



## Submission to the Special Commission

### NSW INQUIRY INTO THE DRUG 'ICE'

#### LIMITED PRELIMINARY CONSULTATION UNDER THE TERMS OF REFERENCE

January 2019

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide comment to the Special Commission undertaking the Inquiry into the drug 'ice'. ACEM considers that the Inquiry provides a timely opportunity to report and respond to the multi-faceted issues surrounding methamphetamine.

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. ACEM is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.

ACEM welcomes the opportunity to provide the Special Commission with its views on:

- The Inquiry's Terms of Reference:
  - a) *The nature, prevalence and impact of crystal methamphetamine ('ice') in NSW*
  - b) *The adequacy of existing measures to target ice in NSW*
  - c) *Options to strengthen NSW's response to ice, including law enforcement, education, treatment and rehabilitation responses.*
- *Nominating the identity of any particular topic, subject matter or issue falling within the above terms of reference, with a brief explanation, that you would like to be considered for possible inclusion in the scope of the Inquiry.*
- *Commenting upon the draft proposal for the conduct of the Inquiry.*

#### Recommendations regarding the proposed Terms of Reference

ACEM makes the following recommendations regarding the Inquiry's Terms of Reference, in particular the criteria for assessing adequacy (b) and strengthening the response in NSW (c).

- b) *The adequacy of existing measures to target ice in NSW.*

As part of the scope of the Inquiry, ACEM recommends evaluating existing measures that target methamphetamine use in NSW for their impact in reducing drug related harm, improving health outcomes for affected individuals and their families, and reducing the drug's social and economic burden on the NSW community. Rigorous evaluation of existing measures will provide the NSW Government with a more accurate indication of where improvements and further investments need to be made, as well as an assessment of the impact of measures designed to reduce the incidence and prevalence of use (in particular quantity and frequency of use) and/or methamphetamine

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dependence. Frequent and heavy methamphetamine use is associated with the greatest levels of harm, and all funded harm and demand reduction measures should aim to improve the health and wellbeing of populations of dependent methamphetamine users.

ACEM recommends the Inquiry undertakes an evaluation of current supply reduction strategies in NSW that aim to reduce methamphetamine availability to determine their effectiveness. Strategies should be analysed depending on their policy intent, design, and implementation, for example, initiatives aimed at individual or broader community outcomes. Divestment of approaches that do not deliver impact should also be pursued.

c) *Options to strengthen NSW's response to ice, including law enforcement, education, treatment and rehabilitation responses.*

ACEM recommends that the Inquiry into options for strengthening NSW's response to methamphetamine should not solely preference the funding of supply reduction strategies targeting low level individual drug possession and use. Rather, ACEM recommends that the Inquiry focuses its response on strengthening high level supply reduction strategies to rapidly disrupt actors involved in methamphetamine manufacture and trafficking, and confiscate suspected proceeds of crime. Links to organised crime must be broken.

ACEM recommends that the Inquiry should also focus on pre-emptive strategies and harm reduction programs that target vulnerable and at risk individuals, communities and industries. There should also be a focus on the availability and accessibility of evidence based early intervention programs and family supports, greater investment in treatment for users across the spectrum provided through counselling, withdrawal and residential rehabilitation programs, including for populations involved in the criminal justice system (i.e. remandees, prisoners and parolees etc.).

In addition, ACEM suggests these further areas of focus:

- Effective strategies to change prevailing social cultures that normalise methamphetamine use, particularly in elite sporting codes
- Identification of risk factors for methamphetamine use
- Analysis of effective demand reduction strategies, particularly focusing on industries with high risk of use and harm, such as long haul transportation
- Mechanisms for diversion of users away from the criminal justice system wherever possible
- Availability of 24/7 services for families affected by methamphetamine use across NSW, including in rural and remote regions
- Implementation of pilot pill testing trials at NSW music festivals
- Measures to identify and curb drivers affected by methamphetamine
- Approaches to health care for incarcerated populations, irrespective of their location or movement within the prison system.
- Analyse gaps in the evidence base and recommend a research program to strengthen the allocation of government funding to high impact response areas, and divestment from low or no impact areas.

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Recommendations regarding the draft proposal for the conduct of the Inquiry

To ensure a hospital emergency department perspective is captured in the scope of the Inquiry, ACEM recommends that the panel membership be expanded to include specialist emergency and mental health expertise.

- NSW emergency departments are at the frontline of treating acute and severe methamphetamine intoxication, psychosis and behavioural disturbances, as well as methamphetamine related injuries, trauma and other medical impacts.
- There is a relationship between drug dependence and mental illness. Current NSW treatment pathways do not reflect the needs of patients with dual diagnosis and the lack of integrated community services for this populations results in missed opportunities for early intervention, treatment and recovery.

Thank you again for this opportunity and we look forward to further engagement with the Inquiry on this important issue in emergency medicine. If you require further information, please do not hesitate to contact the ACEM Policy Manager Helena Maher on (03) 9320 0444 or [helena.maher@acem.org.au](mailto:helena.maher@acem.org.au).

Yours sincerely,



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