

# SPECIAL REPORT

A S P I

## Methamphetamine

Focusing Australia's National Ice Strategy on the problem, not the symptoms

A S P I  
AUSTRALIAN  
STRATEGIC  
POLICY  
INSTITUTE



John Coyne, Vern White and Cesar Alvarez

October 2015

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**Cover image:** Methamphetamine, also known as ice or simply meth, is very powerful and addictive form of amphetamine. © DEA - digital version copyright/Science Faction/amanaimages



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## About Special Reports

Generally written by ASPI experts, Special Reports are intended to deepen understanding on critical questions facing key strategic decision-makers and, where appropriate, provide policy recommendations. In some instances, material of a more technical nature may appear in this series, where it adds to the understanding of the issue at hand. Special Reports reflect the personal views of the author(s), and do not in any way express or reflect the views of the Australian Government or represent the formal position of ASPI on any particular issue.

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(l-r) Australian Customs and Border Protection Service regional commander Rod O'Donnell, AFP commander Matt Rippon, ACC chief executive Chris Dawson and WA Police acting commissioner Stephen Brown at the Perth AFP headquarters on 10 October 2014 with just some of the 90kg of methamphetamine seized in raids in the city the day prior. © AAP Image/Rebecca Le May

# FOREWORD

Australia's federal, state and territory governments are in almost universal agreement that the nation's communities have a crystal methamphetamine ('ice') problem. That view is shared by emergency services professionals who are serving at the ice front line in communities from the inner cities to the bush.

While Australian governments have declared the problem an 'ice epidemic', there are dissenting views in academia and the media about the use of that term. Regardless of whether it's a problem or an epidemic, what has become clear is that Australia's National Drug Strategy 2010–2015, now almost five years old, is not able to minimise the harm to the country caused by ice.

As is often the case in Australian policy circles, extraordinary challenges result in extraordinary policy measures—in this case, the establishment of the National Ice Task Force. Its terms of reference have already sent a strong message to Australian communities that current approaches to illicit drugs aren't dealing adequately with the effects of ice use. There's no evidence or indication that current strategies are decreasing the demand, supply or harm from the drug.

To be fair, Australia's National Drug Strategy has a range of innovative and highly successful components. But, as in any large system, if the strategic software for integrating the various subprograms has too many bugs, there'll be a lot of error messages. While neither arrests nor rehabilitation on their own will fix the ice challenge, that fact doesn't necessarily support the adoption of extraordinary powers or policies.

This special report outlines and discusses an alternative strategic framework to respond to the Australian ice challenge.

# EXECUTIVE SUMMARY

Australia's seemingly unquenchable thirst for crystal methamphetamine (or 'ice') has created a major social, health and law enforcement challenge for all levels of government and the bureaucracy. The traditional programmatic approach to counter illicit drugs—with its multipronged health, education and law enforcement strategies—has failed to prevent the problem or address it in any meaningful way. The formation of the National Ice Task Force in 2015 arguably shows that existing policy initiatives are at best holding some ground in the crisis.

The problem, although complex, can be summarised very simply:

- A significantly large proportion of Australians (by global standards) use ice, and they do so frequently.
- Despite law enforcement agencies' record seizures, the price of ice for Australian users is statistically stable, and the drug's availability is spreading from capital cities to bush towns.
- From street dealers to global organised crime syndicates, there are big profits to be made in Australia's ice market.
- Australia's families and communities are feeling the impacts of this problem daily.

To address this problem, the National Ice Task Force is going to have to do more than recommend a few new policy initiatives to target supply, demand and harm reduction.

In contrast with more traditional responses to drug problems, this report argues that Australia needs a paradigm shift in its design and delivery of an ice strategy. Case studies of Australia's response to its 1990s heroin epidemic and Ottawa's strategy since 2009 to deal with crack cocaine reveal a number of valuable lessons for policymakers. While this report doesn't advocate the wholesale adoption of the 'heroin strategy' or the 'Ottawa approach', it argues strongly to take a principled approach in the development of an ice strategy that's strategically focused on reducing harm to Australian communities, not on seizing drugs or making arrests. With this focus, strategists and policymakers will be able to develop surgical interventions to disrupt the factors that contribute to harm, and not merely the symptoms of the problem.

In this strategy, law enforcement isn't focused on arrests, prosecutions, custodial offences or seizures, as none of those will have a guaranteed impact on the problem. The focus is on means to reduce the availability of drugs, the disruption of user behaviour and the integration of education and health initiatives.

The report doesn't advocate the decriminalisation of ice or ice use. Instead, it argues that the National Ice Strategy should consider three key points:

- *Integration*: Drug strategies have a better chance of being successful when all of their initiatives are integrated into a strategically focused harm reduction strategy.
- *Innovation*: Education, health and law enforcement stakeholders should be free from the limitations of wholly quantitative performance measures.
- *Disruption*: Initiatives to tackle the ice problem should be focused on the disruption of the problem, rather than the treatment of symptoms of the problem.



# THE PROBLEM

On 8 April 2015, then Prime Minister Tony Abbott announced that the country was in the grip of an 'ice epidemic'. He argued that ice (crystal methamphetamine) use was the worst drug problem Australia has ever faced.<sup>1</sup> This characterisation of the ice problem as an epidemic served to legitimise the development of a national multidisciplinary task force to address the issue: the National Ice Task Force.

Government, non-government and academic reporting consistently finds that Australia is faced with:

- a high per-capita user demand for ice, both from addicts and from so-called 'recreational' users
- a high-profit market due to comparatively high prices
- an internationally integrated illicit drug supply chain
- a user base that in economic terms is price insensitive
- a situation in which Australia's police and enforcement agencies are achieving record ice seizures and arrests but the market remains well supplied.

Australians use more ice than the citizens of any other country.<sup>2</sup> More of them are using it, and they're doing so more often.<sup>3</sup> The Australian Crime Commission (ACC) has argued that, among all the drugs available in the illicit market, ice is the most destructive, addictive and available.

A June 2015 media release from the National Drug and Alcohol Research Centre provides some figures:<sup>4</sup>

- Accidental drug deaths involving ice have doubled since 2010.
- Over the past 10 years, the number of injecting drug users who use ice has increased by 52%.
- 62% of injecting drug users reported using ice in the past six months.
- Around 20% of recreational psychostimulant users reported taking ice in the past six months.
- The average frequency of ice use among Australians who inject drugs increased from fortnightly to close to weekly.

Australia's national, state and territory law enforcers' interventions have led to record seizures and arrests. Additional policy initiatives, such as mass media campaigns,<sup>5</sup> have also been used to reduce the domestic demand for ice. But there's no evidence to indicate that these measures have stemmed the domestic demand for or supply of ice in Australia.<sup>6</sup>

The National Ice Task Force has a difficult road ahead. It must try to draw together many different stakeholders to deal innovatively with such a complex policy challenge. Former Victoria Police Chief Commissioner and head of the task force, Ken Lay, has said that halting the advance of crystal methamphetamine requires more than 'locking up dealers or sending addicts to rehabilitation'.<sup>7</sup> Equally, however, a strategy that focuses on balancing treatment, rehabilitation, education and family support with arrests is unlikely to be successful on its own.

Australian policy responses to ice need to be strategically focused on reducing harm through integrated supply and demand reduction.

# CRYSTAL METHAMPHETAMINE AND ITS USERS

Based on the recent moral panic and emotive media reporting, it would be easy to conclude that the ice challenge is an unprecedented new threat. It isn't. For many years, successive ACC reports have highlighted the growth of the nation's domestic ice market and its associated harms.

As early as November 1991, Australian Federal Police (AFP) and Customs officers warned of the threat from what was then a new drug on the market and lobbied the Australian Government to develop a campaign to stop its spread. Customs said it was the most popular drug of abuse in Japan and Korea, and the second most popular in the Philippines. Joint operations in Hong Kong and Japan seized 80 kilograms of the drug, believed to have been manufactured in China.

'Ice' is the colloquial name for crystal methamphetamine, which is the strongest synthetic chemical stimulant in the amphetamine class of drugs. It can be smoked, snorted, swallowed or injected. The drug's addictive power is created by the human body's capacity to metabolise ice quicker than other forms of methamphetamine.

Ice stimulates a large release of dopamine, a neurotransmitter, which creates feelings of euphoria and pleasure for periods of up to 24 hours. At the same time, it stimulates the release of noradrenaline, which supercharges the 'fight or flight' centres of the brain. Simultaneously, ice alters serotonin levels in the brain, disrupting sleep, mood, appetite and impulse control.

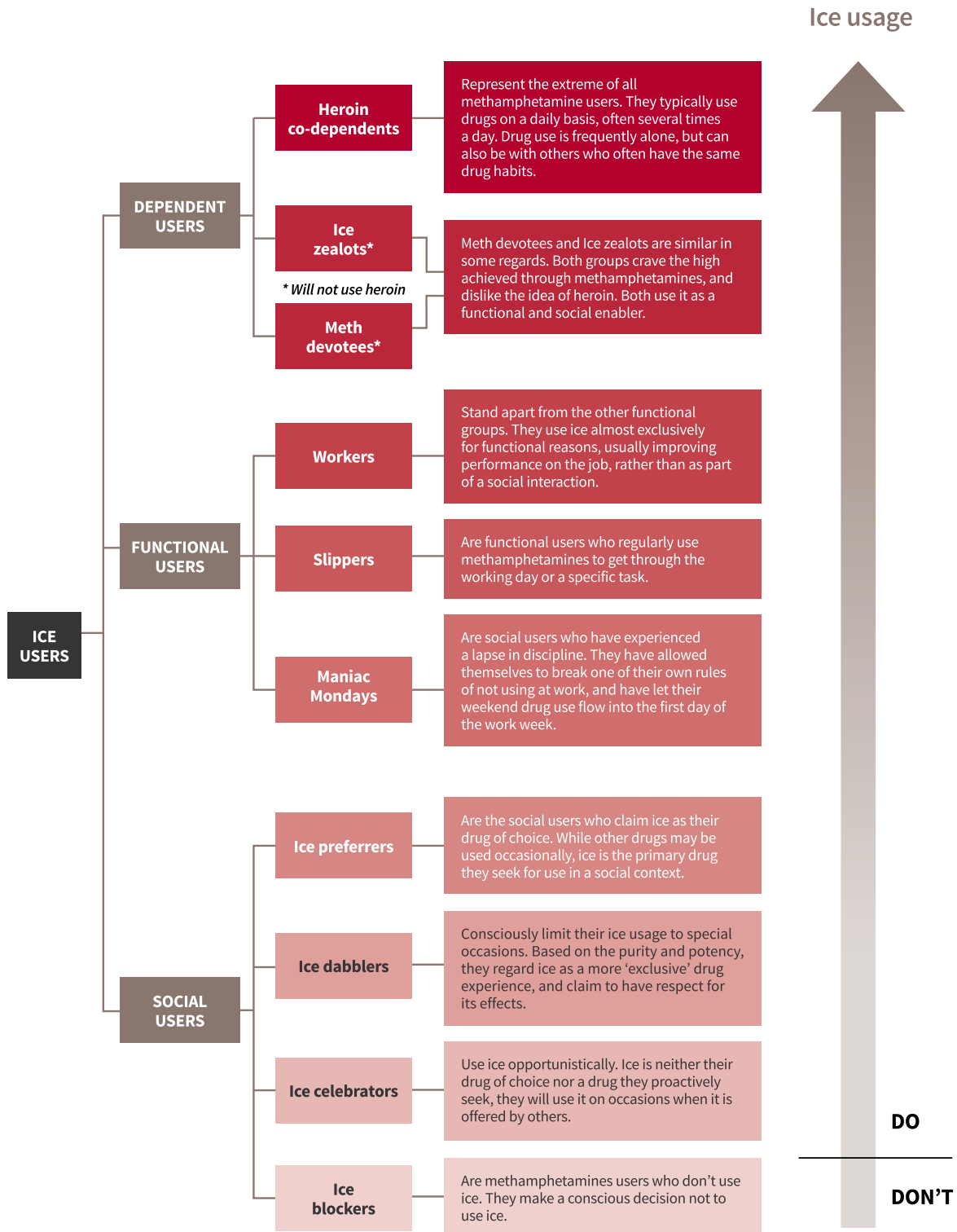
While an ice user's demographic and socioeconomic status are significant factors in how, why and when they use the drug, behavioural and motivational factors provide a more effective explanation. The Department of Health has found three distinct behavioural contexts for ice use:

- *Social use*: motivated by the disinhibitory effects of methamphetamines
- *Functional use*: motivated by the enabling effects of methamphetamines
- *Dependent use*: motivated by the perception of normality from reliance on methamphetamines.

Within the three behavioural contexts, different sub-groups of users emerge, based on their attitudes and behaviour towards ice (Figure 1).

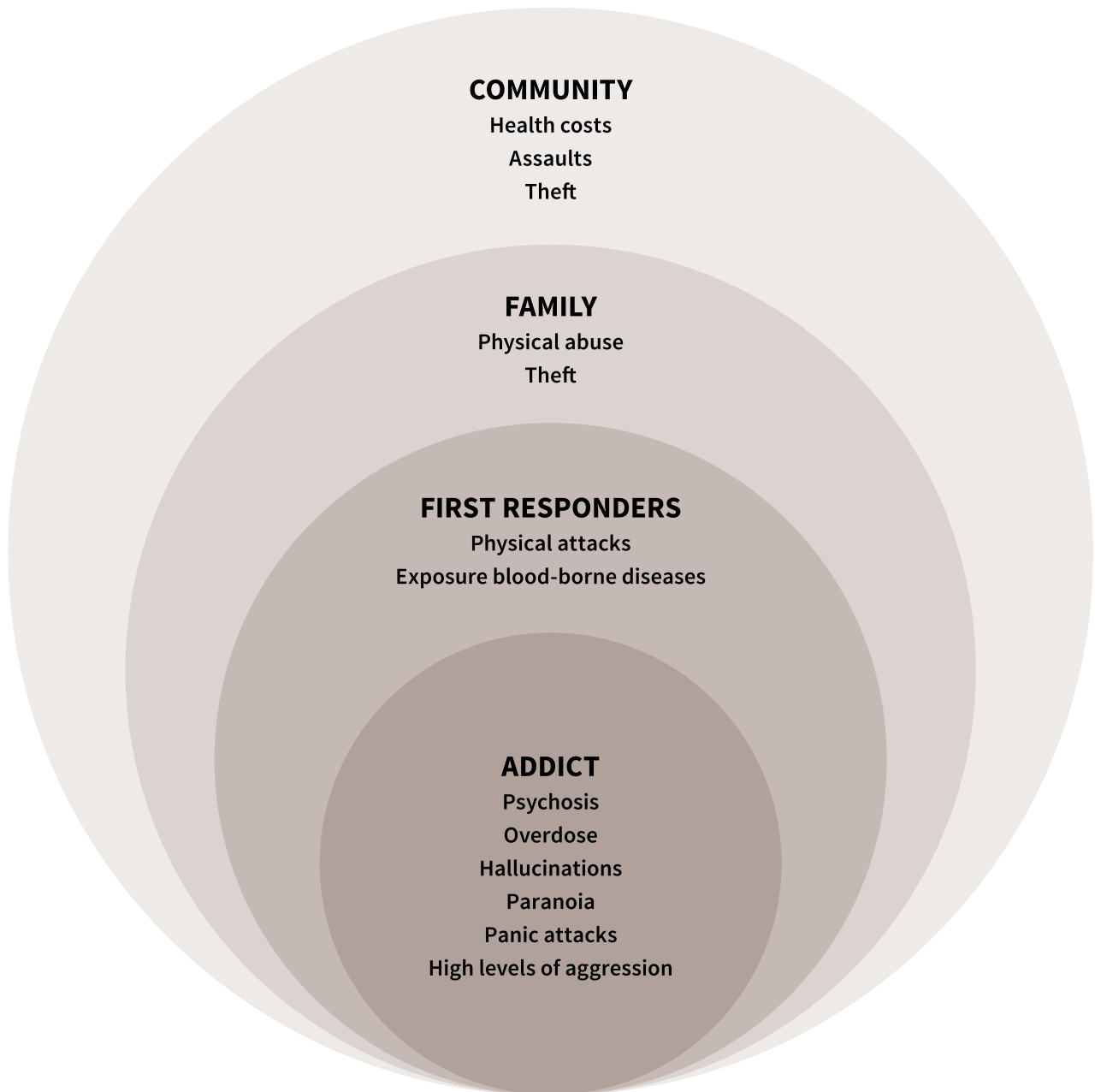
As ice use rises, the ripple effects of its use increase markedly (Figure 2). Among multiple other issues, psychosis, violence and erratic behaviour due to ice use are becoming more common in large cities and small communities across the nation.<sup>8</sup> However, regular ice users face a number of other major risks, including the risk of acquiring septicaemia, hepatitis C and HIV.

Figure 1: Specific types of methamphetamine users



Source: Department of Health, Patterns of use and harms associated with specific populations of methamphetamine users in Australia — exploratory research, [www.health.gov.au/internet/publications/publishing.nsf/Content/phd-npi-methamphetamine-report-feb09-l-users#figure4](http://www.health.gov.au/internet/publications/publishing.nsf/Content/phd-npi-methamphetamine-report-feb09-l-users#figure4).

Figure 2: The ripple effects of ice use



More than 1.3 million Australians aged fourteen years and older have used methamphetamines in their lifetime and 400,000 are using ice on regular basis.

And regular users aren't the only ones exposed to ice's harmful effects. During 2013, 8.3% of Australians reported that they had experienced some form of abuse caused by illegal drug use. Among those victims, those experiencing physical harm jumped from 2.2% in 2010 to 3.1% in 2013.<sup>9</sup>



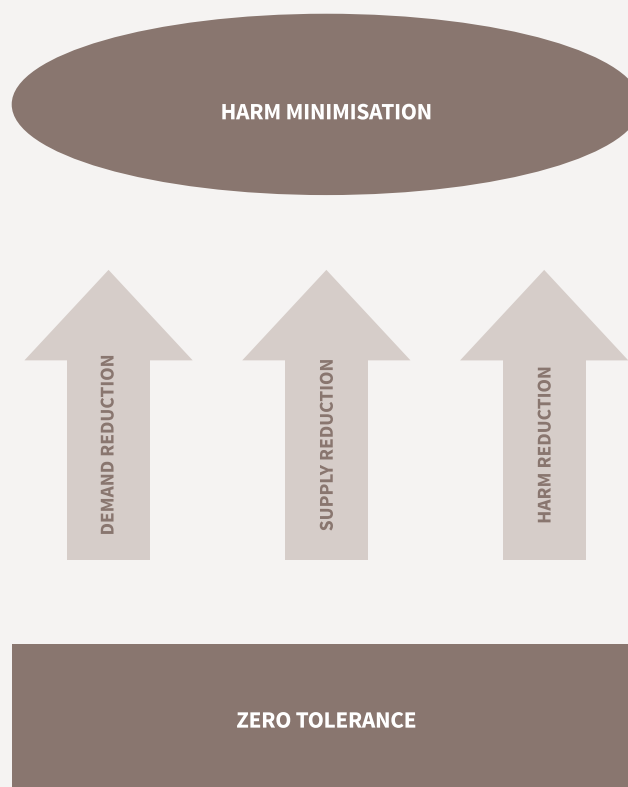
# LESSONS FROM THE AUSTRALIAN HEROIN EPIDEMIC

Some of Australia's current law enforcement, education and health leaders faced a problem similar to ice earlier in their careers, during the heroin epidemic of the 1990s. Their experience at that time resonates with today's ice challenge.

Australia's strategic policy responses to the nation's illicit drug problems today have their origins in the 1980s, when heroin became part of pop culture. The first symptoms emerged of what would become a national heroin epidemic by the 1990s. The spread of HIV/AIDS and the admission by the then Prime Minister, Bob Hawke, that his daughter was a heroin addict led to a national groundswell that created a space for improved public policy dialogue.

In 1985, public support for an Australian Government response resulted in the formation of the National Campaign Against Drug Abuse. During the campaign's initial development, the concepts that underpin Australia's National Drug Strategy emerged. The campaign was based on an intervention theory that a national policy approach needed to be built upon three key pillars: demand, supply and harm reduction. In those early days of the national strategy, each pillar of the strategy, along with its associated policies, was implemented through separate activities (Figure 3).

Figure 3: The National Campaign Against Drug Abuse strategy



By the mid-1990s, Australia was faced with a steep increase in heroin deaths, which substantiated the media's claim that the nation was experiencing a heroin epidemic. This period was also marked by increases in treatment for heroin addiction, arrests for heroin possession, and hepatitis C infections.

In 1997, the Howard government initiated its 'Tough on Drugs' strategy as the national response to the heroin epidemic. The initiative was developed to minimise harm through a three-pillar strategy focused on supply, demand and harm reduction. The title, and the conservative perspectives that underpinned it, ensured that many mistook this strategy for being an Australian version of the US 'War on Drugs'.

Reviews have shown that the 'Tough on Drugs' initiative resulted in the Commonwealth's seizure of over 14 tonnes of heroin and a substantial reduction in opioid overdoses. Success wasn't achieved by declaring a war on drugs but through the integration of enforcement, education and treatment efforts from the streets to the parliament (Figure 4). The government of the day accepted that the heroin problem was complex and therefore needed complex policy responses informed by multiple lenses and perspectives.

In 2010, the Australian Government, the state and territory governments and the non-government sector worked together to develop the National Drug Strategy 2010–2015. With the heroin drought a distant memory, the 'operationalisation' of the nation's drugs strategy changed. The new strategy sought to improve 'health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society'. While health, education and enforcement officials continue to cooperate, current policy initiatives are at best linked to one another, as opposed to being integrated into a single strategy.

Figure 4: 'Tough on Drugs' integrated strategy



# LESSONS FROM OTTAWA

In May 2007, the million or so residents of Ottawa, the Canadian capital, were facing a serious challenge from drug addiction and trafficking, mainly involving crack cocaine (a form of cocaine that can be smoked). The challenge was evident on the streets, in the shelters, and in the schools and homes of residents (see box). The community was concerned about the drug addiction issue, but also about its second-order effects: high levels of petty crime, break-ins to vehicles and thefts of personal property.

The Ottawa Police Service hired a new police chief, who was brought in with clear directions to move the organisation towards innovative solutions in the battle against the drug problem. The pressure from the community and internal changes in the police service became a 'perfect storm' in the development of a long-term strategy to combat crime in general, as well as drug trafficking and addiction. In meetings with senior community leaders, the same issues were being raised. The concern was that the police service had become disconnected from the community. This disconnection meant that the police were not focusing on the community's concerns about the effects of prolific drug trafficking and other crimes.

Taking community concerns into account gave the police service the opportunity to develop a strategy that would combat the problem. The strategy needed immediate, mid-term and long-term goals. The service saw a need for a multi-pronged approach using a number of initiatives. Success would be measured as follows:

1. Reduce street-level drug trafficking (*supply reduction*)
2. Reduce criminal activity (primarily petty crimes) (*impact of supply reduction*)
3. Reduce the number of addicts who have easy access to drugs, in an effort to show that supply reduction would drive some addicts to obtain necessary treatment (*demand and supply reduction*)
4. Increase access for addicts and dealers to alternative programs and addiction treatment (*harm and demand reduction*).

The police service decided that it would take a holistic approach to combating the problem of addiction in Ottawa. In early discussions within the service, the frustrations of officers dealing with addicts were obvious. As one officer stated, 'This problem needs an approach that deals harshly with drug dealers and compassionately with drug addicts.'

The service worked out a plan to reduce supply and demand in a number of ways. By moving some officers from other initiatives, it put together the Street Crime Unit (SCU), the focus of which would be on targeting street-level drug trafficking in an area with a population of about 45,000. The nine-member unit was supplied with video and photographic equipment in an effort to reduce court time for officers and increase the number of targets. The officers involved were chosen for their knowledge, skills and abilities but also their dedication, commitment and ethical behaviour to ensure that the team had the greatest potential for success.

## Case study: 'It seemed like a ghetto'

From an article in the *Globe and Mail*:

### Canada's cracked-out capital: 'Just suddenly overnight it seemed like a ghetto'

ERIN ANDERSSON April 14, 2007 OTTAWA — You know you're in Ottawa when the first drug dealer you meet once worked on Parliament Hill. On a cold Friday afternoon, Raymond Lambert leans in his black leather jacket against the wrought-iron gate outside the Shepherds of Good Hope, a homeless shelter on the edge of the Byward Market, a short walk east of the Peace Tower.



Photo courtesy author Vern White.

The SCU began its work in 2008, following recruitment, training and intelligence initiatives. It located its targets based on reports of drug dealing in the area, mainly received from frontline officers and community members. The officers then made multiple purchases of illicit drugs, in line with predetermined goals and rules of engagement, to gather evidence.

In the SCU's first two and a half years, the unit:

- laid 2,500 criminal charges against more than 500 people
- seized C\$500,000 in narcotics and contraband
- seized 10 vehicles
- closed three commercial establishments
- shut down 20 crack houses.



As well as arrests and prosecutions, the SCU used a number of other tools to reduce the number of dealers in specific areas:

- The SCU would release drug traffickers on bail conditions that included limiting their movement into areas where they had been trafficking. The goal was to displace the offender in an effort to change their behaviour or to force them into a new area where their activities might not be welcome. The basis for using crime displacement is that crime can be prevented by altering environmental situations, possibly changing the criminal's behaviour, and possibly deterring criminal behaviour while displacing it.
- The unit gave the names of all dealers charged to the local social housing authority and the social assistance provider. In some cases, drug users could be receiving financial support without acknowledging the income that they received illegally as drug dealers (that is, committing welfare fraud).
- The SCU notified local medical offices and hospitals of the arrests of large numbers of traffickers (70 plus, normally) to give medical personnel an opportunity to organise treatment.

The goals were to reduce the level of street crime and increase demand for and response to addiction treatment. Table 1 provides statistics for the primary targeted area and indicators of impact. The initiative led to a 10% decrease in overall crime and a 25% decrease in property crimes.

**Table 1: SCU operational results, 2008 and 2009**

	2008			2009			Change (%) <sup>b</sup>
	Actual	Rate <sup>a</sup>	Solvency (%)	Actual	Rate <sup>a</sup>	Solvency (%)	0.4%
Crimes against the person	951	1,995.7	1,995.7	955	2,007.7	65.4%	-7.8%
Crimes against property	4,473	9,386.6	9,386.6	4,126	8,674.3	36.3%	-25.4%
Other Criminal Code of Canada (CCC) offences	1,374	2,883.3	2,883.3	1,025	2,154.9	92.6%	-10.2%
<b>Total CCC offences excl. traffic</b>	<b>6,798</b>	<b>14,265.6</b>	<b>14,265.6</b>	<b>6,106</b>	<b>12,836.9</b>	<b>50.3%</b>	<b>-9.9%</b>
<b>Total CCC offences incl. traffic</b>	<b>7,073</b>	<b>14,842.7</b>	<b>14,842.7</b>	<b>6,372</b>	<b>13,396.1</b>	<b>50.5%</b>	<b>0.4%</b>

<sup>a</sup> Rate is calculated per 100,000 of population. According to the City of Ottawa's Planning and Growth Management Department, the population of the targeted area was 47,653 in 2008 and 47,566 in 2009.

<sup>b</sup> Change percentages are based on actual values.

Source: Ottawa Police Service, *2008–2009 crime trends*, online.

In 2010, the police service changed its statistical recording in an effort to focus on measures in the Police Reported Crime Severity Index, which has become a national initiative.<sup>10</sup>

The service maintained statistics for the target ward to give an indication of whether the initiative was driving a downward trend while drug interdiction was being heavily targeted. The 2009 results, reported in 2010, showed that:

- crimes against persons decreased year to year from 955 to 891 (a decrease of 6.5%)
- crimes against property decreased from 4,126 to 3,934 (4.6%)
- other offences against the Criminal Code of Canada decreased from 1,025 to 819 (20%).

Table 2 summarises the overall crime decreases over the two-plus years that the SCU targeted drug trafficking in the area.

**Table 2: Overall SCU operational results**

Crimes against the person	-7%
Crimes against property	-12.4%
Other Criminal Code of Canada offences	-40.3%

The community was very engaged throughout this period. Citizens reported suspicious activity, houses believed to be used as crack houses and active drug-trafficking locations. They also assisted in community events organised as part of 'take back the community' initiatives.

The Ottawa Police Service's work, which was designed to improve police–community relations and reduce crime, met with considerable success (see box).<sup>11</sup>

#### Case study: The impact of the SCU

'Georges Bédard had worked as a city councillor during the 1970s and 1980s and, at the urging of community leaders, re-entered municipal politics in 2003. Now representing the communities of Vanier, Sandy Hill and Lowertown, Georges and others saw the potential for coordinating the efforts of social service agencies, the police and community organisations in order to better respond to the growing social and safety and security concerns of the ward.

'Another key leader was newly-appointed Ottawa Police Chief Vern White\*. Hired in 2007, Chief White adopted a neighbourhood-by-neighbourhood approach to crime prevention. He responded to growing drug and prostitution problems in the ByWard Market and Vanier by creating a street level crime unit that would take direct action against street-level drug dealing, prostitution and crack houses. He also offered support to local Business Improvement Areas.'

Source: 2009 *Crime Prevention Ottawa annual report*.

\*Note: Vern White is one of the authors of this report.

The targeted communities saw the impact of the SCU, and its success spurred citizens to become engaged in a number of community problem-solving projects. The Business Improvement Agency and the Together for Vanier organisation initiated a number of activities, including neighbourhood watch, community beautification and a drugs and prostitution committee, to build on the 'safer communities' model. The result was a community more engaged with the police, schools and other authorities that were determined to turn things around. For these initiatives, the community received the Ontario Association of Chiefs of Police community mobilisation award.

The SCU worked with local agencies and addicts to find solutions for addicts, including diversions into treatment programs and alternative justice systems, such as the drug treatment court. The SCU's first option for each arrested drug dealer would be the drug treatment court if they were also an addict, which most were. By engaging medical personnel after mass arrests, the unit gave frontline staff an opportunity to attempt to drive addicts towards treatment, methadone, counselling, or combinations of the three.

The Ottawa Police Service and the community knew that more options and means for treating addicts were needed. In May 2007, the police chief was told that the main problem in combating addiction was a lack of resources for treatment. At that time, 432 14–18-year-olds were on a six-month waiting list for residential treatment.

In June 2007, at the Mayor's Breakfast, the police chief announced that the service would develop a new crime prevention technique for the city by opening drug treatment centres for young people. The chief's speech focused on statistics from other jurisdictions indicating that street-level addicts commit an average of four to eight crimes per day to satisfy their addiction. In addition, if the city opened just 20 beds for addiction services that would reduce crime substantially every day, while at the same time giving parents and their addicted children an early intervention model that could produce positive results.

Opening the proposed drug treatment centres in Ottawa involved a number of challenges, the biggest of which was the provincial government's reluctance to fund such initiatives. The police offered to spearhead fundraising for two centres, while the province would pay the annual costs of running the centres and their programs.<sup>12</sup> The result was that two treatment centres would be opened in the city at an annual cost of C\$2.75 million—one for Anglophone youth and the other for Francophone youth. To support the Support Treatment Education Prevention (STEP) program, the police service and community groups raised C\$3.25 million for the construction, along with another C\$2.75 million in matching donations to help provide addiction counselling to students in the city's 57 high schools.

Today, the SCU is a full-time unit within the Ottawa Police Service. It continues to target high-crime and high-drug-trafficking areas, and has laid over 6,000 charges against more than a thousand individuals.

Today, the SCU is a full-time unit within the Ottawa Police Service. It continues to target high-crime and high-drug-trafficking areas, and has laid over 6,000 charges against more than a thousand individuals. The officers involved have seldom gone to court, as the unit's methods induce guilty pleas and keep the officers working on targets. The unit has been involved directly and indirectly in the seizure of large amounts of drugs and multiple arrests. It has focused on street-level criminality, but some of its work has also resulted in major projects being implemented and successfully concluded, including:

- *Project Sleepwalker*: an 18-month undercover operation that resulted in the seizure of C\$2.7 million worth of cocaine, crack cocaine, heroin, marijuana and ecstasy
- *Project Midnight*: a three-month undercover operation that led to the seizure of C\$2.1 million worth of cocaine, C\$330,000 worth of hashish and C\$430,000 in cash.

This work has had a real impact on community safety. The police have removed drugs from the street and driven down the crime rate in the targeted areas.

The STEP program has received many accolades from community groups, as well as the national Eva's Award for community development and combating addiction and homelessness among youth.<sup>13</sup> While the program developers already knew that drug use among young Ontario residents was quite high, the following information assisted them in the rollout of the program:

- 85% of adults with addictions started abusing drugs or alcohol before the age of 18
- 10% of Canadians 15 years of age or over struggle with drug and alcohol addiction
- 40% of Ontario students in Grades 7–12 report using an illicit drug in the past year, 49% have consumed alcohol (more than casually), and at least 20% have engaged in binge drinking
- One in eight Ontario students (Grades 7–12) may have a drug use problem, but only a small fraction of students have received treatment.

The STEP model had both a downstream (residential treatment) component and an upstream (school-based counselling and early intervention) component. It was designed to get young people off drugs as soon as possible and prevent others from going down the path of addiction.

The impact of residential treatment programs was well known, and evidence indicated that this program would serve Ottawa and its target group very well. Glenn Barnes, an addictions counsellor, described the requirements for a residential facility for youth:

A 24-hour facility where teens between the ages of 13 and 17 who are struggling with addiction can go for specialized treatment and counselling by addictions specialists trained to work with youth for three to four months, along with assertive continuing care to help them reinsert themselves into society because residential treatment coupled with an after-care component results in a 65 per cent success rate.

Other specialists and researchers have also stated that age of the addict and early identification and treatment are essential to success.<sup>14</sup>

Glenn Barnes says that the Dave Smith Youth Treatment Centre, which was funded through the STEP program, has found that:

... their brains are still in development, adolescents who struggle with substance abuse must be treated as early as possible. We have seen the highest rate of success among our younger clients.

The school-based program had a very high success rate:

- Three out of every four students in the evaluation group were able to reduce or stop using one or more drugs in less than one school year.
- 92% of the students admitted to counselling completed the school year.
- Youth addictions counsellors are now available in all 57 mainstream high schools in Ottawa.
- More than 1,600 students received school-based counselling during the 2012–13 school year. More than 500 of their parents participated as well.

Overall, Ottawa's drug interdiction program was highly successful at all levels. It's obvious to all involved that the program's integrated approach led to that success, as no individual effort would have been enough.



# STRATEGIES, MODELS AND ECONOMICS OF REHABILITATION

## A good idea doesn't make a strategy

Australia's National Ice Task Force will need to keep in mind that a good idea, or series of good ideas, doesn't constitute a national strategy. This point was particularly well illustrated by then Prime Minister Tony Abbott's August 2015 announcement of a new national 'Dob in an ice dealer' campaign. The campaign creates a tangible initial deliverable for the Australian Government's investment in the National Ice Task Force.

But will it have a tangible impact on the availability of ice in Australian communities? Unlikely. Will it have any harm reduction impacts? Unlikely. This good idea will most likely divert police resources to the investigation, disruption and prosecution of low-level ice dealers and increase the number of dealers in Australian prisons.

Police experience with public hotlines, including such programs as state 'Dob in a druggie' programs and the federal National Security Hotline for terrorism, has shown that the public will support them. The hotline will be a success because its key performance measures will most likely be linked to seizures and arrests. With the hotline information, police will of course make arrests and seize drugs and cash, but this will come at the cost of other police work without new funding for the various agencies involved in responding to tip-offs.

Australia's experience with heroin and that of Canada with crack cocaine reveals that the nation's policy responses need to be focused on reducing harm through integrated supply and demand reduction. Focusing solely on arrests or supply reduction won't work. Equally, however, a strategy that focuses on balancing treatment, rehabilitation, education and family support with arrests is unlikely to be successful on its own.

For organised crime groups, the Australian ice market has high per-capita user demand and high and stable prices (in global terms). Every time police take out a street dealer or global kingpin, there's someone else ready to fill the void in the market.

The ACC regularly reports substantial increases in ice seizures, but researchers from the Australian Institute of Criminology find that the seizures aren't having any marked impact on the drug's availability to Australian users.

## The three-legged stool

A 'three-legged stool' model for combating drug problems exists in Canada and is part of Australia's National Drug Strategy 2010–2015. The three legs are supply reduction strategies, demand reduction strategies and harm minimisation strategies.<sup>15</sup>

Supply reduction<sup>16</sup> is referred to as 'prevention' in some places and has traditionally been seen as a frontline program that targets drug dealers and importers to reduce the availability of drugs. It's believed that if we can reduce the number of dealers and the availability of drugs we may prevent drug use as well. Ultimately, the supply reduction strategy attempts to reduce the availability of drugs using multiple approaches, including law enforcement activity.

It could be argued that supply reduction is necessary, particularly if there's an expectation that demand reduction is to be successful, as there's a direct link between reducing availability and driving addicts towards treatment or counselling.<sup>17</sup> While this approach has had success, more could be done on the prevention front. But experience on the policing, education and health front line shows that these need to be combined efforts.

Targeting drug dealers, many of whom are also addicts, can have an impact on supply and demand. Demand reduction can also be achieved by encouraging addicts into rehabilitation programs through such measures as drug treatment courts.

Demand reduction has at its core a focus on reducing the desire or need for illicit drugs. Its many forms include early intervention, education and measures designed to remove the user's need from the drug-trafficking equation. It's been used in such programs as the 'Not Even Once' program in Montana in the US, which has targeted mainly ice users.<sup>18</sup> The program produced very good results from 2006 to 2011, but there's been a recent resurgence in ice use in Montana. This has reminded policymakers that success can be fleeting.

The third leg of the stool—the harm minimisation or harm reduction strategy—is an attempt to reduce the drug-related harm experienced by individuals and communities.<sup>19</sup> This component of the strategy is typically seen as the safety net for the other two policies, and accepts the reality that the other policies will never be completely successful. Included in this strategy are healthcare programs focused on the health and safety of those who are engaged in unhealthy and unsafe drug use practices.

## The economics of rehabilitation

The true economic costs and benefits of treating drug addicts can be calculated in a number of different ways, but more often than not the focus has been on calculating the cost of rehabilitation to the healthcare system of a region or country. This approach often fails to consider the economic benefits of early interventions and the second-order community costs of drug-related crime, justice responses and healthcare.

There are many forms of drug dependence treatment, including residential (inpatient), non-residential (outpatient) and medically supported (including methadone) regimens. None is successful 100% of the time: people with addictions fail, often multiple times, because addiction is powerful:

It is common for people with drug dependence, if they have varied services available to them, to attempt several forms of therapy before finding the one that succeeds for them, whether 'success' is judged as complete abstinence or less problematic drug use.

In the light of this difficult reality of substance abuse, the costs associated with drug addiction are difficult to fully comprehend. Models for costing ice addiction often don't take into account loss of employment, the social costs of supporting addicts and many other associated costs.

Most researchers have used a simple formula for cost-benefit analyses of drug intervention programs:

The technique of cost benefit analysis produces results usually expressed as benefit-cost ratios—that is, an estimate of the benefits derived divided by the cost incurred. Positive net benefits are indicated by benefit-cost ratios greater than one. It is important to assess costs and benefits of treatment of drug dependence, not least because many of the people needing this intervention are reliant on publicly supported treatment, thereby making it particularly susceptible to political controversy.<sup>20</sup>

In 2003, a review of 11 rehabilitation programs in the US used factors such as crime, health services utilisation, employment earnings and expenditure on illicit drugs and alcohol in its calculation of costs and benefits.<sup>21</sup> The authors noted the following points:

- Overall, the average net benefit of rehabilitation estimated over a 12-month period was in excess of US\$40,000. The benefit:cost ratio was calculated at over 8, which means that for every \$1 spent more than \$8 is returned in benefit.
- The greatest fiscal benefit of rehabilitation was the reduction in crime and the resulting community savings.
- The second greatest fiscal benefit of rehabilitation was the reduction in ongoing medical costs associated with addicts' health treatment for the physical and psychological effects of addiction.

A review in 2005, using data point recommended by the World Health Organization from 43 treatment facilities in California, produced similar statistics and results, finding that the benefit:cost ratio was 7:1.<sup>22</sup> As in earlier reviews, the authors found the greatest savings (65%) in crime-related costs.

Many studies omit the impact of reduced victimisation due to crime, along with the fact that many crimes involving drug addicts go unreported.

The available research shows conclusively that the costs of treatment and intervention for addiction are far outweighed by the benefits from a criminogenic and healthcare perspective.<sup>23</sup> A report for a UN General Assembly special session on drugs also found that those who successfully completed rehabilitation also increased their income and reduced their reliance on social welfare programs.

A significant body of research has found that a law enforcement model supplemented with healthcare strategies that reduce addiction has the greatest economic impact on the harm caused by addiction. This research has found an up to 30% decrease in healthcare services use following drug treatment, and a dramatic reduction in criminal activity.

This lends further support for the perspective that national drug strategies need to enhance supply reduction strategies with initiatives that deliver addicts to programs that remove them from harm's way.

# TOWARDS A NEW ICE STRATEGY

The Ottawa crack cocaine experience and Australian heroin experience highlight three factors or approaches that may lead to the development of a successful national drug strategy:

- *Integration.* Drug strategies have a better chance of succeeding when each of their initiatives is integrated into a strategically focused harm reduction strategy. The supply and demand reduction measures of the strategy need to be aligned from tactical to strategic levels across all Australian jurisdictions.
- *Innovation.* Education, health and law enforcement stakeholders should be free from the limitations of wholly quantitative performance measures. Specifically, the practice of using drug seizures as a police performance measure should be ended, to encourage police to use more innovative responses.
- *Disruption.* Initiatives to tackle the ice problem should be focused on the disruption of the problem rather than the treatment of symptoms of the problem.

## Integration

There will be no simple solutions for Australian policymakers trying to address the ‘ice epidemic’. Arguably, future policy responses should take into consideration the lessons of the past. In the 1990s, the Australian Government accepted that the heroin problem was complex and therefore needed complex policy responses informed by multiple lenses and perspectives.

The 2008–2011 National Amphetamine-Type Stimulant (ATS) Strategy, which was developed as part of the National Drug Strategy 2004–2009, set the course for effective responses to the ATS problem by embracing the same evidence-based and inclusive approach to policymaking. Although health, education and law enforcement officials continue to cooperate, current ice policy initiatives are at best linked to one another, as opposed to being integrated into a single strategy.

In August 2015, the National Ice Task Force completed its initial consultation period. The task force’s analysis of submissions resulted in the identification of six key priorities that will guide the development of the 2015 National Ice Strategy (integration was not identified as a priority):

- focusing law enforcement actions
- targeting primary prevention
- improving access to early intervention, treatment and support services
- supporting local communities to respond
- improving tools for frontline workers
- improving and consolidating research and data.<sup>24</sup>

The overuse of the term ‘integration’, especially in Australian policy circles, has arguably seen it become a cliché rather than a strategy: its true meaning (the organisation of constituent elements into a coordinated, harmonious whole) has been diluted. But Australia’s experience with the national response to heroin in the 1990s revealed that



the integration of education, health and enforcement efforts into a single strategy offers one of the few innovative policy responses to illicit drugs. Harm, supply and demand reduction initiatives are important, but are less effective if they aren't integrated in a strategy focused on harm minimisation.

It's also important to consider that policy integration (the action or process of working together to the same end), coordination (the organisation of the different elements of a complex body or activity to enable them to work together effectively) and cooperation aren't the same thing (Figure 5). While policy integration pushes for more intersectoral interaction, policy coordination and cooperation aim at correcting sectoral policies to make them mutually enforcing and consistent and making sectoral policies more efficient without making them common.<sup>25</sup>

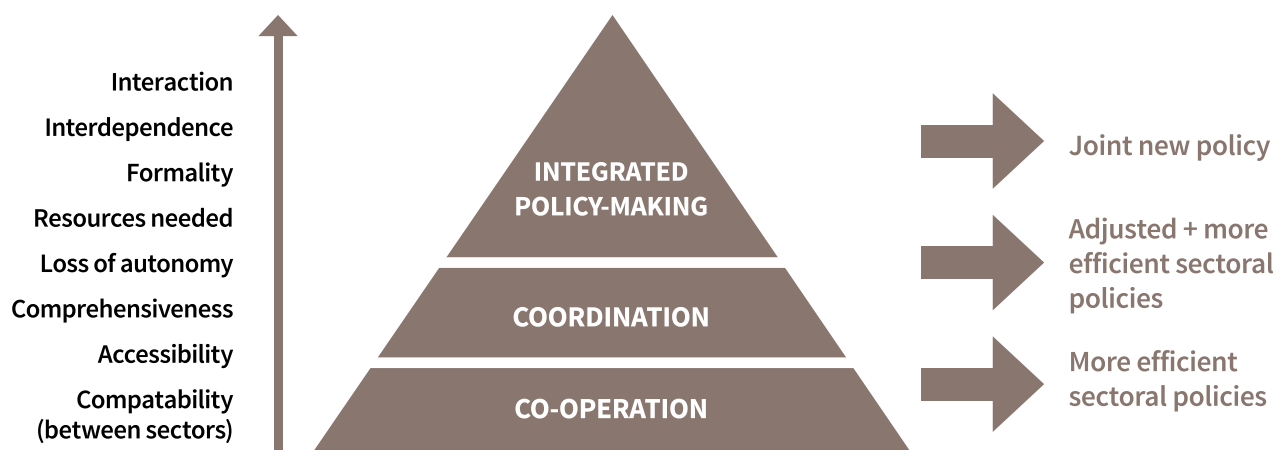
Integration is probably possible only when enforcement, education and treatment are underpinned with a shared theoretical perspective. In the case of Australia's heroin epidemic, the 'Tough on Drugs' initiative was underpinned by the theoretical perspective that government must support a zero tolerance position on drugs. If intersectoral integration is to be used to address the ice problem, further policy analysis of the zero tolerance position is required.

Developing an integrated National Ice Strategy will involve substantially more than a series of good ideas linked under the banner of a single title. Reducing drug harm at the national level requires an array of activities. The policy challenge involves more than the management of a complex system of measures. Rather, genuine strategic harm reduction will require networks of systems that have operational and managerial independence. The education, health and law enforcement systems involved haven't been developed as a single system. In this 'system of systems' environment, the National Ice Strategy will need to link and integrate the various systems so that the whole is more than the sum of its parts.

The first step in addressing this challenge will require the National Ice Task Force to develop a detailed understanding of the various systems involved and the way they do and don't interact. The second step will be to create the framework and culture for policy integration in enforcement, education and health from strategic to tactical levels—in other words, from the parliament to the streets.

This call for a single integrated strategy comes at a time when decision-making in the public sector is increasingly complex. Cross-cutting strategic, operational and tactical accountability make integration an incredibly challenging proposition for policymakers. The policy decision-making process is further complicated by the highly politicised nature of drugs policy.<sup>26</sup>

Figure 5: Integrated policymaking, policy coordination and cooperation



Source: Evert Meijers, *Policy integration: what does it mean and how it can be achieved? A multi-disciplinary review*, 2004.

## Innovation

Researchers at the Australian Institute of Criminology have cast doubt on the effectiveness of Australian border enforcement agencies' use of illicit drug seizure statistics as performance measures.<sup>27</sup> The research underscored the validity of Australia's 'harm minimisation through supply reduction' policies, but found that current strategies appear to be having little effect on supply.

Increased seizure rates have been a consistent trend over recent years, so decreases in domestic availability should have been realised by now if the current strategy is being effective.

The ACC continues to report increased seizures of amphetamine-type stimulants (ATS), including ice—an 85.6% increase in detections and a 515.8% increase in total weight of the seizures from 2012 to 2013. However, the Australian Institute of Criminology researchers found that the seizures weren't having any marked impact on the drugs' availability to Australian users. It could be argued that border enforcement's impact on domestic ATS availability is delayed by factors such as the presence of stockpiles or market-responsive domestic manufacturing, but increased seizures have been a consistent trend over recent years, so decreases in domestic availability should have been realised by now if the current strategy is being effective.

For organised crime groups, the Australian ice market has strong economic pull factors: high per-capita user demand and high and stable prices (in global terms). To undermine the profit motivation for crime groups in the Australian ice market, border agencies need to seize large proportions of the total quantity of incoming drugs. Despite record seizures, stable user prices reveal that border and enforcement agencies are not seizing an increasing percentage of all ice and ice precursors being imported into Australia.

These findings indicate the potential existence of a disconnect between the use of seizure rates as a performance measure and the achievement of the government's policy intent of harm minimisation. In other words, concentrating enforcement strategy on higher seizure rates restricts the ability of enforcement officers to implement innovative strategies to reduce supply.

Current law enforcement decision-making, from strategic to tactical levels, is focused on achieving higher seizure rates as opposed to harm reduction. Although those might not always be mutually exclusive goals, higher seizure rates won't always result in the most efficient harm or supply reduction.

From a performance measurement perspective, the performance outcomes of more innovative enforcement actions, such as offshore disruption,<sup>28</sup> are often less tangible than direct seizures.

While drug seizure rates remain an important performance measure for law and border enforcement agencies, pressure from governments to increase those rates should be reduced. At the same time, additional performance measures—such as the average street price of ATS in Australia—should be considered. Changes in the street price could be used as tangible measure of the impact of enforcement on markets. Policymakers should review the impact that the use of drug seizure rates as a police performance measure has on innovation.

## Disruption

The lack of success in the ‘war on drugs’ highlights the possibility that traditional programmatic or functional approaches to the problem might not be efficient or effective. In part, this could be because the adversarial model doesn’t recognise that the focus of the activity at the strategic level is not on defeating a drug or those who sell or use it. Arguably, the strategic intent of programs such as Australia’s National Ice Action Plan is concerned with reducing the harm to the community that ice creates.

Even under a ‘harm reduction’ banner, traditional programmatic approaches leave our policy implementers with a difficult conundrum. Do they develop their strategy around programs, methods, risk, timings or locations? Put in these terms, the pursuit of harm reduction, especially where ice is involved, includes the substantial challenge of integrating functional, process and risk based bodies of work.

The Ottawa case study demonstrates a possible alternative. What if policy development starts at a different point? By starting with an analysis of the dynamics and interdependencies of the harms created by the ice epidemic, effort can be diverted from trying to solve a problem that can’t be resolved using a macro or systems perspective. The new focus allows for the identification of vulnerabilities in the framework that has created the harms. With this knowledge, strategies that focus resources on disrupting the framework by exploiting vulnerabilities would be a far more efficient and effective policy response.

In the case of Australia’s ice epidemic, this approach could be implemented to sabotage and disrupt the ice supply chain, which reaches into China. China is one of the world’s largest producers and exporters of chemicals, and has around 160,000 chemical companies and production facilities.<sup>29</sup> In 2011, it was the fourth largest exporter of pseudoephedrine, exporting 65,000 kilograms.<sup>30</sup> Its domestic pharmaceutical market is also the largest in the world. Most of the world’s multinational pharmaceutical companies have joint partnerships in China, which has resulted in more than 6,000 manufacturers and 14,000 distributors being involved in the legal pharmaceutical industry.<sup>31</sup>

China controls all chemicals included in the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Although it regulates the import and export of precursor chemicals covered by the convention, it doesn’t currently control non-regulated chemicals known as ‘pre-precursors’ or notify other countries of their export.

China is the primary embarkation point of ATS detected in Australia,<sup>32</sup> as well as home to the largest number of clandestine ‘ice labs’ in the region, according to the 2015 UN Office on Drugs and Crime’s *2015 World Drug Report*.<sup>33</sup> The ACC’s 2015 *Organised crime in Australia* report and *2013–2014 Illicit drug data report* both highlight the role of China in the production of illicit synthetic drugs and their shipment into Australia.

Recent Chinese legislative and administrative efforts to strengthen controls over precursors haven’t been very successful. Regulatory oversight of the precursor chemical industry is further complicated and challenged by the unknown number of unregistered or illegal precursor chemical factories operating in the country.

To achieve a substantial reduction in the supply of ice and its precursors in Australia, the diversion of drugs and precursors in the Chinese chemical and pharmaceutical industry needs to be addressed.

Australia has one of its strongest police-to-police relationships with Chinese authorities. A similarly productive relationship exists between the Department of Immigration and Border Protection and Chinese border security agencies. The development of such relationships has taken significant time and resource investments.

In the current fiscal environment, it should be no surprise that both the Department of Immigration and Border Protection and the AFP are regularly reviewing the size and footprint of their international activities. Disrupting the Chinese supply routes calls for a greater investment in resources to engage and work collaboratively with Chinese enforcement officials. This is unlikely to occur if counter-ice enforcement activities aren't consolidated in a concise national supply reduction strategy that will support ongoing national investment.

To reduce the supply of ice and its precursors from China, much will need to be done, including the following:

- There's a need for a national disruption strategy that coordinates Australia's national, diplomatic, trade, police and border security efforts to reduce the supply originating from China. Because China is a globally significant source country for ice and its precursors, this policy recommendation is focused on disrupting the market at the point of origin.
- Cooperative strategies with Chinese authorities that will restrict the diversion of precursors from China's legitimate economy are needed.
- The likely operational and strategic impacts of China's use of the death penalty should be explored.

There's a strong temptation in the current policy environment for the National Ice Strategy to adopt a systems methodology to try to 'solve the ice problem'. That methodology demands that the response requires multiple layers, complexity, redundancy and cooperation. The underpinning argument for the systems approach is that through it the 'risk' of ice can be mitigated. However, a disruption approach may render a costly and highly structured approach unnecessary.

Fundamental to the execution of a disruption strategy is a detailed analysis of the harms of ice and their dynamics and interdependencies through multiple lenses. The second critical factor that will contribute to an effective disruption strategy is the identification of a specific systems vulnerability that can be exploited to disrupt the harm. Finally, but just as important, is the application of innovation and imagination in the development of specific intervention strategies.



# CONCLUDING REMARKS

The fundamental reality of Australia's ice epidemic is that the harm is not ice use but the impacts that ice use has on the individual and the community. Trying to target ice, or even ice use, while politically constructive, might prevent the development of strategies that are likely to have a greater harm reduction value. The development of a strategy to defeat ice or ice use will involve multiple complex initiatives and processes with complex interactions. And experience and common sense reveal that the chance of success, whatever that may look like, is slim.

There will be no simple solutions for Australian policymakers trying to address the 'ice epidemic'. But future policy responses to ice should be underpinned by the lessons from the past and guided by the principles outlined in this report: integration, innovation and disruption. Whatever approach is taken, its central tenet should be the creation of a single strategy that doesn't simply bridge cross-functional divides but creates integrated initiatives.

With the current National Drug Strategy expiring in December 2015, and Australia's substantial ice problem, it's an appropriate time for policymakers to revisit both the strategy and the policy lessons from the heroin epidemic of the 1990s. Those policy professionals responsible for the development of our next strategy should consider the importance of the integration of supply, demand and harm reduction strategies during that development.

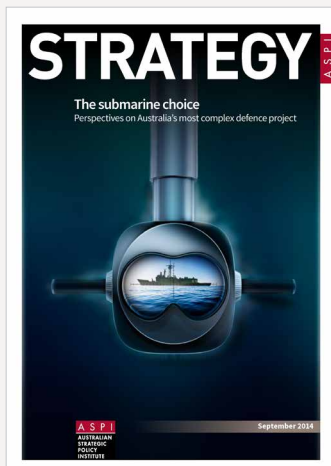
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## Acronyms and abbreviations

ACC	Australian Crime Commission
ATS	amphetamine-type stimulant
NCADA	National Campaign Against Drug Abuse
SCU	Street Crime Unit (Canada)
STEP program	Support Treatment Education Prevention program (Canada)

Some previous ASPI publications



## **Methamphetamine**

Focusing Australia's National Ice Strategy on the problem,  
not the symptoms