



Northern Territory Council of Social Service Inc.

'Growing the NT fairly'

NTCOSS Submission to the Legislative Assembly of the Northern Territory Government

Select Committee inquiring into the prevalence, impacts and government responses to illicit use of the drug colloquially known as 'Ice' in the Northern Territory

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“History teaches that it is vain to hope that drugs will ever disappear and that all efforts to eliminate them from society are doomed to fail”

Weil & Rosen (2004)

Introduction

The Northern Territory Council of Social Service (NTCOSS) welcomes the opportunity to provide input to the Legislative Assembly of the Northern Territory Select Committee inquiry into the prevalence, impacts and government responses to the use of the drug colloquially known as ‘Ice’ in the Northern Territory.

NTCOSS is a peak body for the community sector in the NT and is a voice for people affected by social and economic disadvantage and inequality. The community sector in the Northern Territory is made up of community managed, non-government, not for profit organisations who work in social and community service delivery, sector development and advocacy.

The community sector plays a vital role in creating social wellbeing for all Territorians and in building safe and healthy communities by providing services that enable people to access and participate in health services, education, employment, economic development, and family and community life.

NTCOSS represents a service sector with a high level of contact with individuals and their families who are impacted by substance misuse.

NTCOSS welcomes the opportunity to contribute to a discussion about prevalence, impacts and government responses to the use of methamphetamine in the NT. We commend the Northern Territory Government for holding the inquiry.

The Australia’s National Drug Strategy was developed in 1985 and is based around three pillars:

1. Reducing the supply (availability) of drugs through law enforcement
2. Reducing the demand for drugs through prevention and treatment
3. Reducing the harms related to drugs among people who continue to use them.

NTCOSS supports the harm minimization approach and believes any plan that is developed in the Northern Territory must come from a public health perspective.

The Northern Territory Government has invested in the development of a range of plans or frameworks including the Domestic and Family Violence Strategy, NT Suicide Prevention Strategic Action Plan 2015 - 2018 and has also been developing a Mental Health Plan and a Youth Justice Framework. In order for these to be most effective, we need to ensure that the impact and responses to methamphetamine, other drugs and alcohol are recognised in all of the strategies.

Scope of the Submission

Terms of reference of the Inquiry that NTCOSS will be responding to are:

- a. The reliability of government data on Ice use and measures to enhance the collection of data to ensure that the scale of the problem and its impacts on the health, justice, drug and alcohol, and law enforcement efforts of the Northern Territory Government are understood and measured as accurately as possible;
- c. The social and community aspects of Ice in urban, community and remote settings;
- d. Government and community responses to Ice use in other states and some assessment of the effectiveness of these responses in terms of prevention, education, family and individual support and withdrawal and treatment modalities;
- f. Best practice work place health and safety measures for those in the health system who come into contact with users of Ice.

The reliability of government data on Ice use and measures to enhance the collection of data to ensure that the scale of the problem and its impacts on the health, justice, drug and alcohol, and law enforcement efforts of the Northern Territory Government are understood and measured as accurately as possible.

Government funded AOD Treatment service's main source of data collection is the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). Manuals and guidelines are produced to support workers in this sector to

understand the data collection tools and methods. A range of reports are written and released into the public domain from this reporting.

This data collection source captures such things as:

- client characteristics (person with problem, person accessing treatment for someone else's drug use)
- episodes of treatment
- demographics
- drugs of concern
- treatment provided
- referral source
- length of treatment
- reason for cessation

The report includes other data sources such as: hospitals, specialist homelessness services, National opioid pharmacotherapy statistics annual data and prisoner health. Also included is information about data quality, data and methods and input methodology.

The most recent annual report is the Australian Government, Australian Institute of Health and Welfare, Alcohol and Other Drug Treatment Services in Australia 2012/2013 and can be found here: <http://www.aihw.gov.au/publication-detail/?id=60129548206>

The Illicit Drug Reporting System (IDRS) is a national drug monitoring system and is intended to serve as a strategic warning system, identifying emerging trends of local and national concern. The IDRS consists of three components: interviews with people who inject drugs regularly; interviews with key experts, who are professionals who have knowledge of drug trends and/or regular contacts with people who use illicit drugs, through their work; and analysis and examination of indicator data sources related to illicit drugs.

There is a diverse range of data collection that occurs through a diverse range of reports that are the outputs from the Australian Institute of Health and Welfare such as: the National Drug Strategy Household Survey, Alcohol and other drug treatment and diversion from the Australian criminal justice system, National opioid pharmacotherapy statistics and others.

We need to ensure that our data collection methods and any recommendations from this Inquiry capture the needs of Aboriginal people. A Top End Aboriginal drug and alcohol service states:

"This needs to be systematic and needs to begin with a coordinated effort to collect data. Our Aboriginal populations are so diverse and unique in the Territory that we need to focus on the collection of both quantitative data (to look at patterns) as well as qualitative data (to identify values and beliefs around use) in order to develop an approach to treatment that will be effective with our populations. In the past when responding to alcohol and other drug use, due to the lack of treatment approaches that fit our populations in the Territory, approaches were taken from work done with Canadian Indigenous Populations and then altered as time went by to better suit our clients. Maybe this needs to be also explored as there are some parallels between both Indigenous populations which has seemed to be advantageous when looking at the application of treatment as well as the fact that they have had more experience responding to ice use with their people."

In order to gather the most up to date, relevant data, a household survey could be conducted to compile a snapshot survey. This will however need to be designed to capture the needs of all people in the Northern Territory including those in remote and regional areas and those who are homeless.

Recommendation:

Assess whether we need to gather alternative data, especially considering data collection methods appropriate to collect relevant data for aboriginal populations, to develop evidence based approaches to the social and community aspects of Ice in urban, community and remote settings.

The social and community aspects of Ice in urban, community and remote settings.

Member organisations working in the area of drug and alcohol report a sharp rise in the number of people accessing their services for support to deal with methamphetamine use over the past 12 months. Alcohol usage remains the number one reason why people seek support from organisations working in the Alcohol and other drug space and methamphetamine usage is now number two. We need to ensure that we keep our approach to methamphetamine use in perspective to our approach to other forms of alcohol and drug use. We need a broad based approach which allows organisations and governments to respond as needed.

Significantly though, the impacts of the rise in usage of methamphetamines has impacted broadly in the Non Government Organisations Sector including those working in housing, homelessness, with youth and domestic and family violence. When developing a plan for supporting and resourcing treatment services, the needs of the broader sector should also be included. Anecdotally, some of the impacts raised have been:

Housing/Domestic and Family Violence

- An increase in women seeking support from domestic violence services due to their partners aggression from using methamphetamines. There has been an increase in the level of physical injuries when the perpetrator is using the drug. Also the level of violence goes for much longer periods.
- An increase in child protection and family law matters due to parental methamphetamine use.
- A link to suicide.
- A significant number of people seeking support from AOD services.
- AOD services report the presence of violence.
- Methamphetamine related violence in the workplace.
- Anecdotal information suggests an increase in domestic and family violence in communities in the Katherine region which they believe is as a result of methamphetamine use. Similar concerns have been raised in a central Australian community.

Youth

- Young people using methamphetamine to heighten sexual experiences.
- Using the drug as a means of weight control.
- Link to suicide.
- Young people being introduced to the drug by older men.
- A community health service in the Katherine region has reported that they recently had a 9 year old using methamphetamine. This has raised concerns about how cheap and accessible the drug is.

AOD services

- A shift in what types of drugs people are using with a significant number now using methamphetamines. It may not be that there is an increase in the number of people using illicit substances but a change in the type of substance being used.
- The demographic of who is using goes across the age spectrum and there

is no standard profile however there seems to be an increase in the number of people working in the trades.

- Seeing an increase in young women.
- People are seeking treatment much earlier in their use in comparison to other drug users as they are getting sicker much quicker.

Education

- Need to work with key Aboriginal organisations to develop education programs which will be most effective. This will include organisations such as Aboriginal Medical Services Alliance Northern Territory (AMSANT), the Council for Aboriginal Alcohol Program Services (CAAPS), Bush Mob and the North Australian Aboriginal Justice Agency (NAAJA).
- There will be some people who will continue to be able to access and use drugs so education programs need to acknowledge this and focus on keeping people safe (in a similar way to how some drink driving education focuses on ensuring your mates don't drive drunk).
- Programs working with young people need to focus on building resilience and self confidence and keeping people connected to school or work and recreational activities.

Aboriginal communities

- Several communities in the Top End have raised the increase in the use and availability of methamphetamine. There are some concerns that the supply of the drug is from neighbouring mine sites. A Top End Health Service states:

'There were reports that the clinic was broken into a few times and insulin needles were taken for use to administer ice intravenously. What locals have suggested is that the mine workers who introduced ice to locals were intravenous users so this is the only form of administration that they were taught (as opposed to smoking). This is concerning due to risk of BBV as well as other health concerns (e.g. vein care). This is also a similar story to what I heard last week in regards to ice use in communities outside of Alice Springs. A health care worker reported to me that there were intravenous use of ice in a community near Alice Springs and also related that there were concerns about an increase in serious violent offences due to this. What a lot of community members are complaining about is police in remote communities are not responsive to ice use (not believing the communities concerns) and focus heavily on cannabis supply. We also had a report from a client who is a cannabis smoker who reported that he went to a local cannabis dealer to purchase cannabis on a community near Darwin and was offered ice and shown how to smoke it''.

Recommendation:

Develop early intervention and prevention strategies including education programs. Consult with relevant organisation in the development including key aboriginal organisations.

Recognise the impact of methamphetamine use on the broader social sectors including domestic and family violence, youth, housing and aboriginal organisations.

Government and community responses to Ice use in other states and some assessment of the effectiveness of these responses in terms of prevention, education, family and individual support and withdrawal and treatment modalities.

There is concern amongst a broad spectrum of the community that the current strategy on drugs in Australia is not working. Former AFP Commissioner Mick Palmer (2012) writes: The reality is that, contrary to frequent assertions, drug law enforcement has had little impact on the Australian drug market. This is true in most countries of the world. In Australia, the police are better resourced than ever, better trained than ever, more effective than ever and yet their impact on the drug trade, on any objective assessment, has been minimal.

Many advocates have long called for a public health approach. Currently the majority of money spent on drugs is in the law enforcement area. We would advocate that a significant shift needs to occur so that the majority of resources are invested in early intervention, education and treatment services.

Many Australian jurisdictions are ahead of the Northern Territory in their development of a planned approach to methamphetamine use. As a small jurisdiction, we should take the opportunity to learn from others and adopt measures that will be transferable to the NT. In particular, we support the Ice Action Plan developed by the Victorian State Government and encourage the Northern Territory Government to adopt a similar approach. The plan contains 6 key areas:

- Helping Families
- Supporting Frontline Workers
- More Support Where It's Needed
- Prevention is Better than a Cure
- Reducing Supply on Our Streets
- Safer, Stronger Communities

One key element of the plan that is currently missing in the Northern Territory is the introduction of a drug court. Previous drug court models in the Northern Territory have not been evaluated properly so outcomes are unknown.

The Victorian Drug Court is a division of the Magistrates' Court of Victoria that provides for the sentencing and supervision of the treatment of offenders with a drug and/or alcohol dependency who have committed an offence under the influence of drugs or alcohol or to support a drug or alcohol habit. (State Government Victoria, 2015).

The Victorian Drug Court initiative is a response to the failure of traditional criminal justice measures to adequately address drug use and related offending. The Victorian model has attempted to incorporate the best features of existing drug courts in order to establish a unique program addressing the specific needs of Victoria.

Drug courts have been established in New South Wales, Victoria, Queensland, South Australia and Western Australia. There are now over 2000 drug courts spread over all 50 states of the USA, and they also exist in Canada, Ireland, Scotland and England. The Victorian Drug Court represents a fundamental shift in the way in which the Magistrates' Court of Victorian has previously dealt with drug offenders (State Government Victoria, 2015.)

The Drug Court seeks to further improve the safety of the community by focusing on the rehabilitation of offenders with a drug or alcohol dependency and providing assistance in reintegrating them into the community.

There is also international evidence that diversion programs work to keep people out of the prison system. Not only are they more effective way of supporting people with substance issues, it is also a more cost effective option. United Nations Office on Drugs and Crime, (2010) states, putting health and community safety first requires a fundamental reorientation of policy priorities and resources, from failed punitive enforcement to proven health and social interventions. Both the stated goals of drug control policies, and the criteria by which such policies are assessed, merit reform. Traditional goals and measures, such as hectares of illicit crops eradicated, amounts of drugs seized, and number of people arrested, prosecuted, convicted and incarcerated for drug law violations, have failed to produce positive outcomes.

Far more important are goals and measures that focus on reducing both drug-related harms such as fatal overdoses, HIV/ AIDS, hepatitis and other diseases as

well as prohibition-related harms such as crime, violence, corruption, human rights violations, environmental degradation, displacement of communities, and the power of criminal organizations. Spending on counterproductive enforcement measures should be ended, while proven prevention, harm reduction and treatment measures are scaled up to meet need (Global Division of Drug Policy, 2014).

There are many successful international examples where they have successfully taken alternative, harm reduction approaches to drug policy including New Zealand's Psychoactive Substances Act.

Recommendation:

Utilise the experience of other jurisdictions including Victoria to develop a plan which has a public health focus. The plan should include the introduction of a drug court.

Best practice work place health and safety measures for those in the health system who come into contact with users of Ice.

In consultations, with a range of Non Government Organisation's, a number of key concerns were raised around workplace health and safety measures. These concerns have been heightened in recent times due to funding cuts to services. A decreased level of staffing and resources places staff at risk and in some cases, has forced the closure of programs. There was particular concern raised for outreach programs where dwindling resources has meant that there is only one worker to deliver the program. As a consequence, organisations may be forced to stop running the program as they have a policy of always having two staff for outreach visits. This issue is not just contained to the AOD sector but for all services delivering outreach programs including family and domestic violence services.

There is a need for the Northern Territory Government to provide the resources needed for an audit of work environments for at risk Non Government Organisation's (e.g. safe counselling rooms with two exits). There also then needs to be the commitment to resourcing the implementation of any recommendations.

Worker safety must be a priority. It is likely that training needs to initially be sought from interstate but that local organisations could then be taught to deliver the

training from then on. The training needs to focus on developing skills for working with people who have been using methamphetamines, understanding methamphetamines and other substances. This training then can be offered widely to other Non Government Organisation's, police, teachers and health workers.

There is recognition that we cannot replicate all services across all of the Northern Territory and instead we need to support other services to develop specialist knowledge and skills. This emphasizes the need to provide quality training and support to those service support staff (e.g. teachers, nurses, aboriginal health workers) to ensure that they are working in safe, best practice environments.

Recommendation:

Include a comprehensive work health and safety strategy in the plan which recognizes the broad impact of alcohol and other drugs (including methamphetamines)

Additional

NTCOSS recommends the Inquiry adopt recommendations in several reports by Australia 21 (2012) Shaping the Future including the papers:

Australia21 limited (2012) Alternatives to prohibition. Illicit drugs: How we can stop killing and criminalizing young Australians. New Millemium Print, Weston ACT.

McDonald, D. (2012) A background paper for an Australia 21 Roundtable, Sydney, 31st January 2012, addressing the questions 'What are the likely cost and benefits of a change in Australian's current policy on illicit drugs?' Australia21 limited Canberra.

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Australian Government, Australian Institute of Health and Welfare, Alcohol and Other Drug Treatment Services in Australia. <http://www.aihw.gov.au/publication-detail/?id=60129548206>

Australian Government, Australian Institute of Health and Welfare, National Drugs Strategy Household Surveys (NDSHS) <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>

Australian Government, Australian Institute of Health and Welfare, National Opioid Pharmacotherapy Statistics (NOPSAD) <http://www.aihw.gov.au/alcohol-and-other-drugs/nopsad/>

Australian Government, National Drug Strategy (1985) <http://www.nationaldrugstrategy.gov.au/>

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Northern Territory Government, Department of Health, NT Suicide Prevention Strategic Action Plan 2015 – 2018. http://health.nt.gov.au/NT_Suicide_Prevention/Strategies/index.aspx

State Government of Victoria (2015) Ice Action Plan, Treasury Place, Melbourne.

United Nations Office On Drugs And Crime, Vienna (2010) From coercion to cohesion: Treating drug dependence through health care, not punishment. A discussion paper. Vienna. United Nations, New York.

http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf

University of New South Wales, National Drug and Alcohol Research Centre. The Illicit Drug Reporting System (IDRS). <https://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs>

Weil, A. and Rosen, W. (2004) From Chocolate to Morphine: Everything You Need to Know About Mind-Altering Drugs. Houghton Mifflin Harcourt, Boston, New York.