



# BushMob

GROG, SNIFFING, DRUGS, CRIME, VIOLENCE.  
NO GOOD.

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## Submission by Bushmob Incorporated to Legislative Assembly of the Northern Territory

### “Ice” Select committee

Bushmob Incorporated is currently funded by the Northern Territory Department of Health and the Commonwealth Department of Prime Minister and Cabinet Indigenous Advancement Strategy, Safety and Wellbeing Program Stream to provide a 20 bed Residential Treatment Service, Bush Adventure Therapy and Outreach programs for young people aged 12-25 experiencing significant harms from Volatile Substance Abuse, Alcohol and other Drugs Abuse. We are located at 36 Priest Street in Alice Springs.

The programs areas fit around initial medical assessment ,structured days, return to school, training or work, Bush adventure Therapy, Mainstream therapies/ counselling and group sessions around AOD misuse and Horse/culture/healing developed through Indigenous cultural perspectives.

The main drugs of choice in descending order over the past 18 years have been Alcohol, Marijuana and Volatile Substance abuse and then amphetamines “speed”. The aforementioned drugs have usually been combined or poly drug use, due to supply and trend issues. Methamphetamine use isn’t new, but the dangerous crystallized form ice is as one of the most powerful stimulants on the illicit market.

Our data is collected by the Northern Territory Department of Health Alcohol and other drugs Program for the National Minimum Data Set (NMDS) and by the Commonwealth Government Ochre Streams Data set.

Limited clients experiencing substance misuse issues with “Ice” entered our service in 2013 - 2014 beginning with an Indigenous male client from Victoria aged 24 years old. In 2015 we have treated X1 20 year old white male from Alice Springs and X1 16 year old Indigenous female from Katherine so far. With these clients we have experienced violence, paranoia, drug induced psychosis and deception which reflect common behaviors. Their detox needs and behaviors have affected the group dynamics of the other Young people, whose issues have been around Alcohol, Marijuana and Volatile Substance misuse and challenged staff unused to dealing with Ice.

With the closure of three Alice Springs Properties manufacturing Methamphetamine in recent months we expect and through discussions “on the street” a gradual increase over the coming months.

Alice Springs has two Adult AOD Residential Services (DASA and CAAAPU) and one youth AOD Residential Service (Bushmob). Adult treatment is different from Youth treatment as by definition youth covers a vast developmental range and hopefully the opportunity to intervene affect **prevention strategies earlier in addiction cycles**. Current costings for AOD service provision across both domains would need to be redefined and costings to deal

with the emergence of any ongoing rehabilitation or treatment strategy to deal with Ice would need to include;

### **1. Occupational Violence prevention/ Restraint capacity options and training.**

Current training in AOD Certificate 1V does not adequately prepare our workers who will and have come into direct contact with people affected by Ice. We would need added access to and financial assistance in training for our frontline workers to prevent occupational violence associated with working with ice users.

### **2. Addiction Specialists or access through smart use of Technology**

We would require access to and additional addiction medicine specialists within the NT Health system

### **3. Added Infrastructure to deal with detoxification of Ice specific clients.**

Down south the rule of thumb is that it is better to undergo supported detox in familiar safe surrounding prior to entering treatment or rehabilitation programs. This would be unlikely or almost impossible for many Indigenous clients from town camps or remote communities. Bushmobs current facility does not have the separation from other AOD clients required for a quiet 7-10 day detoxification suggested for a heavy ice user. In Bushmob case we have space in our carpark for a transportable set up fit for purpose subject to lease negotiations and funding.

### **4. Added Staff**

Our current staffing just covers 20 young people. Our Staff client ratio during peak times (2pm -10pm) X4 staff to X20 YP 1:5. Other shifts are covered by X3 staff. Bushmob would need additional staffing to cope with any more than X2 Ice users in detox.

**Recent Media articles paint a picture e.g.** :Banyan House in the NT News talk about similar issues around staffing and additional infrastructure : ABC Ice addiction Growing numbers of Australians travelling to Thai drug rehabilitation centres

### **Known spending/funding interstate**

State Government Victoria *Ice Action Plan* = \$45.5 million

*\$ 1million Supporting Frontline Workers and training.*

*\$18 million to expand Drug Treatment*

Commonwealth annual spend on treatment and rehabilitation=\$ 200 million

NT additional new Ice specific?

### **5.16/01/15 notes on site visits/discussions by Bushmob Psychologist.**

#### BushMob scoping and ICE /Victorian site visits and discussions

Due to the expected increase of ICE use in the Northern Territory, BushMob have investigated the practice of two well-regarded Australian drug rehabilitation facilities: Re-Gen (formerly Moreland Hall) in Coburg, Melbourne and the Stimulant Treatment Program at Sydney's St.Vincent's Hospital.

Re-Gen is a drug and alcohol rehabilitation facility in Melbourne that includes a 7 day detox program for youth. They have some experience with ICE users and an evaluation of best practice for adult ICE users is currently being conducted by the organisation.

In terms of detox, Re-Gen conduct the “crash”, or initial come down, off premises. As extended periods of undisturbed sleep are required, the facility is considered “too noisy” and the clients are not capable of joining the activity program. Sleeping occurs at the client’s house with outreach nursing support and medication: Valium, paracetamol or Ibuprofen for headaches and natural medicines (magnesium which is a muscle relaxant and multi vitamins). Good food is also an important part of the detox process. The initial detox takes from 3 - 4 days. A quiet, familiar environment where the withdrawal is undisturbed is thought to reduce aggression. While increased aggression is a hallmark of ICE use, Re-Gen report that during withdrawal aggression is most likely a response to feeling provoked by being disturbed and having unrealistic expectations, like joining group activities, put upon them.

Once the initial detox is over the client enters the facility and joins in the normal activities of the unit, which includes drug education and therapeutic activities. The activity program is generic and applies to clients detoxing from the full range of drugs.

Brian Francis from the Stimulant Treatment Program at Sydney’s St.Vincent Hospital believes that in terms of staff interaction ICE users do not respond well to direct challenging and that interventions should be strength based with a focus on personal responsibility. He also said that in general ICE users are “high energy people”; that is, personality drives drug of choice, and once they have regained their energy it needs to be positively re-directed.

Given that in general the advice is congruent with general rehab practice, BushMob currently has a limited capacity to meet the needs of ICE users. Our predominantly Indigenous client base would be unlikely to be able to detox “at home” which would mean we would need an adjacent facility. However as is happening now, the need for a quiet environment for the initial detox has required the designation of a room for ICE users that is as separate as possible from other drug use clients. Recognition of the need to “sleep it off” would be required before joining in the normal BushMob program and food may need to be provided by staff in that initial period. The medical pharmacotherapy and health needs would be met by the BushMob doctor. *Phillipa Castle Bushmob Psychologist*

#### **Summary.**

- **AOD Services affected by funding cuts or no change through recent Indigenous Advancement Strategy (IAS)**
- Bushmob and the AOD sector would need additional Infrastructure and staffing to deal with growing numbers of Ice users between the ages of 12-25.
- Bushmob and AOD Staff would need additional training and support, possible legal issues with restraint and seclusion
- Bushmob is not a lockdown or secure facility and YP can leave if they wish.

Respectfully yours

Will Macgregor

CEO Bushmob