

Aboriginal Peak Organisations Northern Territory

An alliance of the CLC, NLC, CAALAS, NAAJA and AMSANT

**APO NT SUBMISSION TO THE NT LEGISLATIVE ASSEMBLY SELECT COMMITTEE
ON THE PREVALENCE IMPACTS AND GOVERNMENT RESPONSES TO ILLICIT USE
OF THE DRUG KNOWN AS “ICE” IN THE NORTHERN TERRITORY**

13 MAY 2015

1. Introduction

Aboriginal Peak Organisations Northern Territory (APO NT) welcomes the opportunity to make a submission on the prevalence and impacts of methamphetamine (“Ice”) in the Northern Territory community.

Any strategy that is employed to tackle the use of Ice in the Northern Territory (NT) must follow current best practice and be evidence based. Given the fact that 30% of the NT’s population is Aboriginal,¹ it must also be adaptable and accommodate the specific and unique needs of Aboriginal people in the NT. These include the younger age demographics of the Aboriginal population in the NT,² and the remoteness of many towns and communities.

Aboriginal people in the NT are at higher risk of complex trauma because of the legacy of colonisation, stolen generation policies, loss of land and ongoing racism and discrimination. People with complex trauma histories are more vulnerable to developing dependence on methamphetamines due to the neuropsychological effects of the drug in making people feel strong and powerful, as opposed to the powerlessness and vulnerability associated with trauma histories. Therefore, dealing with the ongoing legacy of complex trauma is critical to reducing drug and alcohol related harm including harm from methamphetamines. It will also be critical to ensure that the AOD service system is trauma informed.³

Addressing the social determinants of health including improving early childhood outcomes, addressing the educational deficits and increasing employment will be just as important to a long term response to methamphetamine use as will be developing enhanced services.⁴

APONT has read and endorses the Danila Dilba submission to this Inquiry. We agree that any strategy to respond to Ice must be based on public health principles if real change is to be achieved. It is pivotal that any strategy is an integrated response between Government departments, non-government organisations and the community.

APO NT welcomes any further opportunities to consult with the Committee.

2. About APO NT

Formed in October 2010, APO NT is an alliance between the Aboriginal Medical Services Alliance Northern Territory (AMSANT), Central Land Council (CLC), Northern Land Council (NLC), Central Australian Aboriginal Legal Aid Service (CAALAS) and North Australian Aboriginal Justice Agency (NAAJA).

¹ Australian Bureau of Statistics (ABS), Data at 30 June 2006

<<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1362.7Feature%20Article1Mar%202011?opendocument#Aboriginal>>

² Ibid.

³ Fisher, Dr Janina, 2015. *Working with the neurobiology of trauma*. Webinar series 2015. The Trauma Centre, Justice Resource Institute, Brookline. MA, USA.

⁴ Fisher, Dr Janina, 2015. *Working with the neurobiology of trauma*. Webinar series 2015. The Trauma Centre, Justice Resource Institute, Brookline. MA, USA.

APO NT is working to develop constructive policies on critical issues facing Aboriginal people in the Northern Territory and to influence the work of the Australia and Northern Territory governments.

We share the aim of protecting and advancing the wellbeing and rights of Aboriginal and Torres Strait Islander people and communities. We also aim to provide a collective voice on behalf of our respective organisations and their constituents.

3. Response to Terms of Reference

- i) *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 measures as accurately as possible;*

APONT has read and endorses the Danila Dilba submission to this Inquiry in relation to the reliability of government data.

APONT agrees that an integrated approach to data collection for all drug and alcohol related problems is required, and should involve collection of data from:

- Hospitals
- Community Health Clinics
- Rehabilitation centres
- Correctional Services
- Police
- Child protection
- Other non-government organisations that have an involvement with Ice users and their families.

Data should be collected on all drug and alcohol related harm given that methamphetamine use is just one of several commonly used illicit drugs in the NT and that alcohol is the major cause of AOD related harm in the NT (apart from tobacco). All data should be de-identified to protect the privacy of individuals and communities.

Consultation needs to occur with key Aboriginal organisations, including AMSANT, NAAJA and CAALAS on the development of the data repository. A robust data governance mechanism needs to be developed before this system is established to ensure that Aboriginal data privacy principles are adhered to and that the data is disseminated in a way that informs those who can act and advocate on these issues but protects the privacy of individuals and communities.

Efficacy of drug treatment should also be assessed and monitored through the use of common intake and outcome measures for all people entering formal AOD treatment in the NT. A use of a common data set would allow for assessment of efficacy of various modes of treatment and therefore assist with service development and planning and also provide a basis for continuous quality improvement.

Recommendation 1:

Create a central data collection service for all alcohol and other drug related harms that is integrated across NT Government departments and non-government organisations.

Recommendation 2:

That a system of monitoring of drug and alcohol treatment outcomes is developed across all alcohol and other drug treatment providers.

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

APONT is extremely concerned about the impacts of Ice in urban, community and remote settings. Our comments draw upon our member organisations' respective experience, particularly in relation to the justice system, as well as the chronic gaps in regards to voluntary residential rehabilitation services and community based treatment including counseling and support.

We are told by community members and local organisations that families are experiencing violence from Ice users within their families and in particular violence from young men towards female members of the family. A Darwin support group, "Families Crying out for Help", has noted an increase in violence and threats of violence. The group also speaks of the fear and shame families are experiencing, and their reluctance to report the violence.

APONT has also been told of increased homelessness as a result of Ice use. For example, families are sometimes forced to tell Ice-using family members to leave their residence, sometimes leaving that person with nowhere to go.

This is of great concern given the dire lack of short and medium term accommodation options in urban and regional areas of the NT.

In relation to young people, APONT has been told about alarming situations of children using Ice. We have also heard reports of children obtaining Ice at schools.

Criminal Justice System

The North Australian Aboriginal Justice Agency (NAAJA) has reported a noticeable shift in the types of offenders and offending in the last 12-18 months in Darwin. The Central Australian Aboriginal Legal Aid Service (CAALAS) criminal lawyers have reported a noticeable increase in the number of offences that are Ice related.

NAAJA reports that it is now more common to see women and men with full time jobs and a family committing crimes to sustain their use of Ice or whilst under the influence of Ice. These are people who may not have a criminal record, or have very little criminal history, and would not normally be involved in the justice system.

NAAJA's Throughcare Project provides intensive case management to Aboriginal people to support those who have been in prison or youth detention to transition back into the community. NAAJA's Throughcare Project has a number of clients who have battled Ice dependency.

After just less than 5 years of operation, NAAJA's Throughcare project is already showing strong success as a crime reduction programme. The success of NAAJA's Indigenous Throughcare Project was recognised when it won an Australian Crime and Violence and Prevention Award from the Australian Institute of Criminology in 2012. The project was also featured in the Prime Minister's 2013 'Closing the Gap' report.

Since the Project commenced in February 2010, only 16 per cent (56 out of 349) of Throughcare clients were returned to prison while under the supervision of Throughcare workers.

Currently there is no equivalent Throughcare programme operating in Central Australia. CAALAS would welcome the opportunity to administer such a programme but require appropriate funding to do so.

APONT commends NAAJA's Throughcare Project as a best-practice model that should be expanded throughout the Northern Territory.

Child Protection and Family Law

NAAJA's family lawyers have similarly noted that around 30-40% of their cases involve concerns of a parent or a caregiver using ice.

NAAJA has identified service gaps in relation to (a) DCF lacking education on the possibilities of recovery from Ice addiction, and (b) the lack of specialised rehabilitation, counselling or parenting courses for current or previous Ice users and the lack of supports for family members seeking to care for children in the care of the Department of Children and Families (DCF).

T attended a meeting with DCF one month prior to her child being born. T was informed that DCF had decided to apply for a long-term protection order for her child upon its birth.

DCF informed T that their concerns were based on T's prior history including exposure to domestic violence and Ice use. DCF was aware that T had successfully completed a rehabilitation program and that she had been clean for around 8 months (she had provided regular urine analysis tests). T was also no longer in a relationship with her former violent partner.

Notwithstanding this, DCF notified the hospital that they were taking the child into their care and T was directed not to breastfeed. The child was placed on a separate level of the hospital away from T.

T contacted NAAJA, and an application was made to the court seeking that the child remains in T's care. The Court made an order that the child be in the daily care and control of the mother.

NAAJA represented the father, 'B'. B's child was removed from the mother by DCF. DCF's concerns were that the mother was leaving the child with the maternal grandmother and DCF were concerned that the child was suffering neglect in the maternal grandmother's care. The mother had two positive drug tests for Ice and had criminal charges regarding driving allegedly under the influence of methamphetamine. She had not engaged in a rehabilitation program and had not participated in regular drug testing as required by DCF. B admitted to occasional Ice use in the past and agreed that he was not in a position to care for his child.

The paternal grandmother joined the proceedings and sought care of the child. She obtained care of the child during court proceedings but was struggling financially to care for the child. DCF would not provide financial assistance as she had not been approved by DCF as a kinship carer. The DCF assessment has taken over two months and has still not been completed.

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NAAJA's youth justice team (which comprises lawyers and a dedicated social worker) have reported an escalation in Ice-related offending by young people in Darwin, as well as an increasing trend towards Ice-affected offending sprees lasting a number of days or even weeks.

NAAJA's youth justice team has identified a dearth of residential detoxification and rehabilitation options available for children across all parts of the NT. This is particularly the case in the Top End.

P is 15 years of age and was sentenced in May 2014 for offending that occurred earlier in 2014. In December 2014, P started using Ice. He described getting addicted 'from the first puff'. P was charged with new offending, which represented a marked escalation from his prior offending.

P's mother tried unsuccessfully to find a residential rehabilitation option in the Top End. She ultimately was able to identify an option in Perth.

Because of P's supportive family and the fact there he had some family members in the Perth area, he was granted bail to undertake the rehabilitation program in Perth.

Rehabilitation and other treatment services

APONT is concerned at the lack of residential rehabilitation services in the Northern Territory. In our view, they need more support and training to deal with the specific rehabilitation needs of Ice-dependent individuals. They are also not currently able to adequately meet the specific needs of young people using Ice, women, those who have serious involvement in the criminal justice system, and those with co-morbidities (such as mental health issues).

It is also critical that ongoing support and counseling is provided in the community – otherwise residential rehabilitation will become a revolving door for people who return to the same environment and relapse rapidly. Aboriginal community controlled health services (ACCHSs) are ideally placed to deal with the breadth of issues faced by Ice users including poor physical health, risk of blood borne viruses, mental health problems (depression, anxiety and psychosis) and family issues including detrimental effects on children. There are also other Aboriginal organisations providing a range of non-residential services relevant to Ice users. It is important to note that the majority of Ice users are not heavily addicted and will not therefore usually require residential rehabilitation, but are likely to benefit from counseling and support.⁵

APONT has been told by a Darwin-based rehabilitation service that they do accept Ice-dependent individuals, but are reluctant to do so because of the nature of the addiction and the effects in withdrawal. Further, they noted that they required upgraded facilities to provide safety to others in rehabilitation, the individual and staff.

⁵ Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K. & Cash, R. (2007). *Clinical Treatment Guidelines for Alcohol and Drug Clinicians. No 14: Methamphetamine dependence and treatment*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

APONT also notes that individuals with methamphetamine induced psychosis require specialist psychiatric care. It is important that psychiatric services are equipped to deal with individuals in this situation, and preferably within the community setting.⁶

APONT has also been told of concerns in Darwin and Katherine in relation to withdrawal support within the public hospital system.

APONT notes that at a time when funding for mandatory alcohol treatment facilities has drawn significantly on the Northern Territory Government health expenditure,⁷ a commensurate increase in funding for voluntary treatment facilities has not taken place.

It is imperative that community-based, voluntary rehabilitation services are supported. More must also be invested into the relapse prevention and relapse support area. Ongoing support and counseling is critical and should be the major plank of treatment – rather than focusing on residential rehabilitation.

APONT emphasises the importance of ACCHSs to effectively address the comprehensive, holistic health and well-being of Aboriginal people in the NT, including in relation alcohol and other drug use, but also for mental health needs and social and emotional wellbeing.⁸ There are also other Aboriginal organisations providing AOD and social and emotional wellbeing services.

It is important to note that AOD ambulatory services in the ACCHS sector in urban towns are under resourced to cope with demand. In particular, Danila Dilba has a team of three staff whilst the only service in Alice Springs, Safe and Sober, is funded to support people with alcohol problems and ongoing funding is insecure. Other urban ACCHSs are similarly struggling with demand.

APONT is also aware of anecdotal reports of remote health clinics being broken into and syringes and needles being taken. This includes the sharing of needles and syringes and the potential spread of blood borne viruses and other harm which arises from unsafe injection. We understand that there is work underway to ensure that nurses and other health professionals in remote communities can legally dispense needles and syringes. This work needs to be rolled-out as soon as possible given that staff may need to urgently respond to injecting drug use in remote communities. Remote health services should be encouraged to report any injecting of illicit drugs urgently to CDC (Communicable Disease Control) and should be provided with support to deal with such issues in remote communities including training and mentoring. They should also be provided with urgent assistance from AODP (Alcohol and other Drug Programs) within the Health Department, particularly as there is often no resident or visiting AOD services in most remote communities.

APONT urges the NT Government to engage with the NT Aids and Hepatitis Council as well as the AMSANT in relation to the Needle and Syringe Program (NSP) to determine whether it remains

⁶ Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K. & Cash, R. (2007). *Clinical Treatment Guidelines for Alcohol and Drug Clinicians. No 14: Methamphetamine dependence and treatment*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

⁷ NT Budget 2015-2016, 28 April 2015 <<http://www.budget.nt.gov.au/media/investing-in-a-healthier-northern-territory/>>

⁸ The ACCHS's service model for AOD/mental health provides for "3 streams of care" in PHC for ambulatory treatment: pharmacotherapy delivered by GPs; structured therapy with psychologists and therapists that includes CBT; and social and cultural support. For Ice, there is less capacity for pharmacotherapies to prevent relapse but an important role to assist with detoxification.

adequate. In particular, the needs of new and young Aboriginal Ice users must be reviewed as they may not feel comfortable using regular NSP outlets and may require a different approach.

APONT also notes that the NT does not have 24-hour dispensing machines in hospitals as exist in various states. We have attached the current NSW NSP Guidelines (2013)⁹ and urge further investigation of models in operation in other jurisdictions.

APONT also urges the NT Government to prioritise suicide prevention strategies that are aligned to increasing Ice use in the Northern Territory. We note and support the strong calls from the 'Families Crying out for Help' support group for concerted action in this area, to assist not only those using Ice, but also for their families and friends. This should include supporting and funding family support programs in urban and remote ACCHSs.

Local organisations

Headspace services are operating in Alice Springs and Darwin and already include general practitioners, psychologists and alcohol and other drug counselors. The Darwin headspace service is just commencing a service for young people experiencing psychosis (more common in methamphetamine use). These services could be funded to operate a more comprehensive alcohol and other drug service for young people along the lines of the Drug and Alcohol Youth Service WA.

The Balanu Foundation and Bush Mob are innovative and well respected organisations focusing on high risk Aboriginal young people. The Balanu Foundation is an Aboriginal organisation based in Darwin and has an approach that recognises and responds to the complex intergenerational trauma that so many young Aboriginal people face. They run healing camps for young people and have aspirations to operate residential rehabilitation services along with ongoing AODP counseling. BushMob operates in Alice Springs and run a twenty bed residential rehabilitation program as well as community based programs. Both have an excellent reputation for working with young Aboriginal people. Their services could be enhanced to provide for long term rehabilitation and support for young Aboriginal ice users. Critically, these organisations already have the trust of the Aboriginal community – which an interstate or new organisation will not be able to develop quickly.

CAAAPU and CAAPS are two Aboriginal controlled residential rehabilitation providers that could also be supported to provide enhanced support for ice users.

Recommendation 3:

The Northern Territory Government should fund dedicated Throughcare programs that would enable legal services to provide wrap-around and holistic intensive case management support to Ice-affected defendants exiting prison and youth detention.

⁹ See, Appendix A

Recommendation 4:

Significant investment is required to increase the accessibility of voluntary rehabilitation services and ongoing treatment and support services. This includes the establishment of appropriate rehabilitation services for young people using Ice, specialist services for women, expanded services for those in remote communities, those who have serious involvement in the criminal justice system, and those with co-morbidities.

Recommendation 5:

Significant investment is required to increase the capacity of Aboriginal community-controlled health services to address the comprehensive, holistic health and well-being of Ice-affected Aboriginal people in the NT, including in relation to Ice misuse, but also in relation to mental health needs and social and emotional wellbeing.

Recommendation 6:

The Northern Territory Needle and Syringe Program should be re-evaluated, and consideration given to expansion including 24 hour access.

Recommendation 7:

Increased suicide prevention support and services are urgently needed for families as well as Ice-affected individuals. ACCHSs and other appropriate Aboriginal organisations should be funded to provide support to Aboriginal families.

- iii) *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;*

APO NT notes interstate initiatives which may guide possible responses in the Northern Territory and also notes local organisations that are already doing innovative and culturally appropriate work with high risk young people and could be supported to enhance their existing services to cater for ice users.

Drug Courts

There is a clear link between drug and alcohol use and offending. In 2010, 74% of Aboriginal and Torres Strait Islander police detainees tested positive to drugs and over 60% had consumed alcohol prior to

their arrest. Approximately half of Aboriginal and Torres Strait Islander prisoners linked their offending to drug and alcohol use.¹⁰

Notwithstanding this clear link, the Northern Territory is possibly the only Australian jurisdiction that does not have a specialist Drug Court to deal with drug-related offending in an expert, specialist way.

Drug Courts typically adopt a therapeutic jurisprudence approach, which is significantly different from the conventional criminal justice system punishment-based model.

Therapeutic Jurisprudence seeks to address the underlying causes of offending. This may, for example include alcohol or other drugs, or mental health issues. It involves intensive case management via a specialised court process and draws on the positive role of judges and magistrates to motivate an individual to make positive change in their lives.

Court clinicians design individually tailored treatment plans to address the causes of a person's offending. The defendant's progress is closely monitored by clinicians and regular court appearances.

In Australia and New Zealand, there is strong evidence to support the impact of Drug Courts in supporting individuals to address their drug misuse and to reduce their future reoffending. Some of the characteristics that have been shown in effective diversionary Drug Court programs include:

- Targeting young people
- Access to a range of treatment options
- An adequate period of intervention
- Well-established communication mechanisms to provide regular feedback to the magistrates and drug and alcohol service providers
- High-quality case management to address broader social and health issues
- Removing barriers to treatment, most notably transport barriers
- Regular monitoring of compliance levels and follow-up of program graduates
- Philosophical and practical support from the magistrates and drug and alcohol service providers
- Relatively stable and experienced workforce
- Secure funding

There is evidence to suggest court-referred diversionary programs lead to reduced reoffending:¹¹

- Lulham (2009) study: graduates of the NSW MERIT program reduced reoffending by 12% over 2 year follow-up period
- Weatherburn et al (2008) study: participants in the NSW Drug Court were less likely to be reconvicted for violent offences, drug offences and any other offence that receives conventional sanctions
- Cunningham (2007) study: 76% of participants in the juvenile pre-court diversion scheme in NT did not reoffend in the first 12 months following diversion.¹²

¹⁰ National Indigenous Drug and Alcohol Committee, *Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples*, June 2014, 4.

¹¹ Closing the Gap, Clearinghouse, *Diverting Indigenous offenders from the criminal justice system* (2013) Resource Sheet no. 24, 9.

APONT strongly supports the introduction of a Drug Court in the Northern Territory founded on a therapeutic jurisprudence approach.

APONT also considers that a Drug Court must be available to those who live in remote communities as well as in cities, so that individuals are able to participate in therapeutic jurisprudence approaches and undergo rehabilitation in their local community or region, surrounded by the support of family and friends.

Drug and Alcohol Youth Service WA

The Drug and Alcohol Youth Service WA is an example of a youth focused, drug and alcohol rehabilitation service that could serve as a model for the NT. It provides free and confidential services to any young person who is experiencing alcohol or drug related problems.

The Drug and Alcohol Youth Service WA is staffed with doctors, nurses and psychologists as well as Aboriginal support staff. Treatment extends beyond the young person and includes their families. Treatment programs include comprehensive assessment, case management, individual counseling, medical assessment and review, clinical psychology services, group programs, mentoring and outreach (including Aboriginal mentoring), opiate and alcohol pharmacotherapy, parent and family counseling, and alternate therapies (including music and reiki).

Recommendation 8:

The NT Government should establish a Drug Court in the Northern Territory which is part of the Magistrates Court and the Youth Justice Court and is founded on a therapeutic jurisprudence approach.

¹² Ibid.