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6 November 2018  
Presentation to:

**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY  
13th Assembly  
Select Committee on a Northern Territory Harm Reduction Strategy for  
Addictive Behaviours**

**The current scale and trends of illicit drug-use in the Territory and its impacts upon health, justice, drug and alcohol and law enforcement activities.**

**CENTRAL AUSTRALIA**

Geologically, botanically, zoologically and culturally rich and diverse.  
60% population Alice Springs, 40% remote.  
Australian Aboriginal 60% of whole population . Majority of these English as second language.  
High rates of poverty, unemployment and crime, especially alcohol and substance related.

**ADDICTIVE BEHAVIOURS**

Over riding of brain reward circuitry, by chemical or behavioural habit.  
Loss of control a defining feature, often leading to breaking of social rules and crime.  
Brain damage measurable, recovery possible , but takes time and effort repetition to grow new brain circuits, learn new skills to over ride hardwired addiction circuitry.  
Classified as disease by medical and psychiatric diagnostic criteria. (ICD 10, DSM 5)  
Strong evidence base for this. Genetic and environmental vulnerabilities.  
(Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016)  
Flourishes in situations where there is lack of access to rewards for constructive behaviours eg poverty, stress, trauma.  
Can be commercially exploited eg, gambling, liquor, drug dealing, pharmaceutical-opioid epidemic in USA, New Psychoactive Substances (NPS)

**REDUCING ADDICTION RELATED HARMS REQUIRES ACTIONS AT ALL STAGES**

**Prevention**

Reduce poverty, promote gainful esteemable activity  
Reduce causes of and treat trauma related illness  
Reduce and regulate access eg BDR, Liquor restrictions Halls Creek, Fitzroy Crossing, Tennant Creek, Blanket Bans on New Psychoactive Substances (UK, WA, VIC)

**Early intervention**

Primary Care, Community Drug and Alcohol workers

**LEGISLATIVE ASSEMBLY OF THE NT  
TABLED DOCUMENTS**

Committee: RAB  
Paper No: 7 Date: 6.11.18  
Tabled By: Dr Bernard Hickey, CAITS  
Signed: [Signature]

Culturally accommodating interventions and treatments at all stages, including Aboriginal Liaison Officers, and affordable and timely access to trained interpreters/translators

**Recovery-** Justice Diversion programmes eg NT Commit- need to be long term , wherever outcomes of these evaluated results show positive outcomes and enormous cost savings. Serves as form of mandatory treatment.

Physician Health Programmes and Pilot programmes in the USA have 80% long term full recovery rates- combining treatment, support, and sanctions.

Need vigorous in prison programmes that are linked to pathways in community treatment and care.

- Decriminalize where possible to allow recovery path to responsible citizenship eg decriminalize use quantities of illicit substances eg Portugal

Appropriately trained and qualified staffing including cultural understanding and remote access and family involvement

Support peer support, developing a recovery community to support recovery long term

Abstinence aim for severe end of addiction spectrum is evidence supported.

Medication assisted recovery needs to be available where necessary

Treat Comorbidity- eg psychiatric, trauma, physical.

Reduce harms in users- syringe needle exchange, overdose kits

Measurement of epidemiology and intervention outcomes to guide treatment need and response to interventions.

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