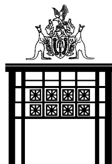

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

'Ice' Select Committee

Public Hearing Transcript

10.45 am – 11.15 am, Friday, 19 June 2015

Litchfield Room, Level 3, Parliament House

Members:	Mr Nathan Barrett, MLA, Chair, Member for Blain Ms Lauren Moss, MLA, Deputy Chair, Member for Casuarina Mr Francis Kurrupuwu, MLA, Member for Arafura Mr Gerry Wood, MLA, Member for Nelson
Witnesses:	**Department of Correctional Services** Salli Cohen: Executive Director, Youth Justice Dave Ferguson: Director of Professional Standards Angeline Swan: Forensic Psychologist, Youth Justice.

Mr CHAIR: On behalf of the committee I welcome everyone to this public hearing into the prevalence, impacts and government response to the illicit use of ice in the Northern Territory. I welcome to the table to give evidence to the committee from the Department of Correctional Services Salli Cohen, Executive Director, Youth Justice, and with her Mr Dave Ferguson, Director of Professional Standards.

Thank you for coming before the committee. We appreciate you taking the time to speak to the committee and 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. This is a public hearing and is being webcast through the Assembly's website. 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 the committee to go into a closed session and to take your evidence in private.

I will ask each witness to state their name for the record and the capacity in which they 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 today.

Ms SWAN: Angeline Swan , forensic psychologist, Youth Justice.

Ms COHEN: Salli Cohen, Executive Director, Youth Justice, Department of Correctional Services on behalf of the commissioner, Ken Middlebrook.

Mr FERGUSON: Dave Ferguson, Director of Professional Standards, Northern Territory Correctional Services

Mr CHAIR: Would you like to make an opening statement?

Ms COHEN: Briefly, to provide further insight on the submission we provided we will be talking today about adults in Correctional Services - adults who are clients in our systems - young people between the ages of 10 and 18 in the youth justice system, and those adults and young people who are under the supervision of Community Corrections.

At the moment there are 1593 adults in the adult system. In youth justice - I am talking detention only - there are 44 kids, the total of Alice Springs and Darwin, and in community corrections we have a total of 1184 clients, which is a mix of adults and kids in the system.

I understand a number of charts have been provided to you with statistics and data that has been collated. Fortunately, we are also in receipt of the services of Mrs Caroline White, who has been doing some preliminary work. That is in your pack and we are more than happy to talk to you about that later. This is preliminary data and we are looking at how to best interrogate this data and determine responses to a prevalence of ice.

I would also like to point out that when we are referring to the young people in our system, young people coming into our system with what appears to be withdrawal from ice - we cannot forget they are often exposed to using and abusing a number of substances of which ice is but one. That is another complex layer on a range of challenging behavioural issues, cognitive disorders, and foetal alcohol syndrome spectrum disorder. The message I want to say is yes, ice is critical for us. It is very concerning but we are managing it a complex environment.

A lot of my brief statement is based on anecdotal and observed evidence. We are starting to collect the data. We understand that availability and purity of ice is on the increase. Those people who come to us - this is predominantly in the youth justice system or those brought into our care - undergo significant, highly violent, highly concerning, highly psychotic episodes of withdrawal for about the first two weeks. We see the ongoing trauma that is left behind from ice. We see it as long-term damage - is it is not something you recover from - and we also understand from the children - it is interesting to note the kids are quite comfortable to say, 'Yes, I just used ice before I came in', or 'Yes, I just used marijuana'. They are quite comfortable to let us know.

It is very concerning that young boys are being groomed to commit crimes and be paid for in ice, and young girls are being sexually groomed and asked to perform sexual acts to be paid for in ice.

We also notice the intergenerational impact. If there is more than one family member and more than one generation they are being affected by not only ice use but other substances. We are also aware of an increased number of cooks of ice in the Territory. We are seeing a change in offence type, especially in youth justice, where their offences are becoming far more violent than what we once typically called a youth offence. The severity of offences linked to drugs is increasing, and we have seen that over the last three years.

I would like to make a difference between Alice Springs and Darwin. In Alice Springs we are not seeing the prevalence of ice or what we believe to be ice as we are seeing in Darwin. We have a smaller number of offences coming through the system. We believe - I will have to check this on the data in the adult system - people are being charged with a meth offence and coming into the system, but certainly it is more apparent.

We have drug dogs, as you would know, go through the adult and youth centres. They also go through the visitor’s areas and we are also using them through staff. We are taking the drug dogs in Alice Springs to schools to show kids that these are one of the tools we are using. We have also recently purchased - I will refer to my colleague, Mr Ferguson - three units to do drug detection. We believe this is really important if we get it identified that one of our clients has had a recent abuse of a substance, in particular ice, and this would be very beneficial if it was done in the police watch house in the first instance. Obviously, the longer they spend in the watch house before they come to us the longer the ice or other substance has to get out of their system. Mr Ferguson could perhaps explain that.

Mr FERGUSON: The department, as part of an ongoing effort to detect drug use coming into the system, has purchased some machines recently. These machines are capable of testing mucus from the mouth. It is a very quick system and gives you a result in approximately one minute if a drug is active in the system. That is particularly useful for when someone initially comes into custody, either juvenile or adult. Therefore, for us it is somewhat difficult to use because by the time they spend X amount in police custody generally the drug, particularly if it is ice, has gone out of the system and will not be detected that way. However, the machine is also used for trace testing, which is what we believe is the most useful thing to do.

For example, if you were to take a trace off someone’s hands who had used ice or any other drug within up to the last three days it will show on the machine. That gives you an idea, an intel-perspective that this person has had contact with that drug within that last time frame and you can plan for that. You can put them into programs accordingly. It is not to be used for sentencing purposes or things like that because we cannot do that as corrections. Police could possibly do that but we cannot.

It is very useful for us, for intel, to detect what drugs are coming into the system and what people have used before they come in

Ms COHEN: Mr Chair, in conclusion we are facing a big challenge. Our staff are not trained to cope themselves – going home at the end of the day after dealing with someone going through withdrawal from any substance is challenging and ice is particularly challenging. We need mental health responses to this and we need to enhance the skillset.

The number of people in the Territory who can provide this service – we find that when somebody is received into our care for two weeks, if we are managing a very frightening withdrawal episode, it is very difficult for our staff to manage that.. We believe this is an opportunity to provide some solutions. We think an increase in education, not only for our staff, the prison detainees and the other people in our care, but across the board, and some very serious and quite challenging educational programs are required.

We are concerned about the young people who have been groomed for all the wrong reasons and are obliged to undertake acts they should not be thinking about. We also believe – I believe the public sector is getting far better at this, but sharing our information and knowledge. I said earlier we work very closely with the Department of the Attorney-General and Justice and also the Department of Children and Families. If we share this information we have a better chance of getting a handle on it and responding and having the right people doing the right bit in their response.

Mr CHAIR: You said Youth Justice suggests an imperative need for legislative review. What precisely do you mean by that and what areas of the legislation do you think need review?

Ms COHEN: One of the things we need to look at in what we can and cannot do in our response, when I refer to the *Youth Justice Act* - it is a fairly recent act, the former Correctional Services Act that was written in the 1990s – 2008, 2009 and recent updates in 2014 – we do not have any provisions for how we manage and what responses we need for young people affected by ice. Is it appropriate to send a young person to

detention if they are going through withdrawal symptoms or should they be going to withdrawal facilities? How do we manage that in the legislation if there is also crime involved?

Our role is not to impose more charges, although sometimes that happens in our work environment, but we have to get them into a position where we can start to work with them and do the criminogenic-focused programs. We need more flexibility and interjection from other areas in the legislation.

Mr WOOD: This may be a political question but there have been issues in relation to youth justice recently. Is any of that related to drug abuse, especially ice?

Ms COHEN: I believe Ms Swan will be able to respond to this as well, but the six detainees with whom we are having significant challenges at the moment have all self-reported ice use. Have all six?

Ms SWAN: I would the majority of young people involved in high-risk behaviours within Youth Justice have reported recent methamphetamine use.

Mr WOOD: I presume that is a serious issue for your department.

Ms SWAN: Yes, very.

Mr WOOD: We know the percentage of Indigenous people in prison is high. I presume that is the same for youth?

Ms COHEN: It is worth with youth.

Mr WOOD: One of the submissions we received said there is no evidence to show Indigenous people are using ice anywhere near the amount of non-Indigenous people. Is that reflected in your figures from Corrections?

Ms COHEN: In Youth Justice today it is 100% Indigenous. Yes, there is a problem with Indigenous Territorians. In the adult prison it is about 86% Indigenous. Predominantly, the work is with Indigenous Territorians. I am not able to comment on whether or not it is worse.

Mr WOOD: Is there a breakdown between urban Indigenous and remote Indigenous?

Ms COHEN: We can pull that data together. Depending on where the facility is -you have work camps for the adults spread across the Territory. You have the work camps in Nhulunbuy and in the Barkly, which are obviously more remote. At Don Dale Youth Detention Centre it is predominantly an urban population that we see reflected. We get some kids from other parts of the Territory, and occasionally a kid from Alice Springs will come up.

In Alice Springs -I will get the exact data for you - currently it is predominantly Alice Springs town camps. We will get kids in from Yuendumu and others - we have started to identify which town camps. You will have a breakdown of urban and remote, but there is a high number of urban.

Ms MOSS: Thank you, first of all, for being so frank in your account of the current situation. This is an opportunity to provide solutions.

Is it a fair assessment that workers are regularly addressing drug and mental health issues within the system they are not trained for?

Ms COHEN: Yes.

Ms MOSS: What measures should be in place to provide a safe environment for the people who work there, and they young detainees and the adults?

Ms COHEN: Ms Moss, I will ask Mr Ferguson to respond on the adult facilities, and then I will respond on the youth facilities.

Ms MOSS: Yes, however you want to answer the question is fine.

Mr FERGUSON: All prison officers receive a certain level of training with regard to aberrant behaviours, whether it is caused by drug abuse or for some other reason - how to deal with it. We also work closely

with Health. We now have Health within the prison itself all the time. Health is our provider now rather than a private provider. It is an issue if - regardless of how much training you can give in a short amount of time to prison officers, for example - talking about adult correction only – more can always be done, there is no doubt about that. We believe we do the best we can, and there is a constant learning and training and update as things arrive, but they are all taught how to deal with things at a low level. They are not qualified health professionals, but they have access to those professionals when issues are identified and they are referred through.

Ms MOSS: Thank you.

Ms COHEN: In relation to youth detention, and as Mr Woods referred to earlier, obviously we are going through a number of challenges, a number of which have been discussed quite publicly. One of those is, for the first time, youth justice officers will undertake training. Our colleagues in the adult system have what I call the luxury of 11 weeks training, and then they go on the job for the remainder of a full year shadowing senior staff - people who have had a lot of experience.

Our staff have had very limited *ad hoc* training. This is not tongue-in-cheek. Sometimes it might be as little as three days and they are given a set of keys and ‘fill your boots’. We are rolling out a Certificate III in Correctional Practices Youth Justice as of August, but as Mr Ferguson said, there are units within that, for example Indigenous Mental Health First Aid. That will provide our staff with an understanding and ability to recognise certain behaviours, certain actions or certain responses. It certainly does not train them in how to respond. I think their response would be, ‘I need to get on the blower.’

As I referred to earlier, and I cannot underestimate the lack of child and adolescent forensic mental health in the Territory - this is appalling. We struggle, and we go beyond struggling daily, with issues that we cannot manage. It is a challenge across the youth justice - and I hope I am not speaking out of turn – the child protection systems, and we must build a capacity in the Territory to respond.

As I said earlier, my colleague, Miss Swan, is a psychologist and that is a very different service provision. We need mental health, we need mental health support, and we need it ongoing in the community. It is not only while people are in our care, it is critical when they leave our care.

If I may refer to another concern that is of great importance to the government, we know that while young people - and we are seeing a lot of it - will attempt numerous times to commit suicide, the greatest risk is when they leave our care and there is no service provision around them. While this is a challenging behaviour and, I believe Mr Wood, it is also linked to their drug use and their poly drug use and substance abuse, there is a response. You see it and you are responding.

We understand from research that has been done by specialists working with youth suicide that the greatest risk is when they go home and there are not the services. It is very clear that while there is a dearth of systems and services in our bigger towns, there is zip in remote and regional areas, and that is frightening.

Ms MOSS: I have some further questions around it, and it would be helpful and perhaps something we can do later, if we can get some of the definitions around some of the services for the benefit of committee members …

Ms COHEN*:* Of course.

Ms MOSS: … but the submission says treatment options for young people are scarce and not available within youth detention centres. What do you see as essential treatment services that should be available to young people within our detention centres?

Ms SWAN: I think specialised substance use treatment programs are imperative. At present in Don Dale Youth Detention Centre, Catholic Care is providing the Daisy program. They do that through our educational program, so it targets a range of substances and a range of young people as well. A lot of our young people who have reported methamphetamine use have also reported they do not want to change that behaviour. It is difficult to provide high level services at this point in time when those young people are not in a position to change.

The best we can do at the moment is programs like Daisy, which targets all the young people and can motivate them to start thinking about their drug use behaviour and provide them with more of a platform to see the positives and negatives of what is going on and decide they want to make changes. At that time it

would be more appropriate to have more one-on-one specialist treatment with the young people and work with them on their goals around drug use.

Ms MOSS: In regard to the fact that we have workers within both the youth and the adult system dealing with very stressful situations, what would you like to see as support for workers? What exists at the moment, and what do you think needs to be done to support workers in those situations?

Ms COHEN: I might start on youth then I will hand over to you.

One of the comments I was going to make following Ms Swan is one of the greatest challenges we have is the majority of our population in detention centres are on remand. Today - I do not have the numbers right in front of me, but yesterday - and I will come back to you with the exact number - I think I said this morning we had 40-odd kids in detention, only a handful of those will be sentenced. I think we are travelling at eight or 10 at the moment, which is high.

The majority of kids are on remand. They will come in and out. We are limited in what we can do in services and limited in what we can do in services during the length of their remand period. You have somebody coming in who might have been on a charge of X, but they have also been using ice. They are with us for two weeks and there is only so much you can do and I think we need to handle that better. We should not have so many children in detention on remand. There should be some alternative detentions, which do not exist in the Territory, and that is something we are working on.

I believe, and will say it again, we need child and adolescent mental health services. That is an absolute necessity, and we need health professionals who can respond. As I said earlier, it is not just ice. We might have children on a range of medication or who go through an episode and are given a different medication. Our youth justice office staff are expected to give that medication to the kids. You might be giving Panadol - we do it at home, we give our kids - the doctor says, 'Give this'. It is a frightening environment to work in with so much stuff going on so we definitely need targeted health and child and adolescent forensic mental health support in the systems.

Mr CHAIR: For whatever problems – and I am not diminishing the problems - but because this is an ice committee looking at issues particularly around ice, I understand there have been recent …

Ms COHEN: That is correct.

Mr CHAIR: … a report came out recently which made some recommendations. I know an internal one done recently which will make further adjustments. The committee needs to know about ice. Of the issues you are talking about, how does ice contribute to the issues you are having and can you substantiate that?

Ms COHEN: In substantiating the data, no we cannot because we have not being doing drug testing coming in. It is anecdotal and observed and the kid self-reporting. Health has advised me that self-reporting is useful data. My answer does not change.

Mr CHAIR: We asked them the same question. We will look at that because we are aware of both sides of that coin. Because we have less than a minute left, I need you to make clear the effect of ice so we can make valid recommendations.

Ms COHEN: My response does not change, Mr Chair. We absolutely need time child and adolescent forensic mental health in the system supporting the problems we have with ice. We need to be treating this as oppose to charging children, and we need to be getting rid of the predators.

Mr WOOD: There would be a reason young people are getting involved in ice?

Ms COHEN: That is correct.

Mr WOOD: Do you investigate that? Is there room for government to intervene in these areas? Is it family breakdown? Is it a whole range of things? Is there something you can say is uniform across the board for these young people in their background?

Ms SWAN: The reason young people use methamphetamines is the same reason they use other substances. The reasons are so wide-ranging we could list a million right now. There is, as you have said, family dysfunction, difficulty managing emotions, prior trauma, and a whole range of reasons why young

people are using methamphetamines. They are definitely investigated and case planned, and the best treatment services for those issues are identified and worked with for the young people.

Mr WOOD: Is family and community services involved there?

Ms COHEN: We work closely with the Department of Children and Families. There is a lot more work to be done. Early intervention and prevention is a mammoth task, and we have to get all the agencies focused on it.

I might add one other thing, Mr Chair, and that is having testing down in police watch houses far earlier so we are getting the information and the data. We have material we can send to you on what those machines look like and how they work. We are happy to do that.

Mr CHAIR: Thank you for coming today. Thank you for your frankness and for giving us the information that will help us put together some recommendations. I appreciate it.