LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

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

Shepparton — 25 February 2014

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Witnesses

Mr M. Whelan, MICA Team Manager, Ambulance Victoria.

The CHAIR — I will formally open this public hearing this afternoon and welcome our next witness, who is Mr Michael Whelan from Ambulance Victoria. Welcome, Michael; thank you for your time this afternoon. I will just read you the conditions under which you are appearing this afternoon, so bear with me for a minute. 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 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?

Mr WHELAN — Yes, I have.

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 proof versions of the Hansard transcript at the earliest opportunity so you can correct it as appropriate. Michael, as you know, we are conducting an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. Part of our reference is also to look at impacts and consequences to the indigenous populations of Victoria. We thank you for your time this afternoon. We have allowed time until 2 o'clock. We invite some opening remarks, and then the committee would like to ask some questions.

Mr WHELAN — Okay.

The CHAIR — Thank you.

Mr WHELAN — I have been in the Shepparton region for the last three years. I am the team manager for the intensive care sedan based in this region. We cover a fairly extensive area, from Cobram down to Nagambie, Benalla across to Moama, so we get involved in a lot of medical presentations. The team I work for is normally presented with the high-end acuity medical, so the general assaults and stuff we normally do not get directly involved in. The workload here in Shepparton is pretty extensive, so hopefully I will be able to give enough evidence today to support my comments. That is probably about it, I think.

The CHAIR — Okay. Thanks, Michael. Can I just open by saying yes, we have heard a lot of evidence today, and we have heard about the increasing prevalence of use of crystal meth in this region. I suppose from your perspective, what are you finding on the front line in relation to callouts to specific crystal meth cases where people require treatment? Do you have any data or statistics to tell us?

Mr WHELAN — Yes, I review every intensive care case sheet in the district. Over the last four months we have had three incidents of complex cases involving methamphetamine, primarily due to a combination of drug overdoses involving meth as one of them. We have had two aggressive cases where they have required sedation in the past four months here in Goulburn Valley, so it is certainly an increase in incidents. I have data going back three years, and over the preceding data there has been none of that that has been documented in the Goulburn Valley. So it is certainly an increase, although it is not dramatic or a case that you see once a week; it is really looking at once-a-month type presentations for us.

Mr SOUTHWICK — Just on that, you said three presentations?

Mr WHELAN — Three presentations of complex medical patients with drug overdoses with methamphetamine being involved. And then two violent cases, where they required — —

Mr SOUTHWICK — Two additional?

Mr WHELAN — Yes, two in addition.

Mr SOUTHWICK — Five in total.

Mr WHELAN — Five in total.

Mr SOUTHWICK — Right.

The CHAIR — Do you require to call the police when attending those more violent cases?

Mr WHELAN — Any case that has perceived violence is a recommend for police. We are finding that the police do not come unless there is an actual violent case. So we can request, but at the moment paramedics are attending quite often without police support.

Mr SOUTHWICK — Just on those cases, how did you know that methamphetamine was the problem?

Mr WHELAN — It was identified at the time by people surrounding them, or in follow-up at the hospital later on.

Mr SOUTHWICK — So confessions or somebody has — —

Mr WHELAN — Yes, people are fairly open with discussing why we are here today. They know that we are not there to cause any trouble or any problem for them; we just need to know what we are going to have to manage and the consequences of those drugs that have been taken. So methamphetamine in itself is quite often identified as one of the drugs being used, specifically ice. The three cases all involved methamphetamine being smoked — as the ingestion method.

Mr SOUTHWICK — If we extend on from that, can you just give us a little bit more background as to where the person might be conducting this? Is it at home? Is it at a party? And can you provide the demographic profile of the individuals concerned?

Mr WHELAN — There is no real demographic. If you are looking at an age group, it is probably in the 20 to 40 age group, and the ones that I have examples of are all male — there are no females as a sex. The socioeconomic demographic is widespread, and locations are spread. So they are within our response radius: one was in Kyabram, one was in Cobram and one was local, in Shepparton. So there is no real common denominator — —

Mr SOUTHWICK — In people's homes?

Mr WHELAN — One was in a vehicle, one was at a party and one was at a friend's house or accommodation.

Mr SOUTHWICK — Thank you.

Mr CARROLL — I was going to ask, Michael, about the symptoms that they are exhibiting. So you get the phone call from someone who was there with them. Is it like a fever or are there signs of aggression — that they have become irrational?

Mr WHELAN — Yes.

Mr CARROLL — What has been the trigger to then call an ambulance to the house?

Mr WHELAN — The vital one is the uncontrollable violence — that they cannot control them. The consequence of taking methamphetamine is increasing how your body functions and the rate it functions at, so it produces an extreme temperature. The other ones we are getting are becoming unconscious and non-responsive; that is what we get. That is normally a combination of other drugs being involved as well, so prescription drugs and alcohol.

The CHAIR — Can you tell me what sort of treatment you give to those patients who are presented to you when you discover that they are using crystal meth? And what happens to them once you see them?

Mr WHELAN — Initially, if it is the violence or the aggression or the agitation is up, we use a verbal de-escalation strategy — so a calming response, trying to elicit some modification in their behaviour. If we are unable to do that or violence escalates, then we use a chemical sedation. Our chemical sedation is midazolam; we give that as a intramuscular, intravenous injection. What that does is it blunts the effect of the methamphetamine, so that if they are agitated, they can be quite calm and become cooperative to the point where they are falling asleep.

The other side of it is that when they are unconscious and non— responsive these patients do not have control of their breathing or their airway, so they cannot cough and clear their throat. Anything that they vomit, breathe or have in their mouth will go into their lungs; they require an advanced airway procedure. We use drugs to sedate and paralyse them to place a breathing tube in and take control of the airway. It is a fairly labour-intensive and risky procedure to do in field, and it has ongoing health costs by presenting that type of patient to hospital with managing somebody who has to be on a ventilator for a period of time.

The CHAIR — What happens after that, though? I mean, do they go hospital?

Mr WHELAN — They are all transported. Everyone we intervene on is transported to hospital. The ones who require advanced medical intervention would spend probably days at hospital. Some of the aggression cases would be until the drug starts to wear off and their behaviour becomes acceptable or manageable. Once the drugs are out of their system if they do not have any underlying psychological components, then they normally discharged and sent back into the community.

Mr SOUTHWICK — In those instances, with those reports, what would they have been called out for?

Mr WHELAN — In the one in Kyabram, the guy had become unconscious in his vehicle and had a small RTA in the main street of Kyabram. The one at Cobram was an aggressive patient who has become unconscious. In the local one here a friend was talking to him and then all of a sudden he became non-responsive. The violent ones who have been involved in the two cases of violence have both been young males who have become aggressive and uncontrollable, and their friends were concerned. That is how we have been involved.

The CHAIR — I suppose we are a little bit confused in that we have spent nearly the whole day hearing about the impact and prevalence of crystal meth, but you are basically telling us that you have only attended five, was it?

Mr WHELAN — Five in total.

The CHAIR — Five, which is an insignificant increase from a percentage point of view — —

Mr WHELAN — It is a pretty small percentage overall, but comparative to the previous years, it is increasing. In a lot of this stuff where prehospital care gets involved there are actual injuries or medical things that people are concerned about. The aggressive male who we do not get to see, who has had his methamphetamine and has been out drinking, may not be managed by us in a prehospital setting — —

The CHAIR — Yes, I understand that. I was going to get to that.

Mr WHELAN — Sorry.

The CHAIR — Just because you are not seeing them does not mean — —

Mr WHELAN — it is not there. Yes, and that is certainly one of the things. If we do not get called, we do not get to have that data or have that understanding of it.

The CHAIR — Any other questions? Is there anything else you would like to say?

Mr WHELAN — Methamphetamine is certainly an increasing problem, but it is the combination of alcohol and prescription medications, certainly for us, that involve a lot of

prehospital presentations. Methamphetamine is only a small part of the drug effect that we see, but prescription medications and alcohol are probably our two big ones that we see more often. The abuse of prescription medications makes it quite difficult. It makes our workload much greater, and a substantial percentage of our presentations would be overdosing on prescription medication.

The CHAIR — Do you have a view about that? We have been doing some work and listening to evidence regarding dealers and those users obtaining legal pharmaceuticals over the counter, yet there appears not to be a national data collection in relation to who is buying and what amounts.

Mr WHELAN — Most of the people we see in this presentation, their name is actually on the packet so they have been to a medical officer who has prescribed for a psychological condition, normally depression — antidepressants is what we see a lot — or sleeping tablets. That is what we get to see utilised a lot in our drug-related problems for prehospital.

Mr CARROLL — They are getting them legally with their own prescription — —

Mr WHELAN — and taking in excess of what are recommended doses.

Mr CARROLL — In excess of the recommendation.

Mr WHELAN — Yes. It is very hard to manage that.

Mr CARROLL — Yes.

Mr WHELAN — They have been diagnosed with a problem that indicates the drugs that they are meant to have, so it makes it really difficult. But that is by far our greater proportion of drug presentations.

The CHAIR — Thank you very much, Mr Whelan, for your comments.

Mr WHELAN — You are welcome.

The CHAIR — Have you made some notes on just — —

Mr WHELAN — I really just went through the questions that I was provided with — not really notes for our discussion today, besides the revision I had done this morning before coming.

The CHAIR — I was just going to give you the opportunity to table if you had any notes.

Mr WHELAN — No, I did not make any notes. The last question is about the recommendations to the committee. I have been involved with GV Passports for alcohol use in the year 10 age group at schools. That has been quite a good education program. As we move on, education will probably be the main focus of trying to change how methamphetamines are being seen or used. The kids with the GV Passports and alcohol, it has made a big difference and they have a better understanding of the consequences of doing that type of thing.

Mr SOUTHWICK — How does that work?

Mr WHELAN — GV Passports are a program where all of the services — police, fire, ambulance, youth psychosis, the hospital nurses — are involved in an education day for year 10 students. It is supported by one of the local liquor licensed venues, and they provide training on what happens if you have an excessive amount of alcohol and the consequences of those processes. It is good. It gets people aware, especially at a young age, getting into that 17, 18 years age group, about what could happen if they consume excess alcohol. I think there are some good programs out there already which could be extended to something like this.

The CHAIR — That is something we probably need to work out, because we have heard evidence here that in fact drug education is not providing the sort of deterrent that they would expect. Yet we have heard other evidence that early intervention, even at year 7, is, from a timing point of view, probably the most valuable to get the message. We have some conflicting views about the merits of drug education in schools, which we have to explore ourselves.

Mr WHELAN — Yes. That is one of the programs that I have been involved in. That was interesting last year.

The CHAIR — Thank you very much.

Mr WHELAN — You are welcome. Thanks for having me here.

Witness withdrew.