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"THE ICE EPIDEMIC" AND FAMILY LAW MATTERS

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In my twelve years as a Family Law barrister I have encountered numerous clients who were either dependent on Ice or who were ex-partners of ice users. In addition, prior to coming to the bar, I was a member of the Victoria Police Force for over ten years and thus experienced first-hand the violence and other dysfunctional behaviour associated with amphetamines and drugs generally. I have drawn on my experience in both of these roles in preparing this presentation. In addition, I have used the resources of The National Centre for Education and Training on Addiction ("NCETA")[1], which has recently released an online training course for people working on the frontline with Ice users. The NCETA website was particularly useful when researching current statistics but also contained a practical guide for dealing with clients who have used Ice and who may have reduced brain functioning and/or be prone to becoming aggressive. Given the increase in Ice use over the last five years or so, with weekly users doubling since 2010[2], Family Law practitioners would be well advised to familiarise themselves with this information as they are increasingly likely to be exposed to ice users or families otherwise impacted by users of the drug.

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[1] www.nceta.androgogic.com.au.

[2] NCETA Ice Training for Front Line workers – Module 1, Topic 1.2.4 How often do people use methamphetamine / Ice?

A bit about Ice itself

Ice is otherwise known as crystal methamphetamine. There are different forms of methamphetamine - Speed, base and Ice crystal methamphetamine. Ice is usually the most potent of this group (depending on purity) and now the most commonly available in Australia.

Ice is a stimulant and thus increases alertness and physical activity. It consequently acts quite differently from other drugs such as depressants, which as their name suggests depress the central nervous system or hallucinogens which distort a person's perception of reality.

It is called Ice because of its white crystals although it can come in other colours or even be colourless.

Its potency is increased by the fact that it is most often smoked thus reaching the brain and blood stream more quickly than drugs taken orally such as Speed which used to be the drug of choice for amphetamine users.

Although its popularity appears to be relatively recent, methamphetamines have a long history. In the past Methamphetamines have been used to treat all kinds of disorders where a stimulant may assist, such as narcolepsy, fatigue and depression. As amphetamines are also known to decrease appetite they have commonly been used to assist people to lose weight. Methamphetamine is still available in the US as a diet pill.

Why is Ice so problematic?

In basic terms, Ice increases levels of dopamine and serotonin, which many will know are the chemicals involved in the reward/pleasure centre of the brain.

Ice not only increases these levels but does so rapidly due to a combination of its chemical make-up and the way it is used. Its potency results in an experience of euphoria as well as an increase in confidence and energy.

The problem is that the brain is very adaptable. As a consequence of regular use the dopamine receptors have a reduced ability to release dopamine naturally. The resulting impact is that long term users require the chemical stimulant just to feel normal and ever increasing amounts to get ‘high’.

Identifying clients who may be Ice users

Family Law practitioners, unlike police or emergency staff, are less likely to see clients actually under the influence of Ice. The issue is commonly comes to light as an allegation made by the estranged partner or though police or DHHS material. Ice users, who are not actually under the influence, may appear anxious, depressed, restless and unable to concentrate or focus but these characteristics are common in many of our Family Law clients. One of the common physical traits of an Ice user are sores on the arms and face (and associated skin picking and scratching) but this may not be readily apparent.

The challenge therefore for the legal practitioner, either dealing with a client who is using Ice or a client who alleges their former partner is a user, is to confirm this as the issue.

The solution is often to seek orders for random supervised drug screens, however drug screening has its limitations.

Random urine drug screens are the most common form of testing in our court system. Unfortunately, with hard drugs such as Ice, such testing is often ineffectual. Especially,

since Ice will be more or less out of the system within 48 to 72 hours. Urine testing is also open to abuse through questionable supervision, dilution etc.

Hair testing is becoming more common but it too has its shortcomings, the main one being the cost, which can be in excess of $1,000. Further to this, hair testing will not detect drugs used in the preceding seven to ten days nor use prior to about four months. This is because the most recent use will be in the hair follicle, which is below the scalp line. The earlier use is often not caught because only about three cm of hair is tested. (Longer hair is not regularly tested because it is less reliable due to exposure to sun, hair colour, shampoo, chlorine etc.)

Another limitation is that hair testing cannot detect one off use nor distinguish between a heavy binge early in the hair cycle or more moderate regular use throughout. Thus it cannot confirm either way when a client says they ceased using at an earlier point in time.

Matters to take into consideration in dealing with a client who is (or has been) a regular Ice user

Long term Ice use affects the brain functioning in a number of significant ways and many of these will impact the way we obtain instructions and deal with clients generally in Family Law.

Long terms Ice users may have any or a number of the following characteristics:

- Poor self-control;
- Poor decision making skills;
- Inability to see the ‘bigger picture’;
- Poor planning ability;

- Poor organisational skills;
- Poor problem solving abilities;
- Generally reduced mental processing abilities;
- Poor concentration;
- Impulsivity;
- Poor memory;
- Inability to finish tasks;
- Difficulty learning or taking in new information.[3]

It's easy to see how any one of these factors could impact on obtaining information from and/or advising a client who is or has been a regular Ice user.

The NCETA has suggested that in dealing with such clients the following tips may be of assistance:

- **Repeat** important information or use written instructions;
- Use **reminders** and memory aids;
- **Follow-up** assertively;
- **H**ave more **frequent but shorter** appointments.[4]

Ice users and aggression

One of the main concerns when dealing with Ice users is the common belief that they are prone to violence. Whilst it is true that some Ice users will become aggressive the majority of Ice users are more likely to suffer from major depression and/or to commit suicide.

[3] Topic 2.2 Ice withdrawal and long-term effects
[4] Topic 3.1.4 -Implications for interacting with long term Ice users

Nonetheless, it is important for practitioners to be wary that some clients may be more easily agitated.

The NCETA have developed a systematic approach to dealing with Ice users who become hostile or aggressive.

If you are interviewing or counselling a person and they become hostile or aggressive, you should IMMEDIATELY:

1. Stop counselling /interviewing.
2. Consider withdrawing from the area /vicinity of the person.
3. Consider activating a duress alarm if available.
4. Call for assistance.
5. Attempt to de-escalate the situation.

When communicating with an aggressive / hostile person:

1. A calm approach will help to de-escalate the situation.
2. Use an even and calm tone, volume, and rate - avoid jargon.
3. Be concise and keep it simple.
4. Use the person's name (if known) or try to establish rapport if unknown.
5. Acknowledge any grievances and indicate a willingness to help - ask open-ended questions about the cause of their current anger or distress (e.g., Tell me what happened today? What can I do to help you right now?).
6. Show concern through non-verbal (e.g., nodding your head) and verbal (e.g., I understand how you feel… tell me about that…) responses.
7. Ask the person if they would like some time to think before responding (e.g., I'll give you a minute or two to think about this, but I'll be right here).

8. Negotiate realistic options to resolve the situation and be clear about what you are trying to achieve (e.g., I want to help, and we need to talk this through but I can't understand you when you're shouting…).
9. If your organisation has a safe room, take the person to that room. Where possible a safe room should include subdued lighting, a duress alarm, and dual entry / exit points.
10. If the person has used crystal methamphetamine, reassure them that the uncomfortable feelings will pass with rest and time.
11. As a communicator, always appear confident even if you do not feel it.

AVOID:

1. "No" language.
2. Arguments.
3. Threats.
4. Being blocked from the exit (stand near the exit if possible) and do not block the person's exit.
5. Promises that cannot be kept.

Professional safety

Use the Ice principle wherever possible:
ISOLATE
CONTAIN
EVACUATE

Examples of de-escalation strategies include:

1. Implement your organisation's policies and procedures (e.g., Code Grey / Code Black responses) including a coordinated team response where appropriate.
2. Quickly scan the immediate area including duress alarms, exits, bystanders and potentially dangerous objects.

3. Judge the immediate risks and decide on the most suitable approach (e.g., decide whether to leave and call for assistance or to stay and respond).
4. ONE staff member (i.e., the communicator) should take control of the situation and communicate with the person. The communicator will need to be confident and calm.
5. The communicator should place other workers on stand-by. Another staff member should be present to observe or step in ONLY IF REQUIRED.
   The observer should be ready to call for immediate assistance.
6. The observer should create some physical space by ushering bystanders away from the area and prevent others from entering.
7. Consider removing any items that you may have and which could become a personal hazard (e.g., necklaces, eyeglasses, pens, and keys).
8. Adopt an open body posture (i.e., arms by sides, palms forward, move slowly).
9. The communicator should ALWAYS remain in front or to the side of the person and out of striking distance.
10. Monitor eye contact - too much appears threatening and too little implies indifference.
11. Ensure that a safe distance (e.g. out of striking distance) is maintained between the staff member and service user at all times (i.e., give them space).
12. Mirror body language (e.g., if the person is seated, sit with them; if they are pacing, walk with them). This shows that you understand what the person is going through (empathy) and you are neither threatening nor vulnerable.[5]

Other consequences of Ice use which may impact on Family Law

Long term Ice users are also at risk of a number of mental health issues which are likely to have potentially serious consequences on their parenting ability including:

[5] Topic 4.1 Managing critical incidents

- Long term sleeping problems;
- Extreme mood swings including depression and possibly suicidal feelings;
- Anxiety, paranoia, and psychotic symptoms including hallucinations and delusions;
- Thinking changes including memory loss and difficulty concentrating.[6]

Practical consequences include loss of employment, loss of licence and financial difficulties which will all necessarily impact on any orders that can be sought.

Strategic approach in the Family Law jurisdiction

Having identified a client as an Ice user or even a former user, the best advice is to get them practical assistance as soon as practicable. Pushing for unsupervised time will often merely set them up to fail. Ice use is a chronic relapsing condition which a person is unlikely to be able to manage on their own. In my experience people who concede their issues and seek appropriate treatment, especially prior to any court orders, are treated much more favourably by the courts (and have much better treatment outcomes).

Even when long term users are able to quit Ice without treatment, as indicated above there are long term health consequences which are likely to impact on their ability to parent and which may need to be factored into any parenting orders.

On the flip side, when a client alleges a former partner is a long term Ice user, practitioners are often quick to seek orders 'with the lot'. This is because the matter has often come to a head following a critical incident involving violence or threat of suicide. Applications frequently include drug testing, anger management, parenting courses and a psychiatric assessment. However, if the real problem is Ice dependence then there is little or nothing to be achieved by attending a men's behaviour change program or on spending money obtaining a psychiatric assessment when the aggression and mental

[6] Topic 2.2 – Ice withdrawal and long-term effects

health issues are by-products of the dependence. Little or nothing will improve until the primary addiction is addressed.

Practical help and referrals for clients

Intervention and referral will depend on what stage the client is at with respect to their drug use.

Early stages may be dealt with effectively with education and out service counselling whilst clients who are dependent on Ice, will probably require time at a detox centre and/or long term residential rehabilitation.

It is also very important to be aware that Ice users commonly experience a **'**crash' upon withdrawal from the drug, where they cannot sleep and are irritable and anxious. This may last up to two weeks and may lead to depression, paranoia and even suicide. It is thus vital they seek professional help and never try and detox on their own.[7]

Practical help for families

The Victorian Government has developed an Ice Action Plan which involves workshops and a support guide.

The aim is to assist families to identify when a person has an Ice problem and to assist with getting them support and the help they need.

Workshops have been developed and are being delivered by Turning Point, Self Help Addiction Resource Centre (SHARC) and the Bouverie Centre.

To find out more there is an advice line which is 1800 Ice Advice.

[7] Topic 2.2. 1 Ice withdrawal indicators

Concluding remarks

There is no doubt that Ice use is an ever increasing problem for our community and one which Family Law practitioners will continue to deal with on a regular basis. It is however worth remembering that alcohol is by far the greater contributor to harm in our community with ambulances reporting ten times more alcohol related attendances in comparison to Ice related incidents.[8]

The real problem in the Family Law contest is that due to its potency, outcomes for long term ice users are often poor. With its greater highs, come greater lows and for many an ongoing cycle of relapse and treatment. Many users are also reluctant to come forward due to the stigma of being an 'Ice addict', a stigma which has real consequences for parents in the Family Law jurisdiction. Nonetheless, practitioners can assist through identification of the issue, careful client management, early referral and where possible the structure of pragmatic and viable orders.

Finally, if anyone is interested in furthering their knowledge in this area I would highly recommend accessing the online program offered by the NCETA. www.nceta.androgogic.com.au.

[8] Topic 1.2.9- Ice related Ambulance attendances in Victoria.