



**East Gippsland Primary Care
Partnership**

**PREVENTING THE FIRST USE OF
CRYSTAL METHAMPHETAMINE IN
EAST GIPPSLAND**

**Background paper
May 2015**

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Department of Justice (Local Aboriginal Justice Project Officer)

East Gippsland Shire Council

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Gippsland Lakes Community Health

GippSport

Latrobe Community Health Service

Mallacoota and District Health and Support Service

Orbost Regional Health

Omeo District Health

SNAP Gippsland

Victoria Police (Local Youth Resource Officer)

Background

The use of crystal methamphetamine (commonly known as ice) has been raised as an issue of concern in the East Gippsland community. There has been growing concern for the safety of individuals and the effects on the wider community. The East Gippsland Primary Care Partnership facilitated the collection of data across geographical areas in East Gippsland to obtain a more accurate picture of local crystal methamphetamine use and to identify groups within the population that needed a stronger, more tailored approach to prevention of first use.

This background paper may be used to:

- inform future local research and collection of local data
- support the identification of local community strategies that aim to prevent people using ice for the first time
- inform the development of future funding applications.

For the purpose of this background paper, the terms crystal methamphetamine and ice are used interchangeably.

What is crystal methamphetamine or ice?

Crystal methamphetamine is part of the amphetamine family which includes speed. Methamphetamine is a man-made stimulant drug and is used in several forms which includes ice and base. Methamphetamine in its crystal form is commonly known as ice (Australian Government Department of Health & Ageing, 31/3/2015).

Ice is the most pure form of methamphetamine, followed by base and speed. The most significant difference between ice, base and speed is that ice and base have intense 'highs' which result in intense comedowns and incredibly high levels of addiction, in addition to ongoing physical and mental health issues (Australian Drug Foundation (ADF), 31/3/2015).

Where did it come from?

Amphetamine was first produced in Germany and Romania and methamphetamine in Japan in the late 1800s. The two forms of the drug were used to treat a range of mental conditions and addictions and to keep war soldiers awake, energetic and emotionally detached during WWII, Korean and Vietnam Wars. By the 1960s, the use of amphetamine - and to a lesser extent methamphetamine - was widespread legally and illegally. This has been attributed to a surplus in stock being sold after WWII (Law Reform, Drugs and Crime Prevention Committee, 2014).

The addictive and negative effects of its use, such as psychotic episodes and spread of viral diseases via sharing of injecting equipment, lead to both of the forms being restricted by doctors in the 1960s and listed as controlled substances by the United Nations (UN) in 1971. As the availability of the drugs was halted quickly, a black market was able to rise as supported by dependent users (Law Reform, Drugs and Crime Prevention Committee, 2014).

Crystal methamphetamine use became prevalent in Australia in the late 1990s-early 2000s. This has been attributed to a reduction in the supply of heroin and preference over heroin, media sensationalism, availability of precursors and increase in manufacture. Some amphetamine type stimulants are still prescribed to treat neurological disorders. (Law Reform, Drugs and Crime Prevention Committee, 2014)

How it is used?

Crystal methamphetamine can be swallowed, snorted, smoked or injected. Smoking and injecting allow direct access for the drug into the bloodstream and therefore reach a faster 'high' (Law Reform, Drugs and Crime Prevention Committee, 2014).

It has been observed that younger users are more likely to smoke ice while older and/or dependent users may inject (Law Reform, Drugs and Crime Prevention Committee, 2014). Smoking allows for a social group activity and sharing, and is considered a social norm for many young people. The transition from smoking a cigarette to smoking a joint and smoking a pipe is considered easy, and young people also consider smoking crystal methamphetamine to be safe (Law Reform, Drugs and Crime Prevention Committee, 2014).

Victorian users of methamphetamine are most likely to use the drug at a party, a friend's house, a club, pub or rave. Dependent users are more likely to use the drug alone, while recreational users are unlikely to do so. It appears there has been a decrease in the number of people who use the drug at their own home, further indicating that use of methamphetamine is socially accepted. However it is known that occasional users dissociate themselves from people who are dependent on ice due to their appearance and irrational and unpredictable behaviour (Law Reform, Drugs and Crime Prevention Committee, 2014).



Why crystal methamphetamine (ice), over speed?

The chemical structure of crystal methamphetamine allows it to pass through the blood-brain barrier more readily. It is also more potent and therefore has a stronger effect on neurotransmitters. The neurotransmitter imbalance caused by ice use may take up to two months to normalise. During this period, the lack of 'feel good' chemicals in the brain may leave the user with feelings of depression, anxiety and cravings. This period is drawn out as the brain is no longer able to create the chemicals. The body can crave the drug to simulate the feeling of euphoria achieved and to replace the chemicals that are no longer present. (Law Reform, Drugs and Crime Prevention Committee, 2014)

Times are changing

Since 2010 there has been a sudden change in the form of methamphetamine that Australians are using. Recent users were more than twice as likely to use crystal, and were significantly less likely to use powder in 2013 than 2010 (recent refers to the period 12 months prior to the survey) (AIHW, 2014).

In Victoria there is also an indication that not only powder users, but also base, liquid and illegal prescription methamphetamine users are more likely to use crystal in 2013 than 2010. In the early 2000's only 1% of seized methamphetamine was attributed as crystal. Now 86% of all methamphetamine seizures are attributed to ice (Law Reform, Drugs and Crime Prevention Committee, 2014).

What are the effects?

In the short term, all amphetamine and methamphetamine use can cause dehydration, sweating, headaches, sleep disruption, anxiety, and paranoia. The physiological effects of long term use include weight loss, skin problems, neurotoxicity, reduced immunity, elevated blood pressure, damage to teeth and gums, cardiovascular problems and kidney failure. Psychological, cognitive and neurological impacts include schizophrenia, depression, impaired memory and concentration, and aggressive behaviour (Law Reform, Drugs and Crime Prevention Committee, 2014).

Polydrug use increases methamphetamine toxicity while also compounding the effects of the other drugs. This leads to an increased risk of respiratory failure, alcohol poisoning and accidents (Law Reform, Drugs and Crime Prevention Committee, 2014).

Long term, these experiences can lead to other more complex consequences including serious mental health issues, self-harm, suicide and death (AIHW, 2014).

Why do people choose ice?

There are several factors that influence an individual's decision to use drugs for the first time. The majority of people use drugs do so because they want to feel different or better. There are also a range of reasons people choose to use ice.

The National Drug Strategy Household Survey completed in 2014 by the Australian Institute of Health and Welfare (AIHW,) indicates that:

- 'In 2013, of people aged 14 or older, the most common reason that an illicit substance was first used was curiosity (66%), followed by wanting to do something exciting (19.2%) and wanting to enhance an experience (13.3).
- About 1 in 10 said they were influenced by their friends or family (10.7%) or they took drugs to improve their mood or stop feeling unhappy (10.2%). Ex-users of illicit drugs were more likely to admit to being influenced by their friends and family than recent users (19.7% compared with 9.4%)' use is often associated with the use of other drugs and alcohol'

People who use ice may refer to the effect it has on their mind and body, however it is recognised that ice affects everyone differently. Some of these effects have been identified by the Australian Drug Foundation (31/3/2015) and include:

- feelings of pleasure and confidence
- increased alertness and energy
- repeating simple actions like itching and scratching
- enlarge pupils and dry mouth
- teeth grinding and excessive sweating
- fast heartrate and breathing
- reduced appetite
- increased sex drive.

It is unlikely that people use this drug exclusively – polydrug use is considered to be the norm, not the exception. Victorians who use crystal methamphetamine have reported drinking alcohol concurrently (88.4%), or using cannabis (40.6%) or ecstasy (37%) among other drugs in 2013 (AIHW, 2014).

Polydrug use occurs for many reasons. People may want to counteract effects of drugs, or increase their stimulant or depressant effect. They may induce a different effect when used concurrently and may depend on what is available at the time. Users may switch between depressant and stimulant drugs according to price and purity also – this highlights that drug users may be wanting the experience of drug use in general, rather than the specific effect of a particular drug (Law Reform, Drugs and Crime Prevention Committee, 2014).

Risk & Protective factors

There are a range of reasons people make the decision to use drugs for the first time. Individuals may be unaware of the reasons behind their decision. They may also provide reasons that are deemed to be more socially acceptable than others (AIHW, 2014).

There are a range of social, environmental and individual influences that impact on a person's decision to use drugs for the first time. In many instances, these influences can be seen in a negative light. However, it is important to consider how these same influences may also act to protect and empower an individual to make the decision to not use drugs for the first time, particularly crystal methamphetamine.

It is clear that the quality of relationships, employment and mental health, in addition to social and cultural attitudes to alcohol and drug use significantly influence an individuals' decision to use ice for the first time (ADF, 2014). For these reasons, it is important that any local prevention efforts focus on strengthening these elements in the communities across East Gippsland.

Who is using ice?

The average age of an Australian person when they first tried methamphetamine has increased slightly – 18.6 years old in 2013. In Victoria and Australia, methamphetamine is most commonly used by people aged 20-29 (AIHW, 2014).

Males are much more likely to be recent users of methamphetamine in Victoria and Australia, but in the age group or 14-19, males and females are equally likely to have used the drug in the past 12 months (Law Reform, Drugs and Crime Prevention Committee, 2014). In 2011, 3% of students (male and female) aged 12-17 years were estimated to have tried meth/amphetamine in their lifetime – the incidence being higher in males except for 14-year-olds (AIHW, 2014).

The survey conducted by AIHW in 2013 also indicated that:

- People in remote and very remote areas were twice as likely to have used meth/amphetamines as people in major cities (4.4% compared with 2.1%).
- In 2013, Aboriginal Australians were 1.6 times more likely to use meth/amphetamines than the general population.
- People who are unemployed were 2.4 times more likely to have used meth/amphetamines.
- People using meth/amphetamines in the past 12 months were more likely than any other drug users to report being diagnosed or treated for a mental illness (29% compared with 13.5% of non-users) and have greater levels of high or very high psychological distress (27% compared with 9.6%).

This survey also found that most people who are offered ice, do not use it. Of those people aged 14 years old and over, 5.8% of people had been offered it and 2.1% of these people used it. In people aged between 20-29 years, it had been offered to 14.1% of people and 5.8% of people had used it.

Ice in rural and regional Victoria

It has been suggested that the smaller a community is, the greater the psychological impact of methamphetamine use. While formal evidence is limited, health workers have reported concerns about crystal methamphetamine use in regional Victoria for over 10 years. There is evidence that indicates crystal methamphetamine use is high and rising in regional and rural areas of Victoria.

Country areas have been thought to have not been involved with 'hard drugs' in the past, possibly due to limited access to drugs like heroin. Crystal methamphetamine however, is being produced locally at a small price (Law Reform, Drugs and Crime Prevention Committee, 2014).

People in rural areas may be less likely to access mental health, support or treatment services for help as there is less anonymity and high stigma associated with the drug and mental health (Law Reform, Drugs and Crime Prevention Committee, 2014).



Using ice in East Gippsland

How is it used in East Gippsland?

Local anecdotal reports suggest that the most common way people use ice locally is to smoke it. It is unclear how this compares in comparison with national data as this information does not appear to be available from current literature. Locally, the next most common method is reported to be injecting, however it is apparent that those who choose to inject ice may have had a history of previous IV use. Local anecdotal reports indicate that some people may progress from smoking to injecting the drug unless the individual has previously injected other drugs, in which case the primary method for first use is injecting. For those who use ice as their primary drug, the progression from smoking to injecting ice can occur over a substantial period of time.

How available is it and where are people getting ice for the first time in East Gippsland

Information about local sources of crystal methamphetamine are limited and additional information about how people are sourcing the drug is needed. However, initial reports indicate that pressure and supply from local peers and wider social groups influences first use of the drug.

National data (AIHW, 2014) indicates that crystal methamphetamine is usually obtained and used in private homes. It is said to be very easy to access, and local young people have identified that it is easier to obtain than alcohol. Proof of age must be shown in order to purchase alcohol (from a store), however drug dealers do not ask for such identification (Law Reform, Drugs and Crime Prevention Committee, 2014).

Anecdotal reports indicate that it is transported from major cities into the region on a regular basis. There are also some reports that suggest it is produced locally in clandestine laboratories.

Price of ice in East Gippsland

According to witnesses in the Victorian Inquiry, Gippslanders pay less for ice than some other metro and regional areas in Victoria. One respondent believes that ice is available for half the price of marijuana. Cheap is a relative term and purity is also likely to affect price (Law Reform, Drugs and Crime Prevention Committee, 2014).

Victoria Police state figures (Law Reform, Drugs and Crime Prevention Committee, 2014) indicated that prices vary greatly but may be approximately:

1 gram = \$150-\$400

0.1 gram (1 point) = \$30-\$40.

As ice is relatively cheap to make, expensive to buy and Australian demand is high, there is a large profit margin to be made by distributors locally and but also by international crime syndicates and opportunists. (Law Reform, Drugs and Crime Prevention Committee, 2014)

Purity of ice in East Gippsland

Local data about the purity of ice in East Gippsland is limited and more information about this may be required to better inform local responses. However, national statistics indicate that purity has increased rapidly in the past few years – more than doubling across Australia from 30% in 2008 to 63% in 2013. Victoria has identified the highest levels of purity with an average of 76% in 2014. The increase in purity is seen to be the driver of associated harm, rather than the number of users (Law Reform, Drugs and Crime Prevention Committee, 2014)

Extent of the issue in East Gippsland

It is apparent there is very limited information about the extent of ice use in East Gippsland. There are a range of explanations for this which include inconsistencies in data collection and reporting requirements, limitations of accurately identifying the reasons individuals are coming into contact with local services, in addition to the social stigma associated with using the drug.

For this reason, information outlined in this paper consists of a combination of both formal statistics in addition to anecdotal information provided by local professionals living and working across East Gippsland.

A range of local professionals were contacted to provide statistical and anecdotal evidence of ice use in East Gippsland and to provide information about the risk for first time users.

Due to the nature of reporting these statistics, it is difficult to determine if the statistics presented have significantly increased or decreased over time.

Healthcare and hospital presentations

During 2014 and 2015, all three hospitals in East Gippsland have indicated there have been patients who are under the influence of ice presenting in their Emergency Departments. It has been reported that it is often unclear when an individual presents as information about drug use may not initially be disclosed. It is recognised locally that presentations include people under the influence of ice in addition to those who receive (at times life threatening) injuries from others using ice. The relationship between the use of ice and resulting violence is well reported nationally and this experience is also observed in East Gippsland.

Local hospital reports are supported by local Ambulance Victoria staff who indicate that there have been increases in violence while attending call outs, which appear to be related to patients, their family members or peers using ice.

From the local anecdotal data provided, it appears that there have been potential significant risks identified for children and families living beyond the regional centres of East Gippsland. Some health services have indicated there are reoccurring issues raised in regard to ice use amongst new mothers and families with small children.

Anecdotal evidence suggests that drug use in families with small children has had a noticeable impact in over the past two years, with a significant increase noted in the past 18 months (or since the beginning of 2014).

Maternal and Child Health Service staff report aggressive behaviours during family consultations, coupled with an inability to understand parent's verbal communication when using ice. These staff report that the drug appears easy to access, can affect families at any time of day and is affecting families with very young children.

Other anecdotal reports have also been confirmed with staff working in the disability sector as well as local school principals.

Remote nursing staff have reported some evidence to suggest ice is also available and is being used by people living in remote communities across East Gippsland. Experiences from these staff indicate it may be affecting older men in the community who may be isolated, for example, living alone and not working, in addition to using other drugs simultaneously.

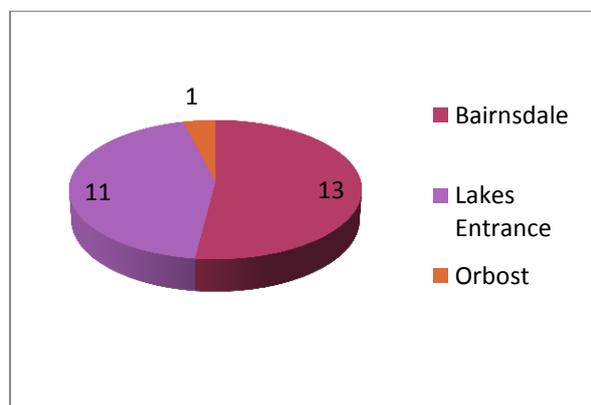
Alcohol and Other Drug presentations

Gippsland Lakes Community Health (GLCH) provide Alcohol and Drug Treatment services across the region, this includes outreach services to remote geographical pockets of East Gippsland. GLCH report that there were 287 individuals seeking Alcohol and Drug Treatment from January 2014 – December 2014. Of these presentations, almost one quarter of clients (24.4%, n=70) attended Gippsland Lakes Community Health seeking Alcohol and Drug Treatment regarding ice.

It is important to note that the information below reflects data available for clients who are willingly seeking support services in East Gippsland. This therefore does not include information about those people who are not seeking support or those individuals seeking support through other services.

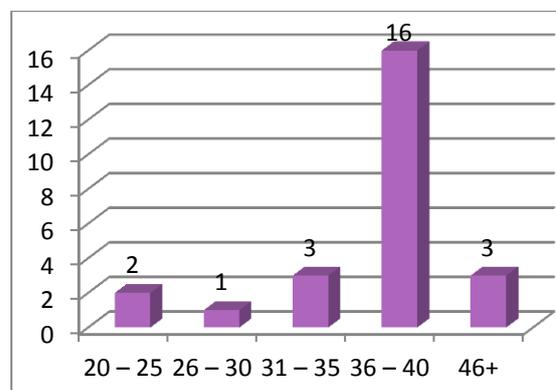
A summary of GLCH alcohol and drug treatment presentations is provided in the following figures.

Figure 1 & 2 Ice use amongst females seeking GLCH alcohol and drug treatment services



A total of 25 females attended during the 2014 calendar year.

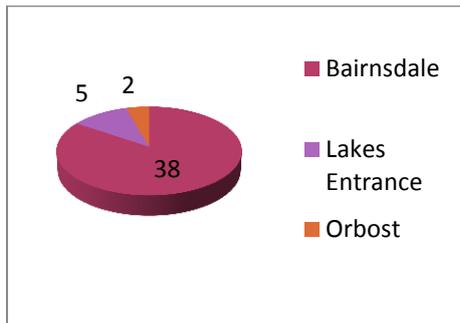
- 13 clients resided in Bairnsdale
- 11 clients resided in Lakes Entrance
- 1 client resided in Orbost



The age breakdown of females attending GLCH due to issues regarding ice:

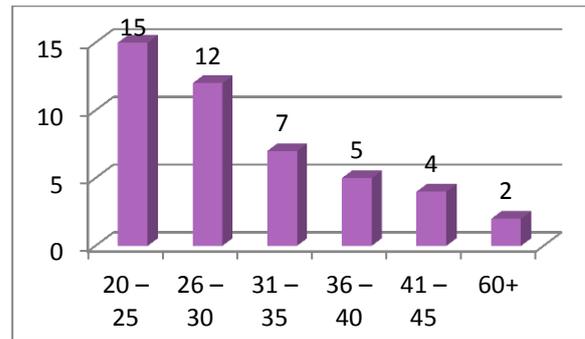
20 – 25	2
26 – 30	1
31 – 35	3
36 – 40	16
46+	3

Figure 3 & 4 Ice use amongst males seeking GLCH alcohol and drug treatment services



A total of 45 males attended during the 2014 calendar year

38 clients resided in Bairnsdale
 5 clients resided in Lakes Entrance
 2 clients resided in Orbost



The age breakdown of males attending GLCH due to issues regarding ice:

20 – 25	15
26 – 30	12
31 – 35	7
36 – 40	5
41 – 45	4
60+	2

Gippsland Lakes Community Health data (Figure 5) indicates that those individuals seeking alcohol and drug treatment services are likely to use ice alongside either cannabis, alcohol or a combination of all three drugs.

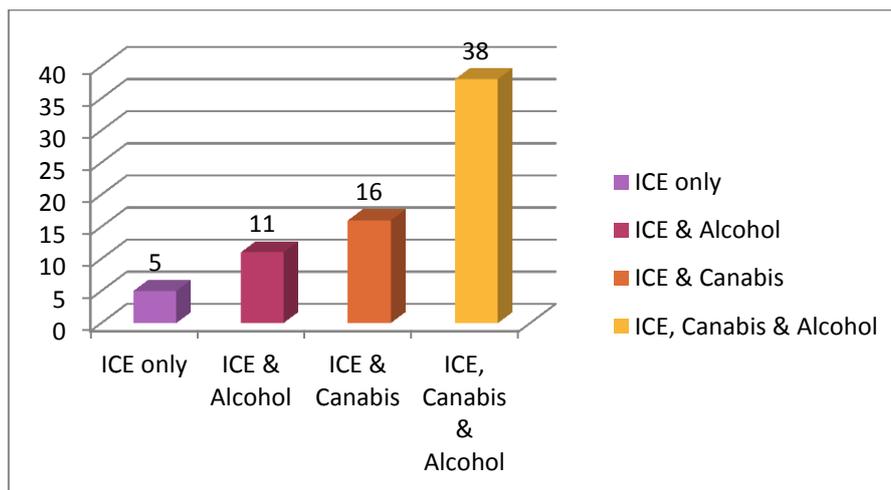


Figure 5 Poly Drug Use of clients presenting to GLCH alcohol and drug treatment services
 Gippsland Lakes Community Health data (Figure 6) indicates that of those clients seeking alcohol and drug treatment services, more than one in three clients have referred themselves for treatment over other referral sources.

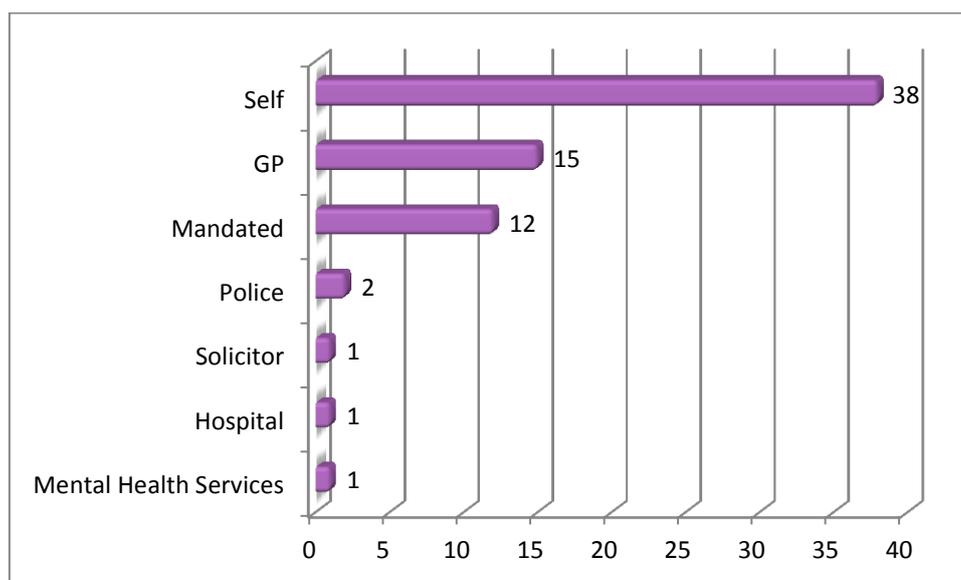


Figure 6 Sources of referral for clients presenting to GLCH alcohol and drug treatment services

Groups that may be at risk of using ice for the first time

It is difficult to identify specific target groups that may be at risk of using ice for the first time across all of East Gippsland. This is primarily due to the varying nature of the smaller populations across the East Gippsland catchment area. It is essential that any prevention work reflects the needs of the community, regardless of their size or location.

Based on the anecdotal information provided locally, it appears that some locations have groups that may be at higher risk than others. This includes:

- women aged over 35 years
- men aged over 40years
- men aged 20-25 years without children
- individuals from an indigenous background (both employed and unemployed, however a greater risk amongst unemployed people)
- those individuals not engaged in meaningful employment
- new mothers
- isolated individuals
- young people aged 12 years and up.

Prevention

What is prevention?

Prevention is often characterised by those actions that aim to stop something before it actually occurs (Oxford Dictionaries, 2015).

As identified by the Australian Drug Foundation (2014) there are three levels of prevention that are commonly used to address health issues. Figure 7 provides a summary of these levels.

Primary prevention focuses on preventing something before it occurs. Primary prevention actions are often focussed on the whole community and might include education and awareness, community empowerment strategies or influencing policy or regulations.

Secondary prevention targets individuals or specific groups in the community who may already be experiencing the effects of an issue or are considered to be at significantly high risk of detrimental health effects from a behaviour. This might include education about drug use practices, routine screening programs or supporting those who are in a position to change certain behaviours on their own.

Tertiary prevention aims to support those people who have an existing condition to address it or improve the quality of their life. It often targets individuals and might include actions that include rehabilitation or medications.

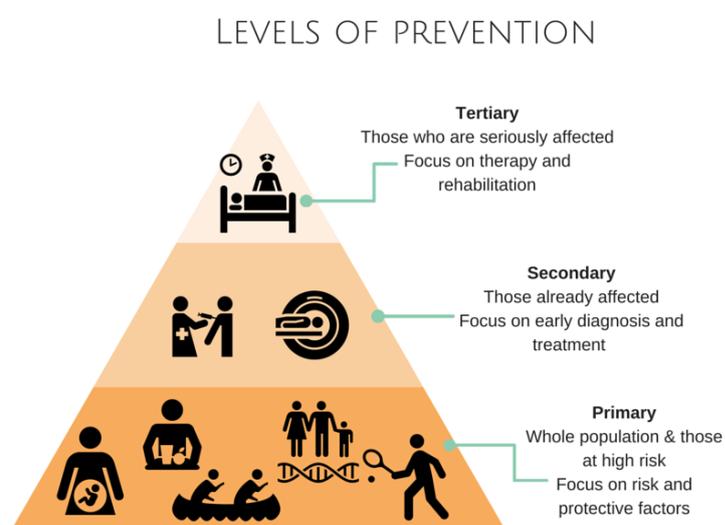


Figure 7 The relationship between primary, secondary and tertiary prevention (East Gippsland Primary Care Partnership, 2015). Adapted from information provided by *Bonita, Beaglehole & Kjellstrom, 2006, Basic Epidemiology, 2nd Ed, World Health Organisation.*

How can first time ice use be prevented?

It is clear there is no 'quick fix' in the prevention of any drug use. However, the National Drug Strategy identifies three pillars that underpin the harm minimisation approach to drug prevention, which includes the reduction of demand, supply and harm related to drug use.

As identified by the Australian Drug Foundation (2014) primary prevention of all drug use including crystal methamphetamine supports these pillars by strengthening communities, providing community education and influencing social norms to reduce the demand of crystal methamphetamine in communities.

The primary prevention approach generally influences the greatest percentage of the community using the least amount of resources and could also compliment existing strategies that focus on secondary and tertiary prevention strategies.

The Australian Drug Foundation (2014) recognises that an individual's alcohol and drug use is influenced by certain personal, environmental and social factors. Creating and strengthening these factors can reduce the risk of overall drug and alcohol problems. This is important as it is these same factors that influence the use of crystal methamphetamine.

Evidence suggests (ADF, 2014; Victorian Government, 2015; Victorian Department of Education & Training, 2015) that there are a range of strategies that may prevent the first use of crystal methamphetamine, this may include programs that:

- strengthen positive family and social relationships
- enhance community connections
- provide positive role models
- create positive social attitudes to alcohol and drug use
- foster positive attitudes to completion of schooling and training
- create opportunities for employment
- create environments that encourage positive mental health
- use sporting clubs and schools as settings for prevention.

Working with the community

Prevention work is most successful if the surrounding community is involved and engaged in the changes occurring. Community development and community empowerment works to improve community issues by empowering groups of people to identify their concerns and work with them to create an environment where they can actively contribute to addressing local issues (Naidoo & Wills, 2000; Liaw & Kilpatrick, 2008).

In the case of preventing the use of ice for the first time in East Gippsland, this may include engaging the community to gain more information about the issue, using local experiences as part of community education, in addition to empowering local communities to contribute to community wide responses.

Complimenting existing work

It is important that any efforts to prevent the first use of ice recognise existing national, state and local programs to ensure a coordinated, complementary approach that strengthens broader drug and alcohol programs overall. This includes programs delivered as part of alcohol and drug prevention, early intervention, treatment and response, in addition to broader mental health service provision and law enforcement efforts.

It is recognised there are a range of national and state programs and campaigns that have been developed to prevent and address the use of ice in addition to alcohol and other drugs. These set a strong platform for additional local responses.

Local prevention work

In the area of prevention, there are some existing local programs targeting a variety of local target groups. These include:

Education in schools

Local Victorian Police staff visit and present to East Gippsland Secondary Schools on range of topics, including drug use.

Good Sports program

The Gippsland Regional Sports Assembly provides support for clubs who are registered as part of the Good Sports Program. The focus of the program locally is on creating supportive sporting environments that change the way alcohol is managed in all club activities.

Communities That Care

The East Gippsland Shire Council will be working within communities to improve the healthy development of children and young people in East Gippsland. This will include the prevention of a range of problematic behaviours.

A policy context

The East Gippsland approach to the prevention of the first use will be informed and supported by the following policy documents:

- National Ice Action Strategy (still to be developed)
- National Drug Strategy 2010-2015
- Victorian Ice Action Plan.

Community partnerships in other areas of Victoria

Our Towns Ice Fight – Geelong, Barwon and surrounds

This project involves all sectors of the community and was developed in response to community concern. The project is led by an action group that consists of established sub-groups working in the areas of sport, youth, health, education, subject matter experts, police, businesses and employers. The action group coordinates a series of activities and interventions that engage the local community. It aims to facilitate local behavioural change within the community in regards to ice use and its impact locally.

Wimmera Drug Action Taskforce – Wimmera Ice Action Plan

The Wimmera region encompasses north-west central Victoria with Horsham as the main commercial centre. The Wimmera Drug Action Taskgroup include representatives from health and community organisations, councils, schools, emergency services and other community groups. It does not receive any dedicated funding and members either volunteer or are supported by their employers. Their prevention model involves an all of community approach by working across all levels of prevention (primary, secondary and tertiary) focusing on community education, school education programs, sporting clubs, and early intervention through support groups, social inclusion and professional development of community workers.

Northern Mallee Community Partnership – Project Ice

This partnership has also taken a community-wide preventative approach by focusing on building community resilience. This has occurred through community education forums, media campaigns and school programs.

More information about community initiatives to prevent ice can be found in the Victorian Parliamentary Inquiry.

Further research

This document provides a small snap shot of information about crystal methamphetamine and the risks its availability poses for high risk groups living and working in East Gippsland.

It is apparent that it is an issue of significance in East Gippsland. It is clear from the information provided, that further local research is required to contribute to a local prevention response.

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