

A photograph of a man and a woman embracing from behind at sunset. The man is on the left, wearing a red and black plaid shirt. The woman is on the right, wearing a white t-shirt. The background is a soft, golden sunset sky. The text 'STOP THE HURT' is overlaid in large white letters, with horizontal lines above and below the word 'STOP' and below the word 'HURT'.

# STOP THE HURT

MINISTERIAL  
CRYSTAL METHAMPHETAMINE  
TASKFORCE  
SUMMARY  
REPORT



Government  
of South Australia

The Ministerial Crystal Methamphetamine Taskforce (the Taskforce) was established by the South Australian Government in February 2017, to seek out ideas to provide a swift response to combat the growing harms caused by crystal methamphetamine.

**The Taskforce consisted of the following members:**

Hon Peter Malinauskas MLC	Minister for Police (Chair)
Hon Leesa Vlahos MP	Minister for Mental Health and Substance Abuse
Hon John Rau MP	Attorney-General
Ms Linda Fellows	SAPOL Assistant Commissioner
Mr Alan Moss	Retired Judge of the District Court of South Australia
Ms Simone Cormack	State Director – Drug and Alcohol Services South Australia
Dr Will Liaw	Senior Consultant – Drug and Alcohol Services South Australia



## FROM THE MINISTERIAL CRYSTAL METHAMPHETAMINE TASKFORCE

### **Illicit drug use causes significant health, social and economic impacts to our community.**

In particular, crystal methamphetamine (commonly known as Ice) can have severe impacts, including psychosis and violent, erratic behaviour. This makes it extremely confronting for families and frontline workers to deal with, which has led to heightened community awareness of this drug.

This is not a new issue and there is already considerable effort being directed towards addressing methamphetamine use and harms through the *South Australian Alcohol and Other Drug Strategy 2017-2021* and initiatives progressing under the National Ice Action Strategy.

While these initiatives will make a difference over the longer term, wastewater analysis shows that levels of crystal methamphetamine consumption have increased in South Australia over the past few years. This rate of growth is concerning, and we need to deliver strategies that will have a more immediate impact.

Combatting the rise of crystal methamphetamine is a key social justice and law and order priority for the Government in 2017. The Ministerial Crystal Methamphetamine Taskforce was established to quickly identify ways to halt the growth of crystal methamphetamine in South Australia.

We would like to thank every South Australian who contributed their ideas, either at the community forums held across the State or online. Crystal methamphetamine is a state-wide problem, but the nature of the impact varies across regions. Through these forums we were able to draw on local insights, challenges and ideas to help shape our overall response.

The Taskforce heard more than 130 ideas, from those on the frontline – from local police, community service providers and those personally affected by addiction.

On behalf of the Taskforce, we would also like to thank Professor Ann Roche from the National Centre for Education and Training on Addiction. Professor Roche provided invaluable advice, information and research evidence to the Taskforce and those who attended the community forums. We also thank Mr Alan Moss and Dr Will Liaw for their participation, along with other members of the Taskforce.

The measures developed by the Taskforce reflect the evidence and ideas provided by the community through this process. These measures will be implemented quickly to provide an immediate impact.

**Hon Peter Malinauskas MLC**

Chair, Ministerial Crystal Methamphetamine Taskforce  
Minister for Police | Minister for Correctional Services

**Hon Leesa Vlahos MP**

Minister for Mental Health and Substance Abuse

June 2017

# GATHERING IDEAS

To gather ideas, the Taskforce travelled around South Australia to meet with those impacted by crystal methamphetamine, their families and frontline workers including government and non-government service providers and police.

## The Taskforce held six community forums:

Mawson Lakes	7 March 2017
Whyalla	14 March 2017
Murray Bridge	15 March 2017
Mount Gambier	21 March 2017
Port Pirie	3 April 2017
McLaren Vale	5 April 2017

These forums were attended by more than 100 people, with over 40 organisations represented.

The discussions at the community forums were supported by research evidence about the impacts of crystal methamphetamine and effective intervention provided by Professor Ann Roche, Director, National Centre for Education and Training in Addiction (NCETA).

To ensure every South Australian had the opportunity to contribute to this process, the Taskforce also opened an online consultation through YourSAy. This consultation also included a confidential survey, which was completed by more than 70 people.

The Taskforce heard more than 130 ideas.



71

RESPONSES  
TO  
SURVEY



100+

PEOPLE  
AT 6  
ROUNDTABLES



40

ORGANISATIONS  
OFFERED  
FEEDBACK



60+

IDEAS GENERATED  
THROUGH  
ROUNDTABLES

# WHAT THE EVIDENCE SAYS

Crystal methamphetamine (commonly known as Ice) is the most potent form of methamphetamine. It acts as a stimulant, leading to increased alertness and energy, as well as enhanced mood. However, methamphetamine use has a range of negative side-effects, particularly if taken regularly, including physical problems, such as dehydration, cognitive impairment, and mental health problems. If injected there is the additional risk of blood borne virus transmission.

According to the 2016 National Drug Strategy Household Survey, approximately 1.4% of Australians used methamphetamine at least once in past 12 months.<sup>1</sup> The proportion of people using methamphetamine has declined from a peak of 3.7% in 1998 to remain stable at 2.1% in 2010 and 2013 and 1.4% in 2016. What has changed, however, within this group of methamphetamine users is the shift to the crystalline form or 'Ice' from other forms of methamphetamine. Among recent users of methamphetamine (those who had used at least once in the past 12 months), the proportion of people using Crystal Methamphetamine more than doubled from 22% in 2010 to 57% in 2016.

This increase in frequency of use is borne out in data from wastewater testing in South Australia, which shows that consumption of methamphetamine has tripled over the last four years.<sup>2</sup>

Wastewater drug monitoring shows that South Australia has the second highest methamphetamine consumption per day nation-wide.<sup>3</sup> There are significant differences in use across the four regional sites in South Australia, with some sites recording well above the national average and others recording significantly less. In the Adelaide metropolitan area there has been an increase in consumption levels at all tested sites in the past five years.

Methamphetamine use varies across groups in the community. Males aged 20-29 have the highest rates of recent methamphetamine use. Analysis of 2013 data also shows that, between the ages of 15-24, a higher proportion of Aboriginal and Torres Strait Islander people commencing treatment identified methamphetamine as their primary drug of concern<sup>4</sup> and a higher proportion of the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community reported recent use of methamphetamine than heterosexual Australians.<sup>5</sup>

Use is also linked with industry. Compared to the total workforce, prevalence of methamphetamine use is particularly high in wholesale, construction, hospitality, manufacturing, mining, and administrative services. Nearly 5% of workers in the trade/technical industry have used methamphetamines, the highest of all occupations, followed by unskilled workers at 3.1%.<sup>6</sup> The rate of methamphetamine use within the last 12 months among unemployed people was 5.6%.

## What intervention works?

Treatment services are highly effective for people who have problems related to methamphetamine use. The treatment approach is tailored to the needs of the individual presenting for assistance. Most people receiving specialist treatment for drug problems do not require residential rehabilitation because their needs are met through other treatment interventions including counselling, non-residential rehabilitation and inpatient withdrawal management. Evidence presented by NCETA indicates that the most effective treatment for an individual varies according to use:

- ▶ 60% are occasional (less than once a month) users, for whom secondary prevention and peer education strategies are appropriate.
- ▶ 25% are regular (monthly) users, where brief intervention programs are effective.
- ▶ 15% are frequent (weekly) users, where treatment is recommended.<sup>7</sup>

Effective early intervention and counselling services are flexible and accessible, and can be directed towards the needs of local communities. Having a range of options available is particularly important for those in the early stages of problematic use and those who are less likely to seek out more 'conventional' treatment and support options.

The current best practice approach for the treatment of methamphetamine use problems, including dependence, is brief psychological intervention. Psychosocial counselling interventions, such as cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT) are known to be effective when tailored to meet clients' needs. A two or four-session combination of motivational interviewing and CBT was found to significantly increase abstinence among dependent methamphetamine users after six months.<sup>8</sup>

Only 15% of people who use methamphetamine are likely to be dependent and require intensive treatment.<sup>9</sup> These individuals may benefit more from outpatient counselling, while residential rehabilitation may be more beneficial for some. Residential rehabilitation on its own does not deliver particularly high rates of long-term abstinence or reductions in use, despite short-term positive results.<sup>10</sup>

This lends support to the concept of stepped care - an evidence-based, staged system comprising a hierarchy of interventions, from least to most intensive. The levels are not one-directional steps, but operate on a spectrum of service interventions. Persons presenting to drug treatment services must be matched with the intervention level that most suits their current need, meaning individuals receive the right service at the right time.

<sup>1</sup> Australian Institute of Health and Welfare 2017. *National Drug Strategy Household Survey (NDSHS) 2016* key findings.

<sup>2</sup> Drug use in Adelaide Monitored by *Wastewater Analysis, Drug and Alcohol Services South Australia*, February 2017.

<sup>3</sup> Data for 2012-16 from Australian Criminal Intelligence Commission *National Wastewater Drug Monitoring Program Report 1, 2017*.

<sup>4</sup> Roche A., McEntee A., Fischer J. & Kostadinov V. (2015). *Methamphetamine use in Australia*. National Centre for Education and Training on Addiction (NCETA), Adelaide: Flinders University.

<sup>5</sup> Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW

<sup>6</sup> Information provided by NCETA; Data source: 2013 National Drug Strategy Household Survey.

<sup>7</sup> Data provided by Professor Ann Roche, Director, National Centre for Education and Training in Addiction (NCETA).

<sup>8</sup> Baker et al. 2003; 2005 cited in *Methamphetamine, Drug Info Clearinghouse, Prevention Research Quarterly, Sept 2008*.

<sup>9</sup> Information provided by NCETA.

<sup>10</sup> Information provided by NCETA.

# WHAT YOU SAID

**Through the community and online forums, more than 130 ideas were provided to the Taskforce.**

## **The Taskforce heard that South Australians:**

- ▶ want better coordination and cooperation across services, supported by a single source of information that is easy to access for those struggling with addiction, their families and their support networks
- ▶ want more to be done to reduce the supply of crystal methamphetamine, including more powers and resources for law enforcement to tackle high-end dealers
- ▶ acknowledge that methamphetamine use is a health issue that responds effectively to treatment and support, and that people want to access treatment close to their home and support networks
- ▶ want to see a reduction in the stigma and associated judgement of methamphetamine use, in order to improve services responses and increase the likelihood of people seeking treatment earlier
- ▶ want more support for families impacted by methamphetamine issues, recognising their vital role in caring for their family member while maintaining their own health and wellbeing
- ▶ recognise the importance of community-based settings to improve resilience, problem solving and emotional wellbeing amongst young people as a primary prevention strategy, and ensure early identification and intervention strategies are in place for vulnerable young people.

**While there were different views about how to best combat crystal methamphetamine, the Taskforce noted that four clear themes emerged:**



## **REDUCING SUPPLY**

This theme is concerned with looking at improving and increasing law enforcement responses.

There was a strong level of support for actions that allowed law enforcement to better target high-end dealers. The Taskforce also heard that changes are required to make it easier for information to be provided to police to allow them to better tackle the supply of drugs into our community.



## **INCREASING TREATMENT**

The Taskforce heard that counselling is effective in treating methamphetamine addiction. Families and people who had used methamphetamine had told the Taskforce that there is a clear preference for community-based treatment, so people do not need to leave their home and personal supports. Most people do not need residential treatment to deal with their methamphetamine use.

While the Taskforce heard that the evidence does not support mandatory treatment, it was clear that the community support coercive measures that motivate people to seek treatment as an alternative to the criminal justice system.



## **INCREASED FAMILY SUPPORT**

The Taskforce heard from those impacted by crystal methamphetamine and their families. The common theme was the critical role of families in supporting those struggling with addiction to access support.

Existing services to support families have proven to be effective, but more can be done to expand these services and ensure that families, and those struggling with addiction, are able to easily access information about services.



## **COMMUNITY EDUCATION & CAPACITY BUILDING**

While the issues associated with crystal methamphetamine are not limited to a particular population group, there are key areas of the community that are well placed to intervene at a local level.

This includes employers, sporting clubs and community organisations. While these groups are willing to help, they require training and support to be able to effectively address the issues associated with crystal methamphetamine.





# WHAT IS ALREADY HAPPENING

## Action under the National Ice Action Strategy (NIAS)

Key areas of activity currently include implementing Commonwealth Government funding under the NIAS. The Alcohol and Drug Foundation has been funded to support Local Drug Action Teams (LDAT) to help communities work together to prevent and reduce alcohol and other drug harms and issues. Round 1 grant applications, to fund 40 teams, closed at the end of March 2017.

South Australian Primary Health Networks (PHNs) have been allocated \$11.65 million over three years from 2016-17 to 2018-19, with funding for 2019-20 to be contracted at a later stage.

Federal Government NIAS funding has been committed from 1 July 2016 and has been directed to several South Australian projects to date:

- ▶ South Australia's two Primary Health Networks have been allocated a total of \$11.65 from 2016-17 to 2018-19 to provide additional drug and alcohol treatment services, with commissioning of services commenced.
- ▶ Two Local Drug Action teams have been funded in 2016-17, with a further funding round expected in 2017-18.

## South Australian Alcohol and Other Drug Strategy 2017-2021

The South Australian Alcohol and Other Drug Strategy 2017-2021 is a co-ordinated whole-of-government approach led by SA Health and South Australia Police. It aims to reduce the harms caused by alcohol and other drug problems to the South Australian community by:

- ▶ Reducing alcohol-related harm.
- ▶ Reducing the impact of alcohol and other drug problems on children, young people and families.
- ▶ Reducing the harms associated with the use of illicit drugs and hazardous and harmful use of pharmaceutical drugs.
- ▶ Reducing the harms of alcohol and other drug problems to Aboriginal people.
- ▶ Improving access to evidence that informs practice.

### A number of actions are specifically focussed on reducing methamphetamine use, including:

- ▶ Developing guidelines for psychosocial treatment of methamphetamine dependence for the health sector and for the treatment of methamphetamine presentations in acute settings.
- ▶ Develop peer networks for people who smoke methamphetamine to reduce harm and encourage access to health information.
- ▶ Expand partnerships with agencies that work with priority populations, including LGBTIQ and Aboriginal communities, to address the increase in harms from non-injecting use of crystal methamphetamine.

# WHAT WILL HAPPEN NEXT

**While there is already a considerable focus on addressing crystal methamphetamine in South Australia, following the work of the Taskforce, the State Government is investing an additional \$8 million into specific initiatives to combat crystal methamphetamine as well as strengthening legislation.**

Initiatives focus on the key themes that emerged from the community consultation, including reducing supply, increasing support for families, improving treatment and building capacity within the community. These initiatives can be implemented swiftly and will be rolled out in the coming months.



## REDUCING SUPPLY

**Improve and increase law enforcement responses with a particular attention to large suppliers by:**

- ▶ Increasing capacity for law enforcement to interrupt high-end dealers and organised crime, including enabling funds from seized assets to be reinvested back into law enforcement.
- ▶ Increasing the number of drug dogs and their handlers.
- ▶ Becoming a national leader in regulating the chemicals used to manufacture methamphetamine.
- ▶ Undertaking a CrimeStoppers campaign to encourage South Australians to assist law enforcement in identifying and stopping drug dealers.
- ▶ Amending the Correctional Services Act 1982 to increase controls on drug use in prison, and to prevent the automatic release on parole for certain prisoners sentenced for dealing or trafficking drugs.
- ▶ Strengthening police powers in relation to persons selling or distributing illicit substances.
- ▶ Providing a TruNarc electronic drug testing instrument for each country Local Service Area to enable preliminary testing of substances.



## INCREASED FAMILY SUPPORT

**Support those South Australians struggling with addiction and their families and improve access to information by:**

- ▶ Expanding capacity for face to face support groups for families experiencing alcohol and other drug problems.
- ▶ Establishing a website with information for people dealing with a drug or alcohol problem, as well as family members, clinicians, community workers and the general community.



## INCREASING TREATMENT

**Improve existing services through integrated service delivery and expanding evidence-based treatment responses by:**

- ▶ Increasing access to treatment across the state through the provision of additional outpatient counselling appointments (approximately a 50% increase in funded non-government appointments) and new residential rehabilitation services in regional locations (at least 15 new residential rehabilitation beds).
- ▶ Amending legislation to enhance and expand the operation of the Treatment Intervention Court.
- ▶ Enhancing the capacity of front line workers to manage the behaviour of people affected by crystal methamphetamine.
- ▶ Considering a model for mandatory assessment and/or treatment for those at extreme and immediate risk, based on the Victorian Severe Substance Dependency Treatment Act 2010.
- ▶ Explore other options for diversionary programs across various systems, based on success of DASSA Fines Enforcement Diversion program.
- ▶ Identify opportunities for agencies to share information and develop more effective intervention approaches.



## COMMUNITY EDUCATION & CAPACITY BUILDING

**Supporting employers and community organisations to intervene effectively and address issues at the local level by:**

- ▶ Supporting employers to better respond to substance abuse in the workplace.
- ▶ Building peer education capacity by working with high prevalence, high risk groups to ensure appropriate prevention strategies are in place to reduce use and risk.
- ▶ Supporting grass-roots sporting organisations to build their capacity to respond appropriately to substance abuse issues.



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