

SUBMISSION TO THE NATIONAL ICE TASKFORCE

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NATIONAL ICE TASKFORCE SUBMISSION

What is the impact of people using ice on our community?

The physical harms associated with the use of methylamphetamine are extensive and well documented. Users are at an increased risk of harms such as psychosis and mental illness and long-term use can result in memory loss and increase risk of heart failure and stroke. Studies also indicate heavy users show deficits in overall cognitive functioning, in particular cognitive shifting (the ability to hold multiple ideas in your consciousness and to be able shift from one to the next). Users also display higher levels of aggression and violent behaviour.

Along with the physical; and mental health issues, users tend to experience a wide range of associated problems such as involvement in crime, (ice is not cheap at around \$500 per gram), family and peer dysfunction and disengagement from education and society. It is a particular issue for young people that family relationships can be so damaged by their ice use that families struggle to develop the necessary resilience to manage. As a result, even following a period of intensive treatment the young person is unable to return home and requires support to obtain secure, safe accommodation.

Of particular note in relation to ice has been the dramatic and widespread increase in its use. While the 2013 National Drug Strategy Household Survey revealed that the overall level of amphetamine-type stimulants, (ATS), use had not changed from the 2010 survey, there was a startling increase in reported ice use from 22% to 50% among ATS users. Concomitantly, there was a significant increase in the frequency of use. In Noffs' lengthy experience in the adolescent drug treatment field we have not seen such a rapid escalation in the level of use of a single drug type. Naturally, this also means an unprecedented rise in the amount of problems we face. Five years ago, ice was the primary drug of concern for around 10% of the young people admitted to our residential treatment services. It's now the major problem for 50%; and this is growing. Further, ice is a problem for the whole of Australian society. It's not confined to lower socio-economic areas. It's not confined to big cities. It is everywhere and is everyone's problem.

Where should federal, state and territory governments focus their efforts to combat the use of ice?

Recently the Australian Government spent \$20 million on an ice media campaign. Traditionally, such campaigns in the drug and alcohol field disseminate information in order to raise awareness in people of the harms associated with using, prevent adolescents from starting to use and encourage current users to stop. They are usually implemented via television, radio, newspaper and cinema advertising. This may be supplemented with targeted advertising in particular venues such as nightclubs or hotels.

Unfortunately, not only are such campaigns extremely costly but there is a significant amount of research evidence to suggest that they are not effective. The United States government, between 1998 and 2006, spent \$1.2 billion on the National Youth Anti-Drug Media Campaign. Specifically targeting marijuana, the campaign was independently evaluated by a government-appointed research company. In considering the evaluation the United States Government Accountability Office, in a report to Congress, concluded that the campaign had "no significant favourable effects

on marijuana initiation among non-drug using youth or cessation and declining use among prior marijuana users.”(1) In fact, a second evaluation found that the campaign “may even have had an unintended and undesirable effect on drug cognitions and use.” (2) Similarly, the European Monitoring Centre for Drugs and Drug Addiction, in reviewing 14 mass media campaigns, concluded that they had “no effect on reduction of use and a weak effect on intention to use illicit substances.” (3)

Reasons postulated for the failure of mass media anti-drug campaigns include that they add nothing to the large quantity of anti-drug messages already being received and that the campaigns are simply not novel enough. Also, the media environment is increasingly fractured and cluttered and young people do not pay as much attention to traditional mass media as in the past.

Accordingly, Noffs advocates the allocation of funds to develop a “below the line” media and social marketing strategy that will utilise innovative social networking platforms to engage young people in a two-way conversation about Ice. Young people are not passive, uncritical receivers and repeaters of messages – they demand discussion. These days, many of these discussions take place in online communities. Social media is cheap, agile, widespread and full of potential for health promotion. It also has the advantage of the message becoming self-generating. Peer to peer interactions in the online community ensure that issues are discussed and recommendations and advice sought. The opportunity to meaningfully connect with young people and develop real world solutions to the real world ice problem should not be missed.

References

1. United States Government Accountability Office, *“Report to the Subcommittee on Transportation, Treasury, the Judiciary, Housing and Urban Development, and Related Agencies, Committee on Appropriation, U.S. Senate”*, August 2006.
2. Hornik, R., Jacobsohn, L., Orwin, R., Piesse, A., & Kalton, G., *“Effects of the National Youth Anti-Drug Media Campaign on Youths”*, American Journal of Public Health, December 2008, pp 2229 -2236.
3. European Monitoring Centre for Drugs and Drug Addiction, *“Mass media campaigns for the prevention of drug use in young people”*, August 2013.

In addressing the problem of ice use all levels of government should focus their efforts on improving the range and availability of evidence-based treatment services, especially, programs that provide early intervention to young people. It needs to be acknowledged that adolescents do not fit well in adult based treatment programs. They aren’t adults. They think differently, act differently and have different problems and needs. They need highly specialized, youth specific treatment programs. The clinical expertise to deliver such programs does exist. The Noffs residential programs are based on world-leading research and have been extensively evaluated. These services are specifically designed to provide treatment to 13 to 18 year olds. Unfortunately, there are only two such programs in operation with a total of only 26 beds for the whole of NSW and the ACT.

Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

The Noffs Foundation has, for twenty-five years, provided residential treatment for young people. Our programs in Sydney and the ACT are based on world-leading research and have been extensively evaluated by university academics. Additional out-client counselling and case management services are provided in Sydney, the ACT and Queensland. No other youth treatment program in Australia has the same level of clinical expertise or length of experience. A particular emphasis of our programs is addressing not just the physical and mental health issues caused by drug use but also the criminal behavior, family dysfunction and disconnection from school and community that our young clients experience. These are among the few services in the country providing clinically proven adolescent drug treatment; and they produce results. Quantitative analysis of our residential and out-client treatment services for the 2013/14 year showed significant reductions in frequency and intensity of drug use, involvement in criminal activity and in mental and physical health problems. The same analysis demonstrated significant improvements in family functioning and participation in education or employment. A more detailed description of these positive results can be found in the attached supporting documentation.

Noffs also operates a number of “Street Universities” Sydney, the ACT and Queensland. These centres provide a wide range of workshops, programs and activities that incorporate remedial interventions in a highly visible, youth-friendly environment. The programs attract, engage and intervene with marginalised young people that would otherwise be reluctant to seek professional, psychological help. They also deliver vocational and educational workshops, drug and alcohol programs, life skills training, mentoring and bridging programs to further education. The Street University movement has as its primary aim the re-connection with the community and cultivation of social inclusion of young people. Its strength lies in its capacity to engage and motivate disadvantaged young people and its ability to provide them with the material and social support needed to actualise ideas and ambitions. The centres are attended by thousands of young people each year and, as such, act as vital prevention services.

What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

The Australian Crime Commission report into the methylamphetamine market has highlighted that, to deal with ice, we need an overarching national strategy that includes the health sector, industry, educators and the not-for-profit sector. By acknowledging that law enforcement measures alone will not adequately address the problem, the Crime Commission has signaled to the Australian Government that a significant and considered investment is required in early intervention and treatment services. Currently, relative to law enforcement resourcing, funding for drug treatment services is woefully inadequate.

The National Ice Taskforce should consider that all the evidence indicates that ice users tend to start in their teens and that treatment is more effective the earlier it begins. By their late twenties or early thirties ice users are entrenched in the lifestyle; often with many health issues, numerous contacts with the justice system and ruined family relationships. If they continue using unabated they usually face one of two outcomes – physical and mental health breakdown or imprisonment.

Our hospitals, psychiatric facilities and jails are full. Adult drug treatment services such as the Stimulant Treatment program at St Vincent's Hospital, Sydney are full. The economic, (not to mention social), implications of intervening in the lives of ice users only after their addiction has become ingrained is enormous. Professor Eileen Baldry of the University of NSW has studied the costs, over time, of the pathways of individuals with complex needs who had significant contact with housing, health, community services and criminal justice agencies. She stated, "Millions of dollars worth of time and resources by police, hospitals, courts, Juvenile justice and Corrective Services continue to be spent on a relatively small number of individuals." (1) It is far more desirable that a significant proportion of these funds be spent in ensuring that we stop young people getting to this stage.

While ice is now causing more problems in Australia than any other illicit drug, our recent history has shown that we can be successful in doing something about it. In the 1990s both the Howard Commonwealth Government's Tough on Drugs strategy and the Carr NSW Government's Drug Summit achieved meaningful and lasting positive outcomes. Both identified that placing the burden of solving drug problems on the criminal justice system alone would not be enough. They recognized that a health-based approach complementing law enforcement measures was crucial to success. Accordingly, there was a major investment in treatment services in both the government and non-government sectors. The result was a steady and significant decline in levels of illicit drug use across the country. At the time heroin was the drug of concern. Now the National Drug Strategy Household Survey finds that only 1.2% of the population have ever tried the drug. The approach worked and worked well. Unfortunately, 7% have tried amphetamines at least once in their lives. If we don't now invest in treatment for ice users, particularly early intervention with young users, we will have increased levels of use and problems over the next five years.

The National Ice Action Strategy should include the establishment of more youth treatment services across the country. We need solutions that can identify young people at high risk of developing problems and provide them with timely, effective services that prevent them becoming yet another ice victim.

Reference

- (1) Baldry E., Dowse L., McCausland R., Clarence M., *Lifecourse institutional costs of homelessness for vulnerable groups*, National Homelessness Research Agenda 2009-2013, Australian Government.

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