

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

Traralgon — 28 January 2014

Members

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Witnesses

Superintendent Jock Menzel, Divisional Commander, Division 5, Eastern Region,
Victoria Police.

Detective Senior Sergeant Chris Pegg, Divisional Crime Adviser, Division 6, Eastern
Region, Victoria Police.

The CHAIR—I will officially open the public hearing here in Traralgon at the Law Reform, Drugs and Crime Prevention Joint Parliamentary Committee.

I welcome the public attending here and also welcome our first two witnesses this morning, Superintendent Jock Menzel and Detective Senior Sergeant Chris Pegg. Thank you both very much for your time this morning. My name is Simon Ramsay. I chair this committee and I am also a state upper house member for Western Victoria.

We have allotted from 9.15 to 10 o'clock this morning. I understand, Superintendent Menzel, you will be leading the first presentation to the committee, and Detective Senior Sergeant Chris Pegg will make some additional comments. Is that how you wish to proceed?

Supt MENZEL—I think mostly I can answer for Chris in the short term but if there is anything that has to be expanded on, Chris could have more local knowledge of that particular area.

The CHAIR—I will read to you the conditions under which you are presenting to this committee this morning. So 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, 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?

Supt MENZEL—Yes.

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. I now invite you to make your oral submission. Thank you.

Supt MENZEL—Thank you very much. Good morning, everyone. Superintendent Jock Menzel is my name and I am the divisional commander of Eastern Police Region Division 5, which takes in the local government areas of Baw Baw, Bass Coast, South Gippsland and the city of Latrobe. I have been in the position for approximately six months and I am here this morning, and I do thank you for the invitation and the opportunity to appear before you and provide an overview of the issues relating to methamphetamine in my division, particularly ice. I do thank you for that. What I propose to do is to read an overview of the situation in my division as it stands and just paint a bit of a picture as to the situation with methamphetamine.

In the five years to December 2013, possess and use methamphetamine offences in my division—that is Eastern Police Region Division 5—have seen a significant increase, and while the figures are not definitive confirmation of an escalation in ice use across the division, they do indicate a significant increase in the quantity of methamphetamine being detected by police. These figures are in line with statewide trends in relation to possess and use methamphetamine offences and it confirms that Eastern Region Division 5 is representative of the larger methamphetamine issue being experienced across the state.

Key factors driving the increased popularity of methamphetamine include the flexibility of use, the immediacy of effect, relative value for money, and increased availability. In particular, smoking crystal methamphetamine appears to be more socially acceptable, which may be attributed to the fact that it is often associated with social situations where it is shared amongst friends. Recent inquiries with local young persons indicate reasons for using ice—and I will call it 'ice' from this point onwards—include that it is cheaper than alcohol, it does not result in a bad hangover, it can prevent weight gain and it is readily accessible.

As far as the use of other drugs, in particular alcohol and cannabis, is concerned in my division, alcohol and cannabis are relatively cheap, readily accessible and are generally seen as entry-level drugs. They are perceived as being not as harmful as hard drugs such as heroin and amphetamines and potentially not as addictive, and of course the punishment for being found in possession of and/or using cannabis and for being drunk is generally believed to be less than for hard drugs. Drugs that require injecting, such as heroin, tend to be less socially acceptable than a drug that can be swallowed or smoked.

The demographic of ice use over the past five years is supported by findings that during the years from 2009 to 2013 offenders charged with possess and use ice ranged in age between 15 and 60 years old. The predominant age range of offenders in this particular division is 22 to 30 years old, with secondary spikes around the 18- to 20- and 33- to 36-year-old bracket. The 18- to 20-year-olds are likely to be in environments where ice availability is more prevalent, such as licensed premises and friendship groups. It is likely that the 22- to 30-year-old age group are employed and have the disposable income to support an ice habit.

Our examination shows that it is almost certain that males are offending at a greater rate than females across this division and that a significant percentage of offenders are in fact male, so from these figures it would appear that ice is a more popular drug for males, but these figures only take into account the number of offenders processed and it may well be that the offending rate amongst females is higher than the processed figures show, but they may not be coming to our attention as often.

Some sampling was done across the division in relation to age groups to see if there were any particular trends amongst those offenders and one noticeable point was that a fair percentage of that sample group comprised unemployed people, and anecdotal evidence suggests users are able to maintain employment until their usage becomes more frequent and then maintaining employment becomes very difficult.

The problems and challenges in this particular division in relation to ice: public order issues relating to ice and alcohol in and around licensed premises is highly likely to be a continuing issue for police. The euphoric effects of ice, making the user feel powerful and superior, combined with uninhibited, alcohol-affected patrons, create a volatile environment and the likelihood of serious assaults is high, posing a significant risk to the community and police. As the use of ice increases, again it is highly likely that incidences of persons driving under the influence of the drug will increase.

There is also an issue in relation to people held in custody while under the effects of ice, or actually coming down, as we call it, from the effects of ice, because they pose a risk to themselves and police, and while they are actually coming down they need to be kept separate from the general prisoner population as their behaviour can be erratic and they can scare and injure other prisoners, which reduces capacity in police cells, and of course the opposite reaction can also occur, where the person just wants to be left alone. So, due to the unpredictable nature of the effects of the drug on people in custody, assaults against police are a real risk.

In relation to police and ice and induced psychosis events in relation to mental health patient transfers, in this particular division, mental health patient transfers have tripled over the past three years, and that is in line with the increased detection of ice by police and the prevalence in society in general. Generally, ice-induced psychosis events require police attendance due to an aggressive hallucination response to taking ice, which requires medical attention, and again this presents a risk of assault and serious injury to family and friends of the user, as well as any attending police or medical personnel.

As far as the impacts of ice and crime within this particular division, we have got a significant issue with family violence. I must say that we have been particularly proactive in relation to it and we are making inroads, particularly dealing with recidivist offenders, but it is highly likely that the use of ice will be a factor in domestic violence, because when police attend these particular incidents, on many occasions the offender is under the influence of a drug, which in some cases has been ice.

It is also highly likely that the use of ice will be a driver of property crime because it stands to reason that, as people become more addicted to it, it is likely to affect their functioning in society, possibly resulting in the loss of employment or the ability to gain employment and this is likely to drive opportunistic theft such as theft from motor vehicles and burglary to supplement an income to pay for the next hit of ice.

Any links between ice use and mental illness, the challenges for police: as I have said, there has been certainly a significant increase in mental health patient disorder transfers and they do present a risk to police members and assisting services, such as ambulance and CAT teams, as well as the affected person.

In relation to the use of ice and polydrug use, anecdotal evidence from police members suggest that it is common that offenders, for example, charged with drunk offences are also drug affected. Also, in some case offenders have been charged with polydrug use in relation to using ice as well as using other drugs, and polydrug use, as we know, increases the risk of health and psychological problems. When two drugs of the same type are used together, it can strengthen the effect on the body. Polydrug use also causes challenges for police while affected persons are held in custody.

In relation to community engagement and how we work in partnership with other organisations, we do that in this particular division in a significant way through working in liquor accords, working with the Department of Justice, the South West Gippsland justice reference group and through community forums.

The Latrobe Police Service Area, which is headquartered at Morwell, is currently in discussions with Latrobe Regional Hospital in relation to establishing a police, ambulance and crisis assessment team early response car, and the acronym there is PACER. This initiative would see a police member and a mental health clinician teamed up on afternoon shifts, providing support to general duties members who attend incidents involving persons exhibiting mental illness.

Of course, the extension of that is, are they actually using methamphetamine—that is, ice. A PACER team would attend these incidents as a secondary unit and make on-the-spot assessments and, if it were deemed relevant, the attending operational police could be released to deal with other issues. That is in an embryonic stage at this point in time. Discussion is taking place, and hopefully we will see that innovation actually come to fruition.

I can honestly say that we have had two public forums in my division in the last few months in relation to ice and the problems, and there was an exceptional attendance at both of these. The first one was in Warragul on 11 September last year and the second one was at Traralgon on 28 October last year. There was a minimum attendance of 250 to 300 members of the public. I actually attended the Traralgon one, and it was a packed house.

The event itinerary for these two events included legal practitioners. There was a senior magistrate, Mr Clive Alsop. He attended both and gave his perspective on the issues with ice and people presenting before him. I believe at the Warragul event there was a reformed ice user, as well as other people with some relevant connection to ice use. These forums were, as I say, well attended. It is really all about the education component and making people aware of just what the problem is.

Finally, in relation to future directions for us, the detection of ice in my division is increasing. Police have identified a marked increase in the availability and use of ice within the local community and, as I have already said, they have stated that it is common for drunk offenders to also be drug affected. We are not saying it is a crisis at this point in time, because I believe that is an arbitrary term and the last thing I want to do is actually cause panic in the community. That is not my job.

It is fair to say that the increased prevalence of ice in this division is presenting issues for numerous agencies. Police in particular are more exposed to the more volatile effects of the drug and the resulting assaults, mental health issues and damage within the community. It is certainly an issue of concern that requires a multi-agency approach to address this community harm. Thank you very much.

The CHAIR—Thank you. Senior Sergeant Pegg.

Det. Snr Sgt PEGG—I am Detective Senior Sergeant Chris Pegg and I am the crime adviser for division 6. East Gippsland and Wellington are the PSAs that I cover. I have been down there for approximately three months. Prior to that I was a senior sergeant at uniform stations in division 5, which were Moe and Morwell stations. I have had extensive detective experience as well, so I probably come more from an investigative background.

My opinion on what is occurring up in division 6 is very similar to what Superintendent Menzel has just described. There is not a lot of difference. There is of course some variance, in that there are more nightclubs down here which could lead to more exposure to the drug ice, but generally I would have to say that I concur with everything that the superintendent has said. There is not a lot of difference in our problem. Probably the biggest issue up there is the geography. The distance is far greater and, when we are trying to deal with the ice problems, the tyranny of distance can have an impact on us investigatively.

To give you a sample of what my detectives have told me in recent times, and they asked me to mention, in relation to the ice issue in Wellington, for instance, they have recently charged 10 offenders for burglary. They are recidivist burglars. They are the ones who are out doing it repeatedly, and nine out of 10 of those stated to the police that they were doing the burglaries for the support of their ice habit. That just gives you a small snapshot there, and I do not think it would be a lot different down in division 5.

Another common thing is polydrug use. The detective sergeant said to me this morning, 'You don't find ice without cannabis.' That was his opinion. I will not take up too much more of your time, because I really think I would just be going over what Superintendent Menzel said, so that is it from the division 6 point of view.

The CHAIR—Thank you. Before I open up to the committee, can I ask you, Superintendent Menzel, if you are happy to provide the notes that you have just read to the committee.

Supt MENZEL—Yes, I can do that. Can I do it a bit later? Is that okay?

The CHAIR—Yes.

Supt MENZEL—I just have to do some modification, that is all, but I am happy to do that, absolutely.

The CHAIR—Thank you. On radio this morning I was asked what this committee could do. Given we have had a number of regional meetings—we have had a lot of public hearings in Melbourne—we are starting to get a feel of what is happening out there in relation to use, some of the ramifications and some of the trafficking issues with organised crime and bkie clubs—and we will talk about that later, I think—but what could this committee actually recommend to parliament to stop this insidious scourge within our community in relation to the use of ice and its effects on families and the local community, which we are seeing in regional Victoria perhaps more so than we are seeing with other drugs?

Perhaps during the question time you might keep in the back of your mind that we are actually looking for recommendations to parliament, when we table this report in August, of what we can effect in change, whether it be in people's behaviour or in some of the licensing arrangements or in fact new legislation that might create new roadblocks to ready access, manufacture, supply and distribution. So those are the sorts of things we are searching for, because we are now becoming aware of impacts and the problem. Now we need to get down to the nuts and bolts and what do we do about it. I will ask the deputy chair to lead the questions, but if you could just perhaps keep that in mind as you are responding to different questions.

Supt MENZEL—Okay.

The CHAIR—Thank you.

Mr SCHEFFER—I think you covered the matters that we wanted you to raise very comprehensively. You mentioned, Superintendent Menzel, in passing through that it was highly likely that, in cases of domestic violence and burglary, that would be associated with ice and, Detective Senior Sergeant Chris Pegg, you picked it up in relation to the statistics on burglary when you said nine out of 10. I wonder whether you could make a comment on the relationship between ice and domestic violence.

Supt MENZEL—Yes. Unfortunately, I do not have the actual data here. When we capture data about ice users and their relationship with crime, there is probably a void there, particularly with mental health issues from someone who is actually transported to hospital under section 10 of the Mental Health Act and our involvement then is finished. We do not necessarily follow up to find out if the person was using ice.

So we have a bit of a void there, and it is the same with family violence to a degree, but we are actually working on that at the moment to try and improve our recording as to getting more intelligence about the demographic of users and the category of offences. In relation to family violence, there is no doubt that a lot of incidents involve the offender having a psychotic episode or having an act of violence and being totally uncontrollable, and on a number of occasions it is drug-induced.

That is probably more anecdotal, but I can find out more detail in relation to that because, as I say, in this particular division, particularly in Latrobe, we have a significant amount of family violence and it is really important that, whatever the causes are, we can actually address them and try and reduce that recidivism. That is probably a long answer, but I do not have the exact data.

Mr SCHEFFER—No, that is fine, just to give it a further twist without putting words in your mouth. In relation to the connection between alcohol and domestic violence as a circumstance, how would that sit with ice? Just a gut reaction, I guess.

Supt MENZEL—Alcohol is a denominator in just about all of the matters. It has definitely been the underlying cause for a long time. Ice has become an additional factor. As I said, it is cheap, it is available and it causes euphoria. Those are real assets to the people who want to use it. Alcohol and drug use are definitely real denominators in family violence.

Mr SCHEFFER—Just finally, in relation to the chair's request for possible recommendations we could put to parliament, maybe data collection might be one of the things you could think about for us.

Supt MENZEL—Absolutely. That gives us a foundation to look at what the treatments are going to do. It is not ineffective as it is, but it is like a lot of things; it could be better.

Mr SCHEFFER—Absolutely. Thank you.

Det. Snr Sgt PEGG—Just on that, we can drug test a driver, just pull them over and give them a drug test but, as Mr Menzel said, we can pull in someone for family violence, we can obviously tell when they are drunk, and we can give evidence to say this person is affected by alcohol and it is accepted by any court, but we cannot do that with ice. If we pull in someone for a family violence incident perhaps we need to be doing the mouth swabs with them as well. Maybe we need legislation there and then we can get data. Maybe there is legislation stuff that I have not thought of on the spur of the moment but, again, we do not know, when we deal with any offenders, whether they are actually—because if we do not follow up with testing and we do not get the data, we cannot follow that up. We can assume that a person is obviously high on ice or whatever but we do not know for sure.

Mr SCHEFFER—They would tell you, wouldn't they, sometimes?

Det. Snr Sgt PEGG—They will tell us or their wife might tell us, 'He's got an ice habit,' or whatever, but we do not know for sure.

Mr SCHEFFER—Sure. Thank you.

Det. Snr Sgt PEGG—We can suspect but that is it.

Mr McCURDY—I am interested to know if you envisage changing policing policies because of the ice situation. Obviously the violence is escalating, so do you envisage you will need to change your personnel teams too because of ice? Is it the PACER team you spoke about? I would like a bit more information on that.

Supt MENZEL—I will provide that for you. I can get some more data on that, more information or background. Our training at the moment includes dealing with people who are mentally ill, dealing with psychosis, and of course the underlying cause of psychoses can be many. The training for our front-line members is very good in that regard, particularly in this area. We deal with the mentally ill so often that our members are pretty well versed and know what to do. I do not think we would change our approach because, like all of these situations, you have to put safety first for the person, the attending police and the community. I do not think we would change our training in regards to that.

The thing with ice, too, is there is no doubt that the media have picked it up at times and it may well be that the drug involved was not ice. It gets sensationalised and, as I say, the last thing I want to do is cause alarm and panic in the community. We deal in real issues and facts and we try to address them, which you can do, as opposed to things that are intangible.

So in answer to your question, I do not think we would change our approach or our training but certainly situational awareness is important, so the more information we get we would circulate to our membership to make sure they are aware of trends with some of the actions of offenders and users, so they know what is going on.

Mr SOUTHWICK—Thank you, gentlemen, for your presentation. I have two questions. The first one is back in October there was an article that was published regarding the ice issues amongst sporting clubs, football clubs in particular.

Supt MENZEL—Yes.

Mr SOUTHWICK—There was a call from a Warragul police officer who suggested drug testing should be implemented throughout the local leagues because it was a problem. Is it as prevalent now, and could you give us a bit more information about that?

Supt MENZEL—Personally I cannot. I do not have any information here that I can refer to. If I said something it would probably be ill informed. There is nothing that has been provided to me from our intelligence assessment in relation to this that tells me that it is a problem. I am not saying it is not but I have nothing at the moment that would tell me it is. The local police member there may well have some more intimate knowledge of it. Drug testing in sport is probably a whole different issue. How you would apply that in a legal sense, in an enforcement sense et cetera, is really very complex. I cannot give you any information about what is happening in our sporting clubs in relation to ice, but I suppose we can make a lot of assumptions here and say it has probably permeated. The fact that young people are involved—you do not want to taint them all but it has probably permeated in that arena as well.

Mr SOUTHWICK—The second question is more in regards to if you look back over the years, the popular drugs that have emerged are heroin and cocaine. I note your history, Detective Senior Pegg, in regards to drug detective work in heroin and amphetamines 20-odd years ago. If you look at the history of all of this, what is different about the issues we have right now, compared to what we have had over the period? Is there something that we need to address that is quite different to what we have had? Or would you say that ice is just another one of those that will flow on to something else and once we deal with this there will just be another problem?

Det. Snr Sgt PEGG—The biggest issue is the culture with ice. Heroin was always seen as a dirty, dark, dangerous, 'don't go there' drug that was used by people who were fairly down and out, desperate, unemployed, did the burglaries to support the habit and did not get a lot of support from the community. It was just not accepted by their peers. Heroin use was something you were ashamed of, whereas ice has got a different culture in that it appears—but I do not have the

evidence in front of me—that it is more acceptable, as Superintendent Menzel said earlier. In a night club they use it because it is seen as a more trendy drug. Even the name 'ice' is better than 'heroin'. It does not create the same image. Ice seems sort of cleaner, more jazzier. People are willing to use it in night clubs.

We all know about celebrated footballers being on the front page of papers, having used ice and yet still being heroes and cult-worshipped and all that sort of thing. I think people these days do not see the use of ice with nearly the same frame of mind as they see heroin. Probably the other thing in relation to the ice is the accessibility and availability. When I first came down here 20 years ago, heroin addicts got their money, whether it was by foul means or their unemployment benefits, and they would get on a train and go to Dandenong. That was what they did to get it. There was not a lot of heroin trafficking down here.

As far as amphetamine and ice goes, it is freely available. It can be produced down here. They do not have to get on a train and go to Melbourne. They do not have to inject if they do not want to. It is just seen totally differently and it seems more acceptable to even what we call 'cleanskins', people who do not come under police attention. That seems to be my impression of it.

Supt MENZEL—I think it is the acceptability of it all. Generations will say that alcohol kills more people than drugs and to take ecstasy or ice is acceptable to them. I suppose when you look at it in reality, you can have your first drink and it probably is not going to kill you; but you have your first ecstasy tablet or your first taste of ice and who knows? They do not quite understand that because they just see alcohol as a major problem. It is a problem, I do not disagree, but they see it as, 'No, ice is clean and I'll be in control of this. There's no intravenous component to it, so it's all nice and easy to take.' That is probably one of the frightening parts of it. I am not speaking from experience but it is so easy to use and just so acceptable. You think people's judgement is way off kilter there. It is so easy to use and it is just so acceptable. You just think people's judgement really is way off kilter there.

Mr CARROLL—Thanks, Jock and Chris, for your presentation. I was also going to ask whether or not you saw the article that appeared in the *Good Weekend* about October-November last year by Benjamin Law, where he discussed that the town of Neerim was basically targeted. Although it had a population of less than 1,500 it was targeted because it had a high unemployment rate and a high number of tradies. I do not know if you saw the article.

Supt MENZEL—I have got a copy.

Mr CARROLL—You have got a copy.

Supt MENZEL—I do.

Mr CARROLL—Good. Any thoughts on that, that a town like Neerim, where I think the average wage was fairly low, was almost seen as vulnerable and a target market because of the high number of tradies that it had and the high number of people unemployed?

Supt MENZEL—I can say to you that the analysis and research I have commissioned does not support that at all. I did read the article and when you read it, it is quite confronting, but I can tell you now that the analysis that I have had commissioned does not support that at all. Actually, I think it is Neerim South. It does not present as an issue there. I know there is privilege in relation to sources, but I would be very interested to know more about that and if there was something that we could act on, but certainly at this point in time the evidence does not point to that at all.

Mr CARROLL—Okay. Do you believe that it is being made more locally as opposed to coming from Melbourne?

Supt MENZEL—For me, in the short term it is difficult to say. I think again we can assume and say that there would be certainly a connection with Melbourne, because when you look at our geographical location here, well serviced by road and rail, it is not that far to travel really if you have to. **Mr CARROLL**—Sure.

Supt MENZEL—Certainly there would be a Melbourne connection, I would say.

Mr CARROLL—Could be combination.

Supt MENZEL—Could be a combination, yes.

The CHAIR—Can I just pose a couple of questions and refer back to the committee. Do you think there is a need to actually have someone start collecting data in relation to presentations to triage? I understand from what has been told to us that there does not appear to be any, at the moment, separation between presentations of those who are on methamphetamine or something else, so if it classified as a self-assessment drug or it is alcohol or something else, and there is no data that I understand has been collected to separate the effects of people being presented to triage that are on certain drugs. I am just wondering if that might be useful down the track, looking at trying to collect that data, or have hospitals in fact reassess the way they assess presentations to triage. That is one question.

You talked about the cheapness of the drug, crystal meth in particular, and I sort of questioned that because my understanding from what we have heard is that it could be anywhere between \$50 to \$100 per gram, depending on the purity. If we assume that there are those that are socially disadvantaged, unemployed or have low self-esteem that are the largest users of that group, how will they be able to afford it? I do not see that as cheap, because I am told some people use up to 500 grams a day. Simple maths will tell you that is quite an expensive habit, so obviously it is a pathway to crime, and to my mind it is not cheap. It might be cheaper than other drugs but, certainly for those traditional users, quite expensive. The third one—I am sorry to bombard you.

Supt MENZEL—No, that is okay.

The CHAIR—Particularly now with some of the press talking about—I am not going to use the word 'king hit'. We use 'coward hit'. That seems to be a more popular brand. Is there an assessment done in relation to those activities? While they talk about alcohol-fuelled violence, in fact it might well be drug-fuelled violence and it may well be methamphetamine-fuelled violence. Perhaps it is slipping under the guard of what has been branded traditionally as alcohol. Could you just make some comments on those three things.

Supt MENZEL—Yes, that is a possibility, there is no doubt. The triage process: would getting that information of someone's medical condition infringe on any privacy issues? I do not know. I would have to raise that, because obviously, as you know, there are privacy restrictions in relation to someone's health records et cetera, but if that could be done and it is for a legitimate purpose with a good intention, then I think that would help us, because again you can state that you hear that a person is on ice, but, as Chris said earlier, unless you actually have that medical evaluation or assessment, all it is is a statement that they are on ice and, unless there are other circumstances that would indicate that they are, that is probably a statistic that you are not going to gather. I think it is important. That would certainly assist in the long term as to how prevalent it is. I do not think there is any argument it is prevalent, but this would probably give us a much more accurate picture.

Certainly with the coward punch, as you call it—again, alcohol-fuelled violence—yes, I agree it may well be alcohol and drug use that fuels the violence and it may well just be drug use, because again there is ample evidence to say that people under the influence of ice and methamphetamine are very unpredictable, particularly when they are coming off the drug. Again, it all gets down to the accuracy of the information about what was the actual cause of the particular incident, the assault, and getting that information is really vital so that we actually know what we are dealing with. What was your second point?

The CHAIR—It was just that we talked about the cost of the drug.

Supt MENZEL—The cost, yes. I think we have probably just categorised that and said it is fairly cheap because it is between \$50 and \$100, whatever the actual street price is, but I suppose it depends on people's priorities too, because the unemployed will draw some sustenance from somewhere and I suppose it depends how they use it, but again you have got that linkage to crime,

people shoplifting, people stealing to order, just to get money to buy drugs. That is not segregated. Unemployed people do that, people that are employed do that, and of course the denominator there is that if you have got a drug habit you will do what you can to source the funding. Maybe we should not have said it was cheap, but I suppose in today's world it probably is cheapish. I suppose I can use that term.

Det. Snr Sgt PEGG—If I could just expand on that, the ice users are not all necessarily the lower sociodemographic type person. As we have touched on, tradies have been mentioned, and nightclubs. It is \$50 to \$100 a point, which is .1 of a gram. If they go into a nightclub, they could easily rack up a drink bill of well over \$50, and some people, as has been mentioned earlier, see that if they use the same value of ice, they have an effect on the night and they even get the benefit of losing weight that has been mentioned. It is just seen as a cleaner and less detectable type thing than paying \$10 for a drink in a nightclub, so I think in that context it could be seen as a cheap night out to go to a nightclub and have a point of speed or amphet.

The CHAIR—Thank you. Are there any other questions from the committee?

Mr SCHEFFER—Yes. Detective Senior Sergeant Pegg, if I could just ask you to indicate to the committee whether there are any changes that could be made in the analysis of drugs or communications.

Det. Snr Sgt PEGG—Just to reaffirm what I said, the tyranny of distance affects our investigations greatly and our ability to get results in a timely fashion. It impacts upon even the desire to take them on. If an investigation can take two or three weeks to get one offender because sometimes you have to wait, is that a good use of resources in time and effort? The fact that we have to take our drugs to Melbourne to get them analysed—our phones, computers, all stuff that we need to investigate drug crime—is timely, it is expensive. It really is a big impediment.

I do not have the answer just yet, but if we had some way we could get these done locally and have it accepted legally as evidence, and use it through the court to get our convictions, that would be a huge advantage and a huge incentive to the detectives to take it on, knowing that, 'Okay, I've got the information this person's dealing drugs. I can go and target him now. I've got his phone,' or whatever, and straightaway they are into it and get a result. It would have a major impact on the investigative side of things the police do.

The CHAIR—Thank you, Detective Pegg. If there are no other questions from the committee I might end this session. Thank you both very much for your time this morning and for speaking with this committee.

Supt MENZEL—Thanks very much.

Det. Snr Sgt PEGG—Thank you.

Supt MENZEL—I will get these notes to you.

The CHAIR—Thank you.

Witnesses withdrew.