators that suggest you need to do some work in this area, and we are one of those 14 across the state that are being looked at.

A lot of these figures are coming out of that because there is a great figure database on what has been looked at in these areas. On the population and food security, this is of families who have trouble accessing food on a recurrent basis. We run at 9.3 while the state measure is 5.6. For persons reporting a very heavy or high degree of psychological distress, we have 12.5 and the Victorian measure is 11.4. On children's development and being vulnerable in one or more domains, 24.9, and the Victorian measure is 20.3. For persons at risk from short-term harm from alcohol consumption, we run at 15.4 and the Victorian measure is 10.2. For drug and alcohol clients per 1000 population, we are at 9.3 and the Victorian measure is 5.1. For registration of mental illness clients per 1000 population, 26.2, and the Victorian measure is 10.3.

In terms of safety, family incidents — and this is a broad range and you can go into the details of what those incidents are — per 1000 population, we run at 19.8 and the Victorian measure is 9.1. Drug usage and possession per 1000 population is 4.8 and the Victorian measure is 3.4. The total offences per 1000 population in our LGA is 92.5 and the Victorian measure is 70.6.

There are a whole lot of statistics, and I am sure you can go through that and spend hours trawling over it. What I wanted to illustrate is that this is our DNA, if you like, of how our community sits in a whole lot of these different measures. We have been mindful for a long time of the fact that we do have a lot of issues in terms of the social context of our municipality. When we have that put under stress, it does come out with a fairly significant impact. From being in forums and picking up on what we are doing in the service sector, particularly with this issue, that is creating a fair

impact comparatively, I guess, with other areas of the community. It is difficult to say, but you can imagine that when these incidents occur they have a big impact.

Over recent times when the community has come under pressure we have seen a similar level of impact. When we had the 10 years of drought, we had a lot of financial pressures, we had issues with water and there was a lot of impact on primary producers. You saw a lot of these spikes in the indicators that indicated that we were very susceptible. This is common to all communities, but I guess with our particular community, because we have this baseline to work from, if you like, it does affect it more acutely. Reading about and hearing the stories today, you can see how that makes it very difficult for people in the service sector to get their heads around things and respond in a timely and effective manner. That is the overview in a generic sense of our concerns about what the ice issue is causing us.

I guess the other aspect of it is what our response has been able to do. Our capacity to respond is of concern in that we have a local response initiated through the Northern Mallee Community Partnership and we have the ice response well and truly up and running, but it is very much a localised response. We are getting good support from the local community. However, I guess from a broader strategic perspective we really need that to be at the highest injection of assistance to really address what we are seeing in the community. I am sure you have heard in the anecdotes and other stories in presentations by the service providers the impact at the coalface. I do not want to go into that too much; I am sure you are getting the gist of how that is affecting us.

While we have a localised response, our concern is whether that is really enough from a more strategic viewpoint — that is, is it having an impact and is it addressing what we need to address? There are certainly significant gaps in the service sector in terms of the ability to provide rehab for these people who are either — this is the difficulty — not looking for help or should be looking for help. The anecdotes and the information that have come across over time show that the best way is for them to be arrested. At least they will then get help in a mandatory sort of fashion. However, that is then not sustainable because as soon as that stops, you are back to square one.

A lot of that will be a by-product of their vulnerability, their circumstances and some of the things that we have talked about — education levels and so forth. They do not have the capacity to do that. From an immediate response perspective, that is concerning, because how do we get long-term resilience to the point that we are not back here in another 12 months and nothing has changed because we are too busy with the ambulance at the bottom of the cliff rather than trying to get up to the top? To get up to the top, we need a high-level strategic response, and that is something that from a state perspective we really need to get our heads around. We need to consider what we are actually going to do in this space.

I use the term, where is the cavalry? We are fighting on the front line here, but we need some troops on the horizon to find what else there is out there to help us. There is no particular treatment for this that we can supply in a local setting. We do not have the antidote, so we are in a treatment zone. Certainly that is part of the story, but where is the next layer of assistance or support that will come? I guess from a local perspective we have to consider whether we have the capacity to do that. We are not geared up to drop everything and go and work on this project holus bolus. We have some good volunteer and working relationships, and we are probably lucky to have them at a local level, through the partnerships and so forth. We have responded to crises before, but I am not sure we have the full gamut of artillery that will be needed to really address that.

**Mr SOUTHWICK** — Just on that point, what would you like the cavalry to look like and what would you want them to bring with them to assist you?

**Mr HAWSON** — I think, particularly with health awareness or preventive measures, there needs to be a fairly sophisticated approach for them to be effective. We have a localised communication process, but where there has been sustainable change or a change in people's behaviour, it needs to be very sophisticated. That is at the more strategic, preventive end. In the middle-road treatment, we just need better and equitable access to the services that will make a difference. We do not have that rehab-type response, apart from if you either get arrested or voluntarily admit yourself with an acute illness. The actual issue is neither of those; it is in the

crack, if you like, between the services that we provide. A person addicted to this drug is very unlikely to go to counselling, for example, and in all likelihood it will probably not make a hell of a lot of difference. There needs to be that high-level treatment regime that is obviously there in some form or another in other areas, but we just do not have access to that.

The other thing is that we need some arms and legs in regard to, I guess, guiding the process and guiding those levels of intervention. At the moment we probably are not geared up to drop everything and allocate, saying, 'Okay, you work just in this space', both at the coordination level and being designated to work in this area. You have to cut across police, education, welfare, safety and drug and alcohol — across a whole spectrum. I guess that is why Rob's role has been very much drawn into that space, because that is what he does. That is where we are at. I guess that is the three-pronged approach. We need that strategic advice. We do not have that higher level health, and particularly in this space, that highest level of guidance in saying where we should be putting our efforts. Is this the right approach?

**Mr McCURDY** — I am not sure it is there.

**Mr HAWSON** — I do not know. I am hoping it exists somewhere because the people that seem to be making the running on this are the people who are either selling it or making a profit or doing very well out of the product, and we have to get in front of that. It is not just health, it is certainly drifting into the police space and law and order and so forth. It is across the whole gamut. This is the only way — I think we need to have an approach there — and that is what we do not have in terms of the cavalry, if you like.

**The CHAIR** — Martin, I am sorry but we are nearly out of time and Rob has not had an opportunity to speak. Do you want to wrap up your piece and then I will refer to Rob and allow the committee to ask a couple of questions?

**Mr HAWSON** — They are probably the salient points I was going to make. I understand there are some DHS moneys around somewhere but we have not seen a lot of that, but if that could be one of the things that could assist in the programs that would be good. Is there anything I have missed, Rob, from your perspective, that you think we need to emphasise?

**Mr McGLASHAN** — No, Martin. Just adding to the demographics, one thing that is particularly unusual for our region is that we have seen a downturn in the economy, there is no doubt about that. Primary producers have been suffering now for a number of years through drought, the downturn in the economy itself and the price of the dollar and so forth. We have obviously a local financial counselling service available for farmers which is across Victoria, but ours has come to us and said, 'We are seeing an increase in farmers that are coming in for financial counselling, declaring that they are using ice', and the financial counsellors do not know how to respond to that. So they have just requested some information sessions on what the drug is and so forth.

That is a very particular demographic that should not and traditionally would not be taking drugs — alcohol maybe, but farmers do not normally indulge in that sort of drug taking. So it is an interesting one and probably summarises the effect, that the drug is taking a hold locally. And just summing up — and we have mentioned this earlier — access to service locally is what we are missing at the moment. The mandatory education in schools we have touched on as well, and some resources to help with our local promotion. The Grim Reaper-type ads that we can pick up and use instead of having to produce local TV ads, which we are doing at the moment; and the review of a mandatory treatment option. A lot of families are ringing us and saying, 'Come and get our loved ones. We need them to be picked up and taken against their will', and there is no mechanism at the moment.

**The CHAIR** — And nowhere to take them.

**Mr HAWSON** — And nowhere to take them if we do pick them up.

**The CHAIR** — Apart from jail.

**Mr HAWSON** — Yes.

**The CHAIR** — We have heard that story loud and clear today. Thank you, Rob. Questions, committee?

**Mr SCHEFFER** — Martin, in that long litany of statistics that you gave us, when you came to the cluster around alcohol and drugs, they were quite alarming discrepancies between the extent of drug use in this community compared to measures across Victoria. Then, Rob, you spoke just now about the downturn in the economy and some worrying trends there. Can you paint for us a quick picture — because I am aware we are running out of time — about what would have given rise to this? What is the background and history of this in Mildura that it would have such alarming discrepancies?

**Mr HAWSON** — You mean towards the state average?

**Mr SCHEFFER** — Yes, and the economy as well. How do you explain that?

**Mr HAWSON** — It is a difficult one, and if I had the answer, I am sure someone would be very much after us trying to get it, but I think it is a combination of basically how we are. In terms of the education levels, I think that is a significant issue, where we have 65 per cent of persons who did not complete year 12 versus the state average of 43, and that is a bit of the nature of the beast too, so you leave school early, you go and work on the farm, you work very hard and you are a primary producer. That is a generalisation — —

**Mr SCHEFFER** — Sorry, just to interrupt you, what we have been hearing is it is not just a question of low socioeconomic disadvantage that has a connector to drug use, it is up and down the social scale.

**Mr HAWSON** — But I think education is a key contributor to that because it is about your wherewithal, being able to access different information modes or your self-ability, I guess, to be able to address the challenges that you have in front of you, whether it is primary producing, whether it is just the daily trauma of life sort of thing, and having that level of resilience. I think we have a strong physical resilience but I think we have a fairly low psychological level of resilience, and that was seen through the drought and a number of other issues that have happened over time, that we seem, as a community, susceptible to those particular issues.

The other thing is that from our primary producing background, they are very much stand-alone, and ‘my way’ and, ‘I am going to make it and I’m going to do it my way’. There is a lot of that type of context around the way of the community and the culture of the community. There is less of a tendency to be able to seek help and see that that is socially okay for us to do that. They want to look after their own things, they are very self-determining, and when that gets to a point where it is maybe not controllable it has a sort of double-whammy effect in terms of, ‘How do I cope?’.

**Mr SCHEFFER** — Is there a more sophisticated and more highly networked drug economy operating in Mildura?

**Mr HAWSON** — I would have to take Paul Naylor’s advice on that, but anecdotally there seems to be a lot more organisation in this situation than probably traditionally has been the case. It seems to be a very systematic-type approach, and again this is obviously from the police’s viewpoint about, well, how come it seems — it is like the fast food of drugs if you like. It is easy, it is quick, it is accessible, and that probably lends itself to, when you are in a vulnerable spot, ‘Who’s going to cook tonight? I’ll just nick down to the takeaway shop’.

I have nothing to back that up; it is just the things that you hear, just an idea. Sorry, I cannot really answer your question.

**Mr McGLASHAN** — Can I just add that part of it, too, is access to cheaper housing. Housing in Mildura is cheaper, and what we are seeing is a shift in the wealth across what traditionally used to be a very wealthy town. It had wealthy farmers, a lot of wealth. The wealth has shifted now and we are seeing a lot of generational poverty that is now increasing in the

population, which is reflecting in the stats, and also a higher-than-average Indigenous community — disadvantaged in a lot of areas as well. So we are seeing the population shift from a wealthy town to more of a welfare-type town, unfortunately.

**Mr HAWSON** — So that is brought out in the social housing statistic, at 6 per cent of the population versus 3.8, sort of thing, So there is a big take-up of low rentals, particularly in the rural and outlying towns, and that might be reflected in some of that farming stuff as well.

**The CHAIR** — All right. I am sorry, I am well aware we are way over time here. We have two other witnesses, and we have to get people on a plane in an hour or so. I thank you both very much for your evidence at this hearing this afternoon. I appreciate your time.

**Mr HAWSON** — Thank you, Chair. I will just leave our health and wellbeing plan with Sandy. It does pick up on a lot of the tones, I guess, of the indicators that we are talking about and touches on the drug and alcohol, so I will leave that with Sandy.

**The CHAIR** — Thank you.

**Witnesses withdrew.**