



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

'Ice' Select Committee

Public Hearing Transcript

11.30 am – 12.00 pm, Tuesday, 21 July 2015

Andy McNeil Room, Alice Springs Town Council

Members:

Mr Nathan Barrett, MLA, Chair, Member for Blain
Ms Lauren Moss, MLA, Deputy Chair, Member for Casuarina
Mr Francis Kurrupuwu, MLA, Member for Arafura
Mr Gerry Wood, MLA, Member for Nelson

Central Australia Aboriginal Alcohol Programmes Unit

Witnesses:

Eileen Hoosan: Chairperson
Christine Donnellan: Acting Chief Executive Officer and Women's Treatment Manager
Ron Miliado: Men's Treatment Manager
Patricia Webb: Board Director
Christobel Swan: Board Director

Mr CHAIR: On behalf of the committee I welcome everyone to this public hearing to the prevalence, impacts and government responses to the illicit use of ice in the Northern Territory. I welcome to the table to give evidence to the committee from the Central Australian Aboriginal Alcohol Programs Unit: Eileen Hoosan, Chairperson; Christine Donnellan, Acting CEO; Ron Miliado, Men's Treatment Manager; and Jason Lord ...

A WITNESS: No, they are not here.

Mr CHAIR: Sorry.

A WITNESS: They are not here, they did not turn up. We are a bit short of staff today.

Mr CHAIR: We welcome a group of people from CAAAPU to give evidence today.

This is a formal proceeding of the committee and the protection of parliamentary privilege and an obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put on the committee's website. If at any time during the hearing you are concerned that what you will say should not be made public, you may ask that the committee go into a closed session and take your evidence in private. I will ask each of you to state your name for the record and the capacity in which you are appearing. I will then ask a representative to make a brief opening statement before proceeding to committee's questions. Could you please kindly state your names and the capacity in which you are appearing?

Mr MILIADO: Ron Miliado, Treatment Manager of CAAAPU.

Ms HOOSAN: Eileen Hoosan, Chairperson of CAAAPU.

Ms SWAN: Christobel Swan, Board Director from CAAAPU.

Ms DONNELLAN: Christine Donnellan, Women's Treatment Manager.

Ms WEBB: Patricia Webb, one of the directors, as well.

Mr CHAIR: Thank you for coming. Would you like to make a brief opening statement?

Ms HOOSAN: Yes. Following on from our submission which we tabled with the inquiry, I would like to first of all thank you for the opportunity to present to the select committee. My name is Eileen Hoosan and I am the Chairperson of CAAAPU.

The Central Australian Aboriginal Alcohol Programs Unit or CAAAPU is an Aboriginal-controlled primary provider of culturally-appropriate alcohol counselling and residential treatment services in Alice Springs. CAAAPU was formed in 1991 to provide a place of health, hope and healing for Aboriginal people suffering the effects of alcohol and substance abuse. While our focus is on delivering services that deal with alcohol misuse we are hearing more and more stories from our staff, clients and our members about rising crystal methamphetamine used by Aboriginal people in the Alice Springs area. CAAAPU is very concerned about the potential health impacts of ice use amongst a population whose health may already be compromised by alcohol misuse.

Through our relationship with other organisations such as Tangentyere Council we have heard concerns about urban Aboriginal people who are using ice and the impact this is already having on families and children. While police have reported ice use is not yet a big issue out bush, those in law enforcement and AOD workers have said that at this point in time we stand on the precipice where ice could start flooding into our communities if we do not take action now.

CAAAPU strongly advocates an integrated and collaborative position with Aboriginal organisations standing together to act and send a strong message that ice has no place in our community and our families. It is vital that any strategy is an integrated response that includes local Aboriginal organisations being resourced to deliver education and prevention programs, treatment and rehabilitation services. It must include government departments, non-government organisations and the community in its response.

CAAAPU already has support from Tangentyere Council in delivering this message to the community today, and we are ready to work with organisations such as Congress and others to stand strong and say no to ice. While we have concerns about the increase in ice use in our communities, CAAAPU also notes that

alcohol remains the primary health issue for our people. Any response to ice and other drugs should not detract nor reduce the resources directly dealing with alcohol misuse.

While CAAAPU's focus is on delivering alcohol treatment services, more of our clients present with poly drug use issues. Currently, methamphetamine has not presented as a huge factor. While our clients must be given expert predictions and interstate experience, we expect this to change in the short term. CAAAPU would like to propose the alcohol reference group model as a blueprint for government agencies, non-government organisations and the community in working together collaboratively to tackle a substance misuse issue that has the potential to have a devastating impact on our community. This could provide a framework for expertise to be shared and effective action to be developed that is supported by evidence and current best practice. It would be informed by organisations that have the clinical and cultural competencies to ensure effective delivery of services. It is important we work together to tackle ice now before a trickle becomes a river in our community.

Mr CHAIR: Thank you for your presentation. Could you talk us through how you think the withdrawal and detox space is going in relation to people presenting to CAAAPU?

Ms DONNELLAN: With withdrawal we – if they have been drinking the night before, we will not accept them in there. We would rather them go to DASA or the hospital so they can detox for five days then they come into CAAAPU.

Mr CHAIR: How many people are currently in your facility based on ...

Ms HOOSAN: Today?

Mr CHAIR: Yes, today ... based on an ice issue?

Ms HOOSAN: Not on ice.

Mr CHAIR: Zero?

Ms HOOSAN: There have been clients who have experienced ice, yes.

Mr CHAIR: Obviously, there are people who have poly drug issues?

Ms HOOSAN: Yes.

Mr CHAIR: How many of those where ice is a factor?

Mr MILIADO: In the last how long?

Mr CHAIR: Currently. How many people are there at the moment where ice is a factor in their poly drug use? Is it still none?

Mr MILIADO: Yes.

Ms MOSS: What is your capacity? How many clients can you guys take on and what is the age range of clients you provide a service to?

Mr MILIADO: The age range?

Ms MOSS: Yes.

Mr MILIADO: Eighteen to 65.

Ms MOSS: It is an adult service?

Mr MILIADO: Yes.

Ms MOSS: How many at any one time?

Ms HOOSAN: At capacity it is 36. Today how many people?

Mr MILIADO: We have 13 in treatment, seven men and six in the ladies.

Ms MOSS: All right.

Mr WOOD: How many in mandatory alcohol rehab?

Mr MILIADO: 17.

Mr WOOD: Has that gone up or down?

Mr MILIADO: Down.

Mr WOOD: Since police are at licensed premises - I was interested in whether the numbers have gone down.

Mr MILIADO: (inaudible)

Ms MOSS: Based on the former session, what do you think is CAAAPU's preparedness for an increase in methamphetamine use in the community? In the sector as a whole, what is the preparedness for a potential increase?

Ms SWAN: Yes, I just want to say I am a grandmother. I see a lot of young people I know, and it is really frightening. I have never ever heard of this ice thing before. Marijuana, yes, but not this ice. I am telling you I am really scared of this thing. People are selling it to the young kids around here, not only young kids but older people too. My concern is people take it back to the communities, and I have heard that. The older people, they have said this ice is bad. They are frightened and they do not know what to do about it and that.

Mr CHAIR: Can I ask a question that might seem quite random given that we are talking to you from a CAAAPU perspective? Are people in the communities reporting to the police properly? You guys have come across information and people who are in the programs will talk about drug issues and things that you have. Is the information you have just spoken about getting back to police? Are people saying, 'Hey, this person is taking ice out to a community'? If not, why not?

Ms SWAN: I think maybe they do, but I think there are some other people, they tell me. What is ice doing to their young people out there too? Not only young people but older people too.

Mr CHAIR: But is that information getting effectively transferred back to police?

Ms WEBB: No, I do not think so.

Ms HOOSAN: I do not think it is. They are probably too scared to because they do not know what ice is and nobody wants to put their children under police. So we know there are outreach services. Families know they can call on us. (Inaudible) heard some of the problems ice has we will do it through the hospital. What is pure danger is ice is not – I do not know whether ice is (inaudible).

We did a bit of researching before we presented our submission. We researched and did a workshop and we saw pictures of ice. Ice is here. CAAAPU has gone out to talk to people. Families are worried because their children have become addicted to ice. We already have people addicted to alcohol and the aggression that leads to. Having held the workshop, we want to be in a position where we can offer families that support.

A WITNESS: (interjecting).

Ms HOOSAN: ... they should be mandated to treatment and rehabilitation after accessing it.

Ms HOOSAN: We want to be in a position where we can monitor ice, same as if you are suffering from alcohol abuse. I think you also need government legislation, especially how to deal with it. CAAAPU is (inaudible). It is coping in an excellent way dealing with people who are affected by alcohol abuse through alcohol rehabilitation treatment, all our staff have to be trained. They have to be trained in....

Mr MILIADO: (inaudible).

Ms HOOSAN: All of our staff are qualified now and they are trained to deal with clients who are aggressive and become hostile to manage.

Mr CHAIR: In regard to other organisations, they are not necessarily – separating it out - and I would be interested to see what you think about that - the aggression and the really bad behaviour – that negative, aggressive behaviour is really evident in the withdrawal detox, and if they do not withdraw properly - by the time they are in the rehab program you have them in the right frame of mind to start working through the rehab process as opposed to the detox process to get them in that space.

I guess the important thing for me in looking at setting places up is that we have also heard from a lot of places that rehab is rehab. If somebody has an addictive issue, whilst the withdrawal and detox treatment pharmaceutically will differ depending on what they have been on, having an addictive behaviour that you need to recover from is a relatively similar process. It is then more around how we structure - it seems to be that there are the right staff and the right things in place for the rehab space, but I see a disconnect between when people are getting picked up through whatever referral system, for example self-referral or referral from an agency, but there is a disconnect there from when they are picked up to when they are ready for rehab.

We have heard from other places and it seems to be, 'Yes, there are beds available. 'Yes, we do this and we make do.' There are up-skilling issues, and there are funding issues and all that sort of thing, but a big issue is in the detox space. I want to drill down into that detox withdrawal space to ask where this is happening, what is happening, are you getting people in the right frame of mind to start your rehab programs, and do you disagree with the statement that if people are already through the withdrawal process they will not be as violent? Also, remember there might be mental health issues involved which could be causing that violence where you would obviously be streaming them into mental health work not just rehab work. How is that detox rehab space looking? What needs to be done? Are you getting people ready? Are people arriving ready or not?

Mr MILIADO: They arrive ready at CAAAPU. The AT clients they go out to the assessment centre and they detox out there for five days.

Mr CHAIR: Is that long enough?

Mr MILIADO: Yes.

Mr WOOD: That is near the prison?

Mr MILIADO: Yes.

MR CHAIR: It is for alcohol, but what about marijuana? What about petrol? What about ice?

Ms HOOSAN: We do not, but we have not signed off with the Northern Territory government yet to have the assessment centre placed at CAAAPU. Once we have that in place, we will be in a better position to manage people suffering from ice addiction or other substance abuse.

What we have said is we support - there is no place as yet in Central Australia that is wanting to take - if there are four ice addicts or four people who need treatment, there is no place for them. Our position is if there is an Aboriginal person who wanted to come to us that is suffering from ice addiction, they would have to negotiate with the hospital for a certain time and full assessment, then, if they are ready to come to CAAAPU, we will have to seriously consider it.

We had a workshop with Department of Health and even they could not describe the effects of ice. It is unknown. We will not know how to deal with people. But because we have had that experience dealing with people with alcohol or marijuana abuse, and some petrol abuse, we are in a position to understand people, but we do not have the resources and we do not have the people to deal with any ice addicts at the moment.

Mr WOOD: I go back to what you said before about ANT. Obviously, that is legal under the laws you have through the government. Are you saying you would like that approach for people who are ice addicts? If so, would that have to be separate from the ANT? In other words, this would be an INT. Would they have to be separate from the ANT group?

Ms HOOSAN: Yes.

Mr WOOD: So you would need a separate or a new facility?

Ms HOOSAN: Yes, we do.

Mr WOOD: Obviously ...

Ms HOOSAN: Some of our families have been charged for amphetamine use ...

Mr WOOD: I will ask a general question. There has been a lot of discussion about ANT. If you want to apply for INT, do you think ANT is beneficial? Are they working and are they helping people?

Ms HOOSAN: Yes.

Mr WOOD: So you think that model could be used for INT?

Ms HOOSAN: Yes.

Mr KURRUPUWU: I guess that CAAAPU is delivering many programs on drugs and alcohol and ice, as well. Can you clarify the committee the type of skills and training required to manage ice users and how does this compare to the skills required to manage clients with alcohol or cannabis-related issues? What health and safety measures does CAAAPU have in place to protect workers and others from clients experiencing excessive and violent behaviour?

Ms HOOSAN: CAAAPU does provide ...

Mr KURRUPUWU: With ice.

Ms HOOSAN: Yes. CAAAPU does provide ongoing upgrades of skills, especially with

A WITNESS: To handle aggressive clients.

Ms HOOSAN: I do not have the proper statement of that, but all our staff must be trained to deal with people - aggressive people, people who could wander off. So we have our training every month or two months?

A WITNESS: A couple of months, hey?

Ms HOOSAN: So we have regular training every two months. A person comes out to CAAAPU and they will go through our reports. Our reports will document behaviour of people. Sometimes people's behaviour means that you have to deal with them in a certain way. CAAAPU is in a good position but we support mandatory ice treatment; we do not support them going to the gaols if they are found to be assessed for treatment. That is an important position we would like to state to the committee. Young people who have experienced ice and have been charged for amphetamines are the ones we want to receive treatment and rehabilitation.

Mr WOOD: Do you do any treatment in the prison? You will have some people on ice who have committed an offence. We asked BushMob if they had a program in the prison. Do you have a program for prisoners?

Mr MILIADO: (inaudible) stopped that funding.

Mr WOOD: They stopped the funding?

Mr MILIADO: Yes, alcohol awareness skills we're doing that every Tuesday for three hours

Mr WOOD: Do you know if the prison does in-house work?

Mr MILIADO: I am not sure.

Mr CHAIR: We will wrap it up there and move to a public forum. Thank you for your attendance today. It would be great if you could stay and be a part of the public forum. We have people here from corrections, the police force, members of the public.