LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

'Ice' Select Committee

Public Hearing Transcript

11.30 am – 12.00 pm, Tuesday, 14 July 2015

Katherine Town Council

Members:	Mr Nathan Barrett, MLA, Chair, Member for Blain Ms Lauren Moss, MLA, Deputy Chair, Member for Casuarina Mr Gerry Wood, MLA, Member for Nelson
Apologies:	Mr Francis Kurrupuwu, MLA, Member for Arafura
Witnesses:	**Venndale Rehabilitation Centre** Casey Bishop: Program Manager

Mr CHAIR: On behalf of the committee, I welcome everyone to this public hearing on the prevalence, impacts and government's response to the illicit use of ice in the Northern Territory. I welcome to the table to give evidence to the committee from Venndale Rehabilitation Centre, Casey Bishop, the Program Manager. Thank you for coming before the committee. We appreciate you taking the time to speak to the committee and we look forward to hearing from you today.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put on the committee's website. If at any time during the hearing you are concerned that what you will say should not be made public, you may ask that the committee go into a closed session and take your evidence in private.

I will ask you to state your name for the record and the capacity in which you appear. I will then ask you to make a brief opening statement before proceeding to the committee's questions. Could you please state your name and the capacity in which you are appearing?

Mr BISHOP: Casey Bishop. I am the program manager of Venndale Rehabilitation, which is a program of Kalano Community Association.

Mr CHAIR: Mr Bishop, would you like to make an opening statement?

Mr BISHOP: I would like to thank you all for having the ability for the people who work in the NGO sector and the government sector to have their say, and thank you for the invite of the written submissions as well. I am interested to hear what everyone else has to say as well. That is my opening. We have put our stuff in writing. We believe that Venndale would really much like to be a part of the treatment options, but we understand there is training involved and resources required to do that.

Mr CHAIR: So you are seeing an increase in the prevalence of crystal methamphetamine presenting in your particular NGO space?

Mr BISHOP: Yes, as far as referrals go. We have found - my first five or so years we had one or two. We have had over 15 referrals this year. Usually alcohol has contributed to why they are being referred to Venndale, but they have identified in their substance use that they use methamphetamine or have used methamphetamine and that is an increase for us. We have only had two or three clients through our program who would call methamphetamine their dependent drug. We have found a lot of people needing treatment, for privacy, go to Darwin. Banyan House, I think is the popular rehab for methamphetamine. They obviously have a great track record so a lot of people are going there, as well. Yes, we have definitely seen an increase in usage.

Mr CHAIR: I acknowledge the presence of the Deputy Chief Minister in the gallery today. Welcome, Deputy Chief Minister.

In relation to people accessing your services, what is the breakdown of non-Indigenous and Indigenous people?

Mr BISHOP: Meth users have all been non-Indigenous so far. That is as far as who has been admitted, and a few of – most of the referrals – the inquiries have been non-Indigenous people. We have found there are some Indigenous people, and I never know the correct terminology so excuse me, but urbanised – people who have lived in town all their life.

Mr CHAIR: As opposed to remote?

Mr BISHOP: Yes, as opposed to people from communities. We were told by a client from a community that cannabis is starting to be laced with stuff, as they put it. That is the only information we have received from remote communities.

Mr CHAIR: We have also heard from a number of places that is the case.

In the demographic of the people accessing your service from a methamphetamine perspective, is it age specific or quite broad?

Mr BISHOP: It is definitely 21 to 30 - the mid thirties. As I said, I have only admitted three clients and I think the youngest was about 21 and the oldest about 35. The other one was obviously in the middle. They have all been employed and – at the time they were employed and their usage led to unemployment. None

had broken the law. Family had pushed them all. Sorry, one had a criminal issue pending but not because of meth use. It is all family pushing them towards it, and one was unknown - he was not local. He had only been in Katherine for about a year so I guess local, but had not been in Katherine for longer than a year. The other two had come from Darwin, so it is very much a reverse of what we are seeing with Katherine people going into treatment.

I recently visited Banyan House and they told me they had to tell the Katherine people to go to their rooms before I could take a tour. That tells me there are a few Katherine people at Banyan House. We do not get names when people inquire. People ring up anonymously and I doubt it is the same person. I doubt that it is the person in question who rings half the time. It is just general inquiries, but a hell of a lot more than what we had before.

Mr CHAIR: If I can just make a delineation between detox withdrawal and rehab, are you seeing either physical capacity or training capacity issues in rehab?

Mr BISHOP: Yes, definitely. We developed - not such much withdrawal. We do not provide withdrawal.

Mr CHAIR: Talking about rehab and not worrying about people in a place where they have to have a clinician attending them.

Mr BISHOP: Sure. We developed a program which we think – and we used two of those three gentlemen to help us design that program, and I think we included that with our submission. We will be the first to admit that for us to be involved in a treatment element of methamphetamine there would need to be a great deal of input from industry experts to help us design that program and tell us we are on the right track. Training is a big one.

The message we have is that keeping client …

Mr CHAIR: When you say treatment, what precisely are you talking about?

Mr BISHOP: The rehabilitation.

Mr CHAIR: Right, the rehab program.

Mr BISHOP: From the day they arrive to the day they complete and reintegrate into unsupported living there needs to be guidance for us. We do what we do with alcohol and cannabis use and everything points to – the information we have received says it may not be the same for methamphetamine users. We have found keeping people busy is what has worked so far, just giving them empowerment, employment options and all of that stuff has worked for the lads we have had so far.

It is interesting. There is some assurance we are on the right path and training in methamphetamine. We all do the Cert IV in AOD and all the training provided by the Northern Territory government, but to get specific assurance we are doing the right thing with methamphetamine would be our first point for training.

Mr CHAIR: Other people have outlined that by the time they pick people up for a rehabilitation program they are still in the throes of working through withdrawal and detox so they are really killing the first part of the program. Are you – I suppose there are only three representatives, but you may be hearing more given you work in – are you hearing issues in the detox withdrawal space that are compounding into rehabilitation?

Mr BISHOP: No, I have not, to be honest. We just had this discussion with a group that are working with NAAJA at the moment. We are the last to know. Because of the industry we work in and it being a small time, you do not get that firsthand knowledge from users or users' families. I do not know if they are fearful we would dob them in or something, but we are not getting that information direct. We are only hearing what clients tell us. As you said, the three we have had have all been through – they were not withdrawing when they came to us.

Mr CHAIR: Right.

Mr BISHOP: Yes, it all prevention rather than cure for the three we have had. The family said, 'Sort yourself out or else', and they have not been referred through primary health, they were all self-referred. As I said, the latest one had not used for two or three weeks but was fearful he would.

Mr CHAIR: Okay.

Ms MOSS: What is your waitlist currently? If you had somebody coming to the service for methamphetamine use who could not be accommodated, what would your referral be? What other services might you refer to?

Mr BISHOP: The current waitlist at Venndale - we do it on bed dates so I could not tell you how many people are on the waitlist, but I know our bed dates are into mid-August. We do it like a motel. As insincere as it may sound, this bed empties and this is the date we can fill it again. That is how we run ours, and I know it is into August at the moment. We are one case manager down as well, which does not help.

Your second question, we would obviously make the referral - we would recommend Banyan House or Sunrise. We do not really have the capacity to guide the client through that apart from giving them a number or saying, 'Have you tried these people as well?' As I said, a lot of people - so far what we have seen is they want to get away from Darwin. It is not necessarily the drug, but it is also the person - the people associated. We have seen a sense of paranoia or fear with two clients that when they saw a car drive up and down Bruce Road they are worried it is someone connected with their drug life in Darwin. We see a lot of that, and I wonder if that is why people also want to move away for their treatment. Is it the people they associate with, the people who are dealing, or people they may owe money to? I do not know. As far as answering your question, sorry, it is a simple, 'Have you tried these guys?'. That is really all we can do.

Ms MOSS: So there is a capacity to shift people around without helping people make that connection?

Mr BISHOP: To another service?

Ms MOSS: Yes.

Mr BISHOP: Yes. We can only say, 'This is the phone number'. The most we could do is say, 'We could call them for you and give them your name and send an e-mail to them', or something. Quite often that communication occurs between CAAPS and us, especially for alcohol treatments. CAAPS will say, 'We have been referred someone'. The bed dates are really hard because you may have someone abscond, so therefore you have an empty bed that is out of kilter with your wait list. CAAPS will quite often message us and we will message them and ask, 'Do you have a bed available? We have someone who was referred but that bed is still full.'

The opposite is people choosing to stay longer than their three months obviously puts the wait list into a bit of a shambles too sometimes, but for a positive reason.

Ms MOSS: You talked about the three clients you have seen being between 21 and the mid-30s.

Mr BISHOP: Yes.

Ms MOSS: What age range do you service? Are you over 18 or …

Mr BISHOP: Eighteen to as far as we can get.

Ms MOSS: So what is available for anybody presenting under 18?

Mr BISHOP: CAAPS. Yes, but I think CAAPS' policy - I do not know for sure but I believe they have to have someone stay with them. They would have to have a father, mother or some family member stay with them as a guardian.

We would obviously love to move into that space because it is huge. If you ignore the methamphetamine side of things and especially the alcohol side of things, to be able to take mum, dad and children would be a huge thing for us and for the town. We get so many people who are moving from - just for the sake of words, dad is admitted to rehab but mum also drinks, but mum has to stay with children. So when he gets out she has had no support on how to help him as well, so they are throwing people back into their volatile situation. If you are able to take in a whole family you could help them with coping mechanisms for each other. It is a long-term dream of ours to move into that side of things - but one day.

Ms MOSS: Do you currently work with families?

Mr BISHOP: We work with couples. We have a lot of couples whose children are in the care of Children and Family Services so they have the visits. It is good. We are trying to get people reconnected back with their children. That is as far as we go - just husband and wife.

Mr WOOD: You said you do not do detox for ice?

Mr BISHOP: No.

Mr WOOD: But it is still a community mentoring rehab centre?

Mr BISHOP: We are a community treatment...

Mr WOOD: Do you do detox for those people?

Mr BISHOP: No, they come straight out of the MARS unit, detoxed already.

Mr WOOD: I wanted to clarify that.

Mr BISHOP: Yes, we do not …

Mr WOOD: You do not have withdrawal?

Mr BISHOP: No, we do not do withdrawal from anything.

Mr WOOD: In your submission you said that, 'It is also important to note that as yet many of our Indigenous clients have not taken this path'. When I opened up the AADANT survey it had a graph which said, 'This identifies communities which were specifically identified by responders as currently having exposure to methamphetamine'. Two of the ones that stood out were Beswick and Borroloola. Do you have any knowledge as to why that could be the case? Do you have any feedback from …

Mr BISHOP: Not really. I can only tell you what we have heard from our clients. Many of our clients have said they do not indulge in that, they do not use. But they said that it is evident. The information we have received is that it is not community members; it is coming in from people who are employed in the communities possibly.

Mr WOOD: I suppose the other issue is that you said you had three clients. It does not really tell us how many people use the drug, of course, and that is the difficult area.

Mr BISHOP: No. It is strange. I have put it in my submission that one of my workers said that everybody knows somebody using ice in Katherine. So it is happening behind closed doors and …

Mr WOOD: Can it be also a case of gossip rather than ...

Mr BISHOP: Could be. Yes, of course it could be. Yes.

Mr WOOD: One of the problems we have here is some of this information is anecdotal.

Mr BISHOP: Yes.

Mr WOOD: I go back to the question I asked the other people before. We have to be careful we do not take our eye off the bigger issue which, everywhere I have seen, is still alcohol and also cannabis.

Mr BISHOP: Yes.

Mr WOOD: I am not saying this is not important, but do you see that we have to make sure we keep things in perspective here?

Mr BISHOP: What you are saying is correct. I will say though that prevention is better than cure for this methamphetamine issue. It is hard to predict the future, but I wonder how much we will have to worry about alcohol if meth gets into the communities. Alcohol will obviously still be there and will be an affordable option, but methamphetamine - ice specifically - because of its purity and its addictiveness, my worry is that people are getting hooked on it and therefore the Centrelink incomes are not going to match the value of methamphetamine, therefore break-ins, stolen cars are going to increase to be able to afford to pay for

methamphetamine. I do not know. This is all just anecdotal and my thoughts. What you are saying I agree with. We cannot take our foot off the pedal with alcohol and cannabis, but we need to knock this on the head now before it gets out of hand.

Mr WOOD: On the cost of ice, I have heard from a person – I will not say who; obviously a person who probably used the product - that you can buy it cheap. Obviously you can get it in a diluted form, if that is correct.

Mr BISHOP: Right. No, I do not have much knowledge on that. I have been told $300 a point here at the moment. That an eighth of a gram or something, I think. Yes, $300 a point. It could be classic business 101. They could be selling it cheap now to get people hooked on it, for all I know. I do not know.

Mr WOOD: Yes. Thanks.

Mr CHAIR: It is going on 12 o'clock now. Thank you, Mr Bishop, for presenting to us today.

Mr BISHOP: No worries. Cheers.