

Title: Rural service providers' experience of methamphetamine and the portrayal of the 'ice epidemic'

Abstract

Objective: *To contrast service providers' perceptions about crystalline methamphetamine (henceforth, ice) use and harms with information communicated in media reports and politicians' statements.*

Design: *In-depth semi-structured interviews with service providers about the nature and extent of ice use in the local community and its impact on individual services, clients, and town life. Interviews were transcribed verbatim, manually analysed and coded around key themes, interpreted and independently cross-checked for context and accuracy.*

Setting: *Two remote towns located in different states/territories operating as service hubs to very remote communities.*

Participants: *27 key service providers representing local organisations that engage with ice users and/or their families.*

Results: *First, compared with alcohol, ice use and ice-related harms were insignificant at the two sites. Ice users were primarily, high-earning and functioning non-Aboriginal tradesmen, and to a lesser extent, professionals and secondary school students. There were few Aboriginal users. Ice was used to 'party', keep alert, and escape psychological distress. Second, the 'Ice Destroy Lives' campaign and references to an 'ice epidemic' amplified public anxiety about ice and ice-related harms in the surveyed communities. Third, the attention on methamphetamine distracted from the more extensive harms arising from alcohol use in their communities.*

Conclusion: *The respondents questioned the notion of an 'ice epidemic' and the use of federal funding for ice-related initiatives in remote communities, especially while general alcohol and other drug services were under-resourced.*

Key Words: *illicit drug use, crystalline methamphetamine, ice, methamphetamine, remote, media, qualitative, service provision.*

What is already known on this subject?

- *People living in rural areas are more likely to have recently used crystalline methamphetamine or ice than people living in major cities in Australia.^{1,2}*
- *Only a small percentage of ice users are clinically dependent.³*
- *In total, ice use has a much lower social cost than alcohol use.^{4,5}*

What this paper adds

- *Qualitative interviews with a range of service providers in two sites provides context for ice use and its associated harms within remote Australia.*
- *Public concern about ice in regional areas appears to be orchestrated by politicians and the media at a time when prevalence was falling.*
- *At the study sites, ice users were primarily reported to be functional, recreational users.*
- *Although ice use was relatively low at the sites, communities considered ice to be a primary drug of concern because of its perceived potential to harm users, their families, and the wider community.*
- *Informants reported that federal government ice initiatives diverted resources away from priority programs that are underpinned by empirical evidence.*

(Total word count: 2000)

Introduction

In 2016, 46% of National Drug Strategy Household Survey (NDSHS) respondents - triple the percentage of 2010 - nominated methamphetamine as a 'drug of concern,' even though self-reported recent use was lower in 2016 than in 2010.¹ Since 2001, there has been a secular decline in recent use of methamphetamine in Australia overall and in remote and very remote regions [where recent use is roughly 2.5 times that reported nationally (3.5 % vs. 1.4%)].¹ Curiously, while recent use was decreasing, treatment episodes for meth/amphetamine increased⁶, which may account for public concern rising sharply.

This paper, based on qualitative interviews with key informants one month before the 2016 NDSHS data collection, lends insight into this situation. It describes regional service provider perspectives about the use and harms of crystalline methamphetamine (henceforth, ice) and contrasts them with national concerns about the 'ice epidemic'. It argues that the nature and extent of ice use and ice-

related harms in two remote towns were uncharacteristic of the 'ice epidemic' portrayed in the media, and federal policies to abate the 'epidemic' diverted time, attention and funds away from local priorities.

Research Design

Semi-structured face-to-face interviews were carried out with 27 service providers dealing with the harms and consequences of ice use. These services included health care, alcohol and other drug (AOD) centres, regional and local government, criminal justice, family support and youth services (see appendix 1). The theme of the interviews was the impact of ice use and related harms on the service, clients, and town life. The first author conducted the interviews, which took the form of free-flowing dialogues to allow informants to raise issues they felt were important. Interviews ran from 30 minutes to 2 hours and took place in May-June 2016.

The study sites were two remote towns situated in different states/territories sufficiently diverse to provide a range of perspectives. Town A had a population of 24,000 residents, 20% of whom were Aboriginal. It had a large government sector and was the service hub for neighbouring very remote communities. Town B had a population of 14,000, of whom 6% were Aboriginal. It was a service centre and port for an agricultural hinterland, had fishing and aquaculture industries, and was a tourist destination. Ethics approvals were granted prior to the fieldwork (HR222/2015/AR1).

Interviews were verbatim transcribed, de-identified, manually analysed and coded around key themes. The interpretation was independently cross-checked for context and accuracy. Because some reports were 'hearsay', greater weight was given to assertions supported by evidence, witnessed firsthand or directly related to a service provider's area of expertise.

To provide context for informants' opinions, the interview transcripts were supplemented with background on the *Ice Destroys Lives Campaign* and a review of press coverage in *The Australian* newspaper about ice use and impacts from 2011 to 2016. Due to the volume of articles, it was not possible to systematically analyse other media outlets.

Findings

Prevalence and harms

In both towns, ice consumption was low in absolute and relative terms. The consensus was that ice, used alone or in combination with alcohol and other drugs (AOD), represented a very small proportion of drug use. *'They said at the hospital they probably have three people with some drug-induced psychosis ... compared to hundreds and hundreds with alcohol [misuse].'*(2Justice). Alcohol

presentations dominated the towns' AOD-treatment centres while both ambulance and country outback health providers reported they had too few presentations to warrant an interview on ice.

*You know that if there's a problem in this community, it's grog, it's grog, and it's grog!
(10CommSvces)*

The alcohol's a much more problematic drug when it comes to violence than ice is. (14HealthAOD)

With ice, the effects could be much more rampant so the fear factor is heightened. And where there's fear, there's a lot more action among families

Ice users

Ice users were generally non-Aboriginal high wage earners, mainly tradesmen, who used recreationally. In Town B, a moderate proportion of users were maritime workers with some using on duty to keep alert and others using off duty to relax.

In those industries like fishing...a lot of people have moved to methamphetamine because they can use it on the weekend, go back on shift on a Wednesday and be clean. (15HealthAOD)

Professionals were reportedly experimenting with ice and using it as a 'party drug' in Town A, which had a large government sector. In both towns, secondary school students purportedly experimented with ice; some to fit in with peers, others as an escape.

The high price of ice, combined with difficulties in accessing it and the availability of cheaper means of achieving intoxication (e.g. inhalants) dampened consumption among Aboriginal people, especially those dwelling in remote and very remote communities. Ice use was limited to a few isolated cases in both towns despite common stereotypes that linked Aboriginal people with ice and crime.

In the (Aboriginal town communities) we see alcohol affecting people almost daily whereas around volatile substances and meth we see that very, very rarely. We hear about ice a lot, but what we've encountered is one individual. (7CommSvces)

Health professionals remarked that users who presented in hospitals and treatment centres with dependency and other ice-related harms, were often victims of past abuse with comorbid mental health conditions.

The Making of an Ice Epidemic

Media impact

The media's role in promoting fear about ice as a deterrence tactic was a recurrent theme of the interviews, albeit one that recognised that the extreme imagery and storylines may have had unintended consequences on the viewers and the wider community. Informants claimed that the *Ice Destroys Lives Public Service Announcements* (PSAs), which aired for six weeks in May and August 2015, created and perpetuated myths about people who used ice and the consequences of use, such as the commonly-held belief that first-time use resulted in immediate addiction, psychosis, and violence with stereotypes that stigmatised users as criminals and undeserving of empathy.

I don't like the commercials they put out about it [ice]. They were a bit ridiculous, I mean, seeing that everyone associated meth use with aggression. (9CommSvces)

Informants speculated that the extreme examples of physical and mental deterioration shown in the PSAs encouraged rather than discouraged youth to try/use ice, a view that was confirmed in an assessment of the campaign.⁷ They reasoned that many adolescents believe they are invincible and more likely to engage in risky behaviours, especially when they see their peers using ice with no immediate repercussions.

The enormous amount of publicity that's been given to ice in the last three or four years around Australia has given it a sort of glamour, a dangerous glamour, which makes it highly attractive to people who have already been unconventional. (11Justice)

According to the informants, the concerted media focus on ice directly impacted communities by exaggerating prevalence levels, creating public anxiety about ice, and turning ice into a policy issue in the community.

The ads on tv whipped up the fear and that was good for the politicians. But the research looked at the effect they had and if anything, they encouraged ice use. (5Youth)

You hear [about] and read all those horror stories about the regional towns in NSW and Victoria and they're already decimated by the ice epidemic, which when you look at the numbers, I'm not really sure how much of an epidemic it really is and people use the ice epidemic to their own end. (12Commsvces).

You get those campaigns in the community saying, "Dob in a druggie," ... and when they politicised this, [it comes at] a massive cost to our community. It turns into a political football and then everyone's fighting amongst themselves for funding." (20Youth)

Federal policies

In both towns, informants were particularly concerned that the media focus on ice would distract attention from the harms attributable to alcohol, which were far more extensive, with many complaining about the defunding of necessary programs. A quarter of the informants remarked unprompted that politicians and the media orchestrated the 'ice epidemic,' with one declaring he would go along if 'ice dollars' could be diverted to alcohol (10CommSvces) and another saying that 'we're very keen to use the political impetus ice has created to further strengthen addiction treatment services for everyone' (14HealthAOD). Informants also mentioned that ice changed the policy agenda in the community, but community service providers were at a loss to develop activities in response to a contrived epidemic but nevertheless competed against one another for ice funding.

I think the ice epidemic ... is the making of government. (10Commsvces)

I think the alcohol industry has been fuelling the whole media focus on ice because it gets the attention off alcohol. (14HealthAOD)

There were two reported instances involving wide-scale, federally mandated activities, community forums and specialised police training. According to a drug policy specialist in Town B, there were

eleven 'pre-emptive' forums over a 12-month-period in the state/territory involving large number of police, social services and health staff.

Every local service area has been asked by Police Central Command to put in at least one ice forum. So, there's this massive hidden expenditure for services to be involved in the development and delivery of these workshops. (15HealthAOD)

Police were also mandated to undertake specialised training to prepare them for a surge in ice-related violence. This allegedly was met with resistance from senior police officers who challenged the assumption that ice use was rising rapidly. Similarly, according to this same informant, who was present at the Joint Parliamentary Inquiry into organised crime, an officer contested the previous discussion on high ice use, stating that the only change was an increase in the amount of self-harm caused by ice arising from former speed or base users overdosing or having psychotic episodes (15HealthAOD). At two community forums hosted by Senator Fiona Nash the discussions turned to the topic of ice-using youth vandalising cars. In both cases, officers reportedly countered, 'It's not ice, it's not meth use, it's just crime.' (15HealthAOD).

Discussion

Apart from the interviews, what is the evidential basis for perceptions that the media and politicians orchestrated the purported 'ice epidemic'? Crystalline methamphetamine specialists concur that prevalence was far from epidemic levels in 2016⁸⁻¹⁰, with many querying why ice gained such prominence in the media and policy-making circles. Further, based on NDSHS and census data, numbers of self-reported recent ice users in remote and very remote regions only totalled 20,234 persons or 5% of their counterparts living in the rest of the country.^{1, 11}

-----TABLE 1 HERE -----

Interestingly, the media predominantly switched from articles about alcohol bans and liquor licensing in select Aboriginal communities, which peaked in 2012, to articles about ice in 2014 and 2015, coinciding with the change from the Gillard to the Abbott Governments. However, this upsurge in media interest focused on the discovery of clandestine methamphetamine/ice laboratories, large-scale police seizures, organised crime or biker gang involvement in supply and distribution and 'ice'-fuelled violence (Figure 1). That these events were based on real evidence (the presence of ice), were high-profile and newsworthy, makes it difficult to reasonably argue that the Abbott Government influenced the media to focus on ice-related events. It is more likely that the Abbott Government championed the 'ice cause' in response to media rapportage of ice events and justified government spending on that basis.

-----FIGURE 1 HERE-----

While the media amplified public concerns about ice, informants believed that federal policies diverted resources from priority areas. The informants' opinions strongly suggest that the evidence base for this switch away from general AOD services and toward methamphetamine/ice was weak. This change in emphasis which started with the Abbott administration has continued to the date of this paper.

The consequences of this change in focus from AOD more broadly to methamphetamine/ice and the perpetuation of concerns with an "ice epidemic" in the media and amongst federal politicians came at the expense of remote country towns and communities, where decades of research has unequivocally shown that unmet demand for AOD support and treatment services is high, increasing, and – real.¹²⁻¹⁴

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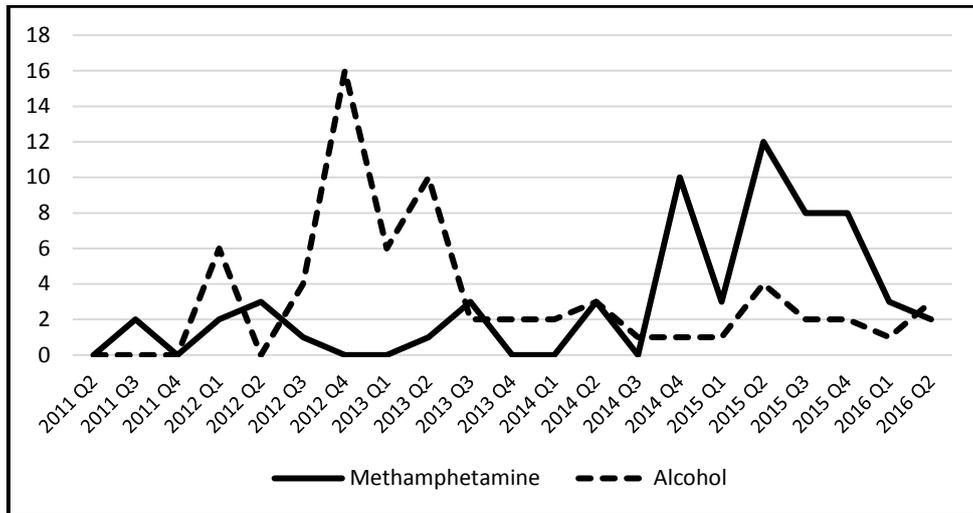


Figure 1. Number of articles per quarter on methamphetamine and alcohol* reported in *The Australian* by quarter (*filter used in search limiting news to Australian events)

Table 1. Significant dates in methamphetamine reporting

2014

- Acting Head of Australian Crime Commission states crystal methamphetamine is a national concern.
- Four Corners program on ice in regional areas of two states.

2015

- Australian Crime Commission releases 'landmark' report on growing ice addiction and its effects in Australia.
- Abbott announces task force to tackle crystal methamphetamine 'menace'.
- Public Service Announcement (PSA) blitz on ice on late night television for six weeks nationwide (costing AUD 11 million).
- Professor Richard Murray from James Cook University and National Ice Task Force member reports ice is having an upsurge in rural and remote areas.
- Second round of PSA ice television adverts (costing AUD 4.3 million).

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