



Committee Secretary
Select Committee on a NT Harm Reduction Strategy for Addictive
Behaviours
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7 September 2018

Submission to Northern Territory Select Committee on Harm Reduction Strategy for Addictive Behaviours

We welcome the opportunity to make a submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours.

360Edge is a leading Australian specialist alcohol and other drug consultancy, combining decades of academic research and clinical experience to provide effective evidence-based solutions to alcohol and drug related policy and responses.

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In particular this submission addresses the request for information on:

- Frameworks for reducing individual and social harms from illicit drug use and other addictive behaviours.
- Strategies for coordinated treatment of addictive behaviours.
- Extent and effectiveness of current harm reduction practices in the NT, including health, law enforcement, education and community support programmes.
- New approaches that may be effective in the NT context including urban, regional and remote areas and Aboriginal communities.

Harm reduction practice

Harm reduction is an approach to drug responses that acknowledges the reality that people will continue to use drugs. Harm reduction can operate effectively even in a prohibition environment.

Harm reduction services aim to reduce the potential negative consequences of alcohol and other drug use. The underlying principles of harm reduction are: ^{1,2,3}

- **Pragmatism** - programs to address substance use should be evidence-based, practical, realistic, tangible and immediate;
- **Humane values** – policies and programs should be free of moral and value judgments, but should acknowledge the dignity of the individual;
- **Focus on harms** – reduction of potential harmful consequences to substance users and others is paramount without requiring any reduction in use;
- **Balancing costs and benefits** – evaluation of effectiveness of programs should be undertaken in order to direct resources where they are most needed;
- **Priority of goals** – acknowledgement of a hierarchy of goals focused on the individual; and
- **Flexibility and autonomy** – a range of program and policy approaches (not one-size-fits-all) allowing for an individual to make informed choices and to take responsibility for those choices.

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360Edge supports the expansion of harm reduction services across Australia. There is currently a considerable imbalance in drug-related funding to the detriment of effective harm reduction services.

Evidence based harm reduction strategies include needle and syringe programs, safe injecting facilities, drug checking, opioid substitution therapies, peer distribution of naloxone, blood born virus testing and treatment.

Of all drug-related funding in Australia, approximately 66% is spent on law enforcement (supply reduction); 22% on treatment and 10% on prevention (demand reduction); and only 2% on harm reduction activities.⁴

Australia is currently experiencing a paradoxical pattern of decreasing illicit drug use but increasing illicit drug harms. Therefore a greater

¹ Special Ad-Hoc Committee on Harm Reduction, 'CAMH and Harm Reduction: a background paper on its meaning and application for substance use issues' (2002), Centre for Addiction and Mental Health, www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/harm_reduction/Pages/harmreductionbackground.aspx

² Ritter, A. & Cameron, J. (2005). *Monograph No. 06: A systematic review of harm reduction*. DPMP Monograph Series. Fitzroy: Turning Point Alcohol and Drug Centre.

³ Beirness, D., Jesseman, R., Notarandrea, R., Perron, M., 'Harm Reduction: what's in a name?' (2008) *Canadian Centre on Substance Abuse*, Ottawa, pp. 3,4.

⁴ Ritter et al, 'Australian government spending on drugs (drug budgets) ndarc.med.unsw.edu.au/project/australian-government-spending-drugs-drug-budgets

emphasis toward harm reduction services in the NT is strongly supported.

Drug related harms in the NT

The Northern Territory has higher rates of alcohol and other drug use than the national average. Data from the National Drug Strategy Household survey shows:⁵

- 21.6% of Northern Territorians have used illicit drugs in the last 12 months, with cannabis being the most commonly used illicit drug.
- 16.9% of Northern Territorians smoke daily, this is the highest in Australia. The non-Aboriginal smoking rate is 31.3% and the Aboriginal smoking rate is 55.9% (2.6 times the national rate).⁶
- 7.3% of Northern Territorians drink daily, this is the highest proportion in Australia.
- 16% of Northern Territorians had recently used cannabis.
- 2.9% of Territorians had recently used MDMA, this is the second highest in Australia.

Aboriginal and Torres Strait islander populations in the Northern Territory have higher rates of cannabis use, and prison populations have high rates of injecting drug use.⁷

Given the pattern of usage in the Northern Territory, the following harms are of particular concern:

- Transmission of blood borne and sexually transmissible diseases and overdose fatalities as a result of injecting drug use (particularly, opioids).
- MDMA related hospitalisations and deaths as a result adulterants or poly drug use.
- Tobacco related diseases and preventable death.
- Alcohol related chronic diseases and preventable deaths.

Injecting drug use

Best available data estimates that around 0.4% of Northern Territorians have injected drugs, compared to a national average of 0.3%.⁸ Injecting drugs can result in a variety of individual and social harms including the spread of blood borne viruses, discarded needles

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⁵ Drug Strategy Household Survey 2016

⁶ Northern Territory Medicare Local (2014) *Comprehensive Needs Assessment Report 2014-15*. NTML Darwin phcris.org.au/organisation/ml_cna/pdf/701/2014_cna_report.pdf

⁷ Bryant et al, 'Illicit and injecting drug use among Indigenous young people in urban, regional and remote Australia' (2015) 35(4) *Drug and Alcohol Review* 447-455
onlinelibrary.wiley.com/doi/abs/10.1111/dar.12320

⁸ National Drug Strategy Household Survey 2016

posing a risk to the community and overdose deaths. The Northern Territory has the highest rate of Hepatitis B in Australia.⁹

The Northern Territory undertakes the following to reduce harms associated with injecting drug use:

- The provision of needle and syringe exchange programs.
- Opioid replacement therapies.¹⁰

However, NT has the lowest rate of clients receiving pharmacotherapy in Australia and there is limited access to the Needle and Syringe program in remote areas. Moreover, Northern Territory is the only Australian jurisdiction which does not have after-hours access to sterile injecting equipment or offer outreach services to people who inject drugs.¹¹

Expansion of both of these programs would assist in reducing drug related harms in the Territory. Programs that could be trialled include the provision of a medically supervised injecting centre in the region as well as the provision of heroin assisted treatment.

Medically Supervised Injecting Centres

Australia currently has two medically supervised injecting centres, the Sydney Medically Supervised Injecting Centre (MSIC) in NSW and the recently opened North Richmond Medically Supervised Injecting Room in Victoria.

The Sydney MSIC has been operating for nearly two decades and in that time has drastically reduced drug related harms in the area.

World-wide there are more than a hundred peer reviewed papers showing benefits of medically supervised injecting facilities. Safe injecting facilities globally have been shown to:¹²

- Prevent drug-related deaths
- Prevent needle-sharing
- Improve the general health people who use drugs
- Reduce injecting and used syringes and drug-related litters in public places

Within its first two months, the North Richmond medically supervised injection room in Victoria provided for 8000 visits, prevented 140 overdose deaths and decreased emergency call outs within the

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⁹ Northern Territory PHN Drug and Alcohol Treatment Needs Assessment June, 2017

¹⁰ National opioid pharmacotherapy statistics (NOPSAD) 2017

¹¹ Northern Territory PHN Drug and Alcohol Treatment Needs Assessment June, 2017

¹² Joseph Rowntree Foundation, 'Drug Consumption Rooms - Summary report of the Independent Working Group' 23 May 2006 jrf.org.uk/report/drug-consumption-rooms-summary-report-independent-working-group

area.¹³ There has never been a fatal overdose in any safe injecting facility anywhere in the world.

Heroin assisted treatment

Heroin assisted treatment involves supervising prescribed pharmaceutical heroin with intensive psychosocial support to people with severe heroin dependence who have not benefitted from other treatments. The outcomes of reduced drug use and reduced criminal activity have significant benefits to the community as well as the person in treatment.

Evaluations overseas have found that heroin assisted treatment resulted in *better* outcomes than standard pharmacotherapy programs.¹⁴ There are also indications that heroin assisted treatment can disrupt heroin markets and have an impact on supply reduction.¹⁵

Given the potential benefits of heroin assisted treatment for the most complex of opioid-dependent clients, it should be made available in the Northern Territory.

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MDMA

Very few people need treatment for MDMA but there are a number of acute harms from recreation use, and harm reduction efforts are best focused on this group. The Northern Territory does not have a targeted harm reduction intervention for reducing MDMA ('Ecstasy') related harms in the region.

Drug checking is a harm reduction service that checks drugs for harmful adulterants before use. MDMA was originally a pharmaceutical drug that has a relatively low level of harm in its pharmaceutical form. However illicitly manufactured MDMA has many dangerous additives and every year at Australian festivals many young people overdose, some fatally, as a result.

Several European countries have had drug checking procedures in place, some since the 1990s. These include Netherlands, Switzerland, Austria, Belgium, Germany, Spain and France.

¹³ ABC News, 'Melbourne Safe Injecting Room Saving Lives' 31 August 2018
<http://www.abc.net.au/news/2018-08-31/melbourne-safe-injecting-room-saving-lives-director-says/10186564>

¹⁴ Strang et al, 'Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction' (2015) 207(1) Br J Psychiatry. 5-14. <https://www.ncbi.nlm.nih.gov/pubmed/26135571>

¹⁵ Killias and Aebi, 'The Impact of Heroin Prescription on Heroin Markets in Switzerland' (1999) 11 Crime Prevention Studies 83-99 <https://www.tni.org/es/node/16968>

Benefits of drug checking include:¹⁶

- Increasing health information for brief intervention and treatment.
- Alters behaviour of people who use drugs by highlighting discrepancies between what people think they are taking and what they are actually consuming.
- Allows monitoring of drug trends, not possible through traditional research methods.

A recent drug checking trial at the Groovin' The Moo festival in the ACT this year found a number of lethal substances in pills users believed to be MDMA.¹⁷ This reflects the potentially life-saving impact of allowing drug checking services within clubs and festivals in the Northern Territory.

Regardless of whether one believes that young people *should* be using drugs, the reality is that some will. Remembering that most people who use illicit drugs, like Ecstasy, do so only occasionally and for a short period in their lives, mostly in their 20s, it should be a priority to ensure that they are safe going through what is for most a temporary, experimental period with illicit drugs.

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Tobacco

Given the relatively high prevalence of regular smokers in the Northern Territory, it is worth exploring harm reduction initiatives available for tobacco related harms.

Harm reduction interventions for tobacco in Australia have traditionally not been widely accepted, with tobacco control largely focused on decreasing access and increasing the cost of tobacco products. While these strategies have been beneficial in reducing the prevalence and incidence of smoking, especially among young people, the percentage of people who smoke seems to have stabilised and there is a significant burden on people who has significant difficulty quitting, such as socially marginalised people and people with mental health disorders.

One intervention that holds promise as a harm reduction tool, but remains controversial amongst public health bodies, is the use of nicotine containing e-cigarettes, the practice commonly referred to as 'vaping'.

¹⁶ EMCDDA, 'An Inventory of On-site Pill Testing Interventions in the EU' (2001) www.emcdda.europa.eu/attachements.cfm/att_2878_EN_pill_testing_report.pdf

¹⁷ Harm Reduction Australia: <https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>

E-cigarettes provide a less harmful alternative to tobacco smoke, whilst providing similar psychosocial experiences for users to ease their transition into a smoke-free life.

Although some public health organisations do not endorse their use,¹⁸ a Cochrane systematic review has concluded that e-cigarettes are significantly safer than tobacco cigarettes¹⁹ increase the changes of quitting smoking.²⁰ A growing number of public health experts and harm reduction advocates, along with Royal Australian and New Zealand College of Psychiatrists and the Drug and Alcohol Nurses of Australasia, see e-cigarettes as a tool to reduce tobacco related harms.^{21,22}

E-cigarettes are currently unable to contain nicotine as a result of a decision by the Australian Therapeutic Goods Administration to classify such products as Schedule 7 under the Poisons Standard.

It is recommended that the Northern Territory advocate for the rescheduling of nicotine containing e-cigarettes in order to allow the introduction of this harm reduction tool.

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Broader changes

Beyond dealing directly with specific substances in the Northern Territory, there are broader structural changes that can assist in reducing drug and alcohol related harms including the expansion of treatment services and the decriminalisation of currently illicit drugs.

Expansion of Treatment

A comprehensive AOD service system includes a choice of accessible and timely services including low intensity and harm reduction services (such as needle and syringe programs, brief interventions), high intensity outpatient services (such as counselling, care and recovery coordination (CRC), therapeutic day rehabilitation and non-residential withdrawal) and high intensity inpatient or residential services (such as inpatient or residential withdrawal and residential rehabilitation). A range of specialist services is also required such as Aboriginal AOD services and Youth AOD services.

¹⁸ Australian Medical Association, 'Not Easy When It Comes to -Cigarettes'
<https://ama.com.au/ausmed/not-easy-when-it-comes-e-cigarettes>

¹⁹ <https://www.bmj.com/content/360/bmj.j5543>

²⁰ https://www.cochrane.org/CD010216/TOBACCO_can-electronic-cigarettes-help-people-stop-smoking-and-are-they-safe-use-purpose

²¹ Royal Australian and New Zealand College of Psychiatrists, submission on E-Cigarettes
<https://www.ranzcp.org/News-policy/News/RANZCP-submission-on-the-use-of-e-cigarettes-and-p>

²² Drug and Alcohol Nurses of Australasia, Position Statement on E-Cigarettes
<https://www.danaonline.org/dana-position-statement-on-e-cigarettes/dana-position-statement-on-e-cigarettes-2017-updated-october-2017/>

360Edge recommends a diversity of alcohol and drug treatment services in the Northern Territory, including a comprehensive evaluation of service gaps and the allocation of funding to areas in need.

Given the higher population of Aboriginal clients within the region, there are more complex AOD service needs. Alcohol and drug use is symptomatic of underlying social and economic disadvantage and social exclusion further exacerbated by factors including inter-generational trauma.

Alcohol is the most common principal drug of concern in treatment settings in the Northern Territory, comprising 62% of clients.²³ The alcohol-related death rate of Aboriginal and Torres Strait Islander populations in the Northern Territory Territorians is more than three times the national average, and twice as high as non-Aboriginal and Torres Strait Islander people.²⁴ There is therefore a need for an expansion of culturally appropriate alcohol treatment services in the region.

The Northern Territory PHN needs assessment for alcohol and drug services provides general guidance on service gaps, some notable findings include:²⁵

- Crisis accommodation for women who inject drugs is very limited to non-existent.
- Residential treatment programs don't offer space for children and mothers, therefore mothers unlikely to seek assistance.
- Sobering up shelters will only accept people who can stand up and shower themselves, if not accepted these complex clients are admitted into hospital.
- There are not enough residential rehabilitation places for those who voluntarily seek help.²⁶
- There are very few dual diagnosis treatment services in the Northern Territory and consumers with dual diagnosis report being turned away from both mental health and substance abuse services.

AOD treatment offers a strong return on investment, with a cost-benefit ratio of \$7 being saved for every \$1 spent.²⁷ Clients of

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²³ Australian Institute of Health and Welfare 2016 *Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)*

²⁴ Northern Territory Government (2009) NT Chronic Conditions Prevention and Management Strategy 2010-2020.

²⁵ Northern Territory PHN Drug and Alcohol Treatment Needs Assessment June, 2017

²⁶ House of Representatives Standing Committee on Indigenous Affairs (2015) *Alcohol, hurting people and harming communities. Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities Canberra: Commonwealth of Australia*

²⁷ Ritter at al, 'New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia', (2014) Drug Policy Modelling Program, NDARC.

alcohol and other drug services often have very complex health and social needs and require practitioners who have a high level of skill. This is difficult to achieve if treatment services are inadequately funded.

Decriminalisation of Drugs

Efforts to reduce the harms of illicit drugs are severely hindered by the criminalisation of drug possession and use. The Northern Territory (along with SA and the ACT) has decriminalised possession and use of a small amount of cannabis.²⁸ 360Edge recommends that decriminalisation is expanded to all currently illicit drugs.

There are no clear benefits from criminalisation of illicit drugs. Some of the major harms from using illicit drugs are precisely because they are illegal. A significant harm is having a criminal record for possessing drugs that are for personal use. This can negatively impact a person's future, including careers and travel.

A large proportion of the work of the justice system (police, courts and prisons) is spent on drug-related offences. Yet, as Mick Palmer, former AFP Commissioner, has noted "drug law enforcement has had little impact on the Australian drug market".²⁹

Under decriminalisation illicit drugs remain illegal, but people do not receive a criminal record. Drug trends data from NT, SA and ACT shows no impact of decriminalisation on the prevalence of cannabis use in the community, suggesting it is a low risk strategy with potentially significant benefits to the community.

Decriminalisation reduces the involvement of the justice system and allows existing resources to be better used in support clients into treatment services.

Evaluation of drug decriminalisation in countries such as Portugal has found that removing criminal penalties increased the number of clients accessing alcohol and drug treatment and did not result in increased substance use.³⁰

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²⁸ Hughes, C., Ritter, A., Chalmers, J., Lancaster, K., Barratt, M. & Moxham-Hall, V. (2016). Decriminalisation of drug use and possession in Australia – A briefing note. Sydney: Drug Policy Modelling Program, NDARC, UNSW Australia.

²⁹ Palmer, M 'After 33 years, I can no longer ignore the evidence on drugs' *Sydney Morning Herald* 7 June 2012 <<https://www.smh.com.au/politics/federal/after-33-years-i-can-no-longer-ignore-the-evidence-on-drugs-20120606-1zwpr.html>>

³⁰ Hughes and Stevens, 'What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?' (2010) 50(6) *The British Journal of Criminology* 999-1022
<https://academic.oup.com/bjc/article-abstract/50/6/999/404023?redirectedFrom=fulltext>



360Edge is grateful for the opportunity to comment on these issues and is available for further consultation in the development of the plan if required.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Nicole Lee', with a small dot at the end.

Professor Nicole Lee
*Director at 360Edge and Adjunct Professor at the National Drug
Research Institute*

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