Department of Children and Families Submission

'Ice' Select Committee

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INTRODUCTION

Ice or crystal methamphetamine is part of the amphetamine family of drugs that are designed to stimulate or speed up bodily functions, making the person feel more alert and full of energy.

Methamphetamines are available in three different forms; powder (sometimes referred to as speed), a crystalline powder (Ice or crystal) or an oily paste or powder (sometimes called base). Ice is a more pure form of methamphetamine and is generally stronger, more addictive and with more harmful effects than the other forms. [1]

This submission from the Department of Children and Families (DCF) describes the context in which child protection operates in relation to Ice, discusses the issues that Ice raises for children, families and child protection systems and outlines DCF's experiences, processes and limitations in responding to Ice.

PREVALENCE OF ICE IN AUSTRALIA

Methamphetamine is now the second most frequently used illicit drug in Australia after cannabis.[2] The National Drug Household Survey 2013 conducted by Australian Institute for Health and Welfare found that:

- methamphetamine use in 2013 did not rise, but there was a change in the form of methamphetamines used, use of powder fell from 51% in 2010 to 29% in 2013 while the use of 'Ice' more than doubled, from 22% to 50% over the same period;
- methamphetamine users reported more frequent use of the drug in 2013 with an increase in daily or weekly use (from 9.3% to 15.5%). This doubled for 'Ice' users, which went from 12.4% to 25%;
- methamphetamine users who mainly used Ice were far more likely to use Ice on a regular basis with one-quarter (25%) using it at least weekly compared with only 2.2% of those who mainly used powder;
- people living in remote and very remote areas were two times more likely to smoke daily, drink alcohol in risky quantities and use methamphetamines in the previous 12 months than those in major cities; and
- in 2013, Indigenous Australians were 1.6 times more likely to use any illicit drug in the last 12 months, including 1.6 times more likely to use methamphetamines than non-Indigenous people.[3]

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[1] DrugInfo Clearinghouse Victoria, Australian Drug Foundation Number 7.1 *Methamphetamine your body,* September 2008 p.1

[2] Turning Point Alcohol & Drug Centre *Clinical Treatment Guidelines for Alcohol and Drug Clinicians No. 14:Methamphetamine Dependence and Treatment,* 2007 p.3

[3] Australian Institute of Health and Welfare, *National Drug Strategy Household Survey detailed report 2013* p.7

These statistics are particularly concerning for the Northern Territory (NT) given the high Indigenous population and level of remoteness.

PREVALENCE OF ICE IN THE NT

In the NT, information about methamphetamine use is drawn from an annual survey of regular illicit drug injectors and key experts in Darwin who work with this population and administrative data collected by the Department of Health and Police intelligence, called the Illicit Drug Reporting System (IDRS). The 2013 IDRS survey found that recent use of Ice has increased steadily since 2009 to approximately 30% of the survey sample while recent use of other forms of methamphetamine, including speed powder and base, has declined.

The Alcohol and Drug Information Service indicated that an increasing number of callers in the NT are seeking information on methamphetamines including from members of the public and health practitioners. In the January 2013 to June 2013 period, 16.4% of all callers identified methamphetamine use as problematic with this figure almost doubling to 30.8% for the July 2013 to December 2013 period.

There has been a significant increase in the number of arrests in the NT for methamphetamine type stimulants. The Illicit Drug Data Report, published through the Australian Crime Commission, shows 14 arrests in 2011-12 and 169 in 2012-13 in the NT. The NT reported the highest percentage increase of all States and Territories. In the same period, national arrests increased by 31.9%.[4]

ICE AND CHILD PROTECTION: RESEARCH

Ice will affect people in different ways however in general the sense of exhilaration, arousal and activity levels can last between 7 and 24 hours. Other effects can include:

- increased heart rate and breathing problems;
- high blood pressure;
- stomach cramps;
- blurred vision;
- severe headaches;
- difficulty sleeping;
- reduced appetite;
- irritability and hostility;
- hallucinations;
- paranoia;
- psychosis;

[4] A, Sievers Department of Health, Northern Territory Government (personal communication, April 2015), additional information available at https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_IDRS_2013.pdf

- panic attacks and violent aggression;
- itching, picking and scratching; and
- increased sex drive.[5]

Correspondingly the low or 'coming down' period can last for several days and can include:

- lethargy, increased sleep;
- reduced appetite;
- mood swings;
- feeling restless, irritable, tense or anxious, violent;
- feeling down, depressed; and
- paranoia, hallucinations and confusion.[6]

The effects and behaviours caused by Ice pose increased risks for children's safety and wellbeing. There are differing situations where children may be affected by their parent's use of Ice, these include:

- parent uses Ice in an episodic manner;
- parent is dependant or addicted to Ice;
- mother uses Ice while pregnant;
- parent 'cooks' Ice in the home in small quantities for self-use;
- parent deals, traffics or distributes Ice; and
- parent manufactures Ice at home in large quantities.[7]

Children growing up in families where Ice is used are more likely to come to the attention of child protection agencies because:

- Ice affected parents may ignore or not be aware of the children's needs for food, clothing, medical attention, stimulation or care;
- sexual stimulation of the Ice user may result in an increased risk of children being sexually abused;
- children may witness violence or be forced to participate in violent acts;
- Ice affected parents may have some level of cognitive damage and lack the judgement and impulse controls required for effective parenting;
- in the 'coming down' phase, parents might sleep for days or be depressed or lethargic and be unable to respond to their children's needs;
- the chaotic lives that children experience in Ice using families can affect their overall development, health and wellbeing. The lack of stimulation, adequate

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[5] Department of Health and Ageing, National Drugs Campaign, *Ice or crystal methamphetamine hydrochloride* p.1

[6] DrugInfo Clearinghouse Victoria, Australian Drug Foundation Number 7.1 *Methamphetamine your body,* September 2008 p.2

[7] Otero, C et al, *Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers,* 2006 p.6 available at https://www.ncsacw.samhsa.gov/files/Meth%20and%20Child%20Safety.pdf

nutrition and care can have negative impacts on young children's brain development;

- older children may be required to take on a 'parenting' role of the other children and/or a caring role for the Ice affected parent;
- children are at risk of physical and emotional abuse if a parent's response to intoxication or withdrawal symptoms is violent, reactive or punitive; and
- financial difficulties may arise due to Ice usage and parents may ignore buying household essentials such as food, clothes and paying bills in order to pay for drugs.[8]

The risks for children increase in homes where Ice is made. A number of the ingredients commonly used in manufacturing methamphetamine are extremely toxic and include flammable and volatile solvents such a methanol, ether, benzene, methylene chloride, trichloroethane and toluene.

Children are more susceptible to suffer from the exposure to these chemicals because:

- they have higher metabolic rates;
- their skeletal and nervous systems are developing;
- their skin is not as thick as an adult's skin, which means they absorb chemicals faster;
- children tend to put things in their mouths and use touch as a means to explore and so might ingest Ice; and
- some fumes or gases are heavier than air, and will sink down to the child's level, increasing their exposure.[9]

In addition to these harmful and toxic chemicals children are also at risk of:

- physical and/or sexual assault from Ice affected parents and frequent and often 'Ice' affected visitors to the home; and
- learning criminal and drug taking behaviour, antisocial behaviour and a distrust of authority from their parents, either directly or by observing their parents' behaviours.[10]

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[8] Bromfield, L et al Australian Institute of Family Studies, National Child Protection Clearinghouse *Issues for the safety and wellbeing of children in families with multiple and complex problems* Issues 33 2010 p.3-4

[9] Otero, C et al *Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers* 2006 p.8

[10] Ibid. p.9

Prenatal Risks

Drug or alcohol abusing mothers expose their unborn children to harmful substances. Some of the known risks of methamphetamines to the foetus are birth defects, growth retardation, premature birth, low birth rate, and brain lesions.[11]

As with alcohol, the exact effects of prenatal exposure to Ice are difficult to predict, it depends on the frequency and intensity of the Ice usage, the mother's overall health and nutrition levels, her prenatal care and whether she is taking other illicit substances.

A pregnant woman using Ice can often experience irregular nutrition or rest and may have elevated stimulation levels for days, impacting on the health and development of the foetus. Maternal stress experienced during pregnancy can cause physiological stress responses in the foetus, which affect the amount of oxygen and nutrition received by the unborn child. Other peri-natal complications may include withdrawal symptoms and premature births.[12]

ICE AND CHILD PROTECTION: PRACTICE

Ice like other illicit substances has implications for child protection practice in terms of understanding risks to children, engaging with families and making decisions about the child's safety.

Safety and risk assessments need to consider the parent's level of Ice use to understand what affect Ice is having on the parents everyday functioning and their ability to respond to their children's needs.

Safety risk assessments for children where there are substance misuse concerns are to consider risks associated with:

- Accommodation and home environment:
  Household safety, quality and stability of accommodation, associated environmental factors, are other Ice users sharing the accommodation, what is their relationship with the child, are children observing drug use?
- Supervision and neglect:
  Is the parent experiencing bouts of extended sleep? Are they appropriately noticing and responding to their children's needs? Is there a lack of money to purchase food for the children? Is the Ice user's suppression of appetite affecting the parent purchasing or preparing food? Are drugs kept in a safe place and/or is there a risk that children might access the parent's drugs?
- Physical and/or sexual abuse:
  Ice increases sexualised and/or aggressive behaviour leading to an increased risk of sexual or physical abuse, are there any signs of abuse to the child?

[11] Ibid. p.7
[12] Ibid

- Lack of positive supports:
  Parents addicted to Ice may only associate with other Ice users or may have few positive social supports available to them; this places their children at risk because there is no safe person or outlet available. It also makes it more difficult for Ice users to change their behaviour.
- Isolation from Support Services:
  Shame and fear may result in isolation and disadvantage to the children if professional services are seen as a threat (ie child care, health and family support services).
- Legal Issues:
- Has the parent been charged for drug related offences? Has the parent ever been held in custody? How were children cared for during periods of separation? [13]

When conducting child protection investigations into concerns about a child's safety where substance abuse by a parent is suspected or reported, the role of the child protection worker is to assess the impact of that substance use and any real or potential harm to the child.[14]

Conversations with Ice affected parents to understand their level of use and risks to their children can be difficult because of the effects of Ice:

- research conducted in America in 2005 found that the confusion and paranoia that Ice users experience can make it difficult for child protection workers to engage with or gather information from parents;[15]
- drug use is highly stigmatised by the general population and users often experience guilt and shame connected with their behaviour.[16] As a result parents may not want to reveal their addiction or use to a child protection worker or may lie about the severity of their situation; and
- Ice users may also have difficulty remembering or articulating the specifics or details of their use and its impact on parenting and child safety. Therefore information from other family members as well as professional services involved with the family is required.[17]

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[13] Victorian Department of Human Services, *Specialist Assessment Guide: Guide for Assessing Parental Substance Use,* 2000, p.5-10, available at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/449180/guide-for-assessing-parental-substance-use-2000.pdf

[14] Ibid.

[15] National Resource Center for Child Protective Services, *Safety intervention in Methamphetamine Using Families*, October 2005, p.2

[16] Victorian Department of Human Services, *Specialist Assessment Guide: Guide for Assessing Parental Substance Use,* 2000, p.1

[17] National Resource Center for Child Protective Services, *Safety intervention in Methamphetamine Using Families*, October 2005, p.2-3

If children are found at 'drug labs' or places where Ice is being made, child protection staff should be aware of the symptoms of methamphetamine exposure so that they can identify children affected by methamphetamine and toxic chemical exposure. Medical evaluation and treatment may be required if symptoms of illness develop in either the child or the child protection staff member following contact with methamphetamine lab chemicals or residual toxins. Symptoms include chronic cough, chest pain or tightness, shortness of breath, dizziness, headache, skin and eye irritation, chemical burns, nausea and lethargy.[18]

ICE AND CHILDREN IN OUT OF HOME CARE

Women who use methamphetamines during pregnancy expose their unborn infants to harmful effects of the drug, which impacts on their neurological and physical development. The exact impacts of Ice are unknown but as methamphetamines are stimulants they have the potential to cause blood vessels to spasm which can compromise the flow of oxygen to the foetus' brain and other vital organs. [19] Children affected by amphetamines exhibit particular issues that have implications for the care provided to them, which will need to be addressed in their care plans:

- they may be born with an addiction and will need treatment to address the withdrawal symptoms;
- their neurological development may be impaired because they may sleep too much or not enough, they may not look at people or objects, may disregard their surroundings;
- they may be at risk of poor nutrition or failure to thrive because they may sleep a lot and have poor sucking actions (carers will need to wake and regularly feed the infant rather than feed on demand). The sucking action can be improved by providing opportunities to suck a dummy (pacifier); and
- they may be prone to stress and anxiety so carers will need to provide strategies that will calm and de-stress the infant, for example:
    - by providing a quiet calm environment with no bright lights or sudden or loud noises; and
    - gentle rocking or soothing motions with the infant.

Older children may have difficulty focusing on or completing tasks, controlling emotions or find it difficult to cope with changing social situations or pressures.

DEPARTMENT OF CHILDREN AND FAMILIES REPORTING LIMITATIONS

DCF's data system, Community Care Information System (CCIS) does not allow for the recording of information about the use of specific drugs in relation to child abuse

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[18] Otero, C et al *Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers* 2006 p.9

[19] Ibid. p.7

and neglect concerns. The 'Substantiated Harm' data that can be reported is the broad measure of 'Alcohol/Drug Abuse'. While this measure indicates that alcohol or other drugs may be a contributing factor to the substantiated investigation, it is not possible to specify which drug or drugs are of concern or what impact the drug use has had in the substantiation of harm. In addition CCIS is a client information system where the child is the client, recording that a child's parent/other person uses a particular substance (regardless of type), is not possible and cannot be reported.

DEPARTMENT OF CHILDREN AND FAMILIES ANECDOTAL DATA AND TRENDS

The inability to record Ice use specifically in the data system makes it difficult to quantify instances of Ice abuse and the impact it is having on children in the child protection system. However, reports from across DCF indicate that while Ice is not presenting as the most significant issue for DCF and its client group, the effects of Ice is becoming increasingly evident in child protection reports and casework investigations.

Anecdotal trends indicate a rise in child protection intakes and investigations where Ice is a factor of concern to a child's safety. The DCF Central Intake Team estimated that intake reports of young people using Ice are presenting two to three times per month; and intake reports of parents using Ice is estimated to be occurring four to five times per month. Reports where Ice presented as a concern has been noted to be predominantly from Darwin and Alice Springs, however Katherine features as well. The DCF Central Intake Team started identifying this trend around December 2013.

In all families where methamphetamine use was reported, parents were also using other substances, this practice is known as 'polydrug' use (using two or more substances simultaneously to offset the other). Alcohol continues to be the most misused substance across the NT and in all cases where methamphetamine use was reported, alcohol was noted as the primary substance of concern. It is possible that Ice is more prevalent than thought however overlooked, unreported or not the principal concern.

Child protection workers conduct thorough assessments of parents in their initial interviews and throughout the investigation process. No single factor, for example behaviour, appearance of the person or condition of the home, can indicate Ice (or other amphetamine) abuse. Accordingly, a collective assessment over a period of time is required to determine if a parent is using Ice the level and frequency of use, and the harm or impact it is having on the child. When there is concern that a parent is a chronic substance abuser, it is common practice in Darwin to request the parent partake in a drug test. This practice is not commonly used elsewhere however, it

would be built into casework practice if the impacts of Ice use increased substantially in other regions.

In cases where parental Ice abuse is confirmed, child protection workers may apply to the Court for a Protection Order with a supervision direction requiring the parent attend sessions at an alcohol and other drugs service and/or family support service to address addiction and to increase parenting capacity.

DCF has also noted an increased trend in child protection investigations where contact is being made by grandparents who are assuming protective roles of their grandchildren due to parental methamphetamine or Ice use. These extended family members report frustration in having to take on this role due to parental use and lack of service delivery to support the parents and address methamphetamine use. It is considered likely that in these circumstances the actions of the grandparents are affording the children safety thereby not necessitating statutory intervention to ensure the children's protective needs. This has been particularly clear in the Katherine region.

Recently, a support group called "Families Crying out for Help" was established by local residents of Darwin, particularly grandparents who are caring for their grandchildren because the parents have been jailed for Ice related offences. The group is made up of grandparents, parents, Ice addicts and those who have quit methamphetamine. The main purpose for the group's establishment was to provide support to those affected by Ice, provide a space for open discussion and provide a network to draw strength from. Founders of the group have expressed frustration at the lack of specialist methamphetamine services or support services in the Top End.[20]

DEPARTMENT OF CHILDREN AND FAMILIES STAFF TRAINING

DCF provides training on substance abuse for child protection workers approximately three times a year in Darwin. The training however, focuses on the broad topic of substance abuse and provides a global understanding on the effects of amphetamine type substances on cognition and behaviour. It does not provide workers practice advice on supporting/managing Ice users, information on worker safety (particularly the risks of coming into contact with 'meth labs'); or guidance on determining Ice use and addiction.

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[20] Jones, R, *Darwin grandparents desperate for support as ice epidemic hits Top End* ABC Local Radio and Radio National report, 19 January 2015

The Department of Health is in the process of developing resources regarding processes and practical information for health clinicians who are in contact with Ice users. DCF has met with the Alcohol and Other Drug Services Workforce Development and Community Education Unit to discuss the potential sharing of resources. DCF will work on adapting the resources so they are appropriate for the child protection context.

RESPONSE AND RECOMMENDATIONS

The impact of Ice on children in the NT child protection system is a complex health and social issue, which is integrally linked to broader debate and strategies to address Ice misuse in the community.

DCF has identified a number of recommendations that are within its responsibility as a child protection agency and which will improve its responses to clients and their families presenting with an Ice addiction. These can be summarised as:

1. Equipping staff and carers to better meet the needs of children and families affected by Ice/methamphetamine misuse or addiction and ensuring the safety of staff who have contact with Ice; and
2. Improving case coordination, planning and case work with other agencies and organisations for families and clients affected by Ice/methamphetamine misuse.

1. Equipping staff and carers to better meet the needs of children and families affected by Ice/methamphetamine misuse or addiction and ensuring the safety of staff who have contact with Ice.

DCF has a responsibility to provide staff and carers information and training about the effects of methamphetamine/Ice abuse including; understanding the needs of affected children and families in the child protection context.

Training and staff awareness in DCF could be improved by:

a. developing more specific and frequent training (available to all offices) for practitioners around assessing Ice use and addiction, referral to support services, and supporting and working with Ice/methamphetamine users; and

b. DCF also recognises that there is increasing need to develop a work health safety protocol and training for child protection practitioners regarding exposure to 'Ice labs' and chemical poisoning.

2. Improving case coordination, planning and case work with other agencies and organisations.

A child addicted to Ice or affected by parental chronic Ice/methamphetamine use will have specific needs as a result of the condition/s that will vary from child to child. Families will have needs relating to addiction and misuse, and are at increased risk of any further children being affected by Ice misuse. These complexities require a comprehensive assessment of the child's and the family's needs, and a coordinated approach to care and support interventions across multiple agencies.

Within DCF, the Family Strengths and Needs Assessment tool is the mechanism and also the process for a child protection practitioner to better understand a family's risks and needs and to make decisions about referrals to specialist services in the community. This process could be supported by:

a. providing guidance to practitioners on the treatment options available for clients and families; and
b. skills in motivational interviewing techniques, to determine Ice/methamphetamine use; and how to encourage clients and families to access alcohol and other drug treatment.

DCF could also develop protocols to improve access to specialist services for children in care affected by parental Ice misuse. These protocols would cover the following:

a. work with the Department of Health to ensure children and families affected by methamphetamines can access appropriate alcohol and other drug support services; and
b. ensure children who are taken into care where there is a history of maternal Ice or methamphetamine use undergo assessment and referrals to specialist services where there are indicators of developmental delay.

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