

Address to the National Press Club

Address to the National Press Club



Thank you Chairman

To start today I want to share a snapshot of a drug user's life from the perspective of a drug user:

'Gradually drugs took over my life. I was starting to get into it earlier and earlier each day. I became really paranoid and reclusive. I shut myself out from the world, and sunk deeper and deeper into a depression that I thought I would never recover from. I was very hard to live with and eventually my marriage was to pay. One night at the dinner table all I wanted to do was go and lay on the carpet in the lounge room. But, I just couldn't move. But then I forced myself up and in my haste I fell over and hit my head on the wall of the kitchen. I just lay there looking up at my daughter who was standing over me, and I felt this enormous sense of shame come over me. I was totally helpless there lying on the floor. I felt so foolish and embarrassed at what I had become.'

(source is ANCD's Positive Stories website)

Today is primarily about methamphetamines but it is important to establish early in this address that our broad focus needs to be on addressing problems from all drugs. No-one sets out to become dependent on any drug, but when it happens it is a deep pain shared by the person, as well as their family and friends.

Now imagine for a moment half a million people gathered together and what a phenomenal crowd that would be to see. Well, ladies and gentlemen, a crowd of half a million Australians is the same number that have used methamphetamines in the past year.

Almost one in ten Australian's have tried methamphetamines and there are now an estimated 73,000 dependent methamphetamine users in Australia.

The new ANCD paper I'm releasing today not only provides a snapshot on methamphetamine use but more importantly suggests some of the ways forward.

Unquestionably we need a greater investment and focus on treatment and I will speak more about that shortly. But methamphetamines, which includes ice, along with ecstasy and a range of other amphetamine type stimulants have become one of the major global drug problems that we must also tackle here in Australia.

Again I want to quote a former drug user, but this time they are speaking specifically about their addiction to ice:

'It ruins your life. It makes you into someone that you're not. You want it every day. You do things that are against what you believe. You lose your family your friends, everything. People around you are devastated. It just takes over your whole life'

(source is paraphrasing from a 60 Minutes story on ice)

At this point I would like to sincerely thank the National Press Club for the invitation to address you all today

and the opportunity to present the Australian National Council on Drugs Position Paper on Methamphetamines.

Methamphetamine use has become a real concern in Australia over the past few years. There has been rising methamphetamine-related problems impacting on both health and law enforcement services. No doubt many of you have seen and heard of the problems faced by hospital emergency staff and police on the beat. Nevertheless, like all drug problems, responding to the methamphetamine problem requires a balanced and coordinated approach that encompasses reducing the supply, reducing demand for drugs, and reducing the harms associated with drugs. Thankfully the balanced and co-operative framework of our National Drug Strategy allows many of the responses necessary to address methamphetamine use to already be in place in the form of prevention and treatment programs, HIV prevention initiatives such as needle exchange programs, and many law enforcement efforts across jurisdictions in Australia and internationally.

What this ANCD paper reveals is that:

- Whilst an estimated 1.5 million Australians have tried methamphetamines, the majority have either snorted or swallowed the drugs on only a small number of occasions and thankfully they are unlikely to experience significant problems from their methamphetamine use
- It's estimated there are approximately 73,000 dependent methamphetamine users in Australia—nearly double the estimated 45,000 regular heroin users in Australia
- In 2004/2005, there were 14,780 drug treatment episodes for methamphetamine or amphetamine use in Australia
- Providing effective treatment for methamphetamine dependence is critical to addressing the problem because most of the harm from the drug comes from dependent users
- Worryingly recent estimates suggest that less than a third of dependent methamphetamine users received treatment
- Harms associated with heavy methamphetamine use include psychotic symptoms (paranoia and hallucinations), crime (drug dealing, property crime), aggression or violent behaviour (particularly during drug induced psychosis), deterioration in social functioning, and a range of physical health problems (stroke, cardiovascular pathology, dental problems)
- Fatalities from methamphetamine use are not common, and less likely than for heroin use. However, methamphetamine does increase the risk of stroke and cardiac failure, and a notable number of methamphetamine-related deaths have now been documented in parts of the USA where the drug's use is more common. In Australia there are currently around 50 deaths a year that are attributed directly to the use of psychostimulant drugs, including methamphetamines

Because methamphetamine use does have many effects and consequences that differ from other drugs some of our existing responses need to be adapted whilst some further specific responses to methamphetamines are also warranted.

I will of course return to this important paper and highlight some of the recommendations it provides for governments to address methamphetamines in Australia later in my address but as many of you will know I have been Chairman of the ANCD for nearly a year now and I would like to share with you some of my thoughts and observations on the Council as well as explore many of the complexities facing Australia, and

indeed the rest of the world, in addressing drug and alcohol use. I would also like to acknowledge my colleagues from the ANCD, Associate Professor Robert Ali and Mr David Crosbie who are here today and will form part of a panel to answer questions after my address.

In case some are wondering about my appointment, I can assure you that it is a position that I have been in training for all my life. As a child I was raised in a pub in North Queensland and at the age of 10 saw my first case of what was then known as 'delirium tremens' or more commonly 'the DT's'.

It made a lasting impression on me.

Later one of my first medical appointments was as an Assistant Government Medical Officer examining drunken drivers (before the days of Random Breath Tests) where I regularly witnessed the devastation wreaked by the combination of alcohol and motor vehicles. In fact throughout my 30 year surgical career I continually saw violence and the hopeless wasting of life from alcohol and in another sense from tobacco.

After I became Minister for Aboriginal and Torres Strait Islander Affairs in 1996 I became the 2nd longest serving Indigenous Affairs Ministers in this country. In my time as Minister I saw and learned a lot from my visits and consultations with people in over 165 Indigenous communities throughout Australia—and again the thread of destruction weaved by alcohol, and increasingly other drugs as well as petrol sniffing was apparent.

Of course politics was where I became known to many people and my time as Minister also taught me a lot about the media.

I learned that the media has a very heavy responsibility in balancing the requirement to sell as against the need to responsibly inform. It is an art form to manage for politicians and on occasion I think it is just as difficult for you when trying to get clear messages through to the public about where we are today with drug use.

Sometimes reading the papers or watching and listening to television and radio would convince even the greatest optimist that our society was awash with drugs, crime, and violence and young people everywhere were drinking to excess and high on drugs. As many of you know I have 9 children and 17 grandchildren (and counting); and so I share the worry and anxiety of many parents and grandparents over the array of drugs and other risks our children have to negotiate their way around in today's world.

In many senses the lives of mine and some other generations was simpler and easier but then again opportunities were far more limited than today. With freedom and opportunity the risk of over-indulgence is greater. It places greater demands on self-control and the resistance of peer-group pressure.

Today however, I intend to use this opportunity to talk directly and openly about the good news and the bad news about drugs and alcohol today.

We have some of the most dedicated and professional people in the world working in Australia on drug and alcohol issues and I would, on their behalf like to present some of the information you may not always see or hear. As an example it is worth remembering that;

Overall drug use in Australia has been declining since 1998

The overwhelmingly majority of young people do not use drugs. They are better educated about these issues

than ever before.

The level of cannabis use has seen the most dramatic decline

The number of fatalities from drug use has fallen by 70% in the past 8 years

The average age at when people try illicit drugs for the first time has been increasing

Australia has one of the lowest rates of HIV infection amongst injecting drug users in the world'

Since 1998 there has been an additional \$1.5 billion of Federal funding allocated to address drug and alcohol problems in Australia, with a substantial amount of this funding being provided for the Illicit Drug Diversion Initiative which seeks to divert drug users from the criminal justice system and into the drug treatment system. It has also been estimated by the ANCD that at least 50% of this new and additional funding is being used to provide education, prevention and treatment services for drug users.

However this is not a time for complacency as we must also acknowledge that:

- Alcohol and tobacco remain the most socially, economically and health damaging drugs in Australia
- Despite the use of illicit drugs generally declining since 1998 the level of methamphetamine and ecstasy use in Australia has been increasing
- Whilst Australia has a mature and sophisticated drug treatment service network, with the level of accessibility and availability of this treatment having increased significantly since over the years, the level of dependent drug users in treatment in Australia is estimated to be below 50%—this is still lower than some Western countries where rates above 70% are achieved

One of the areas that we must focus our attention on today is the group of drugs known as amphetamine type stimulants, this refers to methamphetamines, including crystal methamphetamine which is marketed and known as ice, and other drugs such as ecstasy and related drugs.

Production and use of these drugs has been increasing around the world particularly in the United States, Thailand and Japan. You may be aware that two weeks ago the Home Office Secretary in the United Kingdom reclassified crystal methamphetamine as a class A substance increasing the penalty for people who use crystal methamphetamine to up to seven years in jail and an unlimited fine while dealers could get life behind bars.

Closer to home we know from our colleagues in the region that the Asia-Pacific area has been home to some enormous production facilities for methamphetamines, with literally tonnes of the drug being produced and that this production has turned increasingly to its crystalline form or ice.

There are many destinations for this drug including the US, Europe and Australia, but increasingly methamphetamine use is becoming the drug of choice in many countries in the region, and particularly amongst young people in the burgeoning middle classes, as well as those in occupations which demand prolonged activity such as truck drivers.

Such developments only serve to emphasize the need for Australian authorities in the Australian Federal Police and Customs Services to continue to collaborate and work closely with our regional neighbours to

address methamphetamine production and trafficking and the need for our health and development services to engage and assist with treating drug use to a much greater level in the region.

I am pleased to report that Australia has worked tirelessly in the past few years to strengthen our understanding and ties with our counterparts in the region. Drugs are truly a global phenomenon and just as traffickers work across national borders so must we if we are to undermine their efforts to increase the availability of drugs. Rightfully there is increasing respect and reliance on Australian expertise and knowledge on drug issues across the Region.

To return to the methamphetamine situation in Australia, over the past year or more media reports have abounded with tragic tales of young lives ruined by methamphetamines, heightening the fears of parents and families and requiring action by governments from communities.

However, if I can get one clear message out on behalf of the ANCD and many of us involved in this sector, it would be not to panic. Although methamphetamine use has increased over the last decade there is growing evidence that its use may have stabilised in the past couple of years.

We know that methamphetamine is a drug that is taken by a wide-variety of people and is associated with a range of usage patterns. I repeat that of the 1.5 million Australians who have tried methamphetamine, the majority do so once or on only a small number of occasions and are unlikely to experience significant problems or continue to use the drug.

However it is a highly addictive substance, and a proportion of people who try the drug move on to take methamphetamine regularly and experience increasing levels of harm from using the drug. In fact the increase in problematic drug use associated with methamphetamines is becoming more visible due to a number of users becoming dependent or chronic users over time. One of the striking features is its potential to induce psychotic behaviour endangers those who are trying to help. Paranoia is not uncommon.

The reason we are asking people not to panic is because Australia already has in place significant measures to reduce the production and supply of methamphetamines in Australia.

Of course supply is only one side of the equation, and reducing demand for the drug and indeed all drugs remains our best chance of overcoming problematic drug use in this country. To reduce demand we need to educate and inform people about drug and alcohol use and the damage and risks it causes; and we need to have sufficient treatment services available for those that need them. Whilst we have quite a sophisticated treatment system in place for drug users more work and investment is needed to improve the access to treatment for all drug users, and in particular for methamphetamine users.

In releasing this position paper today the Council is mindful of not wanting to act as an unwilling marketer of methamphetamines, particularly ice. Naming the drug ice clearly demonstrates the ability of illicit drug manufacturers to use sophisticated marketing techniques—for what does ice conjure up for young people today—images of a cool, crisp and clean substance—unfortunately this is an image far from reality. The dirty, unsanitary and unsafe production of this drug is glossed over with the use of a name to remove such thoughts from the users mind. The same issue applies equally to another amphetamine type stimulant and that is ecstasy—again we have a name that is designed to attract and deceive. Even the use of terms such as ‘party drugs’ serve little purpose other than to potentially promote a group of drugs that are dangerous. What all this shows us is that illicit drug manufacturing is an insidious and cruel business run purely for the profit of the

unscrupulous. God only knows what ingredients may be mixed in by suppliers to increase profits and little is known about the unsanitary and dangerous means of production that many employ.

What we are trying to do by releasing this paper is provide a path for governments to take to address methamphetamine use in Australia. We know that there will be many people that will try the drug, we also know that there will be some of these that will find the experience far from pleasurable, but for some who may enjoy the experience they potentially risk finding themselves using the drug far more regularly than they will care to admit and eventually find themselves addicted to the drug and with all the harm that entails, as the quotes I provided earlier graphically demonstrate.

To respond, we need to galvanize our educational efforts, invest more in our treatment system, maintain our public health programs and continue to support efforts to reduce supply of the drug. This is a strengthening of the current approach taken by Australia and builds upon the co-operation between health and law enforcement sectors which is an often under reported hallmark of Australia's approach to addressing drug use and stands us in good stead for addressing methamphetamine use.

Some of the specific recommendations made by the Council in its paper include:

- Utilising existing police and court diversion programs, as well as drug testing programs for drivers to target methamphetamine users for referral into treatment
- Maintaining the efforts to restrict the availability of precursor chemicals used in the manufacture of methamphetamines.
- Encouraging partnerships between health and law enforcement personnel
- Encouraging media campaigns that are well researched and do not lead to an unintended increase in methamphetamine use or other harms
- Improving our understanding and overcoming the barriers faced by drug users in accessing drug treatment
- Increasing the awareness of evidence-based treatment options for methamphetamine use and improving the capacity of treatment providers to use these types of treatments
- Further building on the capacity and evidence base for the treatment provided by therapeutic communities and residential care services for methamphetamine use
- Ensuring that drug treatment services have the capacity to identify and treat or refer patients who have co-morbid mental health problems. This could involve having on-site psychiatric staff and/or clinical psychologists, and where appropriate, integrating psychiatric and drug treatment services
- Implementing HIV prevention strategies for injecting drug users that address both injecting-risk behaviour and sexual-risk behaviour

I want to now briefly return to the Australian National Council on Drugs and its role and work. You see, the ANCD is a very unusual and unique creation. It is both an insider to government providing advice and expertise on a range of issues yet it is made up predominately of people that are outside government who work in treatment, research and education as well as law enforcement.

The inaugural Chairman when it was established in 1998 was Major Brian Watters who has now been appointed to the International Narcotics Control Board and I pay tribute to his exceptional leadership.

In my time as Chairman I have developed nothing but admiration for the people that serve on the Council. They are all appointed by the Prime Minister and all undertake the work of the Council on top of their full time and already demanding positions. The work of the Council is important and must be maintained as a source of independent evidence based advice for government, whatever its persuasion.

Having touched on politics I want to return to my main work in politics when I was in the Federal Parliament and that is Indigenous issues. A particular issue in some Indigenous communities is petrol sniffing. Unfashionable though it may be at the moment I wish to thank the petrol producers for the introduction of Opal fuel. Opal fuel, when it substitutes regular fuel, has a dramatic effect in lowering the damage due to petrol sniffing. It does not damage motor vehicles.

As I mentioned at the start of this address I have witnessed some truly appalling and distressing events as a result of alcohol. However alcohol has always been intertwined with Australian history and broaching this subject can be quite difficult as accusations of wowsersism can often ensue. So let me make it clear, I drink alcohol and so do some other members of the ANCD. We do not wish to stop alcohol being available and consumed. What we do want however is a recognition and approach to the consumption of alcohol that addresses the damaging effects of excessive alcohol consumption and in particular the violence, fear and intimidation caused by public intoxication and mob behaviour. The production, sale and marketing of alcohol in Australia, and worldwide, are multi billion industries. Alcohol also causes billions of dollars worth of damage.

There are many factors we need to address in Australia when addressing alcohol but I believe there are 3 priorities which are crucial in we are stop the damage it can cause and does cause for many people.

First we must address the culture of drinking in this country which celebrates drunkenness, and promotes binge drinking as some sort of rite of passage and mark of respect. I am not seeking to lecture young people, as they are often lectured to about binge drinking, indeed responsible drinking is something for many adults to do rather than expect from others. Parental education is paramount and the example speaks louder than words.

Secondly, we must revisit our promotion of alcohol. Laws which allow alcohol advertising to be shown during the day when children are watching television because there is a sporting contest on are out of touch with community wishes. The alcohol industry spends millions on promoting its products—and there is a reason for this. Greater restrictions on advertising and promotion are warranted for this potentially dangerous product.

Finally, the taxation schedules for alcohol need to be revisited to ensure they are structured to reduce harm. This can take many forms but the base of taxation should be one determined by the volume of alcohol in a product, with the necessary adjustments to promote responsible consumption.

As some of you may know I have been a strong advocate to reduce tobacco smoking for many years. As Chairman of a Senate Committee into Tobacco it is a source of great pride to see that Australia probably now leads the world in having the lowest rates of tobacco smoking today. Our efforts in getting these lower levels are based on a number of strategies being implemented, maintained and expanded. There are lessons to be learnt here for our approach to drugs and alcohol.

The results we have achieved have been due to bi-partisan co-operation at all levels-through the State and Federal Ministerial Council on Drugs, the Intergovernmental Committee (of Public Servants) on Drugs and the

Media resulting in an increasing and rapid response to the emerging dangers of new substances. Never underestimate the ruthlessness of organized crime in its efforts to increase its wealth.

Organized crime is a clear and present danger to all our families and it behoves all of us to stay alert to the death, destruction and havoc that is a consequence of complacency.

So in concluding my address today I would like to emphasize that Australia has undertaken a great deal of work and achieved a great deal to reduce drug use and the harms it causes us all. I would also like to stress that to address methamphetamines and indeed all drug use requires a balanced, pragmatic and partnership approach, and that if there is one way we could make an immediate impact it would be to recognize that treatment is the great investment. As I said at the start, no-one sets out to become addicted to drugs and to hurt those around them, and treatment provides a real pathway out of this mire.

Finally I would like to officially release the Australian National Council on Drugs Methamphetamine Position Paper and welcome governments, media and the general public to review and respond to its contents.

We would welcome your interest and will respond to the debate.

Thank you for allowing me to be in your presence today.

I now call on Associate Professor Robert Ali and Mr David Crosbie to join me in answering any questions you may have.

31 January 2007

The ANCD is the principal advisory body to Government on drug and alcohol issues.

For further information, please contact:

Mr Gino Vumbaca (ANCD Executive Officer)
0408 244 552