CatholicCare NT 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

Kim Burns
Senior Manager
AOD & Community Development Programs
CatholicCare NT
PO Box 132
Berrimah NT 0828
Phone: 08 8944 2033
Email: kim.burns@catholiccarent.org.au
Website: www.catholiccarent.org.au

April 2015

Overview of CatholicCare NT

CatholicCare NT has been providing Alcohol and Other Drug support services within the Northern Territory for 20 years. We have established AOD offices on the Tiwi Islands, Wadeye, Darwin and Palmerston. Staff deliver individual counselling, family support, community education and community development activities. More broadly we deliver a range of services from Katherine, Tennant Creek, Alice Springs and Santa Teresa. Our AOD practice operates within a harm minimisation framework with strength based philosophy. Given the complex issues associated with addiction and substance abuse we engage with key stakeholders and service providers so that service delivery does not compartmentalize an individual but works towards providing a supportive network that addresses all needs, challenges and obstacles within the person's context.

CatholicCare NT experience of ICE use

CatholicCare NT has a unique insight to the challenges that ICE use poses given we operate both Youth Intensive Outreach support and Adult individual and group support. Alcohol and Cannabis misuse remains the main presenting substance, however in the past 18 months there has been a dramatic increase in presentation of clients who use ICE. What we have witnessed so far is extremely concerning, particularly in relation to young people's use. Our DAISY (Drug and Alcohol Intensive Support for Youth) program is currently supporting young women who have been introduced to ICE by older men and then sexually abused, and increasing young people identify that if they have not already tried ICE that they intend into the future. It is more difficult to get clear data from remote communities, we are aware of alleged suicides in remote communities which have been linked to ICE. The anecdotal evidence of ICE use being linked with cases of suicide are difficult to quantitate given the lack of reliable reporting data, and people's unwillingness to disclose drug use. We do know however the Aboriginal communities are reluctant to disclose ICE use. Our staff have been told by clients that ICE is accessible and cheap in the Territory; currently easier to acquire both within Urban and Remote settings than "gunja" or other illicit substances such as ecstasy.

The professional and non-professional networks CCNT operates within indicate that ICE use can be heavily associated to the emergence of mental health issues and violence. Both of these issues can also lead to criminal behavior. ICE use, compared to cannabis use, is very visible given it is an amphetamine based drug. Information coming from other States show increased behavioral disturbances, often due to the level of agitation and sleep deprivation that the drug can cause. The social and community impacts of ICE in Urban, Rural and Remote communities are far reaching, impacting across all sectors such as industry, education, health, social services, and law enforcement.

Relevant Research

Research indicates that broad based community educational messages are not effective as early intervention strategies for substance abuse. These messages are perceived as not relevant to individuals given their propensity to focus on the extreme, chronic end of the drug use spectrum (Drug Info Clearinghouse, Issues Paper No.6, 2008). If the spectrum of drug abuse is considered, the gateway for many into chronic abuse is initially experimentation and recreational use. Rarely do first time users use alone. Prevention initiatives need to involve targeted educational messages which are factual, non-judgmental and realistic the harms they portray. Peer delivered messages are a popular strategy particularly with young people given the important role group norms play in the age of adolescence.

The Australian Drug Foundation suggests Primary, Secondary and Tertiary interventions to Methamphetamine abuse. Primary is the educational aspect, aimed at providing information about the damaging impact substance abuse can have upon the individual, community and the broader societal context. It is suggested that "Health Promotion" rather than "Drug Prevention" is a more successful strategy for community education. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health (Australian Health Promotion Association).

Secondary prevention focuses on harm minimisation, similarly to the National Drug Strategy's third pillar of reducing harms related to drugs. Harm minimisation is based on the public health model. According to this approach, AOD use is viewed as the result of the interaction between the following three components: the individual; the social, economic, cultural and physical environment; and the drug itself. Strategies to reduce harm related to AOD use are therefore focused on these three interacting components (Australian Government, Department of Health website). Harm reduction strategies should focus specifically on the harms associated with ICE use (ie. The "high" experienced from ICE is much more intense, and with intense reactions come powerful responses including comedown, the potential for dependence and chronic physical and mental health issues).

The treatment needs of people using ICE are multi-faceted. People using ICE may present to health services in a crisis situation that requires acute intervention, or they may present to address their methamphetamine use or dependence. Given that rates of dependence are relatively low, but other problems are relatively common (ie. physical and mental health problems and acute behavioural issues), treatment focussed primarily on treatments to address dependence may not engage or meet the needs of ICE using clients. The incidence of severe acute effects of ICE use such as psychotic symptoms or other behavioural disturbances as a result of toxicity, is reported to be high (Dawe & McKetin 2004). Given this, ICE users often come to the attention of law enforcement due to anti-social behaviour. Service must respond effectively to these incidents, utilising behavioural interventions as appropriate. Alongside of AOD staff, appropriate training needs to be provided to frontline health, welfare and emergency services staff so that they are aware how to manage behaviours associated to ICE use (ie. insomnia, paranoia, aggression, panic attacks, itching, increate heart and breathing rate, overheating, hallucinations, dizziness).

The experience of CatholicCare NT's AOD workers to date is that ICE users appear to have minimal awareness of the numerous negative effects the drug can have. ICE users experience feelings of invincibility which can increase the likelihood of risk taking behaviour, including unsafe sexual practices. ICE produces an intense rush and depending on how many times it is consumed this effect can last between four and twelve hours. ICE users experience a feeling of exhilaration and increased arousal and activity levels. They feel more awake and it suppresses appetite, making it appealing particularly to young women. Alongside of the chronic mental health problems, acute behavioural disturbances and toxicity the method of use also enhances the likelihood of significant physical health issues. Information currently available emphasises the need for interventions to occur with the aim of preventing users "transitioning' to injecting ICE, which as tolerance rises, the need to do so becomes more frequent leading to heighten risk of vein damage and needle sharing (Moore & Dietze, 2008).

Currently there is minimal information available about effective tertiary interventions for ICE users. Information available indicates that ICE users are reluctant to enter treatment and many do not

come into contact with specialist drug treatment services; contact is more likely to occur within ED in Hospitals, GP's, Ambulances and Police (Drug Info Clearinghouse, no.6 2008). Vincent et al (1999) identified GP's and peer groups as two important sources of information for users who may act as points of engagement and entry into specialist treatment, as well as sources of harm reduction advice and intervention, aftercare and support to prevent relapse.

Recommendations:

1. Currently the NT has a very high number of people incarcerated due to Drug and Alcohol related crime, and given the propensity of ICE users to come into contact with Law Enforcement it is safe to predict this number will rise if greater expertise within the field of addiction and diversionary programs are not introduced within the Judicial system. CCNT supports the development of a Drug Court to deal with crimes related to ICE use.
2. We believe that there needs to an investment into developing policy and service models that supports collaboration between Mental Health, Justice and AOD service providers. We believe that this will better ensure that ICE uses get the help they need, as they are more likely to present in mental health and justice systems before accessing AOD treatment services.
3. Funding packages should not just focus on treatment, but also Primary Interventions delivered to where the most vulnerable population are ie. Schools, Youth Groups, and Recreational facilities, utilising peer support and a non-judgemental framework. All programs should be rigorously evaluated given the dearth of evidence based practice currently available in Australia.
4. Comprehensive training also needs to be developed for professions who are likely to come into contact with ICE users and potentially act as referral gateways to treatment services. ICE related harms may different from those of other drugs and current understandings of harm reduction approaches need to be adapted to address the risks. Specialist services, as well as community, primary care and emergency services should have the capacity and frameworks for providing these interventions to ICE using clients that present to their services (Moore & Dietze, 2008).
5. DAISY is the only youth specific drug and alcohol service that operates in the Darwin/Palmerston region. We would like to see the capacity of this service increased to meet the growing demand for young ICE users.

References:

Dawe, S & McKetin R. the Psychiatric comorbidity of psychostimulant use" in A. Baker, N. Lee & L. Jenner (eds) Models of intervention and care for psychostimulant users, Australian Government Department of Health and Ageing, pp 154-68

Drug Info Clearing House, Issues Paper no.6, Methamphetamine, September, 2008

Moore, D & Dietze, P. Drugs and Public Health, Oxford University Press, 2008

Vincent, N, Shoobridge J, Ask A, Allsop S & Ali R. Characteristics of amphetamine users seeking information, help and treatment in Adelaide, Australia, Drug and Alcohol Review, 18:1, pp. 63-73