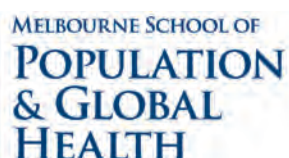


# Supporting the Mildura Aboriginal Community's Response to Ice Use

Sarah MacLean, Ross Hengsen, Raelene Stephens  
and Kerry Arabena









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MELBOURNE SCHOOL OF  
**POPULATION  
& GLOBAL  
HEALTH**



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ISBN: 978 0 7340 5158 5

First published August 2015

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**Report Design and Printing:** Inprint Design

**For citation:** MacLean, S., Hengsen, R., Stephens, R. & Arabena, K. 2015, Supporting the Mildura Aboriginal Community's Response to Ice use, Onemda VicHealth Group, The University of Melbourne, Melbourne.

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## Acknowledgments

This study was funded by the Melbourne Social Equity Institute at the University of Melbourne. An associated community resource was funded by the Becher Foundation. Dr Sarah MacLean's work is supported by a fellowship from the Victorian Health Promotion Foundation (VicHealth).

We thank and acknowledge the generous help of the Mallee District Aboriginal Services (MDAS) Social & Emotional Well-Being Team. Associate Professor

Helen Cahill and Dr Mark McMillan also provided valuable advice on the design of the study.

Many current and past ice users, family members of ice users and professional staff have participated in interviews for the study. We are grateful to everyone involved for sharing their experiences.

## Abbreviations and Terminology

<b>ACCHO</b>	Aboriginal Community Controlled Health Organisations
<b>FM</b>	family member of an ice user
<b>IU</b>	ice user or ex-user
<b>MDAS</b>	Mallee District Aboriginal Services
<b>OMCG</b>	outlawed motorcycle gang
<b>PRG</b>	Project Reference Group
<b>W</b>	worker

In this report we use the term 'Aboriginal' to refer to all Australian First Peoples, both Torres Strait Islander and Aboriginal, except where we refer to a source where another term is used.



# Report Summary

Ice (also known as 'shard' or 'crystal meth') is a potent form of methamphetamine. Its use can have particularly distressing effects in Aboriginal communities, where people are dealing with other complex social and health issues. A recent Victorian government Inquiry into ice use identified a need to explore the treatment needs of Aboriginal people and people in regional communities (Law Reform, Drugs and Crime Prevention Committee 2014).

We report here on a collaborative, qualitative research project designed to explore the treatment needs and experiences of Aboriginal people using ice in Mildura, a regional centre in the far north-west of Victoria with a population of about 30,000 people of whom around 1500 identify as Aboriginal. The study was carried out in partnership with the Mallee District Aboriginal Services, and involved interviews with Aboriginal ice users (n=14), family members of Aboriginal ice users (n=6) and Aboriginal and non-Indigenous professionals (n=6) who worked with ice users. All of the interviews were conducted in Mildura during late 2014 and early 2015, and were analysed thematically. The method used for the research is described in detail in Appendix 1.

A number of key themes emerged. Interviewees strongly believed that poverty and trauma made Aboriginal people more vulnerable to problematic ice use. Widespread prevalence normalised ice use for some, while shame around problematic use prevented others from seeking help. Family

members provided critical motivation to stop ice use as well as a range of supports to users. Users despaired when relationships with family were damaged, yet family members were overwhelmed and lacked the resources to help. Finally, outlawed motorcycle gangs (OMCG) have aggressively marketed ice in Mildura and their activities exacerbate the fear that surrounds the drug.

Alongside expanding local treatment options, and offering treatment that is not time-limited, efforts to engage and support families are very important. Providing people with 'ice free' social spaces is a major challenge. Addressing the shame that surrounds problematic ice use for families and users will make it easier for them to approach agencies for help. Community or cultural events where ice use is not acceptable would be welcomed by people who are trying to stop using but lack social support, as would an intensive day program offering therapeutic and cultural activities. To counter the sense of hopelessness that some participants reported, it would be useful if Aboriginal people who have stopped or reduced their ice use were able to share their stories of change with others.

The report's aim is to provide MDAS, other services in Mildura and government agencies with evidence to strengthen the service system response to ice use. While this study was conducted solely in Mildura, we believe it will be relevant to other communities in Victoria and Australia.

## Recommendations

- Education could emphasise that the positive effects of ice experienced by early users tend to be short lived.
- Aboriginal ice users can be deeply affected by the exclusion from family that occurs as a result of their behaviour. Suicide risk should be assessed in known users.
- Ice users can experience intense feelings of shame and regret for their actions. This should be addressed through treatment wherever possible.

*Recommendations continued overleaf...*

### ***Recommendations continued...***

- Further research is required to identify intervention approaches that will encourage people to address ice use before they hit crisis point.
- Appealing to people's desire for harmonious family relationships may be one way of encouraging users to seek treatment.
- Counselling and support for ice users will often need to be intensive and prolonged. The availability of counselling services should be increased to cope with demand.
- Residential and non-residential programs for drug users should be available in regional locations.
- An alcohol and drug residential rehabilitation service for Aboriginal women should be set up in northern Victoria.
- After-care services and community supports are required for people who have stopped using ice.
- Education for ice users who inject should emphasise the importance of avoiding blood-borne viruses. Clean injecting equipment should be easily accessible.
- Families are very important to users, through providing practical support and encouragement, giving people a sense of self-worth and belonging, and because family relationships are a powerful incentive to stop using. Supporting families to maintain connections with ice users is crucial to their wellbeing.
- Wherever possible, interventions should address the shame about ice use felt by some family members and provide information about support that is available for them.
- Police need community support to identify and prosecute dealers.
- Withdrawal from drugs should not happen in police cells, but in a secure health facility.
- Art programs and cultural activities are important in strengthening community and giving people meaningful alternatives to drug use.
- Wherever possible, agencies should seek to provide people with 'ice free' social spaces and activities. A local day program offering intensive therapy and involving families would meet many of the needs expressed by research participants.
- Education programs would show that Aboriginal people can stop using ice and not compound the despair that both families and users experience in relation to it.
- Inviting Aboriginal ex-users to share their stories may help to combat this despair.



# Literature Review: Ice Use in Victorian Regional Aboriginal Communities

This brief literature review summarises previous research on the prevalence of ice use and issues related to its use in Australian Aboriginal and Torres Strait Islander communities, with a focus on Mildura, Victoria.

## Prevalence of ice use

Australia has a relatively high rate of methamphetamine use (Lee 2015). A national Australian survey conducted in 2013 showed that around 2 per cent of the population had used meth/amphetamine over the previous year. While the prevalence of methamphetamine use in the general Australian population has remained stable over the past decade, a greater proportion of people are now using ice than other forms of methamphetamine (AIHW 2014). Increased frequency of ice use has occurred mainly among people who are already users (Lim et al. 2015). Ambulance call outs and attendances in metropolitan Melbourne related to crystal methamphetamine increased by more than four times during three years to 2012 (Lloyd 2013).

As a result of widespread community concern about ice, the Victorian Law Reform, Drugs and Crime Prevention Committee conducted a comprehensive Inquiry into Methamphetamine Use (Law Reform, Drugs and Crime Prevention Committee 2014). A Commonwealth inquiry into ice was announced in March 2015.

## Issues for Aboriginal people

Aboriginal and Torres Strait Islander Australians appear to use methamphetamine at slightly higher levels than non-Indigenous Australians (AIHW 2011). Moreover, methamphetamine use may

have particularly distressing effects in Aboriginal communities where people are dealing with many other social and health issues (Law Reform, Drugs and Crime Prevention Committee 2014). A small qualitative study of Aboriginal people who used methamphetamine found that positive effects of the drug were considered to include the enjoyment, feeling good, increased confidence, temporarily forgetting problems, weight loss and social aspects (Blue Moon Research and Planning 2008).

The Victorian Inquiry (Law Reform, Drugs and Crime Prevention Committee 2014) notes that many Aboriginal people speak of past trauma and the legacy of colonisation as being contributing factors in Aboriginal people's ice use. Using ice, however, makes it difficult for people to engage with and express culture, which in itself is isolating and harmful. Shame about methamphetamine use particularly inhibits Aboriginal people from accessing those services that may help them to stop using. Ice use puts enormous pressure on families, is implicated in the removal of children, the breakdown of respect for elders, and increased rates of crime and violence (including domestic violence).

The Inquiry also found that ice users often require longer and more intensive treatment than other drug users. However, only a limited range of treatment options is available and waitlists for services are long. The Inquiry recommended that 'a raft of culturally appropriate programs and resources on methamphetamine' be provided to Aboriginal people, including tailored and appropriate services, with local community input (Law Reform, Drugs and Crime Prevention Committee 2014). It concludes that further research is recommended into treatment needs of specific groups including Aboriginal people and those living in regional areas.

In early 2014 a forum was held to discuss ice use in Victorian Aboriginal communities. Participants at the forum recommended the following measures:

- 'More education in schools and information for families
- More early intervention and diversionary options
- Timely access to culturally appropriate and well-located treatment services
- A cross-government approach
- Localised community responses' (No Author 2014)

Few studies have been undertaken to assess whether Aboriginal people who use ice require a different range of services to other Australians. A recent review of treatment options for Aboriginal ice users found no evidence of specific treatment and treatment outcomes (MacLean et al. 2015). Studies involving methamphetamine users in the mainstream population suggest that psychological and residential treatments show short-term promise, but that longer term outcomes are less clear. There are, however, treatment guidelines and educational resources designed specifically for use by Aboriginal people and communities, which have been identified in a short on-line report (Harney et al. 2014).

## Ice use in regional cities

Crystal methamphetamine-related ambulance attendances in regional Victoria increased over the two years from June 2011. The Victorian local government areas of Latrobe (in Gippsland), Moorabool (between Geelong and Ballarat) and Horsham (in the Western districts) had the highest population rates of crystal methamphetamine-related ambulance attendances in regional Victoria 2012/13 (Lloyd et al. 2014).

The Inquiry (Law Reform, Drugs and Crime Prevention Committee 2014) documented specific issues concerning ice use and service responses for people living in rural and regional areas. These

included limited service provision and staffing availability, concerns about anonymity in small communities and poor access to specialist services, such as withdrawal, facilities, because of distance.

Like some other Victorian regional communities, the community at Mildura has expressed strong concerns about ice use (Law Reform, Drugs and Crime Prevention Committee 2014). An Australian Crime Commission report found that high Australian prices for ice have encouraged organised crime syndicates to import it. In Mildura, for example, members of outlawed motorcycle gangs have used a variety of strategies to develop markets for the drug:

*In 2010, the Rebels Motorcycle Club established a chapter in Mildura, Victoria and subsequently entrenched themselves in the area. Members of this crime group commenced trafficking large quantities of [methamphetamine] into Mildura by deliberately targeting youth to distribute the drugs at nightclubs and parties. Eventually, members of the Comanchero OMCG allegedly took over this drug trade and employed violence and intimidation to consolidate their position in the area.* (Australian Crime Commission 2015:15)

The Mildura community has responded actively to address this problem by establishing Project Ice Mildura, which brought together Aboriginal and non-Aboriginal community groups and many local agencies. The campaign included community information sessions, posters and fact sheets, news articles, and traditional and social media activities. Project Ice has been very successful in raising awareness about, and understanding of, ice use (Harley et al. 2014).

The next sections of our report discuss the findings of our interviews with ice users, family members and workers in Mildura.

## Reasons for Commencing Ice Use

It is important to recognise the reasons that people choose to use a drug. As in other research involving Aboriginal people, current and past ice users identified many reasons for commencing ice use, stating that it was fun and pleasurable and that using ice with friends was an enjoyable social activity (Blue Moon Research and Planning, 2008). Many started using with friends or family, as one participant related:

*A couple of friends come around and, you know, [they said] 'Here you go, happy birthday, try this' and, you know I had some [ice]. It was like, yeah, that's all good. Had the best time of my life, yeah, when I first started.... It was like just that high of being happy and energetic and nothing anyone could say to you would put you down. You'd just go with it or, you know laugh, carry on. And you'd sit there and play games for hours and whatnot. It was like having fun. (Ice user [IU9])*

As a stimulant, ice also helped people to focus on and achieve tasks. One person we spoke with had used it for the second time to speed up the process of helping a friend move house. Another participant used ice to help him finish housework more quickly.

*I could get a lot more done, you know what I mean? I was more awake and get a lot more done. [IU2]*

Ice use makes people feel invincible in the early stages of use. Many participants commented on how good they felt when they started using the drug:

*I went from yandi [cannabis] onto this higher drug [ice] and that was my new thing. Ice was my new thing. I loved everything about it, the way it made me feel, think. But then the paranoia kicked in and I was at my window constantly and I was thinking [that] people are coming to kill me and everyone hated me. (IU 14)*

Participants emphasised that Aboriginal people were particularly likely to have experienced trauma, and thus were susceptible to wanting more of the positive feelings that ice gave them. A woman we spoke with described how she started using ice after fighting with her partner:

*I started because I had a downfall with my partner and no-one was there for me. Someone come up to me who was on it and seen that I was upset and took me back to their house. And I was like 'What's that, how do you do that?' And I watched them do it first and then I was like 'I want that too'. Look at the level that you're on. I want to be like that. [IU 14]*

Others started using ice, or began to use more intensively, after being approached to deal the drug. For people who were unemployed, this provided an opportunity to support themselves and their families. Given its widespread availability in the Mildura community ice was hard to escape. Indeed we interviewed one participant who used ice because heroin, his preferred drug, was more difficult to access in Mildura

Interviewees also spoke about using other drugs alongside ice, most often alcohol and cannabis. Only one ice user interviewed said that he didn't use other illicit drugs.



## Problems Associated with Ice Use

While there is evidence that some people can use ice without becoming dependent (Lee 2015), our research participants described the acute impacts of ice use on individuals, families and the community.

### Effects on ice users

Ice users were surprised by the speed at which their drug use escalated and became out of control. As one explained:

*The first time I used was about 14 months ago. I more or less did it – I was going out one night and a friend said, 'Try this'. I said, 'Why not?', not realising what it was and I hadn't done heavy drugs before. I just tried it and it became [a] social [activity], and then every weekend. I guess it enhanced the night. And then, sort of, every now and then [I'd] do it, like, every second weekend or third weekend when we were going out. Then it turned into Thursdays to Saturday, and then from then pretty quickly it became almost every day. That was in a matter of two months, or shorter, time. And constantly, for the last I would say 12 months, almost every day (IU 12).*

As documented in other research (Watanabe-Galloway et al. 2009), regular ice use led to a raft of serious problems as people's relationships deteriorated they became involved in crime or sex work to fund their habit, which led to an overriding sense of shame about their actions. Accounts of family violence were common, with participants reflecting that others felt they had changed and that they did things while affected by, or withdrawing from, ice that were out of character. This was reported by all the ice users with whom we spoke including the following:

*Like I done some stupid shit from withdrawal and from the shard and that. And then, yeah, I've hurt my missus and they, my [children], have seen me hurt, do that. And then coming down and carrying on and, you know, the family violence and whatnot... (IU4)*

One interviewee described how he was threatened with a 'boot ride' (being forced into a car boot) by dealers if he didn't commit an assault to replace their missing drugs:

*I've done three serious [violent crimes]; tried to scrape someone's face off with a paint scraper and I'm not a violent person... These two boys that sell drugs, their drugs went missing and then they're saying that I stole it. I'm like, 'I didn't fucking steal it', and I knew that it wasn't me. They said, 'Well, you're going for a boot ride. If you don't go round there and get the money or the drugs back, you're going in the boot.' I had already been OD-ed off weedkiller and all this stuff and I was just like, 'Fuck it, I might as well do it'. I was off my head. (IU 13)*

Interviewees spoke about relationships that had broken down with spouses and parents and of children being removed. People felt that they had failed in their most important life roles, as parents, as siblings and as sons and daughters. As one woman reflected:

*You lose your family. I've lost most of me family. They look at you, dirty, you know, they look at you different, more disgusted. (IU 10)*

Another participant felt that the whole Mildura community knew who was using ice and that they feared users would steal from them: 'Well, people look at you, you know, different in the shops' (IU 11). Others reflected that it was impossible to keep secrets about drug use in the Mildura Aboriginal community. It was not unusual for users and ex-users to try to hide their ice use from GPs and other health care providers due to the shame associated with drug dependence.

A strong theme was that ice disconnects people from their community. After a period of time, ice users felt profoundly isolated.

One ex-user explained how difficult it was to be around others when he was using:

*I was in my shell. Walked around with my hoodie on all the time and I couldn't even look anyone in the eyes and have a proper conversation with them. I had my hoodie on, be in my shell, arms crossed and I'd be just death staring like I'm ready to kill. I can't talk; I'm ready to go; I can't be round these people. That was me. And since my recovery I feel I can do that now and have a proper conversation with people and talk to them and not wearing a hood to feel secure. Feel good about myself and now I've got an open mind and I can think. (IU 14)*

Several suicides among known ice users have occurred in Mildura. Many users and ex-users described an increasing despair about their ability to manage or stop ice use, which led them to feel that suicide was their only option.

*Yeah, like, I've never been suicidal in my life but I, I was. I even thought out how I can do it and, you know, just to, and I couldn't control it... I just, yeah, I just, it just, I'd have done and got into a deep depression and I'd just sit there for hours on end and think, you know. I was going to go, and I was going to go and hang myself. I was going to go and, you know, overdose on pills and I just, I just didn't, I just didn't know what to do. (IU 3)*

### Recommendations

- Education could emphasise that the positive effects of ice experienced by early users tend to be short lived.
- Aboriginal ice users can be deeply affected by the exclusion from family that occurs as a result of their behaviour. Suicide risk should be assessed in known users.
- Ice users can experience intense feelings of shame and regret for their actions. This should be addressed through treatment wherever possible.

## Effects on families

Ice use can have potent effects on family members, who described the violence, theft, removal of children and betrayal of trust they had experienced. Ice users could be demanding of and abusive towards family members, as one participant explained:

*My mother, she gets the worst of it because [my brother] usually, you know, rings her and abuses her when he's coming down or has no money or needs more. (Family member [FM] 3)*

Several of those interviewed emphasised that Aboriginal families were particularly hard hit, because of the centrality of family for Aboriginal people. Moreover, Aboriginal families are often dealing with other complex issues, which can be made more difficult by ice use. Some families had simply been unable to cope with their ice-using relative, as one worker explained:

*Devastating, [for t]he family, immediate family members, as in the parents. I think their lives are so complex with their own drug issues and layers of family issues that the child, or children in this case and in a couple of different families that I've been working with, they can't get their own head above [water] to be able to deal with the children's issues. (Worker [W] 6)*

Like ice users themselves, we spoke to family members who felt that their relationships had sustained long-term damage as a result of ice use.

*And the effects run so much deeper than the individual's pockets and the individual's health. It stems all the way through to your family members. The resentment that you probably hold now and the resentment against each other where it initially started. The roots run deep into the core not just of the individual, I guess, but everyone. (FM 4)*

## Effects on the community

Interviewees all said that ice use was widespread in both the Aboriginal and non-Aboriginal communities with whom they were in contact. It was very difficult for people to stay away from the drug when they only had few friends who did not use. As one former ice user who was struggling not to use again told us:

*At the moment most of my friends [who use ice] outnumber the ones who don't so the majority of my friends are users. It was hard because I didn't really have anyone to talk to when I stopped, apart from my partner. Yeah, [I] took a lot out on her. (IU 12)*

Ice use has damaged community morale and left some people in despair about their capacity to work with others to change the situation.

*I think that's, maybe that's the thing at the moment is we're too shattered at the moment. It's, you know, breaking people apart. (FM 2)*

Despite the trauma that many were experiencing in the community there was, however, some optimism that dealing with ice might be a catalyst to unite the community.

*You have that domino effect. It's, you know, families and communities fall apart and... I think maybe this is, you know, from bad things, good things can happen. This maybe can draw the Aboriginal community together closer. (FM 2)*

## Getting to the point of wanting to change

Getting people to the point where they decide to do something about their drug use, and then go on to seek, help was mentioned as a problem by all groups of participants. There were interviewees

who felt that people tended to seek help only at the point of crisis:

*But the ones I think who will agree to go [to services] are the ones that have already lost their kids, their house, their partner, and the alternative is so bad. They've got people after them and they can no longer pay for it. (W 5)*

Some participants suggested that many people want to stop using but felt such despair that they did not seek help. Others believed that the drug itself blinded people to its effects on their lives:

*The user doesn't realise [the effects of ice use]. And they can be told repeatedly but they want to remain ignorant to it. Ignorance is bliss. They will stay that way if they are getting what they want, especially with the way this makes you that selfish, then I guess nobody else really matters. (FM 4)*

As we discuss below, for Aboriginal ice users improving their relationships with family members was a very powerful motivator for reducing or ceasing use. Appealing to people's desire to support their families may be one way of encouraging users to seek treatment early.

## Recommendations

- Further research is required to identify intervention approaches that will encourage people to address ice use before they hit crisis point.
- Appealing to people's desire for harmonious family relationships may be one way of encouraging users to seek treatment.



# Support for Ice Users

Interviewees described a range of strategies that had helped them or their family members to stop using.

## Support from family members

The most common motivations to stop ice use that participants spoke of were to reduce the burden on family, to restore family relationships and to recover the custody of children who had been removed. Family was mentioned time and time again as a reason for stopping ice use. Making family members proud was a strong incentive:

*I'm, like, slowly getting there to giving it up completely. I told my mum, and that was sort of a strategy for ammunition because... when I was talking to her about it, 'I've been using drugs', she was, 'Yeah, I've seen a difference'. And then I said 'No, it's a lot worse than that. I've been using ice'. She said, 'What?... You're lucky... If you use again or if I found out you was on it, I would have kicked your arse.' So, that, sort of, gives me ammunition to fight off the urge. (IU 12)*

*Well, like, I mean my cousin ... like she's in my head all the time, you know. She's always praising me and stuff like that. You know, to hear that come out of one of your family's mouth... (IU1)*

Families were also the main resource that people had to help them take control of their lives, with ice users really appreciative of firm responses from family members. One mentioned how helpful it had been that his wife would never give him access to money because she knew that he would spend it on ice. A woman we interviewed felt that she got a wakeup call when her mother removed her children from her for their own safety:

*My mum she kept coming in, coming helping me and that. But when she took [my children] one day, it just hit me, 'Oh, shit, my kids aren't here and it's all because of me, what I've been doing'. And that's when I got my act together*

*basically... She made me realise that I need to give it up and it's something I need to do for my kids. It did affect [our relationship] and that because she wanted to take my kids off me and that was my main priority in life, my children, my life. That's what I live for. I gave birth to them. So that made me really open my eyes. (IU 14)*

## Counselling

People saw counselling as a way of addressing the trauma that they felt was at the root of many Aboriginal people's ice use. Uncovering the sadness of the past made counselling very painful for some:

*I guess one of the worst things for me was talking with the psychiatrist to try and help. It brought up a lot of old issues, unresolved issues, in my personal life and when I was a teenager. (IU 12)*

Most of the interviewees said that Aboriginal people preferred to access Aboriginal Community Controlled Health Organisations (ACCHOs) such as the MDAS. Some ice users and ex-users said that they would benefit from intensive support from a worker who would see them daily. One user felt that a men's support group would help him to find a community of other men who were trying not to give up the drug. A worker mentioned that there was a wait list to see the psychologist who worked with ice users at his agency.

## Recommendations

- Counselling and support for ice users will often need to be intensive and prolonged. The availability of counselling services should be increased to cope with demand.

## Withdrawal

Ice users need to withdraw from the acute effects of methamphetamine before they can attend residential rehabilitation. However, at the time of writing, staff at the MDAS were not able to refer drug users to a local residential detoxification service, as home-based withdrawal requires a stable living environment – only rarely feasible for ice users. This has meant that people seeking treatment for ice use often had to leave Mildura to withdraw from the drug.

It is often unsafe to send people who are experiencing the acute effects of drug use or withdrawal out of town for treatment services on their own. Furthermore, alcohol and other drug workers at the MDAS were finding it extremely time consuming to accompanying people to services in Melbourne. If they drove, they needed to take two workers. Ice users classified as 'lower risk' were sometimes put on buses to go to Melbourne on their own, but they often decided to return home before they started or completed withdrawal. The need to wait for a place in a withdrawal unit has also meant that people kept using and the window of opportunity to change was lost.

*So it's again not that easy because I've been trying to get a couple of my girls [female clients] in. Getting everything lined up, like their willingness, and if the window isn't there at the same time you've lost them again. And so, you know, if you can get all the stars lined up together... the client's willingness and the open bed because you've got to have your, you know, what is it? And then you've got to make sure that it lines up for rehab. So if all those things line up, then I think you've got a hope. But getting them all lined up at the same time I haven't been able to do it so far. (W 1)*

Aboriginal people find it particularly hard to be far away from home and community, which makes it difficult for them to stay in withdrawal services in Melbourne. As one participant explained:

*I've tried a few of them and it just didn't work out, like dry out. It wasn't time to give up, like, you know, I wasn't set on giving out, so...*

*I wasn't ready and so I left. ... There was that stage where I nearly went into detox but again that's where I picked myself up and really thought, 'I don't want to go to detox without the person that I love'. (IU 11)*

The MDAS has recently signed an agreement with the local hospital that will allow them to refer people for hospital-based withdrawal, with support from the MDAS Withdrawal Nurse.

## Residential rehabilitation

One interviewee had recently returned from a Melbourne residential service that had been a positive experience for her, even though at the start of her stay she had been the only Indigenous person there. Others were reluctant to leave their families and communities for an extended period:

*Being a [Koori] community member, I don't want to resort to going straight to rehab for three months. I don't want to be away from my family and it would be too hard. (IU 12)*

We interviewed some ice users at Wiimpatja Healing Centre, an Indigenous residential service for men located at Warrakoo station in the bush about an hour's drive from Mildura. They felt that being in the country and connecting to the land gave them the space and peace of mind to recover:

*I know if I went to [the residential treatment facility] in town... I would have probably been using in there, you know, ... and planning to use when I get out because, you know, with the locals and that and so close in town. But this here, it's changed normal thoughts really. There's got to be something where they can, you know, have like farms like this or something and make it available for people, like to show them the real way, you know. Yeah, it's away from everything and you're connecting with the land, you know. And I feel like... I'm back here with my people, you know. (IU 4)*

Some participants at Wiimpatja had been remanded to attend residential treatment as part of court orders. Another had attended a program in Ballarat that focused on physical activities. Residential programs were greatly preferred by participants to jail.

*I think when you're using you don't, you don't recognise that like when you're using until you do, get secluded from it and come down like, you know, come out of a place like this or something and you realise, you respect it. (IU 2)*

But however much they liked residential programs such as Wiimpatja people found it very difficult not to recommence ice use when they went home.

*I thought I was invincible and started drinking. And as soon as I got drunk it's like I want to have a taste. (IU9)*

*I came back to Mildura for a week and it was like I'd used again, because it was just so accessible and I knew anywhere I could go [I could get ice]. (IU 5)*

Participants also noted that there were no local residential services for women wanting to withdraw.

## Recommendations

- Residential and non-residential programs for drug users should be available in regional locations.
- An alcohol and drug residential rehabilitation service for Aboriginal women should be set up in northern Victoria.

## Harm reduction

People often start ice use by eating or smoking the drug, and then move to injecting drug use as their dependence grows. No one we interviewed said that they shared needles, but there should certainly be education emphasising the importance of avoiding blood-borne viruses, and clean injecting equipment should be easily accessible.

## Recommendations

- Education for ice users who inject should emphasise the importance of avoiding blood-borne viruses. Clean injecting equipment should be easily accessible.

## Other strategies

Some ex-users had managed to stop for good through will power alone, although this was hard, while others had at least stopped using for periods of time. One participant had not used ice for four months, and had done so without attending treatment:

*I can do it. I can get off it. And proved to everyone that it's not really that hard and if you don't want to go to rehab you don't have to. You've just got to stick to your guns. (IU 13)*

One woman told us the only strategy that worked for her was to smoke marijuana whenever she felt the urge to use ice (IU 10). Others had visited GPs to seek advice. Another participant was glad that a court order meant he had to have regular drug tests, as this stopped him from using. Others, as noted above, were grateful when family made threats to try and stop them using or withheld money so it was difficult to buy ice.

## Ongoing help

Long-term responses for ice users are often required. One ex-user said that even discussing ice as part of this research project made him want to use it. Participants spoke of the difficulty of maintaining their decisions not to use ice and how the urge to use was powerful and unpredictable:

*It, sort of, the addiction hits in waves. So you could be a good for a week or two weeks or you could be good for three days and then, bang, it hits you. (IU 12)*

*This one person I'd first done it with, she come to my house and was scratching and on the urge trying to get it. She ended up having a hit and she come back and was on another happy level. It just brought back memories. So she ended up giving me a taste, and I was like 'I'm back on that level again'. So it's just that easy to fucking get back on it. (IU 14)*

## Recommendations

- After-care services and community supports are required for people who have stopped using ice.





## Supporting Families

*Well see, that's the thing with blackfellas. Family's the most important thing, no matter what. (FM 2)*

As we have described above, the importance to our research participants of support from family cannot be overstated. While families have a great capacity to help, this can be very difficult when trust has been destroyed between members. One woman who had recently ceased ice use spoke of how being cut off from family was so painful that she actually considered suicide.

*The best thing I reckon a family member should do is... don't ever judge because it could lead the wrong way and the other person can really do something. Like, you feel, like, when you're coming down off the ice, you feel like some people want to kill their selves... They're feeling no love for their selves. They feel really empty inside and really sad... And when you don't get that support from any family you really do feel let down. And you're empty inside and there's no way of stopping using drugs because... no one cares about you. (IU 10)*

Family members also often found it embarrassing to ask for help in dealing with a relative's drug use. One participant felt that her mother drank alcohol to help her cope with her adult child's drug use but that she was too ashamed to approach services for assistance. Another family member felt that services were not available to help him: 'there's the support there for the user but not for the family' (FM1).

Some users felt that family members needed more information about the effects of ice. One explained that education could help the relatives and friends of users better understand the experience of ice use and where users could go to get help:

*Yeah, they need more information to let, let family know what, what ice users are dealing with, you know. Yeah, more information on*

*how it affects people and... what they can expect from someone that's using, and... If they want to stop, how they can help them... (IU 10)*

Many interviewees commented on the advertisements about ice use on television, with some noting that they were very frightening. A family member argued that community education was not enough, and that families needed information to be delivered face-to-face by a worker:

*I know it's all out there on the TV and in the papers and stuff but actually sitting down, [and] hav[ing] that conversation where they can ask the questions. Like, yeah, like how they can help if they want to help or, you know, like, and how they feel about it. (FM 1)*

## Recommendations

- Families are very important to users, though providing practical support and encouragement, giving people a sense of self-worth and belonging, and because family relationships are a powerful incentive to stop using. Supporting families to maintain connections with ice users is very important to their wellbeing.
- Wherever possible, interventions should address the shame about ice use felt by some family members and provide information about the support that is available to them.

# Policing and Reducing the Supply of Ice

Research participants argued that OMCG have not simply supplied ice in Mildura, but deliberately ensured that networks of people have become dependent users. Some participants told us that the Aboriginal community had been targeted by dealers, possibly because its members' close relationships with each other offered the potential to expand the market for ice quickly.

*It's a, sort of, easy target, I would say, the Indigenous community. It's easy for non-Indigenous dealers, which there seems to be a lot of. (IU 12)*

People told us that dealers offered free samples to encourage people to initiate ice use or to recommence its use on leaving jail. One participant was threatened with violence by an OMCG when he decided to stop using and selling ice:

*They got me hooked and they own you then... They can make [ice] that... really fries people. That's why I had to get out. But then they just kept pushing it to me like... 'Here, be right, take some more, take some more.' And then before I knew it, within a week, I'm hooked. So when I got out from jail, two days later I got a message off a bloke that said 'Meet me here', and he loaded me up with like an ounce of ice.*

*Especially in jail, there's a lot of Indigenous people. And they [dealers] sort of befriend them, you know. I had a mate... he got out a year before I got out, a good mate of mine, he's only 24. He got lined up with the same bloke and then six months later, he goes murder... [It] was the same sort of, same sort of setup, they got him hooked. (IU 3)*

The same participant also mentioned that the lack of employment in Mildura made ice use and dealing drugs attractive options for some people:

*So there's money, the employment, no work, no, no nothing, so they're just feeding them... I don't know what can be done. They've got to be shut down... And the black, the Indigenous community's got to be a lot more educated.*

*Having guns pulled on you and your life threatened because you refuse to do something they want you to do, that they haven't got a choice. It's either do that or they're going to take you out bush and knock you off. (IU 3)*

The deliberate introduction of ice use to the Aboriginal community by OMCG and other dealers has had terrible consequences. One participant spoke of the importance of alerting police to dealers, as police rely on community members to let them know who is supplying drugs:

*Community's got to care. Because... the eyes and ears of policing is the community. They've got to tell us what's going on. (W 4)*

This is no doubt difficult as there is already a level of distrust of police among community members. Some ice users felt that police followed them around or checked them for drug possession more often than non-Aboriginal people. As police apprehend people for crimes committed while affected by ice, users are frequently forced to withdraw from the drug while in police custody. Although a nurse is called in when this happens, and police are very concerned, the process of un-medicated withdrawal in a cell is horrendous, as a police officer told us:

*On any given day I can be sitting at this desk and I can hear this [makes a banging noise] constant. And that will be someone in the cells punching the door, kicking the door, banging their head into the door. And it just goes on for hours. And we have to go in there and take people's shoes off because then their feet hurt and they'll stop kicking the door. They start to bleed, they bash their head into the door. They just suffer incredibly and yell and scream. (W 4)*

## Recommendations

- Police need community support to identify and prosecute dealers.
- Withdrawal from drugs should not happen in police cells, but in a secure health facility.

## Community Interventions

Ice was so widely available in the Mildura Aboriginal community that people returning from rehabilitation or from time in prison were under great temptation to relapse. Several of our participants commented that if ex-users are to be supported, change needs to occur in the communities in which people live:

*You got to send them down to Melbourne... Well, they go down there for a little bit, stay off it, but they come back to the same problem. And I think this is where it's got to change. (FM 2)*

*Yeah, and like I mean these days, everyone I know is on it, you know. So I just stay at home, stick to myself, you know. And... because I'm an ex-alcoholic as well, you know, like everyone I know is either using ice or an alcoholic drinking grog and that, you know. (IU 9)*

In addition, both ice users and ex-users wanted drug-free activities to help keep them occupied, with art classes and workshops recommended as part of this. Programs that would assist people in connecting to their cultural identity and to Country were also seen as important.

*Bringing them back to their cultural connection, you know, having a cultural safety plan for what they're trying to achieve and their goals. You know, you could take them out in the bush and get them out of the city... You know, bring them back down to just cultural ways really, I suppose. Taking them outside of this reality that they're living in. (F 3)*

*Just for Aboriginals to understand that they do have a spirituality and that's where it comes from. We express ourselves in many ways – dancing, singing, acting, music, walking around with earphones in our ears and boom, boom, boom. That's our expression. That's how we do it. You can't lose that. If you lose*

*something towards your culture and identity, well then of course you're going to use more drugs. You're going to be feeling lost, you're spaced out. No-one loves you because the things that you used to love doing, and everything that you had, is not there no more because of something that happened. You fall down. Mildura's affected by ice. It's not right. It's taken over. It's a big thing. More support needs to be put in place. (IU 14)*

*We can do this together. Building friendships, understanding what other people are going through in our community and talking about it. Communicating again with each other, that's the best thing. Having a good yarn with someone. Sitting up and saying, 'Hey sister girl, how you been? You right? You feeling good today? You been off that shit?' There's none of that. I don't see none of that no more. It's all gone. Sometimes it should be separate not together. There should be a women's one and a men's one. (IU 14)*

### Recommendations

- Art programs and cultural activities are important in strengthening community and giving people meaningful alternatives to drug use.
- Wherever possible, agencies should seek to provide people with 'ice free' social spaces and activities. A local day program offering intensive therapy and involving families would meet many of the needs expressed by research participants.



# Community Education

Mildura has benefited from Project Ice Mildura, a local initiative run by a coalition of local community agencies that provided extensive community education about ice. A worker whom we interviewed noted that Project Ice Mildura resulted in a huge increase in referrals to local services:

*Once we started 'Project Ice Mildura' and we went out there and we explained just how bad this drug is and just what it's doing to the community, they increased by over 100%. And they were people that just stood up and said, 'Well, I'm going to be counted, I'm not going to let this happen to my community'. So yes, [Project Ice Mildura] is a good story. (W 4)*

More education was often suggested as a solution to problematic ice use. Those who knew about Project Ice Mildura recommended that future education on ice could be targeted at the Aboriginal community and particularly at families. As noted above, research participants argued that ice education should inform families about services available to help them. It should also emphasise that families will not be judged or pitied by workers as a result of having a substance-using family member.

*You know as soon as you turn around and say, 'Yes, now we have this support for families', you're probably going to get people jumping on the opportunity. You say 'OK, I'm going to start with me first and say I have someone in my family that's using ice. How can I get them to seek help, kind of thing? How can I come across and seek help without saying, you know, oh you're using drugs, go and get help?' (FM 1)*

Participants insisted that stories of Aboriginal people who had successfully stopped ice use needed to be shared, as this would counteract some of the despair that many users and their families felt about this kind of drug use:

*Obviously I don't think there's enough ex-users to support people to tell them, 'You know, yeah, you can do it'.*


Information on ice should also be realistic. Educational messages implying that everyone will become dependent or that every ice user's life will be ruined do not ring true to many people.

*This one [ice] just seems to hit anyone and everyone, and it's not strictly [just the young. People think about it being the younger age group and it is predominantly around the 18 to 24 would be the biggest risk cohort. But there are people in their 40s and 50s that have [got] hooked on this stuff. It's just... you only need to have a couple of shots at it.*

*Look it's very important... there was a very important message we learnt early, not everyone gets hooked on ice. And if you get up there and say 'You take it once and you're going to get hooked', people that have taken ice know that that's not true, and then they'll be telling all their mates that it's just all bullshit. So you have to be careful what you say. (W 4)*

The Australian Government has run a series of frightening community education advertisements about ice, showing users picking at their skin and becoming psychotic. One father was overwhelmed with fear when he discovered that his child was using ice, in part because of how it has been represented in the media:

*I just remember the day that I realised [my child was using ice], it was just painful... [I was] devastated because you hear all the stuff in the media and you see all the pictures and I had my eyes set on heroin and I was all prepared for heroin. If anyone ever dabbled in heroin I'd be all over that. ... But then when I heard of this ice and you see all the media at the time, it was all the American pictures and there's no coming back from it. So probably because I didn't have enough information, I had the scariest information, so it was just devastating. (F 6)*



Education can, however, only ever be part of the solution, as a worker concluded:

I mean education about it is good. But we've got to go beyond the education and think of something else to do. (IU 8)

## Recommendations

- Education programs would show that Aboriginal people can stop using ice and not compound the despair that both families and users experience in relation to it.
- Inviting Aboriginal ex-users to share their stories may help to combat this despair.

## Conclusions

Ice use is a difficult issue for any community to address. Our small sample of interview participants included people who had experienced acute harm and sadness as a result of their drug use. They particularly regretted violence, breakdown of relationships with family members and loss of custody of children linked to their ice use. Like other forms of drug use, ice use can be extremely alarming and distressing for families. Nonetheless, it is important that ice use does not detract attention from other pressing issues. Harmful alcohol and tobacco use remain serious health and wellbeing concerns (Harley et al. 2014; Lloyd et al. 2014).

Connection with family is particularly valued by Aboriginal people. Our research indicates that making family proud and the hope of family reunification provided very strong motivation for Aboriginal people to stop using ice. Many appreciated it when family members had set limits to help them manage their drug use – for example, refusing to give them money which they might use to buy drugs, or letting them know that they were likely to lose their children if they did not stop using drugs.

At the same time, ice users spoke of feeling acute despair when their relationships with family were damaged as a result of their behaviour. Family members with whom we spoke were all too often overwhelmed, frightened, over-burdened and shamed by their family member's ice use. Some were unaware that services were available that could support them as well as their ice-using family member. The importance of family to a successful recovery from ice use for Aboriginal people means that providing families with support services and publicising the availability of support for families are crucial.

In conducting this research we heard horrifying accounts of deliberate strategies by OLMG to build a market for ice in Mildura and other regional locations. People spoke of threats of extreme violence when they wished to stop dealing ice. Some participants believed that OLMG particularly targeted Aboriginal people. This highlights the need to warn Aboriginal people about the consequences of becoming involved with OLMG, and to encourage

the community to help police identify people who recruit and supply ice to local dealers.

Many people in the study commented on the widespread availability of ice in Mildura. This leads to a complex dynamic, in which some ex-users found it hard to identify social situations where they would be safe from the temptation of relapse. On the other hand, shame about problematic or uncontrolled ice use prevented people from seeking support.

Treatment provision for drug users is expensive. If they choose to seek professional help, ice users are likely to require an extended engagement with services. Local counselling, detoxification and residential services must be available in regional areas to engage people in treatment at the time when they identify that this is what they want. Longer term and preventive programs are also necessary to provide ice free social spaces where recovering users can spend time away from the temptation of the drug and develop their social relationships with non-users. Interview participants also spoke of the need for community strengthening programs where art and other cultural activities could be taught and for meaningful employment opportunities.

Education forms a significant part of the Victorian Government's approach to ice use. Others have argued that education about ice for the general community should avoid sensationalising harms to the point where they are disbelieved by users (Erceg-Hurn 2008). Our research indicates that education, if it entrenches alarm and despair rather than offering hope, can be harmful, at least for some people. As well as documenting the acute problems that ice use causes, it is important to focus on how communities, families and individuals recover and change their lives in positive ways.

There are no simple solutions to harmful drug and alcohol use, but research indicates comprehensive responses are most likely to be successful (d'Abbs & MacLean 2008). We hope that the Victorian and Federal Governments' recent and current Inquiries into ice use will bring much needed funding to support local communities in addressing it.



## Appendix: Research Design

This is a qualitative study that involved interviews with Aboriginal users and ex-users of ice, family members of Aboriginal ice users and workers who had professional contact with ice users. Interviews were conducted in Mildura by Sarah MacLean, Ross Hengsen and Raelene Stephens.

Prior to commencing the study, MDAS and Onemda at the University of Melbourne developed a project agreement around data collection, ownership, governance and report approval. The project was overseen by a Project Reference Group (PRG).

### Participants

Three groups participated in in-depth interviews. Interviews were conducted between during late 2014 and early 2015. The tables below provide some information about these participants.

Interviews were conducted with 14 ice users and ex-users, accessed as a result of media publicity about the research and through workers. Users and ex-users are not generally differentiated as it is difficult to pinpoint a moment when a person is officially an ex-user.

**Table 1: Indigenous ice users and ex-ice users**

Age 18–25	Age 26–33	Age 34–41	Age 42–49	Male	Attended treatment	Total
7	2	2	3	9	12	14

Interviews were also conducted with six family members of ice users. The first three columns in Table 2 below refer to the relationships of these

interviewees to the most problematic ice user in his or her family.

**Table 2: Family members**

Ex-partner	Adult child	Sibling	Identifies as Aboriginal or Torres Strait Islander	Male	Total
1	2	3	5	3	6

Interviews were conducted with six people in the Mildura area who worked with Aboriginal ice users (see Table 3 below).

**Table 3: Workers**

Employed at ACCHO	Frontline worker	Manager or Senior Executive	Male	Identifies as Aboriginal or Torres Strait Islander	Total
4	4	2	3	3	6

## **Analysis**

The study authors discussed the interviews and contributed to the development of a thematic analysis (Huberman & Miles 1994). Interviews were coded using the software package NVivo 10. All recommendations were discussed by the PRG at a workshop.

## **Ethical approval**

The study was approved by the Human Research Ethic Committee of the University of Melbourne.

## **Limitations**

We report here on a small qualitative study. Ice users and ex-users were recruited through MDAS, meaning that most had received some kind of formal treatment, ranging from brief intervention from a doctor, to attending a residential rehabilitation program. This suggests that the problems that they experienced as a result of ice use tended to be serious, and that the perspectives of ice users who are not engaged in treatment are not included here.

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**Cover Artwork by Sharon Kirby –**  
from the Barkindji people on the New  
South Wales side of the Murray River





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