melbourne city mission

Submission to

Parliamentary Joint Committee on Law Enforcement

Inquiry into Crystal Methamphetamine (ice)

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Submission written by:

Deborah Fewster
Head of Policy, Advocacy and Government Relations
Melbourne City Mission
Email: dfewster@mcm.org.au
Telephone: 8625 4462

Sonia Chudiak
Senior Manager, Homelessness and Accommodation Services
Melbourne City Mission
Email: schudiak@mcm.org.au
Telephone: 8625 9989

Submission authorised by:

Ric Holland (Rev.)
Chief Executive Officer
Melbourne City Mission
Email: rholland@mcm.org.au
Telephone: 8625 4444

Sherri Bruinhout
Director, Homelessness and Justice Services
Melbourne City Mission
Email: sbruinhout@mcm.org.au
Telephone: 8625 9980

Table of contents

About Melbourne City Mission

Melbourne City Mission is one of Victoria's oldest and largest community services organisations (established 1854). Its mission is to help people and communities who are marginalised to develop pathways out of disadvantage.

The organisation's service platform spans all ages and life stages. Key areas of work include early childhood development, family support, justice services, homelessness services, disability services, employment services, education and training, aged care and palliative care. Whilst service delivery is largely concentrated in metropolitan areas, our homelessness and disability services have Statewide coverage.

This submission is particularly informed by Melbourne City Mission's work with clients engaged in the **homelessness** service system and the **justice** (corrections) service system.

Whilst Melbourne City Mission's work in homelessness and justice spans young people, adults and families, this submission largely reports on our experiences with **young people aged 12 – 25**.

Melbourne City Mission's work in this space is underpinned by well-developed, high-functioning partnerships with universal services, other community services organisations, public service agencies and the three tiers of government. Consistent with this partnership approach, Melbourne City Mission's submission to this inquiry has involved consultation and collaboration with colleague organisations. In particular, Melbourne City Mission would like to acknowledge input from our valued partners YouthLaw and the Young Peoples' Health Service in the preparation of this submission.

About Melbourne City Mission's Homelessness and Justice Services

Melbourne City Mission's Homelessness and Justice Division is a cornerstone of the Victorian homelessness system, with over 25 programs spanning the prevention, early intervention, crisis and case management ('treatment') continuum.

'Flagship' programs and services include:

- **Frontyard Integrated Youth Services** – Melbourne's largest early intervention and crisis service for young people who need support to get 'back on track'. It comprises a collection of independent community service organisations (CSO) working together to achieve agreed outcomes for young people in Melbourne's CBD. These services all have a strategic focus on young people who are at risk of (or in the early stages of) homelessness, early school leaving, or have other risk factors for long-term disadvantage.

- **'Foyer Plus' -** Melbourne City Mission is a leader in the development and delivery of 'foyer' models, in which young people aged 16-25 years, who are at risk of homelessness or are dislocated from mainstream supports, are provided with long-term supported housing, intensive casework support, and assistance to re-engage with education, employment and/or vocational training, as part of a pathway to independence. Melbourne City Mission currently operates three foyer models: the Precinct model located in North Fitzroy, the High Density model (Lion Garden located in the CBD and Ladder Hoddle Street located in Collingwood), and the Neighbourhood model (dispersed transitional properties located in Melbourne's inner south and north).

- **Three youth refuges (short-term crisis accommodation)** – including the Western Region Accommodation Program ('WRAP'), Victoria's first 'Enhanced Refuge Model'. One of the 'value-adds' of the enhanced model is the employment of a Specialist Practitioner. This means that, as well as providing shelter and safety, WRAP has the enhanced capacity to address the reasons why the young person may have come to the refuge. Staff can work through complexities in a young person's life such as substance abuse or mental health issues. (In the traditional refuge model – which is focused on the immediate need for shelter – there is limited scope to unpack these issues in a meaningful way).

Context for this submission

Every year, more than 5,000 young Victorians, adults and families access Melbourne City Mission's homelessness or justice services. Use of legal substances (tobacco and alcohol) and illicit substances is common amongst these client groups:

- Around 30 per cent of **young people** who access the Division's services are regular users of alcohol and/or other drugs, or have a past history of regular substance use. It is not uncommon for these clients to present to Melbourne City Mission's Homelessness and Justice Services visibly affected by alcohol and/or other drugs.

- It is estimated that just under 30 per cent of the Division's **adult clients** have previously used – or currently use – alcohol and/or other drugs on a regular basis. Adult clients tend to present to our services at times when they are **not** substance-affected.

There is a causal relationship between drug use and homelessness, though the nature of this relationship is complex. For some clients, drug use is a contributing factor in housing breakdown or housing instability (though not the principal reason for their homelessness). For other clients, the homelessness experience may lead them to use for the first time or see existing recreational use escalate and become problematic, precipitating them further into crisis. Again, the reasons behind this are complex – for example, in these instances, drug use may be a form of 'self-medication' due to the trauma of the homelessness experience. It may also be a survival strategy as the young person seeks to establish connections with peers within the homelessness sub-culture.

The body of this submission responds to Term of Reference (E) – the nature, prevalence and culture of methamphetamine use in Australia. Melbourne City Mission reflects on what we see as the some of the factors underpinning substance use generally, and the use of methamphetamine particularly ice.

Our recommendations are framed principally in the context of Term of Reference (F) – strategies to reduce the high demand for methamphetamines in Australia.

Recommendations

That the Parliament of Australia's Parliamentary Joint Committee on Law Enforcement consider the following recommendations, in order to **address drivers** for methamphetamine demand and use **and strengthen mainstream community services responses** for people impacted by methamphetamines:

Recommendation 1:

Address the factors underlying demand for – and use of – methamphetamines by investing in proven early intervention models that target populations at risk of substance abuse. For example:

- Increase Commonwealth investment in frontline services that support people experiencing family violence

- Promote and expand programs that prevent and divert families from entering (or further entering) the Child Protection and Out of Home Care systems

- Strengthen best-practice responses to children and young people who are placed in Out of Home Care by expanding transition programs that support young people to graduate from child to adult in a positive and sustainable manner; expanding treatment programs to address trauma, prioritised for young people who have experienced significant multiple detachments from parents and carers; and ensuring that young people who have exited State care are not at risk of homelessness by establishing a Five-Year Leaving Care Guarantee

- Invest in proven case management models that re-engage early school leavers at risk of long-term unemployment and social exclusion; increase availability of alternative Year 12 qualifications/pathways such as the Victorian Certificate of Applied Learning; and build into VET policy and funding settings a recognition that students with high and complex needs require more intensive classroom support relative to 'mainstream' learners and need to be funded appropriately.

(The body of this submission provides context for Recommendation 1.)

Recommendation 2:

In partnership with the States and Territories, build the capacity of the community services sector to deal with the impacts of community methamphetamine use by:

- Expanding targeted AOD training for mainstream/specialist community service providers
- Exploring opportunities to co-locate Alcohol and Other Drugs (AOD) services/programs with mainstream/specialist community service providers
- Reviewing and expanding supported crisis and transitional accommodation options for people using methamphetamines and other drugs.
- Developing cross-jurisdictional responses to target wrap-around services that integrate health, housing, education, employment, justice and living skills support for people using methamphetamines.

Nature and prevalence of the use of methamphetamine in Melbourne City Mission's services

Methamphetamine – in particular 'ice' – is not a new drug, but all the evidence points to the fact that its use across Victoria is rising sharply. For example:

- **Ambulance call-outs** – Ambulance Victoria/Turning Point research commissioned by the Victorian Department of Human Services showed a 107 per cent increase in crystal methamphetamine-related ambulance call-outs between 2009-10 and 2010-11 (with 282 incidents in 2010-11, compared with 136 in 2009-10).

- **Hospitalisations** – Turning Point research showed a 318 per cent increase in hospitalisations in Melbourne for ice problems from 2010/11 to 2011/12. The group with the largest increase was 15-29 year-olds.

- **Mortality rates** – In a survey of drug-related deaths, the Coroner's Office for the Victorian Alcohol and Drug Association (VAADA) found that in 2010, one in every 25 drug-related deaths involved methamphetamines. Two years later, the figure had jumped by 150 per cent to one death in every 10.

This statewide data reflects Melbourne City Mission's experience at the coalface of service delivery. For example, in relation to ambulance call-outs, Melbourne City Mission's data shows that at our crisis youth services during the period 2011/12 – 2012/13, there was a 42 per cent increase in ambulance call-outs for methamphetamine-related incidents at these services.

In the past 12 months, there has been a significant increase in alcohol and drug use across the Victorian community and within Melbourne City Mission's Homelessness and Justice Services, however, ice, specifically, is often the drug of choice for many of our clients. One of the main themes across all Melbourne City Mission Homelessness and Justice programs is that it is affordable and accessible in comparison with other drugs.

In our early intervention programs:

- There has been identified use in clients as young as 12 years of age

- Staff have identified that that 70 per cent of young people between the ages of 14 and 15 years of age have had **some** experience or use of ice.

In our youth crisis services:

- Many young people who self-report, or are observed by staff to have alcohol or other drugs issues, tend to be poly-substance users and identify ice as a drug of opportunity rather than a drug of dependency.

- In relation to amphetamine use, 'ice' is the main form of methamphetamine that clients of our service disclose that they use. Young people report that they most commonly smoke or inject ice. Young people often refer to ice as 'shard'.

- At Frontyard Integrated Youth Services, young people often present substance-affected, coming down or withdrawing from ice. It is estimated that approximately 30 per cent of young people have used or currently use either recreationally or regularly.

- At our youth refuge in the western suburbs, Melbourne City Mission data indicates that in the past three months, 16 per cent of young people identify that they are regular ice users.

- At another refuge located close to the CBD, young people have not been so open in disclosing, however, it has been evident that use has occurred (implements for using have been located when a young person has left the accommodation).

In our adult crisis and accommodation services:

- Identified users are predominantly from a European background, and these users are reporting that methamphetamine is used minimally, intermittently or rarely. (Note this self-reported data does not always correlate with staff interactions with clients. At times, the worker is able to glean from client behaviours that they have recently used ice.)

- Prevalence of use is hard to determine, but the majority comment on it when asked. Some had used prior to engaging with Melbourne City Mission, others are currently using and others report being around when friends have used.

In our justice services:

- Methamphetamine is becoming a more preferred drug of choice for many incarcerated women. This has resulted in the overall prison population being quite volatile.

The relationship between ice use and other forms of illicit drug use

Some regular ICE users have described using a combination of methamphetamines in a cycle with depressants to manage the symptoms of coming down, withdrawing, or even getting too high whilst using ICE.

Clients have mentioned using marijuana, heroin or benzodiazepines to do this. Clients use other drugs as a “downer” or when coming down. These may be prescribed (for example, valium) or illicit (for example, cannabis).

Perceptions of ice amongst Melbourne City Mission Homelessness and Justice clients

Ice appears to be considered a soft drug, on the same spectrum of cannabis. This perception may be based on the fact that ice can be smoked through a pipe (i.e. it does not have to be injected) and its ready availability. It is less expensive compared with other drugs or alcohol and is seen as a "cheap way to get a hit".

The perception of ice as a soft drug – and the attendant lack of stigma attached with use of ice (in some population groups) – has given rise to a sub-culture in which the use of ice is seen as a positive peer experience and the drug is used in a group environment.

Contributing factors to methamphetamine use

This submission is informed by Melbourne City Mission's experience working with young people in the homelessness and justice service systems. The causal links between substance use and forms of marginalisation – such as homelessness or justice involvement – are complex. In the homelessness domain, poor health and wellbeing (of which addiction to alcohol or other drugs is one dimension) are said to be both a cause **and** consequence of homelessness.

Melbourne City Mission case files show that most young people who have disclosed methamphetamine use to our Homelessness and/or Justice programs have usually experienced one or more of the following:

- family breakdown
- family violence[1]
- other forms of abuse or neglect
- mental health concerns such as depression and anxiety.

Young people who try methamphetamine appear to be lured by the initial "good feelings" that the drug is said to induce. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation called a "rush" or "flash." Whilst that rush is described as "pleasurable", it lasts only a few minutes. The rush is followed by a high that can last six to eight hours. (Oral or nasal use produces the same long-lasting high, but not the intense rush.)

Typical psychological effects of the methamphetamine high include:

- Euphoria
- Alertness or wakefulness
- Feelings of increased strength and renewed energy
- Feelings of invulnerability
- Feelings of increased confidence and competence
- Intensified feelings of sexual desire.

[1] In 2014, of the 2369 Melbourne City Mission clients registered on the national Specialist Homelessness Information Platform (SHIP database), 56 per cent disclosed that they had experienced one or more of the following: domestic or family violence, sexual abuse, transitioning from statutory care (which is highly correlated with family violence), or family breakdown and/or the need for 'time out' from family (indicators of risk of family violence in a homelessness system context). 35 per cent of people in Melbourne City Mission's homelessness services **specifically disclosed** 'domestic or family violence'.

Contributing factors underpinning use: how these contrast with other population groups

Melbourne City Mission clients who use ice appear to do so because they are attracted by the "good feelings" that ice initially induces. These "good feelings" are physiological and psychological – as described above – and may include feeling good about being part of a peer group. Melbourne City Mission anticipates that other population groups, who sit well outside our traditional client base, are also attracted to ice for these reasons.

Beyond this, it is Melbourne City Mission's understanding that there are other groups of ice users who are attracted to the drug because of its capacity to reduce fatigue and maintain productivity (this is particularly the case for those working long hours or those engaged in tedious, repetitive or physically demanding tasks). Others are reported to use methamphetamines because they want to lose weight. It is unlikely that Melbourne City Mission clients are using ice for these particular reasons.

Behaviours demonstrated by methamphetamine users accessing Melbourne City Mission services

The use of ICE or methamphetamines produces a display of complex behaviours by our clients. In our **homelessness services**, staff note that when clients are using methamphetamine, they:

- typically present to the service paranoid and aggressive – they can often be violent and threatening
- find it difficult to concentrate and appear confused
- display poor emotional self-regulation – including a heightened intolerance for normal and standardised worker/client conversations, reduced capacity or willingness to take responsibility for actions
- have an absence of structure
- are often in financial difficulty and are requesting material aid – budgeting for food is a particular issue
- show a lack of self-care – there are hygiene issues that are not evident when clients are not using.

These behaviours can compromise the personal safety of the user and others in the user's immediate environment, lead to the young person having police/justice involvement, and impact housing (for example, tenancy issues associated with an increase in visitors to the property and/or property damage).

Young people who are regular users and withdrawing from ice can be particularly difficult to work with because they tend to become frustrated and angry easily. They have also expressed having difficulty sleeping or, conversely, report that they are sleeping excessively. We often experience young people presenting after several days of no sleep fuelled by constant ICE use that have exhausted their funds and have no accommodation options.

In our work in the **women's corrections environment**, Melbourne City Mission staff report the following behaviours:

- lack of impulse control
- unpredictability
- intimidation of other inmates
- forgetfulness/loss of memory
- self-mutilation (in the form of picking at the skin on their face and/or arms to the point of creating scars. Users may self-harm to release what they believe is under their skin).

Impact on service delivery, in particular risk management and behaviour management

Impact on staff

In our homelessness services:

- Known ice users are at times treated with special caution due to the increased likelihood of aggressive and violent behaviour. Workers have become accustomed to looking out for indications that a young person is on ice and will, if necessary, isolate the young person from other clients, and work with them in rooms with easy exits or across counters rather than in a separate intake room.

- Critical incidents related to ice use has increased by 27 per cent in the last financial year, with many of these incidents involving police or ambulance call outs, and a small number of staff and client injuries as a result of the incident/disturbance.

- Worker safety and sense of safety is negatively impacted, with home visits minimised or stopped, office appointment times shortened, and safety plans put in place while appointments are in progress.

- The anger and agitation presented by our clients that are affected by ice impacts significantly on the ability of the workers to undertake case management. The disengagement and disjointed thinking of clients means that plans previously established are either unable to be followed through in a timely manner or they proceed in much smaller segments.

- Referrals made by Melbourne City Mission staff to specialist drug treatment services and detox has increased by 31 per cent.

In our justice services, staff note:

- The family support service takes advice from prison staff about risk involved in contact with clients with history of methamphetamine use, and relevant protections are applied during this period.

Impacts on users

In our 'drop-in' homelessness service, Frontyard, staff report that:

- When young people are on ice they tend to be agitated, sometimes exhibiting threatening and aggressive behaviour, and at other times elated, fidgety and talkative. Young people seem to have difficulty with the long waiting times that are often necessary to access services, and will pace, come in and out of the service, and many times leave before they are able to see a service. If young people are too substance-affected to properly engage with workers they are asked to return later when they are more sober.

- Young people's inability to engage with workers can result in their not being able to receive assistance, which can in turn perpetuate their homelessness, non-engagement with other services due to transience, drug use and reliance on criminal behaviour.

In our justice services, staff note:

- Women withdrawing from ice in prison can be a risk to themselves or others and may therefore be placed into the management unit initially.

- Those women who use ice and have children tend to:

    - not engage with the family support program until they are more stable; ***or***
    - will refer to the program, but be difficult to engage (for example, some women will not have the capacity to comprehend their own circumstances or the situation with their children).

Impact on other service users

In our homelessness services, the erratic behaviour of ice users can have several effects on other service users:

- Other young people can feel unsafe. For some young people, there is a stigma associated with accessing support services. As well as feeling unsafe, being exposed to another young person who is substance-affected can perpetuate the stigma and may dissuade them from seeking vital support from the service.

- Erratic behaviour can influence the group in the waiting room to adopt similar behaviour, resulting in a chaotic and sometimes dangerous atmosphere.

- The ability to provide equal attention to all young people is jeopardised when a person presents affected by ice and or methamphetamines. The need to manage risk to other young people in that environment means that the focus shifts to the user.

Strategies used by Melbourne City Mission

Some of the strategies utilised by Melbourne City Mission have been described in the previous section of this submission. Additionally, we would like to note the following:

Culture and practice

Consistent with best-practice learnings:

- Melbourne City Mission utilises a harm minimisation framework. Safety plans are developed and implemented, and well-developed referral pathways are in place with specialist services. Specialist services engage with the young people to ensure they are aware of the risks involved in ice use, as well as harm minimisation methods and alternatives.

- Melbourne City Mission uses a strengths-based approach when working with our families and young people. We focus on a person's strengths as opposed to focussing on the issues and problems. For example, at our youth refuges we have adopted aspects of a coaching framework that we have used successfully in one of our early intervention programs, 'Detour'. Melbourne City Mission's philosophy is not to give up supporting people. Melbourne City Mission acknowledges that some clients who state that they want to stop using may, in fact, take many attempts to do so. Workers provide information and demonstrate openness to discussing issues in a non-judgemental environment.

- Staff in the 'Lead Tenant' program, along with our long-term programs, utilise some preventative methods to encounter the ice use that a number of the young people are engaging in. These methods include drug education (either from another service, such as YSAS), engagement in positive social activities (such as sport, arts and/or part-time work), and continued community and family connectedness for the young person. All these strategies aim to work towards ensuring the young people are set up so that they don't engage in the negative peer groups that often see them engaging in ice use.

Workforce capacity

- Workers across the organisation have undertaken training delivered by Odyssey House, Annex and Wodonga Institute of TAFE (28 staff have completed training in the past 12 months). Staff described the Annex training as "very useful" but are seeking more practical advice in handling clients using ice. Melbourne City Mission is looking further into this area of need. Staff and Lead Tenant volunteers **are** aware of client identifiers for ice use, such as scabs on the face, strange/unusual behaviour, violent outbursts and scattered thoughts.

- Internal policies and procedures are being updated to assist staff to better deal with young people presenting to the service while drug-affected.

- Through our new Enhanced Refuge Model, staff and clients at our western suburbs youth refuge ('WRAP') have access to a Specialist Practitioner. The Specialist Practitioner has been able to help WRAP with the development of needs-based assessments and to identify targeted mental health and alcohol and other drugs (AOD) support.

- In the women's corrections environment, Melbourne City Mission's family support service at the prison takes guidance from other services at the prison, such as Caraniche Alcohol and Drug Service, about how to manage women coming down and client-specific processes.

Conclusion

The Reference Group on Welfare Reform, convened by the Federal Minister for Social Services, has previously documented the increased level of demand on service systems such as child protection, community mental health, hospitals, housing, and policing and corrections, and the increased complexity of need.

In Melbourne City Mission's Homelessness and Justice Services, increased rates of methamphetamine use – including ice – puts additional pressure on our services. Regular users are presenting with more complex issues and with significantly impaired mental health as a consequence of both short and long term methamphetamine use. Whilst Melbourne City Mission is concerned about the widespread availability of the drug and its relative affordability, we are also concerned about the factors that underpin demand and use.

Melbourne City Mission notes that this inquiry into methamphetamines is being conducted by the Parliamentary Joint Committee on Law Enforcement. Whilst we understand the law and order context, we take this opportunity to highlight the need to incorporate a health and harm minimisation lens.

As well as a law and order response, the community services sector requires additional investment in early intervention initiatives that can reduce use and minimise harm in 'at risk' populations, as well as more training and resources to safely and effectively manage the particular behaviours exhibited by affected methamphetamine users.

Appendix 1 – case studies

Case study 1

Tom (22) had been homeless since age 14. He had recently moved back to Melbourne from Ballarat and was currently staying on a friend's couch in inner-city Melbourne – a place he referred to as "The Crack Den". He had no family contact and had "too many" siblings to mention. Tom dropped out of school in Year 7 and had made several incomplete attempts to complete VCAL and other courses. Tom smoked cigarettes and marijuana from age 15. He used ice occasionally in the past, smoking only, but when he arrived in Melbourne his friend started buying ice for him and he began to use daily.

Tom's risk factors included his complete lack of support from family or friends and general vulnerability. He had had previous incarceration for four months and had fathered three children with whom he had no contact.

Tom presented to the Young Persons Health Service in a complex state. He had not eaten for five days and appeared malnourished. His affect was miserable and withdrawn. He described that he had no suicidal ideation, but often felt angry, yet it was difficult to imagine him in this state. He looked broken, not angry. Tom appeared to be in considerable pain and discomfort from severely infected sores across his hands, arms and upper thigh and groin, developed from picking while on ice. The sores were difficult to even assess because his clothing had adhered to the lesions and couldn't be separated easily.

Tom was prescribed antibiotics but unfortunately did not return for any further health interventions.

Case study 2

Lewis first presented to Frontyard as a 17 year old male with disrupted family relationships. Lewis has, for the most part, resided with both parents as a family unit. At the age of 14 years, Lewis' parents separated, with his mother moving to Canberra and his father remaining in northern New South Wales. At this time, Lewis remained in his father's care. Due to ongoing relational issues, Lewis was exited from his father's residence into homelessness. At this point, Lewis 'couch surfed' for a number of months, before deciding to travel to Melbourne to live with his sister. This, however, proved difficult as his presence at his sister's transitional property was placing her tenancy at risk, and once again, Lewis was exited from this property.

In April 2012, Lewis successfully interviewed for a vacancy at the Ladder Hoddle Street program. Lewis' time at Ladder Hoddle Street has varied, with periods of engagement then withdrawal from case management. Throughout his time at Ladder Hoddle Street, Lewis has faced significant challenges, particularly in relation to his mental health and substance use, with two admissions into an inpatient unit and two admissions into a detoxification facility.

Lewis presents as insightful with respect to his substance use and engages in honest communication regarding his use. Lewis reported using ICE from age 17 years, ecstasy from age 16 years, benzos from age 18 years, cannabis from age 15 years and alcohol from age 14 years. 17

Lewis previously described his life in terms of managing his moods and mental health through the use of substances. Furthermore, Lewis presents with paranoia, psychotic symptoms, anxiety and has a diagnosis of first episode psychosis with emerging schizophrenic traits. Lewis has attempted suicide through polypharmacy overdose and has previously threatened to jump off the roof. Lewis acknowledges that his substance use has a negative spiral affect and significantly contributes to the deterioration of his mental health.

Lewis is currently engaging with a mental health nurse four days per week and is provided with delivery of his prescribed medication.

Coupled with substance use and mental health issues, Lewis presented with a negative peer group who encouraged his substance use and high-risk behaviors. Lewis has expressed his inability to effectively manage his peers and reports that his peers facilitated periods of relapse into problematic substance use.

Despite extreme and adverse life circumstances, Lewis has recently appropriately utilised his time and has worked with his professional network in improving his lifestyle and regaining control over his life. In addition to accessing the support from his professional network, Lewis has re-connected with his parents, who have largely assisted with providing after-hours support. Both Lewis' professional and personal supports have worked in a coordinated approach with Lewis in order to provide a consistent and effective level of intervention and support.

Of late, Lewis has identified and completed a number of pro-social goals, including moving into independent living, has enrolled into VCAL and is engaged in a local music program where he is pursuing his recreational interests. Lewis is currently accessing after care and will have the opportunity to engage in such support for an additional six months.

Case study 3

Travis (24) has been couch surfing from the age of 14. His father had left when Travis was a child. His mother re-partnered in the last two years, however the relationship between the boyfriend and Travis deteriorated to the point of an intervention order being served against Travis. He presented for assistance with housing after sleeping rough at Southern Cross station. Travis completed Year 9 and worked for a period at an abattoir.

Travis started smoking ice when he was 20. He had a history of poly drug use, and had a previous detox for marijuana, which he still occasionally uses. Travis had had a recent period of incarceration for two months, during which time he was diagnosed as Hepatitis C positive. In the immediate period after incarceration, he was able to commence and maintain employment for four months, at which time he restarted injecting ice. Travis reported that 'his friends' were all IV drug users. Travis' teeth had deteriorated and he had not accessed dental care since he could remember. He described difficulty eating and pain. His diet and fluid intake was poor. Travis reported numerous accounts of unsafe, unprotected sex.

Travis had been prescribed Diazepam by an external GP to assist in reducing craving until he was able to access detox. He presented to the Young Persons Health Service for assistance to access 18

detox and wanting to turn his life around. Attempts were made by the nurse to educate him on harm minimisation and strategies to manage the waiting period while he waited for detox, however, he was insistent that he wouldn't use and declined to engage in any education and harm minimisation. He next presented after being referred to a refuge. He had not used in the previous week, was highly motivated and had paid rent upfront to the refuge. He was keen to pursue dental care and received the first of his vaccinations.

On Travis' next visit, he had begun injecting ice again and the resulting paranoia had led him to move out of the refuge, thinking everyone living there was 'an informer' to the police. He also believed others, including housing workers, were 'jacks' or 'informers'. He had not been eating and had developed cold sores around the mouth and sores on his face and legs from picking. He had been in the same clothing for several days and, after picking up probable fungal infection from the shared showers and wearing the same socks and shoes, the skin beneath his toes had torn away, leaving painful raw skin that was making it difficult for him to walk. He expressed having had enough and wanting to commit "a massive crime" so he could break out of this life and start fresh by moving to Sydney.

Case study 4

Sean (20) moved to Victoria from WA to "get off substances". He had moved from overseas at age 15 to live with his father in WA. This relationship quickly broke down and Sean moved from home to the streets and short-term accommodation when available. He had left school in Year 8 and worked in casual labouring positions. Sean experimented with multiple drugs and began using IV drugs when he was 12. He had gone through the detox process seven years ago with limited success and soon returned to polydrug use, in particular IV ice use. As a result of increased ice use and decreased job performance, he had not worked for the last six months. In the same period, he had lost 20 kilograms.

Sean presented to the Young Persons Health Service for a BBV screen and through the intake assessment, drug use was discussed and referrals made to youth-specific drug treatment and harm minimisation services. Other risk factors included casual unprotected sexual encounters, shared IV drug equipment and no history of adolescent vaccinations. As a result of ice use, Sean's sleep was disturbed and he self-medicated with alcohol, benzodiazepines and cannabis to induce sleep. He denied any mental health deterioration but he "picks at his skin when on ice".

He had numerous presentations to emergency departments after involvement in physical altercations or for severely infected ulcerated ice sores. He would receive treatment and be placed in temporary accommodation, but was unable to sustain longer-term accommodation due to anti-social and frequently violent behaviour.

Sean expressed his desire to find ongoing work, but his drug use consistently remained a barrier to anything stable in his life. Sean last presented to YPHS one year ago and his current whereabouts is unknown.