

10 September 2018

ATTN: Dr Jennifer Buckley
Committee Secretary
GPO Box 3721
DARWIN NT 0801

Dear Members

RE: Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

The Northern Territory PHN (NT PHN) receives funding from the Commonwealth Department of Health to commission Drug and Alcohol Treatment Services across the Northern Territory. The NT PHN has an overarching vision that people in the Northern Territory (NT) enjoy their best health and wellbeing and as such support the development and advancement of legislation and policy that best achieves this goal.

It is recognised that residents of the Northern Territory have rates of alcohol and illicit drug use that generally exceed the national average. The Australian Institute of Health and Welfare's (AIHW) National Drug Strategy Household Survey 2016 indicates that, in Australia within the survey period, the NT had the highest rates of cannabis and ecstasy (MDMA) usage and the second highest rates of cocaine and pain-killer/opioid usage. The NT also rates consistently at being considerably higher than national averages for tobacco smoking, volatile substance misuse and risky alcohol usage.¹

There are a wide range of reasons that may lead to an individual's choice to engage in illicit substance use including:

- for perceived enhancement such as:
 - experimentation and normal risk taking
 - thrill seeking
 - social acceptance
 - relaxation/pleasure
 - promote social bonding²
- for "self-medication" such as:
 - suppression of physical pain
 - suppression of psychological distress factors such as anxiety, depression and response to traumatic events
 - mental disorders
 - social isolation
 - stress-related disorders
 - mood management
 - a coping mechanism to suppress feelings of hopelessness and a lack of purpose related to life circumstances.³

Risks of drug use

The potential impact resulting from an individual's illicit substance use can range from negligible negative effects through to severe and life-threatening outcomes. It is important to recognise that the potential negative outcomes of illicit drug use are broad and varied and include:

- Acute health implications resulting from the use of the intended illicit substance
 - Physiological health impacts – E.g. nausea, vomiting, fibrillation, seizures, loss of consciousness, stroke, heart attack, death.
 - Mental health impacts – E.g. anxiety, panic, depression, paranoia, aggression, psychosis.
 - Reduced inhibitions leading to increased risk-taking behaviour
 - Neurodevelopmental disabilities
 - Exacerbation of underlying medical conditions
 - Injury/illness/infection resulting from unsafe usage practices
 - Injury/illness resulting from a drug-induced, impaired state
- Acute health implications resulting from the unintended use of adulterants in illicit substances
 - As per the risks of use of the intended illicit substance however, with an increased level of risk resulting from unpredictability of effects from unknown substances
- Chronic health implications resulting from the use of the intended illicit substance
 - As per the risks of use of the intended illicit substance
 - Development of physical dependence with associated risks of withdrawal
 - Medical implications of decreased levels of self-care resulting from prolonged periods of drug-induced impairment
- Chronic health implications resulting from the unintended use of adulterants in illicit substances
 - As per the risks of use of the intended illicit substance however, with an increased level of risk resulting from unpredictability of effects from unknown substances
- Interruption to education/training
- Impact on ability to safely and reliably undertake workplace requirements potentially leading to workplace incidents, loss of employment and long-term unemployment
- Difficulty in maintaining appropriate housing/accommodation and potential homelessness
- Disruption to social, community, cultural and family inclusion and connection
- Risk of harms resulting from committing criminal activities and engagement with criminals/criminal organisations
- Impacts from involvement with the Criminal Justice System
 - Impact of a criminal conviction on social determinants of health including employment, housing, family engagement
 - Potential physiological, mental health and social wellbeing impacts of imprisonment

To effectively reduce the risk of harms associated with licit and illicit drug use, Government policy and relevant legislation needs to consider the broad, multi-factorial elements that contribute to the potential negative outcomes for illicit drug users. NT PHN recognises the need for an all-of-government, coordinated response to this issue and works proactively to foster collaborative relationships with other agencies.

Current Work of NT PHN

It is important the work of NT PHN sits within the context of existing Australian Government, Northern Territory, Aboriginal and Torres Strait Islander and other planning processes so that initiatives complement and supplement existing strategies. The NT Government has released an Alcohol and other Drugs Strategic Plan to sit alongside existing Action Plans for Tobacco and Ice. It is anticipated new Action Plans will be developed in relation to Youth, Alcohol, Volatile Substances and Fetal Alcohol Spectrum Disorder (FASD). There is currently a lack of embedded practice in relation to dual diagnosis in the Northern Territory and few resources specifically devoted to this area. These areas are all highlighted in the new NTG Strategic Plan, along with the necessity to focus more attention on prevention rather than treatment services and to better embed evaluation in service delivery. The merger of the Mental Health Directorate and the Alcohol and other Drugs Branch within NT Health offers potential for a greater degree of integration.

In the interests of achieving the best health outcomes for health consumers in the Northern Territory, NT PHN supports a strong focus on harm minimization strategies as a key factor in reducing the harms resulting from an individual's harmful use of both licit and illicit substances. As such NT PHN provides funding to a range of services offering programs that contribute to reducing the potential harms caused by illicit substances including:

- Methamphetamine, drug and alcohol treatment funding to provide education, counselling and supported rehabilitation programs through:
 - The Salvation Army's Sunrise Centre
 - Drug and Alcohol Services Australia's (DASA) Methamphetamine Outreach Support Program
 - Strong Steps program – a drop-in counselling service co-run by the Council for Aboriginal Alcohol Program Services (CAAPS) and Amity Community Services.
- Drug and Alcohol Intensive Support for Youth (DAISY) program run by Catholic Care NT that offers education, case management and intensive support for young people requiring support around drug and alcohol usage.
- Vulnerable Alcohol and Other Drug Client support service through Catholic Care NT offering assessment, diagnosis and complex case management for clients presenting with comorbidities associated with drug and alcohol use and mental health issues.
- Illicit Drug Counselling & Referral Awareness Program run by Amity Community Services that delivers increased awareness of, and referral to drug and alcohol support services.
- The Aboriginal Town Communities Program run by Amity Community Services that offers outreach support around alcohol and other drug use in Aboriginal town camps in the Greater Darwin Region.
- Provision of a dual-diagnosis nurse specialist through Top End Health Service to deliver drug and alcohol and mental health support services in the Nhulunbuy region.
- Diversionary programs for young people and remote community members through the Ngaanyatjarra Pitjantjarra Yankunytjatjara (NPY) Women's Council.
- The Detoxification Extension Program offered by DASA to provide rehabilitation support to clients ceasing alcohol and illicit drug use.
- The Needle and Syringe Program and Women's Program delivered through the Northern Territory Aids and Hepatitis Council (NTAHC) that provide education, advice and sterile injecting equipment to reduce harms experienced and reduce the likelihood of the transmission of blood-borne viruses for injecting drug users.

In addition to program funding NT PHN:

- directs funding towards supporting workforce development of the AOD workforce providing training, support and policy development to enhance the capacity and skills of the sector.

- Funding has been provided for a range of training opportunities for the NT AOD workforce including Motivational Interviewing, Optimal Health Program, Clinical Supervision with future training in Brief Interventions and funding towards certified training courses in AOD and dual diagnosis with Mental Health to be offered.
- In 2017, NT PHN commissioned the National Centre for Education and Training in Addiction (NCETA) to undertake a Workforce Development consultation across the NT AOD sector (copy attached). Following on from the outcomes of this work, funding has been provided for NCETA to develop a five-year Workforce Development Strategy for the sector.
- provides support to increase intra- and intersectoral engagement through improved communication and coordination opportunities including:
 - co-hosting quarterly AOD Network Meetings in collaboration with AADANT
 - actively participating in a wide range of cross-sector coordination groups
- has undertaken a comprehensive and ongoing Needs Analysis for the AOD sector
- in 2016-17 commissioned AADANT to complete a comprehensive Service Mapping of the AOD sector
- funds (and co-funds) research into the sector to improve knowledge and evaluation capacity in AOD.

NT PHN Areas of Focus in Harm Reduction

Destigmatisation

Stigmatisation of drug users has been shown to be a significant barrier to users seeking help in addressing problematic drug use. Government-supported projects, media and policy need to continue to be mindful of the negative impact of stigmatising illicit drug users and potentially contributing to reductions in help-seeking behaviours.

Work is currently being undertaken by Mindframe (www.mindframe-media.info) to develop guidelines and training in safe media reporting, portrayal and communication about alcohol and other drugs. NT PHN has engaged Mindframe to deliver similar training in mental health and suicide prevention and maintain contact regarding the potential for future training in AOD once this work is fully developed.

Suggestions:

- Staff working in the AOD sector be offered training in mechanisms that support destigmatisation.
- Provision of media training and guidelines in safe reporting, portrayal and communication about AOD.
- Government policy and legislation to be reviewed to ensure information, resources and programs do not contain language or narratives that contribute to stigmatisation of people with problematic drug use.

Education/Health Literacy

NT PHN recognises that accurate and relevant education and health literacy around alcohol and other drugs are key factors to reducing the risk of harm for users. To be most effective resources and education should be age-appropriate, culturally appropriate, honest, up-to-date and provide practical advice on when and how help should be sought regarding an individual's AOD use.

There is an extremely broad range of training and education packages and service delivery systems available and in use across the Northern Territory which may be leading to considerable variability in the quality and accuracy of education being delivered. A study undertaken in 2016 on the effectiveness of alcohol education in schools looked at a wide range of programs being delivered in Australia finding:

“Of the 40 programmes, 3 had good evidence of a positive effect. They included CLIMATE Schools (Australia), Project ALERT (USA) and All Stars (USA). Of the others, 4 showed some evidence of positive effect, 1 had no evidence of effect, 29 were inconclusive and 2 showed negative outcomes, such as increases in alcohol use. Although many programmes were evaluated, very few had sufficient evidence to be able to endorse their widespread implementation in schools.”⁴

Studies such as this highlight the need to ensure alcohol and drug education programmes are assessed for effectiveness and safety. Ensuring persons potentially exposed to these substances, especially naive users and young people, have access to evidence-based, accurate and relevant information is a vital step to reducing the potential harms caused by alcohol and other drugs. NT PHN supports the ongoing development, delivery and evaluation of AOD education through funding and collaborative program design of evidence-based resources and programs to be delivered by AOD service providers. NT PHN has recently completed a three-year strategic plan for improving health literacy for the NT population – this strategy should be applied to provide guidance for the development of appropriate resources for improvement of health literacy in the AOD sector.

Suggestions:

- Undertake a stocktake of health literacy material for AOD
- With key stakeholders develop a cross sector NT wide health literacy strategy and collection for tools about AOD
- Development of an evaluation framework for the assessment of education and training programmes relating to AOD training/education packages.
- Review/standardisation of currently mandated AOD education provided in schools to ensure safety, accuracy and effectiveness of the information being delivered to promote harm reduction and prevention messages
- Increased investment in culturally-appropriate and in-language training and resources for AOD education targeted at the Aboriginal and Torres Strait Islander population.

Treatment Modalities

It is a key priority for NT PHN to contribute to ensuring health consumers in the NT have equitable access and opportunity for treatment. The NT presents some unique challenges in this regard having a relatively small and geographically sparse population. NT PHN focuses on coordinating with the mainstream general practice, NT Government, the non-Government (NGO) sector and the Aboriginal Community Control Health Services (ACCHS) to map regional consumer needs, service provision coverage and service gaps. Treatment services in the NT take on a number of formats including:

- Sobering up shelters
- In-patient withdrawal services
- Residential rehabilitation services
- Out-patient treatment and rehabilitation services
- Drop-in treatment centres
- Active outreach models
- Community-based workers

NT PHN recognises that different modalities of treatment / interventions will be required for different consumers at various points along the AOD use continuum and as such, access to a range of treatment intervention options provides the best opportunity to provide consumer treatment matching. Through collaboration and coordination with funding bodies and service providers NT PHN is committed to supporting the provision of diverse service delivery models.

Access to Treatment Services

There are several factors which can create barriers to a person with problematic drug use from accessing the appropriate support or treatment services:

- A lack of desire/willingness to change their behaviour
- A lack of awareness of treatment options by consumers and clinicians
- Unavailability of culturally appropriate treatment programs
- Insufficient opportunity due to work, financial, family, cultural commitments
- Transport issues
- Fear of stigmatisation
- Fear of criminalisation
- Concerns around confidentiality
- Mental health issues
- Waiting lists
- Poor match between need and available service

NT PHN is committed to working with all stakeholders in the sector to overcome these barriers and ensure equitable access to treatment for all health consumers requiring support.

Suggestions:

- Support the development of health promotion and health literacy activities that increase awareness of, and access pathways to AOD treatment services
- Review treatment and intervention options for people with problematic drug use who are choosing to enter into treatment programs including:
 - financial support for periods of work interruption
 - support for employers to provide temporary leave from continuous employment for persons undergoing treatment
 - childcare support and development of programs that provide opportunities for family accompaniment in treatment services
- Ensure Patient Assisted Travel Schemes (PATS) are accessible to all clients where appropriate
- Ensuring access to point of contact referrals and 'warm' referral pathways
- Ensure clinician knowledge of treatment options is optimised through the use of NT HealthPathways

Culturally Appropriate Treatment Options

NT PHN strongly supports the development of programs that are Indigenous-designed and led and that provide culturally appropriate treatment services for Aboriginal and Torres Strait Islander people. NT PHN receive specific streams of funding from the Commonwealth DoH for Aboriginal and Torres Strait Islander Drug and Alcohol Treatment Services and Aboriginal and Torres Strait Islander Mental Health Primary Care. In 2016, the Primary Health Care Working Group (PHCWG), a sub-group of the NT Aboriginal Health Forum, undertook a co-design process with NT PHN to design a model of service delivery aligned with the Social and Emotional Wellbeing (SEWB) concept of indigenous health. This model provides a framework that combines the two separate funding streams to deliver a culturally appropriate, holistic health service to Indigenous health consumers.

Suggestions:

- Policy and program design for AOD services should be undertaken in collaboration and through co-design processes with appropriate representatives of cultural groups the services may receive as consumers.

Workforce Development

NT PHN strongly supports the development of the AOD workforce as a means to ensuring the best possible delivery and outcomes from AOD services. In 2017, NT PHN commissioned NCETA to undertake a Workforce Development Consultation across the NT AOD workforce. The consultation delivered eight Key Action recommendations containing fifty-eight Strategy recommendations. In July 2018, NT PHN commissioned NCETA to develop the outcomes of the consultation into an actionable five-year Workforce Development Strategy.

Suggestion:

- Implement the expert recommendations from the Consultation and Strategy documents to guide workforce development for the AOD sector.

Needle & Syringe Programs

The most recent update Needs Assessment undertaken by NT PHN (available [here](#)) draws upon the data collected from the 2014 analysis into the needs of People Who Inject Drugs (PWID) undertaken by NTAHC and the Needle and Syringe Program (NSP) data collected annually. The information demonstrates the continued need to support harm reduction measures for PWID through the provision of sterile injecting equipment, health promotion and referral to appropriate treatment options including the Opioid Pharmacotherapy Program (OPP) and rehabilitation and support services.

NT PHN currently co-fund (with NT DoH) a Needle and Syringe Program through the Northern Territory Aids and Hepatitis Council (NTAHC). This program plays a vital role in harm reduction through the provision of clean, safe injecting equipment and providing the opportunities for brief interventions, education, health promotion and referral information for people who inject drugs. As demonstrated in the AIHW's web report on Alcohol, Tobacco and Other Drugs in Australia (<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-who-inject-drugs>), PWID experience considerably poorer health outcomes than other drug users however, the provision of NSPs in Australia has led to a stability in HIV and Hepatitis C rates amongst PHID. It cannot be understated the importance of programs such as this that create opportunities for engagement and referral treatment potential with those people who use drugs that are otherwise disengaged from mainstream health and social support services.

Suggestion:

- Ensure continuation of the provision of this service with appropriate levels of support to ensure sufficient access for people who inject drugs.

Medically supervised injecting facilities

There is considerable evidence supporting the harm reduction impact of offering medically supervised drug consumption facilities. In locations with a high prevalence of injecting drug users these services have directly contributed to dramatic reductions in the number of overdose deaths, blood-borne virus (BBV) transmission and improved health outcomes for people who inject drugs.

At present there is limited data for the NT relating to rates of overdose and death resulting from injecting drug use however, given the low number of people who inject drugs within the population of the Northern Territory it is unlikely that a medically supervised drug consumption facility would be viable due to limited amounts of available funding and staff. There may be value in investigating alternative harm reduction measures for PWID such as the provision of training in the application of Naloxone for overdose prevention as a more cost-effective system.

Suggestions:

- Seek improved data on the rates of drug injection-related overdose
- Investigate the viability, safety and efficacy of increased provision of training in the use of Naloxone as an overdose prevention measure.

Pill (Drug) Testing

Pill testing (or drug checking) services have been made available in various regions across the world including a trial at Groovin' the Moo festival. The final report on the outcomes of this trial can be found [here](#). Harm reduction outcomes for pill testing stem from the increased knowledge and awareness of potential consumers and health staff of the actual content of tested materials including the purity of intended substances and the identification of uncontrolled adulterant substances. Drug checking also provides an opportunity for engagement of people who use drugs with health services where considerable further opportunity exists for the provision of harm reduction, drug safety and support information and advice. Research indicates that the provision of pill testing services does not increase the rates of drug use at festivals where it is made available.

Traditionally, the focus of pill testing has been for large scale festivals and events with known high incidence of drug taking. For the NT, there is very limited available data on the usage rates across major events and other 'hotspots' that would identify the needs and potential benefits of a pill testing program. Without further investigation it is difficult to determine what, if any, programs would offer the greatest benefit to people who use drugs in the NT.

Suggestion:

- Undertake a further investigation and data gathering/analysis around the viability, potential impacts and potential mechanisms of a pill testing program for the NT.

Research/Evaluation

Through the development of NT PHN's Drug and Alcohol Treatment Needs Analysis (DAT NA) it is evident that considerably more research work needs to be undertaken to inform the further development of the NT AOD sector. Findings of the DAT NA showed:

“There are significant gaps in existing data and areas where data is several years out of date. The DAT NA has been challenged by the need to rely on multiple national and local datasets with different timeframes and variable errors (including confidence intervals) relating to sampling and responses. This necessitates caution in the interpretation of available data. Whilst acknowledging the need for confidentiality, it is imperative that PHNs are able to access program data at a geographic level which facilitates valid comparisons, and that programs include robust evaluation against measurable outcomes. However, data does not tell the full story and further exploration of evidence based approaches is required in conjunction with service users, in order to determine priorities. It is also apparent that an effective response to Drug and Alcohol abuse in the NT must occur within the context of an overall

culturally appropriate Social and Emotional Wellbeing approach providing a non-stigmatised holistic response to physical, social, emotional and spiritual wellbeing integrated with specialist mental health and addiction support services and suicide prevention strategies. There is a substantial body of work in this area which requires review in conjunction with local communities in order to determine the best approach. Long-term consumer oriented research into prevention and treatment approaches is critical in this area, particularly with young people.”

NT PHN is currently partnering with a number of research bodies including Menzies School of Health Research, the National Drug and Alcohol Research Centre (NDARC) and the National Centre for Education and Training in Addiction (NCETA) to complete research aimed at improving the understanding and information available regarding the current status of AOD-related issues in the NT. Evaluation and monitoring frameworks, workforce development and data collection systems continue to be areas of focus for increasing the availability of information to inform ongoing work that includes funding cycles and intervention and treatment matching.

Suggestions:

- Collaboration across all of government to develop appropriate, effective monitoring and evaluation frameworks for AOD programs.
- Funding into research to address the identified data gaps for the AOD sector.
- A focus on research into interstate and international AOD policy and programs that may be appropriate for trial or implementation in the NT
- Funding for the development of programs led by, and developed for, Aboriginal and Torres Strait Islander populations to provide holistic, social and emotional wellbeing-focused education, intervention and treatment options.

Corrective Services

Prison populations are recognised as having high risk of AOD and AOD-related problems and as being at increased risk of harm from unsafe usage practices. The AIHW reports that:

“data from the National Prison Entrants’ Blood Borne Virus and Risk Behaviour Survey in 2013 found that almost 1 in 5 (18%) prison entrants had shared injecting drug equipment in the previous month, placing them at risk of communicable disease ... Around 1 in 25 (4%) prison discharges reported using a needle and syringe that had been used by someone else, while in prison.”

The data indicates that there is a need to review the health needs and available harm reduction measures for the inmate population.

Additional to the needs around safe injecting practices in prison is the need to consider the provision of AOD treatment services including the in-reach of the Opioid Pharmacotherapy Program for prisoners.

Suggestion:

- Undertake a review of the current application of harm reduction frameworks for prison populations including:
 - appropriate levels of access to sterile injecting equipment
 - appropriate levels of access to drug treatment and support services
 - appropriate levels of access to Opioid Pharmacotherapy Program
 - continuing care support and referral upon exit from correctional facilities.

In Conclusion

NT PHN will continue to work collaboratively with all stakeholders in the AOD and related fields to support the provision of the best possible health outcomes for health consumers in the NT. Our primary focus around both licit and illicit drug usage is to ensure that the potential harms to users are minimised and treatment and support services deliver the best level of care possible to those in need. We congratulate the NT Government on being proactive in leading an important discussion on this sometimes-difficult topic and look forward to continuing to work together for the benefit of all Territorians.

Kind Regards,



Nicki Herriot
CEO, Northern Territory PHN

References:

1. Australian Institute of Health and Welfare (2017). *National Drug Strategy Household Survey 2016: detailed findings*. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW
2. Kleiman, M.A.R., Caulkins, J.P., Hawken, A. (2011) *Drugs and Drug Policy: What Everyone Needs to Know*. Oxford: Oxford University Press.
3. Khoury, L., Tang, Y.L., Bradley, B., Cubells, J.F., Ressler, K.J. (2010) Substance Use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population. *Depress. Anxiety*, 27 (12), pp. 1077-1088.
4. Lee, NK., Cameron, J., Battams, S., Roche, A. (2016). What works in school-based alcohol education: A systematic review. *Health Education Journal*, 75 (7) 780-798. Doi: 10.1177/0017896915612227
5. Commonwealth Department of Health (2017). *National Drug Strategy 2017-2026*. Publications #: 11814.
6. Global Commission on Drug Policy (2011). *On Drugs*. Website: <http://www.globalcommissionondrugs.org/reports/>

Attachments

1. National Centre for Education and Training in Addiction (NCETA) (2017). Alcohol and Other Drugs Workforce Development 2017 – Summary Report.