**LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE**

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

**Warrnambool — 3 March 2014**

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Mr J. Chatfield, Aboriginal Community Liaison Officer, Victoria Police.

Ms T. Dalton, Indigenous Family Violence Regional Coordinator, Department of Human Services.

**The CHAIR**—Good morning. This morning we are conducting an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. For the record we have Mr Mark Powell from Headspace, Warrnambool; Mr Allan Miller from South West Healthcare, and Mr Joey Chatfield from Victoria Police. I understand the three of you are going to make verbal submissions to this hearing this morning. Also at the back we have a number of people representing the indigenous communities across Warrnambool.

**Mr MILLER**—Yes, and other stakeholders as well.

**The CHAIR**—Yes, but they are not going to speak, are they, because we only have until 11.45 for this session.

**Mr MILLER**—No.

**The CHAIR**—I understand the three of you will be making verbal submissions and then the committee will ask questions of you. Before I start can I, on behalf of the committee, acknowledge the traditional custodians of the land of which we are meeting this morning, and pay our respects to the elders past and present.

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. You have received and read the guide for witnesses presenting evidence to parliamentary committees. Yes. 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 understand Sandy has provided you some background in relation to this inquiry. I do not need to go through all the references, but obviously the impact to the indigenous community is part of the work we are doing in relation to a specified reference. We look forward to your contributions this morning on that basis. Mr Miller, thank you.

**Mr MILLER**—First of all, thank you for the opportunity. Sitting here with us is our committee which is known as Ngunnung. That is a local Gunditjmara word from an Aboriginal language meaning 'sun' and the idea of that is 'sun melts ice'. I might quickly kick into a mission statement about why our committee was set up.

> Ngunnung is a strong and committed committee made up of Aboriginal community leaders, health professionals, justice workers and concerned community members whose mission it is to reduce substance and alcohol abuse and its impact on Aboriginal communities in the south-west region of Victoria. Ngunnung will achieve this through an ongoing process of advocating for new and improved services and resources, continuing community involvement, collaborations, education, public awareness events and activities, sharing resources and delivery of quality programs.

That sums us up and what we aim to achieve. Our committee came together prior to the announcement for the parliamentary inquiry into the use of methamphetamines. We identified early that ice and other drugs, but particularly ice, is becoming an increasing issue amongst our local Aboriginal communities within south-west Victoria, due to the ever-increasing harm that the drug is causing.

A part of the process carried out is that in January and February 2014 we conducted surveys within our local Aboriginal communities with regards to the issues that affect them. We directed eight questions to Aboriginal community members that have been affected by the drug ice, be that directly or indirectly. It captures people who are using the drug, but also family members, the struggles they share and go through as well, and their thoughts and

beliefs on what services are available for them to access for help and so on. We will provide the panel with an outline of the eight questions and a summary of each response, together with the sex and age of each person that addressed each question.

We wanted to highlight the quote that was from *The Standard*, which is a local Warrnambool newspaper. It was a young Aboriginal man that attended court who was offending due to his use of methamphetamine or ice. The article continually went on saying how he knew that ice was easy to buy in Warrnambool, and we thought we would highlight that as something that had come in.

**Mr CHATFIELD**—My name is Joey Chatfield. I am the Aboriginal community liaison officer in counterpart with both Mark and Allan. In relation to a lot of these headlines through media, apart from what has been captured as evidence through courts and other justice systems, we also are well aware of the issues at a local level, and conducting these particular surveys has given live evidence that these are the actuals, not so much as various interpretations via media. It was also important that we take it upon this honesty in the challenge that we faced as a committee to deal and talk directly with people who are users or dealers, or family members, associated with these two particular subjects.

Surprisingly and alarmingly, the information did capture those people involved, and they were more than willing to give the faith and the trust of what this was all about, and in saying that, the responses captured were certainly something that we were aware of, but there were a lot of other things we were not aware of from a local perspective to highlight for us as a committee to further engage with how we could solve these issues.

As it is highlighted in one of the PowerPoint presentations, in the south-west there are a number of newspapers that we have done a little bit of research on and there were 32 articles over the last five months that has captured the evidence of those who went before courts with issues associated with ice and offences. This would also highlight the statistics recently on Friday the 28th, once again in our local paper, *The Warrnambool Standard*, that 55.9 per cent of increase from Victoria Police, the Warrnambool divisional's response unit had conducted and engaged purely and solely on identifying these issues of their concerns/alarms from the community and obviously of a state and national level.

The substantial increase in drugs, as I mentioned, 55.9 is attributed to the good work being done by the Warrnambool divisional unit which has been targeting drug use and supply. In saying that, we have had information and support by community people, and leaders within our Aboriginal organisation and stakeholders, we also depend on that type of information to bring forward if we need to have an internal discussion about particular people. We do the confidentiality, there are no notes particularly mentioned but at the same time we identify that we are aware of some of the activities that are happening and we would like to, as part of the engagement, have the committee go forward on how we tackle these issues without feeling that we could be targeted as potential victims dealing with naming and shaming of community people, because at the end of the day we are also affected by how we deal with this information to be put forward to the police.

**Mr MILLER**—In our area local Aboriginal communities have a long, strong and proud history of strong family connections and kinships, and the very fabric that makes up this process has never been challenged as much as it is when it comes to the drug ice. We are finding it increasingly breaking up family units and causing dramas and troubles that we have never seen happen before in our community. I might quote one of the survey responses. The question was, 'For you, what has been the effects, both short and long term, on you and your family?' This particular response was from a 28-year-old female from the Warrnambool area. She proceeded to say, 'Everything, everyday life. I can't have a convo with people because I'm scattered or not in the mood and always nasty. Lost access to my child, family separation, lost connection with the ones who love me. It affects my family badly. It's like they go through the drug habit as well but without the use. Putting up with the abuse and letdowns, false promises and the fear of not knowing where I am and if I'm safe.' Pretty strong words coming through

on that survey response. Again we will provide the panel with a copy of each response at the conclusion.

**Mr POWELL**—Talking about the need for a particular targeted strategy within the south-west region, we do not have any facilities that really address the core need of the local Aboriginal community. We feel there is a need for more education strategies to be delivered. The key thing about the indigenous community is it is a collectivist culture. We feel that a treatment intervention needs to embrace more than the individual, that it looks at the family, the community and the kinship, which is why we think we need a slightly different response to meet the needs here.

**Mr MILLER**—I would like to go on and say that the resources we have in our region are very limited, be that for the Aboriginal community or the broader community as a whole. I know there are four detox beds available within the main hospital here in Warrnambool. We see increasing issues with that due a limited bed space, but if an individual is required to undertake a detoxification for a period greater than one week, then they are left to their own devices over the weekend period because then four beds are not opened up for the purpose of detoxification on the weekends, but again very limited bed space. Then obviously to go from detox to rehab there is nothing this side of the state in general but also that is culturally appropriate. In the past we have sent people away and they have not felt comfortable being so far away from their supports, their families and their connection to their culture and country, where they are from.

**Mr POWELL**—We see the current system as likening it a bit to a leaky pipe. There are lots of different agencies, they do tremendous work but they are doing it in pockets. That is one of the problems, where people have to go to another facility to do an inpatient detox, and then go to another facility to do some counselling, ongoing care or go to out of the area to do some residential rehabilitation. We find that has been a problem in not only engaging people into the system but also retaining people in the system. There are high dropout rates of people that are engaged in counselling services. We certainly think we need to do something about the amount of hoops that people have to jump through and review the journey. We are looking for a smoother service model that is more comprehensive and holistic in its nature. We want to help build a business plan. We want to do further research and look at what are the best options forward. At the moment we are a strong group in terms of a lot of agencies coming together to address this need but we want some extra support in how we develop up a business plan and move forward to creating it, something different that is more targeted towards the Aboriginal community's needs around addressing ice.

**Mr MILLER**—I think we have probably summed up where we are at and we are ready for the questions that you have for us.

**The CHAIR**—I appreciate it is really frustrating for those sitting behind to sit there and not be able to say anything, but the least I can do is extend the courtesy for you to introduce yourselves that we know who you are representing.

**Mr BELL**—Shane Bell, Office of Aboriginal Affairs, Victoria.

**Mr SAUNDERS**—Jason Saunders, from Winda Mara Aboriginal Corporation.

**Mr LAWRENCE**—Peter Lawrence from the elderly community and health centre in Portland.

**Mr ROBERTS**—I am Graham Roberts from Dhauwurd Wurrung Elderly Community and Health. I am a healthy lifestyles worker in Portland.

**Ms WALKER**—Raelene Walker. I am an Aboriginal liaison officer for South West Healthcare.

**Ms McKENZIE**—I am Anita McKenzie, I am an indigenous family violence worker at Gunditjmara.

**Ms LESTER**—Mardi Lester, I am the Aboriginal health promotion officer for South West Healthcare.

**Ms DALTON**—I am Tania Dalton, I am the indigenous family violence regional coordinator, and also co-chair of the Australian Indigenous Psychologists Association.

**The CHAIR**—Thank you all very much for coming. It is a good cross-section of stakeholders. I know we probably did not get all of that on Hansard but I think for us anyway it was important to know where you fit in. You might be able to provide some supporting information to your witnesses here. The other thing is, if you have a burning desire to say something, please indicate that you want to come to the table. We do not want all of you to come to the table because we only have 15 minutes left, but if there is something that the three of you miss, or if you think is very important to put on record, I would invite you to come to the table and make a couple of remarks.

Can I quickly get a bit of an overview, if I may as chair. We have travelled purposefully to areas that have high indigenous populations to get a feel because we are specifically referenced with this to understand the impact of what crystal meth is having to their communities. In Shepparton and Mildura particularly we received some good evidence in relation to what impact it is having to those communities. The view at the time—and I want to see if this is consistent with what is happening in Warrnambool—was high unemployment, high truancy, a generation of unemployment, lack of parental care, and historically high use of alcohol and cannabis. The indigenous populations were becoming more vulnerable to crystal meth as we know it, and the use of. They are being offered by dealers at low cost or free where they started to regularly use it to displace alcohol and cannabis, became addicted and basically were then beholden to the dealers in relation to price debt. We have been told users are spending up to $3,000 per week on drugs and obviously this dependency was also beholden to those that are offering the drugs. It is a bit of a vicious circle.

We also found out that outlaw bikie clubs that were involved in those communities were leaning on, particularly the indigenous population, in relation to trafficking. I am going to seek a response from you in relation to that. Is that how it is down here or is it different? Also in relation to detox and rehab, we have heard from other witnesses from indigenous communities that they too see the need for further support in relation to that. At the same time they said they have the inability to travel and they would prefer to have the facilities local, to keep it within the local communities where there is that holistic parental care within the community itself. They do not want to be travelling to Melbourne and back. If you would not mind responding to that and then I will invite the committee to ask questions.

**Mr MILLER**—What you took us through is certainly reflective of what is happening in our communities in the south-west part of Victoria. One of the survey questions related to where they access their drugs from. There was not too much information with regards to pressure or dealing from outlaw motorcycle gangs in our area. Off the top of my head I think there was one reference to that within the surveys we conducted. A lot of them tend to point to people coming from Mount Gambier or Melbourne, bringing it into town and passing it on to the small-time dealers which are filtering around the time. That is the evidence that came back via the surveys.

**Mr POWELL**—One anecdotal scenario that touched on what you said was the young person who had been quite heavily dependent on cannabis, went to his cannabis supplier, the cannabis supplier said they did not have any available but had this other stuff, as a way of introducing him to the ice experience, I guess, unfortunately, trying to recruit him in.

**The CHAIR**—Do you want to say anything from the police side?

**Mr CHATFIELD**—No, I will not. I am aware that our Super has spoken and had a discussion.

**The CHAIR**—Yes.

**Mr CHATFIELD**—Even though I hold the position as the Aboriginal community liaison officer, I speak on behalf of the committee and the Aboriginal organisation. I wanted to separate a bit of that from today's discussion. I am fully aware of a lot of these issues but it is a difficult position to be in, working under the banner of Victoria Police, and due to the confidentiality side of things and being on the committee I am restricted sometimes. But in part of the survey and information being presented today, and obviously from the committee's discussion, I am aware of more things than I was aware of before the committee was formed from an outside point of view.

**Mr SCHEFFER**—Going back to your survey, the broad question is what kind of the general trends of feedback, if you have analysed it yet—I would be interested to know that—but inside that we do know that contrary to a non-indigenous Australia's views, Aboriginal harmful consumption of alcohol is lower than the rest of the community, and that is not usually appreciated. My question is, do you have evidence that the use of methamphetamines is lower amongst the Aboriginal community than the general community? That is probably a hard question but do you have a sense of that from your survey?

**Mr MILLER**—It does not cover it in that much detail but from the people we do talk to and from what you hear within the community, a good majority of Aboriginal people that have used other drugs in the past, are using it at riskier levels—intravenously rather than a pipe, so to speak. Having worked at the hospital I happen to know that we have had a few people come through with infected body parts due to the injection of the drug ice. Certainly my belief and feeling is that the people that do use it certainly use it at the high or risky end of the scale.

**Mr SCHEFFER**—I have two questions. One of the things we learned when this committee did the alcohol inquiry—just reiterating the point I said before—what we discovered was that indigenous people use less alcohol, as I said, but they use it more visibly and it creates an impression that more Aboriginal people use alcohol. In the case of ice—your sense—do you think it might also be that it is more obvious and therefore indigenous ice use becomes an issue that is out of proportion to what is really going on?

**Mr MILLER**—It is hard to say.

**Mr CHATFIELD**—Due to the pricing of alcohol, and obviously the by-laws have changed and with the historical and traditional format that the Aboriginal communities undertake, as far as parks and other land access points, the trend with the current generation is they had looked at it as an alternative. The various prices and the taxing on alcohol and so forth, a lot of them have put themselves in a vulnerable position to be out there but at a cost. The drug ice seems to be more accessible, it is not as expensive compared to alcohol and so forth. I do not think the users are fully educated, and the understanding of what impact ice has on them and at the same time, as Allan mentioned, the physical, psychological effects they have in the short term, rather than the long term because it is a sudden impact. As it was mentioned earlier with one of the Aboriginal members making a quote, over a period of three months the person has gone from being a top kid to where he is now and it has happened basically overnight, and that is quite alarming. I think there seems to be more people using preferably the drug than going out and spending such and such dollars throughout the weekends or at night.

**The CHAIR**—Your second question?

**Mr SCHEFFER**—That related to Mark's contribution who said that you collectively needed stronger tools to tackle the issues and that what the system needs to understand is that

the treatment needs to focus on families and collectives rather than on individuals. We really understand that as a concept. But how might that translate into an actual service? You did say you would like resources to develop a business plan and how you might do that. Leaving that aside for a minute, also the fragmentary nature of it that we all know causes problems, but how might you change a service that operates collectively or operates as a family, rather than on an individual?

**Mr POWELL**—I am not sure I can speak fully for the group, but some of the ideas we have put forward is a healing centre that is run by the community with the input of local services coming in for specialist needs, whatever that might be. Having this core group that is accepted by the community as a central place where people can come to but then have the specialist services come in, having worked in mental health and drug and alcohol for many years, the funding system is very much driven about individual session work, and it does not promote that family engagement, and I think we need to be looking at how we can make them a greater incentive.

**Mr SCHEFFER**—Do you think that counselling of a family rather than counselling of an individual—

**Mr POWELL**—Yes. One of the things—and I probably did not say it clear enough at the start, but the actual engagement into the system is problematic and we are not getting people early enough. Often the families, as Allan mentioned earlier, are picking up the concerns early on. We need to make a system that responds to those family needs, and engage the family and work with the family around bringing the young person into treatment. They are my thoughts but other people might have views about that.

**Mr SCHEFFER**—Certainly mum could go down to the service and say, 'I'm having a problem with my son,' and not say, 'Well, you go away your son has got to turn up first.'

**Mr POWELL**—Be recognised as the client, yes.

**Mr CHATFIELD**—Also to add to the question is the kinship and the cultural importance for Aboriginal offenders in regards to usage, as has been highlighted before, it is like the family are engaged with the drug addiction with that usage. It has a whole rolling effect that the family are just as affected as the person and if they have to be sent to Gippsland or Melbourne as such, they lose that kinship. They have a financial impact from a family perspective—travelling, accommodation et cetera—and from the spiritual side of things from an Aboriginal perspective, you know, not to be on country and doing healing processes, it is very daunting. People from the communities, if they are not from the local area and they have been put into another area they feel out of place. We feel that being a local within the region, it would be more beneficial to help both the families and the individual to become strong and better at working together and helping with the education system. That is something we fully understand and we would appreciate more of a direct approach to government because it gets quoted now and again, 'It's no different to any other culture or any group, we're all the same in dealing with these issues,' but we have views and we have that culturally historical evidence to show that people that are connected to country have better outcomes.

**Mr SOUTHWICK**—A couple of questions. Firstly, you mentioned the healing centre. We have heard this concept a number of times in other region. Has this concept come up through collaboration with other indigenous groups, or is it something that has been discovered uniquely in your group, that other regions have also discovered it?

**Mr CHATFIELD**—I think adding to what I have finished up on, it is definitely not unique. A lot of the Aboriginal regions within the state had had this similarity of thinking. Irrespective of whether it is in Gippsland or Swan Hill or south-west Victoria, we understand and we reiterate that the importance of those processes have direct connection to country and support mechanisms is on the same page. It is definitely not unique but what works and what does not work, well, obviously further research needs to be conducted.

**Mr SOUTHWICK**—Mark mentioned earlier about 'not getting them early enough' and indicating issues around youth. In the surveys that you did was there any correlation between those that are using and breakdown of family, whether they are coming from single parent dysfunctional families or is it pretty much a problem that exists right across the board?

**Mr POWELL**—The surveys do not give us that level of detail unfortunately. Certainly some anecdotal scenarios would say that, people that I have seen that have come from a broken families scenarios, whether there has been substance use in the family, yes, that has happened on occasion.

**Mr SOUTHWICK**—Leading on from that, in terms of some strategies that you may have dealt with, with other issues, could you maybe indicate some of the work that may have been done with youth that also has been potentially effective in the past, in terms of youth alcohol problems and the like? Has there been any work done in terms of a youth mentoring or other youth support for indigenous youth?

**Ms DALTON**—Tania Dalton, indigenous family violence regional coordinator for Barwon South West. Yes, we do receive moneys in this region to do community programs that are developed by the community. Joey has only finished doing a snorkelling program between police and youth. We have had several running in the past couple of years, programs specifically targeting role models and youth, and set up in a collective mentality so that it is not an individualistic thing. Kids can relate to multiple mentors in the one thing. We did put up the crime prevention funds and unfortunately that is on hold. We were successful in achieving that for $150,000 to do exactly that; to target youth and to pair them up with a collection of role models. That has been occurring.

**Mr SOUTHWICK**—How effective has it been?

**Ms DALTON**—It has been very effective for the engagement of youth. We have also had a surf program running in DWECH. There have been some issues within the communities, they have been fragmented because there have been people moving in from Stradbroke Island and there has been a bit of toing and froing within that Aboriginal community there. We have seen a marked improvement in both the crime rates and the engagement of that community with these programs. We have also run school programs too with Portland Secondary School, for women and children, for girls for sewing, and that has been very successful, the outcomes of that, in engagement at school, in parental participation in programs.

**The CHAIR**—Thank you. I was going to ask a question of a similar nature in that it would be useful for us to profile the user and the underlying reasons because I know the healing centre and rehab and detox are great at the other end but extremely expensive and they take a long time. For us to get the biggest bang for our buck, if I can use that terminology, from a political point of view is to try and intervene at the start. If we can understand why we are taking the drugs and who is taking the drugs, and the underlying reasons why they are, whether it is because of unemployment, generational unemployment; parental dysfunction; long, habitual use of drugs; truancy, not at school, we can then talk about youth connections and other opportunities. For us to make recommendations to government, particularly in relation to referencing indigenous communities, it would be good for us to know a bit of a profile on those who are using the drugs, and how we can intervene at an early age, not the aftermath.

**Ms DALTON**—I think the prevention work is very important, especially when we are dealing with youth, and also there is one thing we did pick up, and we do know that girls are using to lose weight. They are not a group that you did mention but we have had kids become addicted because it is a fast way to lose weight.

**The CHAIR**—We have also heard because it also provides a sort of sexual stimulant that prostitution is also—perhaps not prevalent in Warrnambool, and I am not suggesting it is

in this community more than it is anywhere else.

**Ms DALTON**—I think a prevention framework would be good, and it would be good to base it on a social and emotional wellbeing framework that is going to be released soon, because the social and emotional wellbeing framework looks at the individual, the family and the community, and that is going to be released very soon. There is an update on the framework that was released in 2005 to 2009.

**The CHAIR**—Thank you. Any closing statements that any of you would like to make?

**Mr POWELL**—The reason for the healing centre is capturing the individual before going down the wrong path. One of the things for me about substance use, it is very multifactorial why someone engages in substance use. Having a service model that looks to engage families and community and talks about the issues to bring them into treatment is what is really important. Getting the parents involved, getting their awareness around the impacts of substance use, going to school, domestic violence—all those things need to be brought in. The reason for the healing centre is to be that bigger, overarching umbrella under which that all sits, that we can try and get people more aware because the community needs to see this as unacceptable and that is where the action will come from, I think.

**Mr CHATFIELD**—In closing, from my point of view, youth at risk, the definition that I see from an ACLO point of view, working with drugs in the community is because the drug is out there, and youth are potentially quite vulnerable, the opportunities may be restrictive and for whatever reasons they may look at the alternative to hit the drug. We have been focused as a team, as you just mentioned, on preventative programs and the source of funding. Kids are doing quite well with school and employment. On the flipside it definitely helps in different areas but at the same time our preventative programs are still targeting kids that we see to be at risk and we want to try and keep them occupied and to have a better, brighter future, but at the same time develop their role models and leadership within their own peers for them to do that educational stuff. We are a generation a little bit older than them, and at the same time they can take that responsibility to do all the educational stuff as well.

**The CHAIR**—Is it easy for an Aboriginal to get a job in Warrnambool?

**Ms DALTON**—No.

**The CHAIR**—Why?

**Ms DALTON**—The biggest employer of Aboriginal people is our Aboriginal organisation. Many more struggle to get mainstream positions. Racism is rife here, depending on who you are connected to.

**The CHAIR**—I realise there is a gentleman at the back and he is looking as though he is wanting to say something. You will have to come to the table and state your name. The evidence you are presenting under is under the same conditions as I read out initially.

**Mr ROBERTS**—Yes. Grant Roberts, Dhauwurd Wurrung Elderly Community Health. I wanted to say on behalf of our group that even after this submission that we are going to stay together as a group, to stay strong when battling issues like this. Another one of our main aims is to come up with something eventually, like an action plan that can deal with maybe the next problem that may arise after methamphetamine. That is one of our main aims as well, to let you guys know that we are not just here for the submission but we are here as a community group to tackle the problems.

**The CHAIR**—Sure. Thank you. Can I thank you all very much for your time this morning which you have said is all on record and will be part of our report. I appreciate the effort and time you went to in coming here this morning and presenting. Thank you. Are you

happy if we table that survey that you have done?

**Mr MILLER**—Yes.

**Witnesses withdrew.**