

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

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

Warrnambool — 3 March 2014

Members

Mr B. Carroll

Mr T. McCurdy

Mr S. Ramsay

Mr J. Scheffer

Mr D. Southwick

Chair: Mr S. Ramsay

Deputy Chair: Mr J. Scheffer

Staff

Executive Officer: Ms S. Cook

Committee Administrative Officer: Mr J. Elder

Witness

Superintendent D. Downes, Western Region, Division 2, Victoria Police.

The CHAIR—Good morning. We will open the public hearing of the Law Reform, Drugs and Crime Prevention committee inquiry into the supply and use of methamphetamines in Victoria. This public hearing is being held in Warrnambool this morning, and our first witness is Superintendent Don Downes, Western Region, Division 2. Welcome, Don.

Supt DOWNES—Thank you.

The CHAIR—Don, as you know we have been conducting an inquiry now for some months in relation to the supply, distribution and use of methamphetamines in Victoria, crystal meth, particularly, ice. I think Sandy has provided you with some background information in relation to some of the questions we might wish to raise with you.

Supt DOWNES—Yes.

The CHAIR—We have allotted 9.15 to 10 o'clock for this session.

Supt DOWNES—Yes.

The CHAIR—I will read you the conditions under which you are appearing at this hearing this morning to the committee. 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 said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Supt DOWNES—Yes.

The CHAIR—Thank you. 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. Superintendent, I understand the media will be in attendance during the public hearings.

Supt DOWNES—Yes.

The CHAIR—We will look forward to hearing your verbal submission and if you have notes I could perhaps ask straight off if you would be happy to table them at the end to the committee.

Supt DOWNES—Certainly.

The CHAIR—Thank you. Over to you.

Supt DOWNES—I will refer to methamphetamine as ice for the presentation to this inquiry. Ice is the predominant drug present in south-west Victoria. An analysis of information collected from incidents in Camperdown, Hamilton, Portland and Warrnambool indicate that the drug is brought into this area from Melbourne via Geelong and also from South Australia via Mount Gambier. There has been significant harm caused by the drug, particularly ice, in south-west Victoria. There have been multiple overdose incidents in the last three years, including two deaths in one night, and four persons hospitalised on another night. Between July 2012 and July 2013 we received in excess of 250 information reports generated in south-west Victoria that had a drug theme nominated, and since that date in July 2013 we have received a further 150 information reports.

In response to this incidence, or this drug activity, we developed a dedicated drug taskforce in south-west Victoria which has resulted in a significant increase in detection of illicit drug activity and to provide us with the capability of infiltrating and dismantling criminal networks. This taskforce has enabled us to sustain focus on drug activity to reduce crime traffic, family violence and public order offences. In south-west Victoria, the tenants of Warrnambool, Hamilton and Portland are the most frequent for drug use, and also Camperdown to a lesser degree.

Persons under the age of 24 years are primarily over-represented in drug crime statistics. Ratios of drug use and abuse remain constant in this community, as they are in metropolitan areas. The relationship between local users and drug traffickers is intimate due predominantly through that close association with the drug trafficker known to the user. This also leads to an increased level of violence amongst users and drug traffickers to recover low level drug debts. Drug use is dictated by levels of unemployment, social and economic status, costs and availability. It is also driven by relatively low costs and availability of the drug. Previously, ecstasy was seen as a party drug a few years ago and it was taken socially, but this drug has dropped off in use recently due to ice becoming more available and being promoted by drug traffickers.

Western region, south-west Victoria drug traffickers who have been detected did not have any obvious wealth indicators. In the majority of arrests that we have conducted there has been no opportunity to seize assets. There are no areas of crime in south-west Victoria that are not impacted by drugs. There has been an increase in property crime in all areas of south-west Victoria. Offenders steal valuables to exchange or convert for cash for purchase of drugs. We had an example of a tradesperson who was detected trafficking in ice. This person was a successful business operator. He became addicted to use of ice. He has lost all of his business funds, sold his property, racked up considerable debts and lost his family. When we conducted a warrant search on his premises we found a considerable amount of tools had been stolen from his workmates, work colleagues. This person had no previous drug association or criminal history at all.

We have a considerable amount of planned thefts from motor cars, burglaries of businesses and residences, and these are primarily linked to illicit drugs. Aggravated burglary is also on the increase, committed when persons are at home or in their premises, and this has increased. Quite often we refer to them as run-throughs where drug debts are owed and offenders will run through a premises to recover the debt or seek drugs that are unused or steal property to pay for the outstanding debt. There is an increase in person crime, particularly serious crime. It is also driven by illicit drug use. Extreme violence is being used to recover low level drug debt. The violence that is perpetrated by the offenders on the victims is extreme. It is completely out of proportion to the recovery of the debt.

Drug and alcohol are linked to 63 per cent of all non family violence assaults. This division is recording an increase in this category of assaults which is against the region and the state average. The most common location of assaults is recorded as private premises which is a 52 per cent increase and is a shift away from assaults which principally occurred at licensed premises. The increased level of family violence is linked significantly to alcohol and drug abuse. The escalation of violence in family homes is often attributed to the use of ice with many victims reporting severe and extreme violence, and the damage perpetrated by the person using or coming down from the use of ice.

The Men's Referral Service have reported a rise to us in the last 18 months of the association between ice and significant family violence. Women's Referral Service has also reported to us similar incidents but only in the last 12 months. We have developed a dedicated family violence unit commenced in the last few years in south-west Victoria which has reported some premises being completely bare of all goods when they take out a warrant or arrest the perpetrator for family violence, and the assets are normally sold by the perpetrator to fund their drug use.

There has been significant incidence of extreme violence perpetrated by the offenders against the victims, including choking, and significant damage to household goods, and many instances of unrealistic self-harm to the offender where they inflict wounds upon themselves. Road trauma has also links to ice. We have had a fatal collision late last year, a head-on collision, where the offending driver was detected disposing of drugs nearby to the collision. Dangerous driving and road rage has been experienced in south-west Victoria: one incidence of a police vehicle attempting to intercept a motor car being rammed by the offending driver who was later arrested and charged with drug trafficking.

The CHAIR—Thank you, Superintendent. Can I pose a quick question to you before I invite Mr Scheffer and Mr Southwick. Thank you for providing some background in relation to the impact of crystal meth in this region, but as far as what the committee can do in relation to tabling this report and recommendations back to the parliament, what areas do you see the committee needs to concentrate on to arrest the increase in prevalence in the use of crystal meth in this south-west region?

Supt DOWNES—Probably to arrest the supply of drugs into south-west Victoria and to arrest the incidence of crime associated with the use and trafficking of drugs, methamphetamine. In regards to strategies or tactics we have submitted a position paper which has indicated what our thoughts are in regards to strategies and tactics. Are you asking for something locally?

The CHAIR—Perhaps as a bit of a guide there has been some discussion around penalties in relation to offences. There has been some discussion around increasing some of the judiciary penalties giving wider powers to police in relation to—particularly for chem labs. I am trying to get a feel from yourself about what recommendations you would see fit to help you, as a member of Victoria Police.

Supt DOWNES—In this area we have not had of recent times a detection of clandestine laboratories for manufacture of the drug, but we have conducted operations with South Australia where drugs have come across the border, and in South Australia's legislation they can declare certain roads to be drug transit routes which gives an increased power to search vehicles travelling on those drug transit routes between certain days and certain times. That improves our ability to search a vehicle without previous reasonable grounds. That could be something to consider, legislation in South Australia, whether it was applicable here.

The CHAIR—Thank you. Mr Scheffer.

Mr SCHEFFER—As we have gone around Victoria we have had various witnesses giving a variation of accounts on the intensity of the ice issue. Some describe it as an epidemic, and some witnesses have told us, 'Yes, it is clearly an issue for any individuals involved but to call it an epidemic would be an exaggeration.' We have also been aware that there has been an avalanche of news stories around it, including the local papers here. Can I ask you, do you see this an epidemic, and how do the police work with the media to promote or to improve public perception of the issue?

Supt DOWNES—Obviously we have some restrictions in regards to sub judice, what is before the court, but we do identify programs and strategies that we are working on with our partners to reduce harm in the community.

Mr SCHEFFER—You talk to the media about those things that are appropriate?

Supt DOWNES—Yes. Some of the programs that we have, we are working on one at the moment which is a collective impact program of which we are working with a private company to introduce a strategy which we have used in other crime themes in the past—assaults and road safety. The media is a very powerful tool that enables us to give a message out to quite a broad representation of the community. We have a strong relationship with the media. We see them as certainly supportive of community safety.

Mr SCHEFFER—Would you see it as an epidemic?

Supt DOWNES—In south-west Victoria I do not see it as an epidemic but I do think there has been some significant increases in the traffic and use of drug. For instance, traffic in methamphetamine has increased by about 250 per cent, and the use of the drug has increased by about 300 per cent in the last 12 month period. It is a significant issue for us but I would not say it is an epidemic at this stage.

Mr SOUTHWICK—If I could go back a step. You mentioned before about the clandestine labs.

Supt DOWNES—Yes.

Mr SOUTHWICK—There has been no presence thus far in terms of your activity at this point. Would I take it from that, that a lot of the activities in fact are being trafficked into the region?

Supt DOWNES—Yes, it is, predominantly from Melbourne via Geelong, and also from Mount Gambier in South Australia in the far reaches of the state.

Mr SOUTHWICK—In terms of activity of outlaw motorcycle gangs is there any visibility of that in the region thus far?

Supt DOWNES—There is.

Mr SOUTHWICK—Yes. In terms of disruption techniques that you may have used and the effectiveness of those locally, could you comment on those?

Supt DOWNES—It is probably drug harm minimisation. The strategies that we use are obviously to explain to the community, the impact of the drug on the person; the benefits of not participating in the drug itself; the consequences of being involved in drugs, and the social impact it has on family and friends of persons on the drugs.

Mr SOUTHWICK—Cross-border laws, do you see there is any issue in terms of consistency of those laws?

Supt DOWNES—We have a pretty good relationship with South Australia. We have run operations in the past with the South Australian Police in regards to drug transfers.

Mr SOUTHWICK—Is there any perception that one jurisdiction is tougher on drugs than the other?

Supt DOWNES—I think the legislation in South Australia to be able to declare drug transit routes is a stronger legislation than what we have here in Victoria.

Mr SOUTHWICK—Can you elaborate on that legislation? I know you mentioned it earlier but if you could talk a bit further about that, please.

Supt DOWNES—Yes. There is legislation in South Australia that enables them to declare up to four roads in any 24-hour period that are identified as a drug transit route, based on the evidence that we provide. Once that declaration is made we then have the opportunity or the increased power to search vehicles on those particular drug transit routes with a lesser burden of proof than what you would normally have.

Mr SOUTHWICK—That is a 24-hour period that you have.

Supt DOWNES—One 24-hour period at a time, yes, and only nominated roads.

Mr SCHEFFER—You mentioned that there was no crime not impacted by drugs. On a scale where would you fit methamphetamines and, say, alcohol, cannabis, heroin?

Supt DOWNES—Prevalence, I would say alcohol is higher.

Mr SCHEFFER—When you said that every crime was impacted to some extent by drugs, I am asking you to disaggregate that so we can get a bit of an understanding of how important alcohol is, how important cannabis is, all in association with crime, and how important methamphetamines are.

Supt DOWNES—Sure. Alcohol is more prevalent of the substances used or misused in regards to crime, but the impact of ice use is significant. As to the violence associated with it, it is unpredictable. The paranoia exhibited by people using the drug is also unpredictable. The response by police officers to incidents where people are impacted by ice is extreme. We need to be very careful in the way we manage the incidents. The paranoia makes their behaviour very unpredictable and very dangerous. It takes a lot more police officers to resolve an incident where ice is present than would be with alcohol or cannabis.

Mr SCHEFFER—How might that work in a practical instance if your officers have a house call, for example, and there is an incident of family violence? How do you process that?

Supt DOWNES—We would normally ask questions and try to elicit as much information as possible to see if there is any knowledge of the person using ice or if there is any evidence that we can detect at the time that ice has been used, and sometimes behaviours are similar to what we have experienced in the past. We would use protective behaviours on ourselves and people in the vicinity as well, to make sure they are in a safe environment and that our police officers are not put at any undue risk in order to resolve the incident.

Mr SCHEFFER—We have also heard from different witnesses—sometimes in a medical emergency ward in hospitals—say that ambulance officers and police sometimes do not have the appropriate responses. I am not trying to put blame on anyone, I am saying that the situation of a person who is under the influence of ice where they are hypersensitive to stimulus, they see a uniform, for example, whether an ambulance officer or a police officer, and then the reaction becomes uncontrollable very quickly. Do you think there is more need for training on the part of police?

Supt DOWNES—We do conduct training in regards to how to deal with people that are substance affected but we are certainly always willing to improve the amount of training we receive or we provide to our staff.

The CHAIR—I might ask you a couple of questions perhaps more at a local context. In relation to the distribution of crystal meth here in Warrnambool is the trading happening more in the licensed venues? We do not have witnesses from licensed operators here today. I am wondering what part they play in facilitating the exchange.

Supt DOWNES—Yes.

The CHAIR—Also in the indigenous population, where we do have some representatives coming to speak to us today, we have heard from areas like Mildura and Shepparton where there are high populations of indigenous people that in fact the impact is significantly greater in those that are more vulnerable—high unemployment, high alcohol use et cetera—where crystal meth is not only used but is distributed through their community as well. Can you give us an idea of how would, say, a young girl—which seems to be a typical demographic—get ice, and where would she smoke it—he or she—and under what circumstances would the distribution network play out?

Supt DOWNES—Through associations, prior associations, with people that have

used what I would call less harmful drugs—cannabis and speed, which is a minor composition of amphetamine. There is no rhyme or reason as to where the drug is used or purchased. We have had instances where the drug was trafficked from licensed premises in the past which we have taken action against that particular licensee and the people involved in the trafficking of that drug in south-west Victoria, but probably not to the same degree that you would get in the metropolitan area. Because of the association with the user and the trafficker, most of the smoking or the use of the drug would be in private premises or in areas not associated with licensed premises. But the purchase and supply could be at any particular locations; no one demographic or geographical area where it would or would not occur.

The CHAIR—We have had a number of witnesses that have been parents of children that are addicted to heroin. I had the feeling that they felt there was not—there was quite a lot of signposting in relation to where you would receive help and perhaps some guidance in how to deal with children that are being impacted by the drug, but is there a collective parent group that gets together—because you have told us obviously there are a number of families affected by ice in the Warrnambool region. I am wondering if there is an opportunity to facilitate meetings of those parents, almost like a self-help group, where they can come together and share experiences and then be guided to where they can go for assistance? A lot of the parents that come to us seemed quite lonely and desperate in that they are totally confused, do not know where to go, trying to seek help, do not know what to do with the kids. To my mind perhaps we should be more active in facilitating some parental help collectively to work through the issues that they are facing.

Supt DOWNES—A whole of community response is desirable. We have started to go towards developing a Collective Impact which we have run in Warrnambool, or in south-west Victoria, previously to provide people—that are impacted by particularly a drug theme, crime theme or a road safety theme—an opportunity to assist and participating in developing strategies which would give them comfort and reassurance about how they are impacted but we have not progressed that as yet for ice. We had a meeting earlier last week in regards to progressing that matter. There have been other community meetings in other parts of the state that I am aware of but we have not held them here yet in south-west Victoria.

Mr SCHEFFER—Do you expect one to be conducted in this area?

Supt DOWNES—Yes, I do. I have a meeting today with the Department of Justice in regards to progressing some community reassurance in regards to the impact of the drug ice.

Mr SCHEFFER—Do you know what was the impetus to the Department of Justice (DOJ) rolling community forums. It has been very useful, I must say. How did that begin? Is that an initiative of police or did it come from the department.

Supt DOWNES—We have a close relationship with DOJ and we meet regularly, quarterly, with the regional director. We have spoken about this. At the last meeting we gave a presentation to the committee in regards to the impact of drugs on the community, and from there we have progressed forward to—we are having a meeting later on today in regards to how we are going to hold the meeting, where we are going to hold it.

Mr SOUTHWICK—Following on from some of those questions, in terms of the age of people that you are seeing taking this drug, can you give us a little bit more information in the demographic of the user?

Supt DOWNES—From our data which we take from arrests, or people are processed for using a drug, we see the predominant age is under 24 years of age. That is the demographic we look at. Unfortunately ice is also the drug of choice for the indigenous population in south-west Victoria as well. That is a concern for us.

Mr SOUTHWICK—Are you seeing any evidence of young people using the drug?

Supt DOWNES—As in?

Mr SOUTHWICK—Teenagers.

Supt DOWNES—Young teenagers or older?

Mr SOUTHWICK—Young teenagers.

Supt DOWNES—No, not significantly.

Mr SOUTHWICK—You have had a lot of experience around the regions, and also the city as well, I believe, over the years.

Supt DOWNES—Yes.

Mr SOUTHWICK—This drug has been around for a while. Can you comment on what you have seen in the past and compare that in terms of the activity as you currently see it?

Supt DOWNES—I would probably best describe it as rampant at the moment. It is coming on so quickly. I do not think it is an epidemic but every time you come to work there is always a story about the impact of ice whether it be family violence or road safety, on property crime or person crime. It is constantly coming forward. Previously the amphetamine was predominantly speed which is a much lower concentration, (less than 10 per cent), whereas the current methamphetamine—we classify as ice—is at least 70 per cent pure or above. The impact is that quite early the drug is provided free, in the first instance, to people from associations to get them to have an experience of using the drug, and then from there, because of the highly addictive nature of the drug, it becomes a dependence.

Mr SOUTHWICK—We heard a lot by going around the regions that dealers were particularly targeting the regions for a whole range of reasons. Do you see any evidence of that? Also in terms of combating it, do you think there needs to be some specific strategies for tackling the problem in the regions as in the city areas?

Supt DOWNES—The isolation from Melbourne causes a problem for us sometimes in regards to how we specifically target the transition or the movement of the drugs into the area. That is a problem. In regards to the comparative usage of the drug, I am not sure if it is a higher usage here in south-west Victoria than it would be elsewhere in Victoria. I do not have any evidence of that.

Mr SOUTHWICK—You mentioned forums before and you are looking at running something in this area. Are you getting a lot of families and what have you contacting you, seeking help? Is there a cry out from the community to say, 'We want some support in this area'?

Supt DOWNES—Definitely the community are looking for some support and leadership from government and from various departments as to where we go with this, yes.

Mr SCHEFFER—You said that you do work with the media.

Supt DOWNES—Yes.

Mr SCHEFFER—What other community organisations and agencies do you work with?

Supt DOWNES—We work with DOJ, the Department of Health and Human Services, and we also work with the local Western Region Alcohol and Drug group here in regards to how we can support them in their endeavours. Media, like I said before, and I think

that is about all.

Mr SCHEFFER—Without going into too much detail that you may not be able to provide, and it might not be appropriate, what type of things would be on a typical agenda?

Supt DOWNES—For a meeting—

Mr SCHEFFER—For example, a meeting with DOJ or a meeting with the local referral agency.

Supt DOWNES—We would normally provide statistical data in regards to the incidents that we have detected. With DOJ, for instance, they will bring data from Health as well in regards to how many persons were going to South-West Health Care or through Ambulance Victoria that have been impacted by the drug. It is more of a collection of different data sources to have a look at to see if there is a correlation or some areas that are the same from both parties.

Mr SCHEFFER—Do you use it as an opportunity to benchmark your responses to particular incidents? We were discussing before if it is a home call-out, how the different agencies might process it. Do you use it in that way?

Supt DOWNES—It gives the evidence as to where to direct our services, yes.

The CHAIR—We are out of time. I will adjourn the public hearing.

Hearing suspended.