PENINGTON INSTITUTE

Submission to the Legislative Assembly of the Northern Territory 'Ice' Select Committee

Submission to the Legislative Council of the Northern Territory 1 May 2015

PENINGTON INSTITUTE

Penington Institute, a not-for-profit organisation, advances health and community safety by connecting substance use research to practical action. We support individuals and the wider community through research analysis, promotion of effective strategies, workforce education and public awareness activities. Penington Institute first formed two decades ago as Anex (now a program of Penington Institute) — a network of service providers to prevent HIV/AIDS transmission related to unsafe injecting drug use. Since then, we have been responding to the emerging evidence-base and practice wisdom in the field of public health.

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1. SUMMARY AND RECOMMENDATIONS

Crystal methamphetamine (also known as 'ice') is causing considerable concern among communities across Australia. Rates of use of this drug are increasing, with people shifting from use of powder methamphetamine (also called 'speed') to 'ice' — a typically more potent form of methamphetamine. Addressing the harms related to ice use requires an evidence-based and whole of community approach.

In our experience, while there are a number of good sources of ice-related data in Australia, there is a time lag in accessing these data. There is a need for systematic early warning data systems to provide frontline staff with information about drug trends and assist in developing targeted strategies to address ice-related harm, particularly to at-risk populations. Notably, information about methamphetamine use trends among people who identify as Aboriginal and Torres Strait peoples, people living in urban, rural, remote and very remote areas, young people and men who have sex with men (MSM) is essential.

Ice is having a significant social and community impact, particularly in regional and remote areas. Penington Institute has provided many ice community information forums, making available evidence-based and pragmatic information on dealing with this issue. People in these communities believe that ice has contributed to issues such as rates of violence, including family violence and other crimes such as theft.

Addressing the use of crystal methamphetamine requires evidence-based, multiple, targeted interventions at an individual, family and community level. Information campaigns can be effective, and must provide a second step — such as a help line. It is essential that these campaigns do not overstate the effects of ice or demonise ice users as they will lack credibility. Harm reduction interventions are essential to ensure that people who continue using ice are informed of the risks it poses, especially to their mental health.

Needle and Syringe Programs (NSPs) are a vital public health intervention that can reduce the harms of ice — including the spread of blood borne viruses such as the Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV). Ice use is an around the clock activity and it is essential that users have 24-hour access to NSPs through strategies such as needle and syringe Secure Dispensing Units (SDUs).

Supporting frontline workers to address ice use is essential in targeting the harms related to this drug. Emergency, health and community workers require training around this drug, including referral pathways. Better linkages must be resourced, supported and sustained across

the public sector including alcohol and other drug (AOD), mental health, community welfare services, domestic violence, justice and emergency services, and with the broader community settings in which methamphetamine use may be prevalent, such as schools, sports clubs, entertainment precincts, and some workplaces.

Methamphetamine/ice use is a complex, public health issue, and must be addressed through a broad range of strategies. These should be developed within a 'whole of community' approach to the issue, incorporating community, business, families and individuals. They must make the most of prevention and early intervention opportunities, but also provide harm reduction and treatment support for those who require this. On this basis, Penington Institution provides the following recommendation to the Northern Territory's Ice Select Committee:

Recommendation 1: That the Northern Territory Government implement systematic early warning illicit drug data collection among relevant frontline services. This information should then be used in order to respond in a timely and targeted way to drug-related harm.

Recommendation 2: That the Northern Territory Government resource AOD services to respond to ice use through culturally appropriate and targeted strategies. These strategies should be based upon proven interventions for ice use or, where these are not available, relevant interventions in the area of other drug use.

Recommendation 3: That the Northern Territory Government notes that there is work throughout Australia to address methamphetamine/ice-related harms. In particular, early intervention campaigns that address known preventative drug use strategies, such as connectedness to school and community are important.

Recommendation 4: Implement a territory-wide program to upskill all necessary workforces and agencies to better understand methamphetamine/ice. In addition, establish a systematic program to engender local level responses, based on best practice experiences from Victoria (including from ATSI communities), that involve community-level education.

Recommendation 5: Innovative methamphetamine-specific harm reduction interventions for families of people who use methamphetamine/ice should be developed, delivered and evaluated. These would include low literacy resources and resources that address some of the severe harms associated with methamphetamine such as violence and engagement in criminal activity.

Recommendation 6: People injecting methamphetamine/ice require 24-hour access to NSP. Penington Institute recommends that strategies to increase injectors' access to NSP (such as NSP secure dispensing units) are implemented.

Recommendation 7: That the Northern Territory government notes the high rate of methamphetamine use in regional and remote communities. These communities should receive targeted support and resourcing in order to address these high rates of illicit drug use.

Recommendation 8: That ice-related resources for frontline workers are reviewed and updated and then systematically promoted to relevant sectors.

Recommendation 9: That the Northern Territory Government address the use of illicit drugs in the workplace by supporting the development of an appropriate culture in all workplaces regarding alcohol and drug issues.

2. INTRODUCTION

The use of methamphetamine, including crystal methamphetamine or 'ice', has become an increasingly problematic and complex issue across Australia, requiring a comprehensive and strategic response. With levels of purity rising from approximately 20% in 2010–2011 to over 75% in 2012-2013 and accessibility increasing, rates of ice use have grown dramatically (Australian Crime Commission, 2013; Australian Institute of Health and Welfare, 2014a). Penington Institute has been at the forefront of much-needed policy, workforce and community responses spanning the health, welfare and justice systems. In 2014, methamphetamine use was addressed in almost every aspect of our work, supporting affected communities across metropolitan Melbourne as well as regional and rural Victoria. Since 2012, Penington Institute has been working with local service providers to provide 1654 frontline workers from diverse workforces across Victoria with access to 91 training events. We provided information on methamphetamine to 3300 people at more than 20 community forums in 2014. Our extensive engagement with local media also helped to communicate the facts, rather than myths, about drug use to communities. We recently hosted a national conference focusing on methamphetamine, providing a forum for both expert opinion and pragmatic frontline strategies and experiences. We also conducted research into the effects of ice on rural and regional communities in 2013. As such we are well placed to submit to the Northern Territory's Legislative Council Select Committee on Ice.

2.1. Terms of reference

2.1.1. 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

Most of the data collected around stimulant use in Australia concerns methamphetamine, rather than ice alone. The most recent population-level data available on methamphetamine use is the 2013 Australian National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2014a). The 2013 NDSHS reports a significant shift from the use of methamphetamine in powder form (speed) to crystal methamphetamine (typically referred to as 'ice') across the Australian population.

Data pertaining to the Northern Territory indicates that this area of Australia has relatively high rates of recent methamphetamine use at 2.8% of the population. Moreover, it appears that use of ice has increased among recent users of methamphetamine from 30% in 2010 to 45% in 2013 (although these figures have a high relative standard error and should be interpreted with caution[1]) (Australian Institute of Health and Welfare, 2014a).

In terms of specific populations of particular concern to the Northern Territory government, the NDSHS shows that there are higher rates of use of methamphetamine and other drugs such as alcohol and tobacco in remote communities. In remote and very remote areas 4.5% of the population are recent methamphetamine users (Australian Institute of Health and Welfare, 2014a). Around three percent of Australians who identify as Aboriginal or Torres Strait Islanders, have recently used meth/amphetamines; this compares to 2% of the non-indigenous population (Australian Institute of Health and Welfare, 2014a).

Drug trend data concerning people who inject indicates that methamphetamine is second to pharmaceutical opioids as the most commonly injected drug. Further, injecting ice is now as common as injecting methamphetamine powder in the Northern Territory (Moon, 2013).

These data indicate that the Northern Territory has a significant problem with ice use. Moreover, there are specific populations experiencing higher than usual methamphetamine use.

Data around the impacts of methamphetamine and/or ice use are also collected. The Alcohol and other Drug National Minimum Data Set (Australian Institute of Health and Welfare, 2014b) provides an indication of increasing harm related to stimulant use in the Northern Territory. Between 2009-2010 and 2012-2013 there was an 85 per cent increase in the number of Territorians who have nominated meth/amphetamine as a principal drug of concern when undergoing drug treatment (Australian Institute of Health and Welfare, 2014b).

Drug Use Monitoring in Australia (DUMA) data (Macgregor & Payne, 2011) also provide an indication of the impact of methamphetamine use. These data measure drug use among recent detainees and can give an indication of the relationship between drug use and crime. DUMA data from 2011 have indicated rising use of methamphetamine among detainees. Further DUMA results also indicated that methamphetamine was becoming more available and of better quality (Macgregor & Payne, 2011).

There are also Australian data that show the impact of methamphetamine and/or ice use in terms of harms. These data indicate that methamphetamine use may be related to:

[1] A high standard error is an indication that the sample surveyed may not accurately reflect the actual population.

- poor physical health (McKetin, Kelly, McLaren & Proudfoot. 2008)
- poor mental health including risk of depression (McKetin, Lubman, Lee, Ross & Slade, 2011; Sara, Burgess, Harris, Malhi, Whiteford & Hall, 2012)
- increased risk of psychosis (McKetin, Lubman, Baker, Dawe & Ali, 2013)
- increased violent behaviour (McKetin, Lubman, Najman, Dawe, Butterworth et al., 2013)

It should be noted that these data concern methamphetamine (rather than 'ice' alone) and research participants tend to be long-term drug users, using methamphetamine on a regular basis.

Data around injecting methamphetamine use are available, and indicate that this is the most harmful way in which to consume this drug. Research has found that people injecting methamphetamine are at a significantly greater risk of becoming re-infected with the HCV after treatment for the virus (Grebely, Knight, Ngai, Genoway, Raffa et al., 2010). There is, however, limited published evidence as to whether methamphetamine injection causes greater risk of (HIV) infection compared to other drugs. HIV prevalence is not well documented among people who inject methamphetamine (Degenhardt, Mathers, & Guarinieri, 2010). While risky sexual practices may contribute to an increased risk of HIV infection there is currently not enough evidence to determine if this is causal (Degenhardt et al., 2010). There is also a need to monitor this practice and better research the transition from other forms of ingestion – such as snorting and smoking — to injection.

Overall there are relevant Australian data that provide a strong evidence-base from which responses to methamphetamine and ice use must be based upon. However, more timely data is required. While data sets such as the NDSHS are able to show population level use of AOD, they have limited use in terms of capturing drug trends, due to the time lag in reporting the data. Drug trend data such as the IRDS is very useful, but captures trends among only a small group of long term injecting drug users. This is a gap in terms of data collection as the rapid increase in use of ice shows that drug markets can shift quickly and dramatically.

One way to gather these data is through systematic early warning data collected through frontline services – including community health, family violence and alcohol and drug services. Methamphetamine and/or ice injection is an extremely risky practice. It is essential to monitor the impacts of methamphetamine use through a range of services apart from AOD services as many methamphetamine users may not access AOD services (Pennay & Lee, 2008). More timely data would assist in responding to affected populations quickly with targeted interventions and strategies.

Recommendation 1: That the Northern Territory Government implement systematic early warning illicit drug data collection among relevant frontline services. This information should then be used in order to respond in a timely and targeted way to drug-related harm.

2.1.2. A comprehensive survey of the various government responses to the abuse of Ice in the Northern Territory and assess their effectiveness or otherwise

It is our understanding that AOD services in the Northern Territory are predominantly alcohol and cannabis focused and that these services are challenged due to the diversity and remoteness of many populations in need. Addressing ice use successfully requires resourcing AOD services and workforces. It also requires the development of culturally appropriate and targeted strategies to prevent and respond to harmful ice use.

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

Penington Institute is aware of many ways in which methamphetamine is impacting on communities. In the course of delivering our training we have heard consistent reports of a challenged public sector, and of families and communities unsure of how to respond to methamphetamine use, particularly ice. While Penington Institute believes that the use of ice is a concern in urban areas, it appears most significant in rural and remote areas. These areas face challenges in dealing with ice use because of various reasons including:

- a shortage of appropriate support services
- higher than average rates of unemployment
- the high visibility of drug use and its impact in smaller communities

In research conducted by Penington Institute on the impact of methamphetamine use in communities, frontline workers reported a particularly fast trajectory from occasional use to problematic and harmful methamphetamine use (Westmore, Van Vugt, Thomson, Griffiths and Ryan, 2014). Methamphetamine can affect people and their families quickly, and in many physical, psychological, legal and financial ways. This research found community members believed that ice had contributed to higher rates of community violence, including family violence and other crimes such as theft (Westmore, Van Vugt, Thomson, Griffiths and Ryan, 2014).

2.1.3.1. ATSI communities and methamphetamine use

It is noteworthy that the Aboriginal and Torres Strait Islander (ATSI) peoples' health sector is openly concerned about methamphetamine impacts on their community members, including the older generation and Elders. This is evident in the evidence presented to the Victorian Parliamentary Inquiry (Law Reform, Drugs and Crime Prevention Committee, 2014), as well as is documented in the final report. Penington Institute has carried out training around methamphetamine use for the diverse workforces in ATSI services and conducted community forums in ATSI communities. Through this work, we have received numerous reports that there are high levels of use of methamphetamine in these communities, and through discussions with ATSI services we are hearing of significant methamphetamine-related problems. In turn, this is validated by population-level data that indicate that there are higher rates of methamphetamine use among ATSI peoples (Australian Institute of Health and Welfare, 2014a).

While we know that ice use is impacting adversely on ATSI communities there is a shortage of culturally specific, proven strategies to address this issue. Previous research suggests that ATSI communities are vulnerable to drug-related harm (Maclean and D'Abbs 2002) and would benefit from both prevention and early intervention initiatives. While there is little evidence-base to draw upon in relation to ATSI communities and strategies to address stimulant use, it could be worthwhile building upon work already done with communities around the use of alcohol, cannabis and petrol. A review of petrol sniffing interventions found that any interventions should address three dimensions of use; the drug itself, the individual and the environment in which the drug is consumed (Maclean and D'Abbs 2002). The authors of the review argued that this means in addition to focusing on supply and educating individuals about drug harms, communities need to be resourced to develop culturally appropriate strategies and interventions concerning drug use and its community-level harms (Maclean and D'Abbs 2002).

2.1.3.2. Regional/rural areas and methamphetamine use

Penington Institute's work in regional and rural areas has enabled us to see the impact that the use of methamphetamine, particularly ice, is having at a community level. Methamphetamine is easily accessed in these areas. Community workers have reported to Penington Institute that the use of this drug has become more socially acceptable, even to the point where some rural workers are using the drug in the course of their day to day work, particularly when they are involved in manual work.

The harms related to methamphetamine use, particularly the use of ice, reported to Penington Institute include the rapid deterioration of people using methamphetamine. That is, workers in the field are reporting that some people who begin using methamphetamine quickly progress to very harmful use, including engagement in criminal activity. Less dramatically, workers also

report that people using methamphetamine withdraw from previously enjoyed activities, experience relationship problems and engage in risky sexual behaviour. Community members at forums held by Penington Institute have reported a rise in violence in their local areas that they believe is associated with the use of methamphetamine/ice.

2.1.3.3. Young people

Young people are an at-risk population in terms of their own ice use, but also of the use of ice by family members. Young people between 20 and 29 years of age are more likely to have recently used meth/amphetamines (5.8%) than other age group (Australian Institute of Health and Welfare, 2013a).

In the course of Pennington Institute's work with rural and regional communities, it has been reported to us that young people are increasingly using methamphetamine and/or ice. Young people have told us that ice is becoming increasingly available and acceptable:

- *the use of [ice] has increased generally in the younger population, 16 to 21 [year olds] on Saturday night parties. It is very easy to get*
- *ice was a drug that many people were scared of, and as…more people tried it, then this encouraged more and more people to use it*

In addition to young people at risk of problematic methamphetamine use, Penington institute is also aware that children are at risk of social exclusion and poor contact with the education system because of their parent's methamphetamine use.

2.1.3.4. Men who have sex with men (MSM)

People who identify as being homosexual or bisexual have high rates of illicit drug use. The largest differences in drug use among homosexual/bisexual people concerned the use of ecstasy and meth/amphetamines. People who identified as homosexual/bisexual were 5.8 times and 4.5 times more likely than heterosexual people to have used these drugs (Australian Health and Welfare, 2014a). Methamphetamine use is of particular concern among gay men and use is associated with the presence of HIV and other sexually transmitted infections (Lyons, Pitts, & Grierson, 2013). MSM using methamphetamine are also more likely to engage in risky sexual practices, such as unprotected anal intercourse (Prestage, Degenhardt, Jin, Grulich, Imrie et al., 2007). Methamphetamine is used by some gay men in order specifically to enhance and enable their sexual experiences, some of which may include risk behaviours (Prestage, Grierson, Bradley, Hurley, & Hudson, 2009; Slavin, 2004). This puts themselves, and others, at risk of HIV (Lyons, Pitt & Grierson, 2013). Research recently conducted by Penington Institute (currently embargoed by the Victorian Department of Health and Human Services) finds that, for some

MSM, methamphetamine use is a precursor to sex and may involve very risky practices, including injection and, unprotected sex with multiple partners.

Recommendation 2: That the Northern Territory Government resource AOD services to respond to ice use through culturally appropriate and targeted strategies. These strategies should be based upon proven interventions for ice use or, where these are not available, relevant interventions in the area of other drug use.

2.1.4. Government and community responses 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

With the rapid increase in ice use there have been numerous responses to the use of this drug across Australia. In this section we present some of the work of Penington Institute and other organisations to address ice-related harms, as well as areas where greater strategic attention and intervention is required.

2.1.4.1. Early intervention strategies

Given the reports to Penington Institute of a quick trajectory from recreational use to very harmful use of methamphetamine, especially crystal methamphetamine/ice, the importance of early intervention cannot be understated. Early intervention is also important in the case of ice use because of the more serious harms associated with its use. Early intervention strategies could include the promotion of wider understanding regarding the risk of mental illness such as depression and methamphetamine use as well as promoting the importance of addressing the early signs of depression.

In addition to early intervention around methamphetamine use, universal primary prevention strategies such as holistic efforts to reduce youth risk taking and drug taking in particular are needed, given the number of young people experimenting with this drug. Australian research has found that students with good school and good social connectedness are less likely to engage in health risk behaviours, such as illicit drug use) (Bond, Butler et al. 2007). The provision of support to young people while at school, to assist them to remain in the education system and maintain a good connection to school helps to strengthen a known protective factor against illicit drug use. Given this evidence, responding to incidents of unsanctioned AOD use, including the use of methamphetamine, by school students, must prioritise ongoing contact with the educational system rather than criminal justice interventions.

Of particular concern are those young people who are already vulnerable to problematic drug use. Involvement in the criminal justice system at an early age is associated with ongoing contact and engagement in later life (Lambie & Randell, 2013). The importance of prevention and early intervention programs for young offenders is well researched (Lambie & Randell, 2013). Evidence-based alternatives to incarceration are family-centred, community-based interventions. These must provide a comprehensive approach, linking with the justice system and mental health services. Such interventions typically involve family systems approaches, as well as principles of cognitive behaviour therapy and social learning (Henggeler & Schoenwald, 2011). The aim is to support young people and their families to develop skills and motivation to function productively and prosocially in their communities (Henggeler & Schoenwald, 2011).

2.1.4.2. Awareness campaigns

Funded by the previous Victorian State Government through the Department of Health and Human Services and developed in conjunction with the Penington Institute, the 'What are you doing on ice?' television and social media campaign. This campaign aimed to provide information of the potential harms of ice while avoiding scare tactics and a 'just say no' mentality. The advertisements also provided the viewer with a 'next step', inviting them to go to the website. The website then provided users with links to agencies that provided support and assistance to people using ice.

There have been specific awareness campaigns around the use of methamphetamine and/or ice aimed at young people also funded through the Federal Government. These have included messages such as 'Don't let ice destroy you' (Social Research Centre, 2009). The impact of this very negative depiction of ice use is hard to gauge, given the difficulty of evaluating mass media campaigns generally. However, an independent evaluation of this campaign found that the impact of this particular message was that young people stated they would be less likely to try ice and viewed it as a harmful substance (Social Research Centre, 2009).

Some comments can also be made concerning this type of drug awareness intervention more generally, as well as in relation to methamphetamine/ice use:

- media around drug use has not been shown to change behaviour, but it is important in that it can change attitudes and increase knowledge (Proctor and Babour, 2001)

- media-based awareness campaigns which are pursued in conjunction with complementary and reciprocal community actions are more effective than media campaigns alone in changing both attitudes towards substances and use itself (Casswell, Ransom, & Gilmore, 1990; Boots & Midford, 2001)

In relation to young people (the population typically targeted by drug awareness campaigns) the argument has been made that any effort to delay or prevent young people from using methamphetamine is best located within an overall drug strategy and, even more powerfully, in a holistic wellbeing strategy that tackles youth risk taking. A strategy that acts to prevent or delay the use of drugs such as alcohol, tobacco and cannabis, should also prevent or delay methamphetamine use. This is because there is a very similar set of risk and protective factors at play and because methamphetamine use is typically preceded by the use of these other substances and risk taking more broadly (Fergusson, Boden et al. 2006).

2.1.4.3. Community forums

In both rural and urban areas there has been much publicity and discussion regarding methamphetamines generally, and ice in particular. In response, Penington Institute works with local communities to organise community forums where people can learn how ice works and why it is vital to support affected people, especially families. These forums offer education, information and active participation from local services with the aim of informing various stakeholders on the fundamentals of ice use.

The numbers attending these community-level information sessions demonstrate a strong desire to be informed. For example, in the country town of Kerang, with a population of almost 4,000, around 700 people attended. In Tooleybuc (population 176), almost 200 people from the district attended. The forums have been held in conjunction with local government, health services, family support services and importantly, with police. The forums have stressed health and community safety.

We believe that community forums promote prevention and harm reduction messages, participation of local services, and potential strategies to implement in order to reduce harm to the community and the individual. As such, these forums can be a valuable strategy in tackling ice use. However, as with any program to address drug use, forums must be part of a wider strategy that includes resourcing for support services for people on ice as well as preventative strategies.

2.1.4.4. Workforce development and local community capacity building

One of earliest problems faced in Victoria was that frontline community services, including health, lacked up-to-date information concerning methamphetamine/ice. Even experienced drug and alcohol workers felt unsure about the unfolding phenomena. Since 2012 there has been a need to provide capacity building for a wide range of frontline professionals.

In addition, communities genuinely struggled to understand what was happening and how to respond. A number of communities, such Mildura in north-west Victoria, were forced to self-organise and prepare local level responses (Harley, Forbes & Cordoma, 2014). Penington

Institute assisted Mildura by training numerous local workers with the intention that they could then provide information and support to hundreds of other community members.

One of the most striking lessons from Victoria, and one Penington Institute has been closely involved with, is the need for genuine multi-sectoral local community driven responses that includes dissemination of accurate information.

There is latent capacity within regional and rural communities in particular which when brought together and primed with improved capacity is showing willingness and ability to create positive local conditions to assist address ice.

This includes educating local media outlets so that, over time, they provide supportive coverage.

2.1.4.5. Harm reduction

From our work with communities concerned about ice, we believe that harm reduction interventions for people who use methamphetamine require greater attention. To date there has been little systematic work in this area. Penington Institute recommends that innovative strategies to ensure harm reduction interventions are delivered to the broad range of people who use ice should be developed and evaluated. Further, specific ice harm reduction interventions require further development and must be delivered and evaluated using avenues such as primary health care, emergency services, General Practitioners (GPs), hospital staff and mental health workers. These interventions could range from brief interventions addressing overall physical and mental health such as information on getting enough sleep and eating well, to information about some of the possible long term effects of methamphetamine use, the harms associated with smoking and injecting this drug, and how to address acute harms such as overdose and/or drug toxicity.

2.1.4.6. Support for families

Communities that Penington Institute has worked with are seeking ice education resources that have consistent, credible and realistic messages. These resources are needed not only for young people, but also for families of young people. What resources are available are difficult to access and may not speak to the experiences of families of young people using methamphetamine, particularly those who are at a stage where they are at risk of additional criminal behaviour such as low level trafficking. Family members have also reported to Penington Institute that they need resources and support to address specific problems related to methamphetamine use including depression and violent behaviour. These resources can also support early help seeking by highlighting the effects of depleted dopamine and serotonin associated with repeated methamphetamine use, assisting people to recognise the signs of

depression and mood swings early, and address their drug use through greater understanding of the 'downs' associated with ice use.

2.1.4.7. Needle and Syringe Programs (NSPs)

NSPs are a key public health strategy to reduce the health and social burden of injecting drug use. Methamphetamine injection has been associated with specific harms. Research recently conducted by Penington Institute found that many people who inject are injecting methamphetamine as well as heroin and pharmaceuticals. Further, in some cases the lack of access to heroin and its generally poor quality was an impetus for people to inject ice – as this was more available and of high quality.[2]

Our research also found, however, that some individuals were injecting methamphetamine specifically and interventions need to be targeted at this group. This group of injectors may not, for instance, readily access an NSP. Strategies such as NSP outreach and SDUs could assist with providing better NSP access to this population.

Recommendation 3: That the Northern Territory Government notes that there is work throughout Australia to address methamphetamine/ice-related harms. In particular, early intervention campaigns that address known preventative drug use strategies, such as connectedness to school and community are important.

Recommendation 4: Implement a territory-wide program to upskill all necessary workforces and agencies to better understand methamphetamine/ice. In addition, establish a systematic program to engender local level responses, based on best practice experiences from Victoria (including from ATSI communities), that involve community-level education.

Recommendation 5: Innovative methamphetamine-specific harm reduction interventions for families of people who use methamphetamine/ice should be developed, delivered and evaluated. These would include low literacy resources and resources that address some of the severe harms associated with methamphetamine such as violence and engagement in criminal activity.

Recommendation 6: People injecting methamphetamine/ice require 24 hour access to NSP. Penington Institute recommends that strategies to increase injectors' access to NSP (such as NSP secure dispensing units) are implemented.

[2]This research is currently embargoed by the Victorian Department of Health and Human Services.

2.1.5. The sources of Ice including cross border trafficking, local manufacture and derivation from legal pharmaceuticals and other legal precursors

Our work with communities affected by ice finds that the sources of ice vary. Methamphetamine/ice may be 'shipped in' to areas or manufactured locally. Yet regardless of the source of ice, it appears that this drug, unlike illicit drugs such as heroin, cocaine and ecstasy, is more readily available in regional and remote areas of Australia. The ready availability of ice in these regions requires that they are adequately resourced in order to address illicit drug use. Whereas traditionally these areas might have focused on alcohol and cannabis use, frontline services now require the capacity to address ice use. This entails training for service workers and managers around ice use and relevant interventions and the establishment of appropriate referral pathways for problematic users. Significant ice problems in regional and remote communities may also be indicative of existing social issues that can drive drug use – such as high rates of unemployment and low levels of school connectedness. While these are complex and high resource problems they must be addressed if drug use is to be tackled in an ongoing and sustainable manner.

Recommendation 7: That the Northern Territory government notes the high rate of methamphetamine use in regional and remote communities. These communities should receive targeted support and resourcing in order to address these high rates of illicit drug use.

2.1.6. Best practice work place health and safety measures for those in the health system who come into contact with users of Ice

Frontline workers who come in contact with people using ice are in need of greater support. In our work with various groups of workers including emergency workers, GPs and NSP workers it has become apparent that existing methamphetamine resources should be better promoted to workers across the community sector. This includes the suite of resources for frontline workers concerning management of methamphetamine use, including the methamphetamine-related psychosis (see Australian General Practice Network, 2007; Jenner, Spain, Whyte, Baker, Carr et al., 2006a; Jenner, Spain, Whyte, Baker, Carr et al. 2006b; Jenner and Lee 2008). Moreover, given the changes in patterns of ice use since these resources were published (ie increased use across the population and increased frequency of use) these resources should be revised and updated.

In addition to written resources, however, there is a need for services with regular contact with people using ice to have clear strategies and measures in place to address ice use. This includes strategies to address violent and psychotic behaviours as well as appropriate resources

to and referral systems for ice users in need of treatment, mental health service or other support services such as housing.

Better linkages must be resourced, supported and sustained across the public sector including AOD, mental health, community welfare services, domestic violence, justice and emergency services, and with the broader community settings in which methamphetamine use may occur, such as schools, sports clubs, entertainment precincts, and some workplaces. Enhanced networks and partnerships will enable the development of local strategies for addressing methamphetamine use, including better local surveillance to identify use patterns amongst particular demographics, sharing of information and better referral pathways. This support needs to take into account that many people using methamphetamine do not seek help until they have serious problems, so points of early intervention are essential.

2.1.6.1. Methamphetamine use in the workplace

A strong relationship between health issues in the workplace and overall community wellbeing and functioning exists, in terms of both economic and social impact on businesses, families, communities. Where health issues arising from drug use are present in the workplace, the effect is felt throughout the Australian economy and community. Methamphetamine use is associated with a number of industries and workplaces, including hospitality and transport (Roche, Pidd et al. 2008). A comprehensive strategy is required that includes policies and programs directed towards AOD use in, or associated with, employment and workplaces. Resources should be directed towards assisting employers to establish AOD policies and programs to ensure that misuse of alcohol or drugs in a workplace context can be dealt with ethically, legally and to the benefit of both the company and the employee.

Further, this is an issue that the business community must invest in. Currently, methamphetamine and other drug use may result in lateness and absenteeism, lost time and reduced production and work quality as a result of incidents and injuries. There may also be losses associated with inefficiency and damage to plant, equipment and other property. However, punitive approaches, such as drug testing for methamphetamine use, and dismissal upon positive results, are not beneficial. Workers have a better chance of recovery from illicit drug use if they are still working. Delivering early intervention and harm reduction strategies to these industries is a challenge, but an area worthy of action. The workplace is an ideal place to run effective drug and alcohol prevention programs because the peer support network in a workplace can be used to shape behaviour.

Recommendation 8: That ice-related resources for frontline workers are reviewed and updated and then systematically promoted to relevant sectors.

Recommendation 9: That the Northern Territory Government address the use of illicit drugs in the workplace by supporting the development of an appropriate culture in all workplaces regarding alcohol and drug issues.

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