Northern Territory Government

DEPARTMENT OF **HEALTH**

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Our Ref: DD2015/3417
Your Ref: COMM2015/00012.3

Mr Nathan Barrett MLA
Chair
'Ice' Select Committee
GPO Box 3721
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Dear Mr Barrett

RE: DEPARTMENT OF HEALTH SUBMISSION TO THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY 'ICE' SELECT COMMITTEE

Thank you for your correspondence of 31 March 2015 inviting the Department of Health to make a submission to the inquiry.

The Department of Health is a major stakeholder in minimising the harms arising from 'Ice' through a range of education, prevention and treatment approaches.

This is complemented by strategic partnerships with other government and non-government organisations in the NT, with other jurisdictions and at a National level.

I am pleased to provide a submission to inform the Legislative Assembly of the Northern Territory 'Ice' Select Committee.

Should you require any further information, please contact Mr Mike Melino, A/Executive Director, Strategy and Reform on (08) 8999 2938.

Yours sincerely

Dr Len Notaras AM
29 April 2015

Northern Territory Government

DEPARTMENT OF **HEALTH**

Legislative Assembly of the Northern Territory
'Ice' Select Committee

Department of Health Submission

April 2015

INTRODUCTION

Methamphetamine is a type of amphetamine sold in various forms and potency: powder ('speed'), oily powder or paste ('base') and crystal ('crystal meth' or 'ice'). Ice is the purest and most potent form.

Health data suggests an increase in use of methamphetamine in the Northern Territory and an increase in closed episodes of care for methamphetamine in specialist alcohol and other drug treatment services.

Any increase in use of an illicit substance is cause for concern and action. The Department of Health (DoH) is taking a proactive approach to prevent and minimise the harms associated with methamphetamine use.

The Department of Health provides the following submission in response to the Terms of Reference to the Northern Territory Legislative Assembly 'Ice' Select Committee.

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, law enforcement efforts of the Northern Territory Government are understood and measured as accurately as possible.

DoH uses, maintains and collects data on prevalence of use and treatment for licit and illicit drugs. Data is analysed from the following main sources:

- The Illicit Drug Reporting System (IDRS).
- Alcohol and Other Drugs Services (AODS) Client Data.
- The National Drug Strategy Household Survey (NDSHS).
- Emergency Department presentations and public hospital separations.

The Illicit Drug Reporting System

The Illicit Drug Reporting System (IDRS) is an annual report coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of New South Wales. It is funded by the Australian Government Department of Health.

The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of opiates, cocaine, methamphetamine and cannabis. It is intended to act as a 'strategic early warning system' – identifying emerging drug problems of national and jurisdictional concern.

The IDRS does not focus on any particular illicit drug but includes information on the price, purity, availability and patterns of use for crystal methamphetamine.

The IDRS uses three types of data, which are described below.

i. Survey of people who inject drugs (PWID).
   Face-to-face structured interviews are conducted in the capital city of each state and territory, ideally with a minimum of 100 people who regularly inject drugs. To participate in the study, people must have injected drugs at least once a month during the past six months, and have lived in the relevant capital city for at least the past 12 months. Regular PWID are selected for their first-hand knowledge and ability to comment on the price, purity, availability and use of illicit drugs in the city in which they live. This group is treated as a sentinel group that is likely to reflect emerging trends. In this report, this group is referred to variously as 'participants' or 'respondents'.

ii. Survey of key experts (KE).
The second component of the IDRS involves semi-structured interviews with key experts (KE), selected because their work brings them into regular contact with illicit drug users. Criteria for inclusion in this part of the study are at least weekly contact with illicit drug users in the past six months or contact with a minimum of 10 illicit drug users during the same period. Information from KE corroborates data from participants, but also provides a broader context in which to place the participants' data. A standardised interview schedule is used by all states and territories that closely mirrors the participants' questionnaire. Each KE is asked to nominate the main illicit drug used by most of the illicit drug users they work with and information is then gathered about use, availability, price and purity of that drug category. Further questions are asked about health, treatment, crime and police activity.

iii. Other indicators.
The third set of information comprises secondary data sources that relate to illicit drug use. Recommended criteria for inclusion in the study are that the data must be available at least annually, include 50 or more cases, be collected in the city or jurisdiction of the study, provide brief details on illicit drug use, and must include details of the four main illicit drugs under investigation[i].

The indicator data used in each IDRS annual report can vary, however, examples of data sources and publications typically used include:

- Annual Report of the National Notifiable Diseases Surveillance System
- Australian Needle and Syringe Program Survey National Data Report
- Northern Territory Integrated Justice Information System
- The NT Office of Crime Prevention
- The Australian Crime Commission Illicit Drug Report, various years
- The NT Alcohol and Other Drug Treatment Services Client Database
- Alcohol and Drug Information Service (ADIS) annual reports
- Australian Institute of Health and Welfare (AIHW)
- NT Poisons Control
- National Centre in HIV Epidemiology and Clinical Research.

Reliability, limitations of IDRS and suggestions for enhancing data collection

The IDRS is a reliable dataset as it includes detailed information on a 'hidden' population and drug using behaviour and markets; uses corroboration between multiple data sources; is comparable to other jurisdictions; distinguishes between 'ice' and other meth/amphetamines; and can be used as a vehicle for additional information collection, e.g. other regions and/or issues.

There are however limitations with the IDRS in that it is not a population survey therefore prevalence cannot be reported; also data collection only happens in the Darwin area. It does not extend to regional or remote areas.

DoH is considering meeting with the University of New South Wales Drug and Alcohol Research Centre to expand the scope of data collecting for the Survey of people who inject drugs (PWID) and the Survey of Key Experts (KE) in an effort to get a more representative sample of the NT population; not just the Darwin area.

Alcohol and Other Drugs Services (AODS) Client Data

Alcohol and Other Drugs Services (AODS) collect case and episode level data from all clients that enter treatment in specialist non-government and government AOD services. This data is collected by clinicians and AOD workers and entered into corporate data systems, including Community Care Information System (CCIS), the Primary Care Information System (PCIS), the

CareSys (the NT public hospital patient information system) and the AODS Non-Government Organisation Online Client Data System.

Each system collects a range of treatment and demographic data items, with differences and commonalities, including: one or more drugs of concern, type of treatment delivered, length of treatment and reasons for cessation of treatment.

Reliability, limitations of Alcohol and Other Drugs (AOD) Client Data and suggestions for enhancing data collection

The client data that is collected by specialist AOD services includes a subset of data that is provided to the Alcohol and Other Drugs Treatment Services (AODTS) National Minimum Data Set (NMDS), allowing comparisons over time and between jurisdictions.

In terms of limitations of this data source, users of illicit drugs, including ice, only come to the attention of DoH when they have contact with a treatment service operated by a non-government organisation or the Department. Research has shown that a large number of users of illicit drugs do not seek treatment; therefore the prevalence of use is underestimated.

In addition, the limitations of the AOD client data that is currently collected include:

- different systems collect different data. Linkages between systems can be problematic, including linkages between AODS client data and other DoH corporate systems;
- treatment seeking may not reflect population prevalence;
- drug of concern is identified by AOD worker and may not distinguish 'ice' from other forms of methamphetamines or amphetamine.

DoH is in the process of establishing an AOD Information Management Group which will be responsible for providing leadership to DoH for the collection, analysis and use of data and for identifying and implementing processes and performance improvement strategies in the management of AOD data.

There is also the possibility of testing of wastewater (sewerage) for the presence and amount of methamphetamine. This can give a total amount of methamphetamine being used in an area approximation and may also provide re-assurance in more remote communities (presuming the wastewater is isolated) of the absence of methamphetamine use in that area.

The National Drug Strategy Household Survey (NDSHS)

The National Drug Strategy Household Survey (NDSHS) collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use. Survey findings relate mainly to people aged 14 years or older[ii].

The 2013 National Drug Strategy Household Survey estimates that 2.8% of the NT population aged 14 years and over had used some form of methamphetamine (including ice) within the previous 12 months. This proportion has increased since the 2007 survey and declined compared with the 2004 survey. Nationally, use has remained stable since 2010 at 2.1% of the general population.

The (NDSHS) is the leading survey of licit and illicit drug use in Australia. It is commissioned by the Australian Government Department of Health, managed by the AIHW and conducted by a private provider. The survey is triennial and has been carried out 11 times between 1985 and 2013. The sample is based on households, so homeless and institutionalised people are not included in the survey. Most of the analyses are based on the population aged 14 or older. The

survey produces population level estimates. The survey includes questions about meth/amphetamine use, including questions that distinguish 'ice' from other forms.

Reliability, limitations of National Drug Strategy Household Survey and suggestions for enhancing data collection

The NDSHS results can be compared across time and jurisdictions and the survey produces population estimates which enhances the ways in which the survey data can be used to measure prevalence. However the number of NT households that responded to the 2013 survey was 1079, or 4.5 percent of the total sample. Limitations of the survey is that it is not representative of remote and/or Indigenous populations, and small response numbers for some of the survey questions in the NT result in large error measurements, this includes the questions relating to the forms of methamphetamine/amphetamine reported.

In an effort to increase the number of responses to the NDSHS, to ensure that the survey findings are contributing to measuring the scale of the problem, in particular 'ice' use, DoH will approach the Australian Government to explore the possibility of changing the survey sampling size in the NT.

Emergency Department presentations and public hospital separations

Presentations to NT Emergency Departments where a psychostimulant is recorded increased from 19 in 2012 to 37 in 2014 (Table 1). Similarly, public hospital separations with a primary or secondary methamphetamine-related diagnosis increased from 46 to 100 for the same period (Table 2).

Table 1: Number of emergency department presentations with and without a psychostimulant-related, by year, 2012- 2014

year	without psychostimulant	with psychostimulant	Total
2012	144,138	19	144,157
2013	146,907	31	146,938
2014	142,254	37	142,291

Table 2: Number of hospital separations with and without a methamphetamine-related diagnosis, by separation year, 2012-2014

Separation year	without methamphetamine	with methamphetamine	Total
2012	126,554	46	126,600
2013	132,585	54	132,639
2014	137,303	100	137,403
Total	**396,442**	**200**	**396,642**

Reliability, limitations of Emergency Department and Hospital separations and suggestions for enhancing data collection

The coding method used in Emergency Departments is less comprehensive than those used in Hospital admissions. Emergency Department data uses a simplified coding structure and may have only a single primary diagnosis which is the primary reason for presentation and treatment, such as an injury, and may not record use of psychostimulants.

Hospital separations data is more comprehensive and may have two or more relevant codes recorded as primary and/or secondary diagnoses.

The data provided in relation to Emergency Department presentations and Hospital separations is unpublished data.

The data does not specify between different forms of methamphetamine use, i.e., powder, base or ice. It must be noted that methamphetamine use by an individual may involve various forms and admissions and/or separation data cannot be attributed specifically to ice.

b) a comprehensive survey of the various government responses to the abuse of ice in the Northern Territory and assess their effectiveness or otherwise;

DoH responds to the abuse of ice in the Northern Territory through a combination of policy, treatment, data collection and analysis and community education strategies. Specifically, these include:

- Interagency responses and working groups;
- Treatment pathways;
- Prevention and Education.

Interagency Response and working groups

Currently, DoH is involved in two interagency groups addressing the impact of methamphetamine use in the NT.

One is focussed on the development of methamphetamine/ice prevention and educational resources. Partners with DoH include Amity Community Services, Danila Dilba, NT Police, Central Australian Aboriginal Congress and the Aboriginal Medical Services Alliance NT (AMSANT).

The second working group is comprised of DoH and NT Police. This group is concerned with all illicit drug use given the high incidence of poly drug use, however there is a particular focus on methamphetamine supply, use, harm, and treatment. This group meets quarterly to share information and discuss strategies related to:

- arrest and seizure rates;
- patterns of drug use including drug type, volume and length of use;
- National strategies and approaches;
- availability and type of treatment options;
- community based efforts to address impact of illicit drug use; and
- increases in usage in particular urban, regional and/or remote areas.

Illicit Drug Summit

A significant outcome of the interagency collaboration between NT Police and DoH has been the development of a proposal to hold an Illicit Drugs Summit (the Summit). With an emphasis on the increasing emergence of harms related to methamphetamine, particularly ice, the Summit will bring together government agencies and non-government service providers and provide an avenue for community members to voice concerns, provide input, share their experiences and to contribute to the development of relevant and appropriate illicit drug and substance misuse strategies.

The Summit will enable the dissemination of evidence-based research and data to demonstrate the impact of illicit drug use across the NT. This will be achieved through key note speakers, plenary sessions and an Expert Panel discussion.

Topics identified for discussion at the Summit include:

- recent detections of clandestine laboratories in Alice Springs (noting others in Darwin), highlighting the evolvement from domestic importation, to domestic production and manufacture of illicit drugs;
- the range of treatment and referral options for methamphetamine and other illicit drugs that are available in the NT;
- family support and counselling options;
- treatment approaches utilised in other jurisdictions;
- the types of offending associated with drug crime, including property theft violence, firearm and weapons crime;
- correlation between seizure data, and apparent usage data- with waste water analysis set out for Darwin and Alice Springs;
- impact of illicit drugs on remote Indigenous communities; and
- prevention and education strategies.

The Summit is proposed to be hosted in Alice Springs in June 2015 and is expected to attract approximately 120 attendees spanning operational policing, policy, research, treatment service providers, community groups and academia.

Treatment Pathways

DoH funds a range of Government and non-government alcohol and other drug services across Darwin, Alice Springs, Tennant Creek, Nhulunbuy and Katherine to provide withdrawal, treatment and support for a range of substances, including methamphetamine. This includes a mix of residential rehabilitation, outpatient and outreach services. Where possible, treatment services involve family members to assist in providing a supportive environment and to increase the understanding, acceptance and willingness to address problematic drug use and its impact.

The proportion of closed episodes of care[1] in specialist Alcohol and Other Drug Treatment Services (AODS) in the NT where methamphetamine is the principal drug of concern has increased between 2012-13 and 2014-15. In 2012-13, services recorded three closed episodes of care (less than 1% of all episodes) where the principal drug of concern was specified as methamphetamine and a further 196 (5%) episodes where the principal drug of concern was another Amphetamine Type Stimulant (ATS)[2], excluding methamphetamine.

In 2013-14 the ATS total increased to 301 (7%), including 90 (2%) treatment episodes for methamphetamine. In the 2014-15 period (to the end of March 2015), the ATS total was 318 (9%) episodes, including 163 (5%) for methamphetamine. This is based on the most recent client data extract, to end of March 2015, and includes all treatment types and agencies[iii].

Between 2009 and March 2015, counselling was the main *substantive* treatment type (31%) for clients with ATS, including methamphetamine, as their principal drug of concern, followed by rehabilitation (16%), and withdrawal (7%). This mix of treatment types is consistent from year to year and between methamphetamine and other ATS.

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[1] *A closed episode of care refers to a period of contact with defined dates of commencement and cessation between a client and a treatment agency.*

[2] *Amphetamine-type stimulants (ATS) refer to a group of drugs whose principal members include amphetamine and methamphetamine. However, a range of other substances also fall into this group, such as methcathinone, fenetylline, ephedrine, pseudoephedrine, methylphenidate and MDMA or 'Ecstasy'.*

Changes in treatment seeking behaviour among people who use illicit drugs may reflect changes in the prevalence of methamphetamine use in the community. It may also reflect changes in the awareness of methamphetamine as a drug of concern among the general public, people who use illicit drugs and/or alcohol and other drug clinicians.

Calls to the Alcohol and Drug Information Service (ADIS) reflect an increasing number of recent callers seeking information on amphetamines and/or methamphetamines. These calls are received from members of the public and health practitioners seeking general information and/or treatment referral options. In the period July-December 2013, 30.8% of all callers identified amphetamine/methamphetamine use as problematic. In the preceding period January – June 2013, this figure was 16.4%. In the July-December 2014 period this figure was 25.3%[iv]. Note that current caller information does not specify between amphetamine and methamphetamine, nor between use of powder and/or crystal methamphetamine however changes to the data collection and reporting methods will be incorporated into future reporting periods and this will also include locality of caller for each drug type.

Referral pathways for treatment include self- referral directly to both government alcohol and other drug services and a wide variety of non-government organisations, through hospitals via Addiction Medicine clinical liaison teams including through Emergency Departments, GPs, mental health and family and community services. Individuals wanting assistance regarding their ice use can access support through several AODS centres located throughout the NT.

Treatment service providers can support the client through the provision of reliable information and harm reduction advice, brief interventions, motivational interviewing, Cognitive Behavioural Therapy (CBT) and the use of medications to assist in relief from symptoms of methamphetamine dependence. Families are also able to access the services for counselling and support. These services can also co-ordinate residential withdrawal and rehabilitation services if required.

Treatment services reflect the clinical trial evidence that outpatient psychological therapies for methamphetamine dependence is the most appropriate modality of care for the vast majority of clients presenting with methamphetamine dependence. Withdrawal and rehabilitation services are available but generally reserved for those with specific need or who have failed these initial approaches.

There are a number of well accepted manualised cognitive behavioural therapies specifically for methamphetamine that have been developed in Australia including *Turning Point - Methamphetamine Dependence* and *Treatment Approaches for Users of Methamphetamine* from the *National Drug Strategy.*

While there are no broadly accepted medications that are effective for treating methamphetamine dependence there are programs in other Australian jurisdictions reporting success with lisdexamphetamine (St Vincent's Hospital Sydney) and modafinil (Drug and Alcohol Services South Australia). Such a program could be considered for the Northern Territory through our specialist centres.

Prison in-reach services are also provided that offer treatment support as well as advice from specialist AOD services to the Prison Health Clinicians.

AODS have Withdrawal Guidelines and Community Care Guidelines to assist in managing methamphetamine dependence. For clients requesting assistance the process is as follows:

- Triage (phone or in person). Information is gathered about the person and their drug use. A brief intervention is attended at this time as are strategies to help reduce or cease use. The person is given an appointment date and time for a Clinical Assessment.
- Clinical Assessment. Comprehensive information is gathered regarding the person; drug use history; mental health history; psychosocial history. Pathology requests are also given to complete if applicable (i.e. Urine Drug Screen). Treatment options as above discussed with client.
- Medical Officer Assessment if required.
- Case Manager appointed for continued support and/or counselling.

Prevention and Education

Work is underway across a number of government and non-government services to develop educational resources for minimising harms through prevention of use and to raise awareness of providing appropriate support and treatment for clients and their families in relation to methamphetamine use.

Harm reduction/education resources are available across all services however these are generally sourced from other jurisdictions. The DoH AODS Community Education and Workforce Development Unit recently commenced a project to develop NT specific resources for prevention, education and early intervention. These will be made available to frontline workers, young people and families in contact with methamphetamine and other drug users. The resources will also be developed to ensure cultural appropriateness for Indigenous people in urban and remote areas.

Accredited Certificate/Diploma level training covers all drugs, including methamphetamine. This training is delivered to Health, Corrections, Police and alcohol and other drug service workers. Specific harm reduction training/education is also delivered to user groups (e.g. NT Needle Syringe Program workers). The AODS Community Education and Workforce Development Unit provide AOD workforce development to frontline workers/volunteers in the Health and Community Services sector. The program provides National Accredited Training to non-government and government services/staff across the NT, providing best practice AOD training and skills development in alcohol and other drug settings, including methamphetamine specialist training.

The need to be considerate of the large indigenous population in remote localities is high on the agenda for NT specific training, prevention and education resources. Attention to inter/intra family relationships of the sharing process and family unit functioning as a whole needs to be considered in the development of culturally appropriate resources.

DoH AODS have a Methamphetamine resource development program running concurrently with this project to ensure NT specific resources are developed across the NT to meet local, rural and remote needs in an appropriate, culturally secure, environment.

Development and delivery of the training and resources packages, aims to:

- Promote discussion and increase community awareness
- Educate youth, parents, grandparents, carers & stakeholders
- Build capacity in local services to address local issue
- Up-skill families to support where required
- Increase available methamphetamine resources for services
- Inform community of available support services
- Support prevention and early intervention at a community base
- Increase Methamphetamine Brief interventions
- Increase services and staff skills and knowledge in best practice in prevention, early intervention and treatment

- Increase knowledge to health practitioners, frontline workers and community members regarding needle syringe issues, safety and harm minimisation approaches.

As this is a new project, its effectiveness cannot be determined at this stage. To measure the effectiveness of the resources and training, a review component has been built into the project plan. A database will be created to document all programs delivered and details of training in methamphetamine resources and programs. An Action Research Process will also be implemented to ensure the programs delivered are being valued and providing relevant information required by the target groups, as the environment changes.

A review of the program will occur in November 2015, with a report developed from the qualitative and quantitative data recorded. The provision of the Train the Trainer program will ensure stakeholders understand the information and are empowered to utilise the programs and resources to meet the best outcome for the client and community.

c) The social and community impacts of Ice in urban community and remote settings;

The social and community impacts of ice usage are well documented nationally. As with all drug abuse, ice does not only affect individuals; problems reverberate through the whole community. Beyond health concerns, individuals may find themselves in financial difficulty through the high cost of maintaining their ice use, resulting in debt, both formal and informal, or may even turn to criminal activities to finance their dependency, including drug dealing itself.

Problem drug use may cause deterioration of relationships and social connections with friends and family, leading to relationship breakdown and social isolation, including estranging parents from their children. Partners, parents, children and/or carers may be similarly distressed and anxious about a person's drug use, and are often left to deal with the problems it causes, such as the emotional and financial consequences. In some cases, they may have to confront aggression or domestic or family violence, and face the difficult decision of whether to dissolve the relationship and/or contact the police, particularly when the person refuses to seek assistance for their problem.

The issue of drug-related crime also has wider effects on the community. Not only are there impacts on the victims of crime and their families, but it also impacts on wider community perceptions of public safety. Increased illicit drug use in the community impacts heavily on a range of service providers, community groups and service providers including, but not limited to, ambulance services, hospital Emergency Departments, Police, and community sector organisations (suicide prevention, mental health, community legal aid services).

In order to address the individual, social and community impacts of methamphetamine use, collaborative efforts must be a priority for all state and territory governments, the Australian Government, non-government organisations and the community. The Australian methamphetamine market will continue to grow in the short to medium term[v] and will require coordinated and collective approaches to minimise the resultant harms and prevent uptake of use.

Environmental Health

The social and community impacts of 'ice' usage may be observed through the increased number of reported clandestine drug laboratories for the illicit manufacture of methamphetamines. It is recognised nationally that there are serious public health and environmental risks from residual contamination arising from illicit drug manufacture carried out in clandestine drug laboratories. In response, the Australian Government and the Environmental Health Standing Committee of the Australian Health Protection Principal Committee (enHealth) have published clandestine drug

laboratory remediation guidelines and a position statement on public health risks to provide national guidance on remediation of clandestine drug laboratories.

The Department of Health (DoH) through the Environmental Health Branch is responsible for issuing warnings and remediation information to residents and landowners on the risks to human health and safety arising from the residual contamination from illicit drug manufacture and use. At the time of preparing this submission, DoH has dealt with four reported clandestine drug laboratory detections since November 2014 (three in Alice Springs and one in Darwin).

DoH Environmental Health is working collaboratively with other agencies, including the Northern Territory Police Fire and Emergency Department (NT Police), and the Northern Territory Environmental Protection Authority (NTEPA) in developing local Environmental Health Guidelines and public information for clandestine drug laboratory remediation.

If the NT follows the trend of other jurisdictions in relation to local manufacturing, there is likely to be increase in notifications by NT Police of clandestine drug laboratories. It is expected that impacts on the community will increase along with costs to health as well as people and businesses affected by clandestine laboratory activity. This includes landowners, immediate and neighbouring residents, real estate agencies and the hospitality industry.

Currently in the Northern Territory there are no clandestine drug laboratory remediation and assessment services, while waste management of residual contaminants of chemical waste is currently transported and disposed at interstate depots.

d) Government and community response 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;

The Australian Government has committed to work with States and Territories to develop a National Ice Action Strategy[vi]), overseen by a National Ice Taskforce led by former Chief Commissioner of Victoria Police Ken Lay APM. The overall purpose of the Taskforce will be to examine existing jurisdictional efforts to address ice and identify ways to take a systematic, comprehensive and coordinated approach to education, health and law enforcement. At the April 2015 COAG meeting all jurisdictions indicated support for development of the National Strategy.

Victoria recently announced crystal methamphetamine specific initiatives. On 5 March 2015, the Victorian Government released an *Ice Action Plan* and accompanying *Ice action Framework*[vii] with input from an Ice Action Taskforce including representatives from alcohol and other drug, mental health and youth services, police, the courts, community legal services, Aboriginal service providers and research bodies. A Specialist Workforce Advisory Group also provided advice on actions to support the health and safety of affected staff and to build workforce capacity. The Action Plan delivers a package of $45.5 million in new funding to support a range of health, community safety and law enforcement measures aimed at preventing or minimising ice related harm among ice users, their families, frontline workers and the broader community.

The Government of Western Australian (WA) recently announced a joint State and Federal Police taskforce targeting methamphetamine dealers and seeking to further restrict the flow of methamphetamine from interstate and overseas into WA.

In 2014, the Tasmanian Department of Health and Human Services undertook a R*eview of Drug Use and Service Responses in North West Tasmania*, where there had been reports of growing drug use, in particular crystal methamphetamine. The final report[viii] released in November 2014 makes operational and strategic recommendations to enhance service treatment responses to drug use issues (including methamphetamine) by improving access; strengthening the capacity of treatment services and the community to respond to drug use issues; strengthening governance arrangements; and improving service collaboration. The report queries the notion of an ice 'epidemic', highlighting that alcohol, tobacco and cannabis continue to be most commonly used and misused substances across the community. Based on the available evidence, the report found that there seems to be more frequent use of methamphetamine within existing illicit drug using populations and a possible increase in use of higher potency forms of the drug, leading to the corresponding increase in harms to individuals and the wider community.

NSW and SA have Methamphetamine Programs that include pharmacological agents targeting some of the symptoms of methamphetamine dependence. It is not possible to assess the long term effectiveness of the strategies at this stage, however early indications of success have been noted. As stated earlier, treatment programs for methamphetamine dependence using lisdexamphetamine (St Vincent's Hospital Sydney) and modafinil (Drug and Alcohol Services South Australia) will be investigated further for consideration of their use in the NT through our specialist centres.

The Intergovernmental Committee on Drugs (IGCD) is an Australian, State and Territory government forum of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and New Zealand, as well as representatives of the Australian Government Department of Education.

The IGCD provides policy advice to relevant ministers on drug-related matters, and is responsible for implementing policies and programs under the National Drug Strategy framework.

The IGCD has a standing agenda item in relation to methamphetamines. The IGCD is mapping each jurisdiction's current initiatives and resources in response to methamphetamine use and is identifying priorities and further national work that should be progressed. Currently, the IGCD is discussing the development of national methamphetamine treatment guidelines and the need to conduct research into innovative treatment approaches to methamphetamine addiction.

e) The sources of ice including cross-border trafficking, local manufacture and derivation from legal pharmaceuticals and other legal precursors;

Other agencies are better placed to respond to this particular term of reference.

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

Across DoH, a range of staff come into contact with users of ice and other illicit drugs. Staff undertake specific training and have workplace guidelines and policies to ensure all work practices in relation to threatening, aggressive and violent behaviour patients are clearly understood and applied to minimise any harms arising from their respective level of contact.

The DoH Workplace Health & Safety (WHS) Strategy outlines a plan for improving workplace health and safety. It details priorities and strategies to achieve them in the short term and additional actions required to improve working environments in the long term. Implementing the Strategy and an effective health and safety management system protects DoH employees from

harm, leads to a reduction of workplace illness and injuries and minimise the costs associated with workplace incidents.

DoH facilities, workplaces and working environments are Zero Tolerance Zones for any form of abuse, aggression, violence or threat of violence. DoH employees (and contractors) are directed to take effective action against this type of behaviour. Counselling and support services are made available to employees who have been subjected to aggressive or violent behaviour in the workplace.

Guidelines for managing aggression are developed by each work area, for approval by the appropriate delegate. All draft guidelines should be endorsed by the Manager, Workplace Health and Safety Unit prior to formal approval for use in the work area.

Where there is risk of aggressive or violent behaviour occurring, managers and supervisors plan, implement and monitor risk elimination or minimisation measures in consultation with relevant employees and/or other government organisations, community members or other key stakeholders, to reduce the likelihood of occurrence and severity of outcomes

Employees are expected to actively contribute to the development, introduction, review and monitoring of aggression and violence related risk elimination or minimisation measures and work in compliance with the measures implemented.

Emergency Departments work closely with NT Police and St John's Ambulance to ensure a collaborative approach for management of agitated, aggressive and violent patients. This includes, but is not limited to, methamphetamine presentations. Existing protocols for dealing with acutely agitated patients or drug induced psychotic patients apply and these protocols have been developed using best practice approaches. This involves a tiered response to aggression and a structured approach involving staff to safely restrain in order to reduce agitation. Staff are given specific training in aggression management which allows them to safely implement the protocols. The treatment of a patient, who is under the influence of ice, is dependent on their injuries, their mental state, their level of cooperation and their ability to comply with treatment offered.

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[i] Hando, J., O'Brien, S., Darke, S., Maher, L., & Hall, W. (1997). *The Illicit Drug Reporting System (IDRS) Trial: Final Report.* NDARC Monograph No. 31. Sydney: NDARC.

[ii] AIHW 2014. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

[iii] Department of Health Alcohol and Other Drugs Treatment Data, 2012 - 2015

[iv] Data collected from the Alcohol and Other Drug Information Service, July 2013 – December 2014

[v] The Australian Methylamphetamine Market – The National Picture, Australian Crime Commission, 2015

[vi] https://www.pm.gov.au/media/2015-04-08/national-ice-taskforce-0

[vii] http://www.dpc.vic.gov.au/index.php/news-publications/ice-action-plan

[viii] http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0009/177534/Review_of_Drug_Use_in_NW_Tasmania.pdf Tasmania Government (2014) Review of Drug Use and Service Responses in North West Tasmania. Tasmania Health Organisation South.