

NTAHC 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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Introduction

The Northern Territory AIDS & Hepatitis Council Inc. (NTAHC) welcomes the opportunity to provide input 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.

NTAHC is the key non-Government organisation working in the area of blood-borne viruses, education and support in the Northern Territory. Our vision is for a world that strengthens and sustains people living with BBV's, so they can live their lives to their full potential, in good health and free from discrimination. Our mission is to value the unique lived experiences of people living with BBV's and provide a range of services, leadership and representation to meet the diverse needs of Territorians.

NTAHC is the lead agency in the delivery of Needle and Syringe Program (NSP) in the NT and has a high level of contact with people who inject drugs (PWID) including people who use methamphetamine. The results we seek are:

- To prevent blood borne virus transmission;
- To prevent injecting related injury and disease; and
- To strengthen self-efficacy and access to health and social services among PWID in the NT.

NTAHC welcomes the opportunity to contribute to a discussion about prevalence, impacts and government responses to the use of methamphetamine in the NT. NTAHC supports the harm minimisation approach and currently delivers peer based services that sit within the Harm Reduction pillar.

Scope of the Submission

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

- 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; and
- The social and community impacts of Ice in urban, community and remote settings.

Responding to Methamphetamine

NTAHCs response to methamphetamine is through the delivery of NSP services. NTAHC operates three primary NSP sites in the NT located in Darwin, Palmerston and Alice Springs and is the provider of fitkits to secondary outlets and pharmacies.

The primary aims of the Needle and Syringe Program are:

- The provision of clean injecting equipment, information, education and referral to people who choose to inject drugs
- To minimise the risk of transmission of HIV, Hepatitis B and C
- To reduce other harms associated with injecting drug use
- Provide information, support and education on a range of issues affecting injecting drug users including: safer drug use: safer injecting practices, safe disposal, OD prevention and response, AOD treatments, including pharmacotherapy, STIs and BBVs (HIV, Hep B & Hep C)
- Provide referrals and assistance for social and health issues, e.g. accommodation and financial problems, access to primary health, dental services etc.
- Build capacity and skills to overcome stigma, towards greater social and economic participation and self-determination, to work together to represent users' needs and aspirations and to work within their communities as peer educators and models for safer practices.

NSP Service Gaps

Currently Needle and Syringe Programs in the NT operate only during business hours, therefore there is no after hours access to sterile injecting related equipment except through emergency departments who are already over burdened and often refuse to provide needle and syringes program services.

There are still significant gaps in the coverage of the NSP in the NT, especially in remote areas. Current modalities in the NT are limited to fixed sites in population centres. Current legislation restricts the distribution of sterile injecting related hardware to medical practitioners and Authorised Classes of Persons operating from these sites for the purpose of carrying out the NT NSP. Legislative change to enable peer distribution would lend to exponentially greater, timely and low cost access to sterile injecting hardware and is consistent with the goals of the National NSP Strategic Framework.

As geographic and temporal lack of access to Needle and Syringe Programs may be rationally expected to increase the risk of BBV transmission, an investigation of the capacity of a Needle and Syringe Vending Machines to meet currently unmet need for Needle and Syringe Programs in the NT should be considered. A developmental pilot program of Needle and Syringe Vending Machines will help determine the extent of unmet need for after hours Needle and Syringe Programs access in the areas in which they are located and whether Needle and Syringe Vending Machines makes an effective addition to the existing suite of blood borne virus prevention measures in the Territory. With appropriate evaluation measures, such a trial will also inform the operational configuration of a successful and sustainable Needle and Syringe Vending Machine deployment.

Peer distribution of sterile injecting related equipment should also be considered to increase the capacity of Needle and Syringe Programs. The program would involve the recruitment, training and support of 'peers' to distribute needles and syringes to their friends and associates as well as providing education about safer drug use and 'modelling' safer injecting practices. When you look closely at Needle and Syringe Program statistics, a number of groups including young people who inject and particularly young women, people from CALD backgrounds and Aboriginal injectors are

under-represented. Non attendance at Needle and Syringe Programs are attributed to stigma and discrimination but in fact could be for numerous other reasons. This could be overcome by engaging people from these groups to provide needles/syringes to their peers and members of their own social & friendship networks. We know this is already happening in the NT – despite the fact that it is technically illegal to give a fit to someone else unless you are authorised to do so.

Prevalence

NTAHCs NSP services data collection tool is the NT NSP Minimum Data Set. This data collection source captures such things as:

- Gender
- Indigenous Status
- Residence
- Age
- Repeat client
- Drug last injected
- Needles and syringes distributed
- Other equipment distributed
- Collecting for others
- Injecting equipment returned
- Referrals
- Interventions

NSP data is probably the best source for get an indication of prevalence rates in the NT but on its own is limited as it only captures drug usage data for PWID. People who are using Ice though other methods are not captured. If NSP services were extended to the provision of smoking implements, referred to as lightbulbs or pipes, it would create a larger data collection pool. Also NSP data also does not currently distinguish methamphetamine from base amphetamine.

The proportion of PWID accessing NTAHCs three primary NSPs who reported the use of amphetamines in the past twelve months is 42%. Between April 2014 and March 2015 NTAHC provided 3088 occasions of service to amphetamine users. The monthly statistics taken from that period show no significant increase with numbers remain fairly stable from one month to the next.

NTAHC NSP Officers through direct encounters with people who use methamphetamine have gathered the following anecdotal evidence:

- Occasional Ice use is not considered to be habit forming.
- Ice use becomes a problem when users try to withdraw without any knowledge of withdrawal symptoms or preparedness for them.
- There has been a switch to Ice by speed users.
- Compared to other drugs Ice is very expensive which can lead to an increase in crime to support a habit.

- Ice use is increasing in remote communities that are currently outside the reach of NSP services.
- There is no base amphetamine available in the NT at this time and all amphetamine use is methamphetamine.

Despite the public hysteria in relation to methamphetamine use, in particular the use of crystal methamphetamine or “Ice”, Australian research is showing us that the use of methamphetamines has remained relatively stable over the past 5 years. There has been an increase in the use of the crystal form of methamphetamine but this represents a shift away from using the powdered form of speed – in short the Australian public is being misled by inaccurate and irresponsible media reporting.

According to the Australian Injecting & Illicit Drug Users League (AIVL), recent research with crystal users has shown an increase in the frequency of use in some state and territories – but not all, and it is far from the reports of an “ice epidemic” that is spreading unnecessary fear through the community. AIVL says that we should respond to the use of methamphetamines with good harm reduction information and services and evidence-based drug treatment (including pharmaceutical treatment options) for those who need or want it. What we do not need is more of the same ‘war of drugs’ styled law enforcement approaches, stigmatisation of drug users or media hysteria!

The reliability of government data on Ice use

NTAHC is of the opinion that there is currently no one reliable data source to determine Ice use. There are a number of current reporting sources in addition to the NT NSP Minimum Data Set that capture a picture of Ice use that has led to the reporting of a rise in methamphetamine use over the past 12 months but these reports do not give a complete picture.

The Illicit Drug Reporting System (IDRS) is a national drug monitoring system which serves 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. The IDRS is conducted at NTAHCs three primary NSP sites on an annual basis.

Government funded AOD Treatment service’s data collection tool is the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). The report includes other data sources such as: hospitals, specialist homelessness services, National opioid pharmacotherapy statistics annual data and prisoner health. The data source is limited in that it only provides information on individuals who access treatment services.

Other data collection sources include a range of reports that are available through the Australian Institute of Health and Welfare. They include but are not limited to the National Drug Strategy

Household Survey, Alcohol and other drug treatment and diversion from the Australian criminal justice system, and National opioid pharmacotherapy statistics.

Data collection methods and any recommendations from this Inquiry capture the needs of people who use illicit drugs. For this marginalised group stigma and discrimination create significant barriers to access services.

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

There is a range of potential harms associated with methamphetamine use that warrant intervention and treatment. This includes the harms experienced by irregular users such as sleep problems, inadequate nutrition, mood fluctuations and poor work attendance. Some of these problems may be averted through harm reduction and early intervention strategies. For heavier regular users harms might include mental health problems, physical health problems, severe social dysfunction and dependence and may require intense intervention and support.

Recommendations

1. Any plan that is developed in the Northern Territory must come from a public health perspective. It needs to provide a continuum of care approach which includes community based and peer led prevention strategies, community based care and support for people who continue to use methamphetamines, as well as a range of treatment options.
2. Respond to the use of methamphetamines with good harm reduction information and services and evidence-based drug treatment (including pharmaceutical treatment options) for those who need or want it.
3. The expansion of NSP coverage through the exploration of:
 - i. Legislative reform to expand the “Authorised Classes of Persons”;
 - ii. NSP Vending machines; and
 - iii. Peer distribution.
4. An extension of NSP services to include the provision of smoking implements to encourage methamphetamine users to access drug user friendly services which will enable more accurate data collection.
5. The NT NSP Minimum Data Set be reviewed to distinguish methamphetamine from base amphetamine.

6. The development of a Media Guide which provides journalists with tools to ensure that media reporting on drug use, and drug users is accurate and sensitive.