



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

'Ice' Select Committee

Public Hearing Transcript

11.00 am – 11.30 am, Tuesday, 21 July 2015

Andy McNeil Room, Alice Springs Town Council

- 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:**
- BushMob**
 - Will MacGregor: Chief Executive Officer

Mr CHAIR: On behalf of the committee I welcome both of you 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 BushMob, Will MacGregor, Chief Executive Officer. Thank you for coming before the committee today.

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 MacGREGOR: I am the Chief Executive Officer of BushMob.

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

Mr MacGREGOR: Yes, I thought it was important to make a submission to the committee on what I think is a lack of preparedness in the Northern Territory on the upcoming surge of ice use. There is a certain amount of hysteria in the media around the issue, but in a way that is a good thing because nobody is prepared for it. Our service certainly is not, and we currently have five young people who have accessed ice. This has already created some concern around how we manage our business. It is not the same as alcohol, marijuana, other amphetamines, petrol, glue, and paint etcetera. Some of the management issues are very different, particularly around paranoia and psychosis and the level the person is at when we receive them from wherever they are coming from.

We take referrals from all over the Northern Territory. By that I mean Darwin down, and sometimes young people from Western Australia, Queensland, South Australia, Victoria, New South Wales and Tasmania in a fee for service capacity.

The key issues I think are relevant to most services would be researching issues in numbers of staff required, training frontline workers and the lack of funding around training frontline workers and the standard of training that is given out to all services whether they be adult or youth. We are one of the few youth services around drug and alcohol misuse. As far as I am aware, there is CAAPS in Darwin, which is predominately volatile substance abuse, so are we. Mt Theo is mainly the Warlpiri Triangle people. I am not sure what (inaudible), the private one in the Top End, is doing around ice. We sometimes have referral back and forth, and that is it in residential rehabilitation.

Mr CHAIR: How many people are you currently treating for ice?

Mr MacGREGOR: Five. We have 20 beds, and in recent months that number has gradually increased, so we are sort of one up

Mr CHAIR: Without divulging anything you are not allowed to, could you indicate what regions those five people come from?

Mr MacGREGOR: The Top End.

Mr CHAIR: All from the Top End?

Mr MacGREGOR: Yes.

Mr CHAIR: None from the Centre at this stage?

Mr MacGREGOR: Including Katherine.

Mr CHAIR: From Katherine to Darwin. There are 20 beds and five for ice?

Mr MacGREGOR: We have had referrals from Western Australia.

Mr CHAIR: Where? Regionally?

Mr MacGREGOR: Wyndham. There are a lot of kids and they are mixing ice crystals in their ganja and smoking. That is on top of all the other issues around sniffing and other things.

Victoria, we have always had - over the last five years we have had kids coming through, but Victoria is a different ball game. They have committed quite a lot of money to an ice strategy, including the stuff I mentioned around training and so on.

Mr CHAIR: One of our recommendations will be around up-skilling staff working in this area to handle that stuff better. What kind of training exists and what kind of training do you think - where is the deficit in the training specifically? Are there courses and where are they offered?

Mr MacGREGOR: A lot of people - it is not much different from drugs and alcohol, speed, ecstasy and normal amphetamine use, but because of the nature of the Territory - this is getting toward your training bit - quite often we will not know how much detox a young person has had before they arrive on our premises.

Mr WOOD: Do you detox at your premises?

Mr MacGREGOR: We can do pharmacotherapy-assisted detox. One of the reasons we are based in Alice Springs - BushMob - is access to clinical services, so Congress, emergency and other, and we have had a volunteer doctor for the last four years. That is useful, as well.

Ms MOSS: How often do you get that volunteer doctor - that clinical role in BushMob?

Mr MacGREGOR: Our doctor?

Ms MOSS: Yes.

Mr MacGREGOR: Pretty much every day - 24/7.

Mr CHAIR: Where else are you getting them for your rehab centre - where else is doing the detox and withdrawal before they come to you?

Mr MacGREGOR: Adult services do it. I know DASA used to do adult detox, I do not know if they still do. I am not sure about CAAAPU - detox?

Mr CHAIR: Do you perceive that as one of the bottlenecks - detoxing people?

Mr MacGREGOR: It is an issue because theoretically it is better to have the young person or person - say in Victoria, detox at home - supported detox in a home environment primarily because it is quiet, as in no noise stuff, then come into a program. In our case - because quite often we will not know what level of detox has or has not occurred, we could have someone coming into our mainstream service which is really noisy as we have young people from 12 to 25 years old. One of the triggers for setting people off and having them attack you or a staff member is too much noise. That is an issue.

Mr CHAIR: Is there an issue in the Northern Territory with detox withdrawal space?

Mr MacGREGOR: No, I think it would be very difficult in some remote communities or town camps for a person to be assisted to detox at home because of overcrowding and lack of housing all the things that we know about. It would be a big ask of any family group to do that, even if you had ancillary workers coming in on a daily basis or whatever.

Mr CHAIR: Are you finding that if someone has gone through that detox withdrawal program effectively and their detox is withdrawn before they get to you, would you say you have a better chance of rehabilitating them from that point?

Mr MacGREGOR: In our program yes, because that is how we are set up. But it is important to note that we do not know what level that person is at when they get to us. One of the reasons is we get referrals through the by-products of some court order system, self-referral, through the court as in bail and those sorts of things and by default, DCF clients as well who have complex and multi-issues. Quite often, that young person may be caught on the street in Darwin, Palmerston or Katherine, chucked on a bus and sent to us. So we do not know what has happened before that has occurred.

Mr CHAIR: So you have space for that detox withdrawal? You have a clinician who can come and do that there?

Mr MacGREGOR: No.

Mr CHAIR: It is not something you are set up for well?

Mr MacGREGOR: No, it is set up for it, because the facility is all one place with units and little dorms, but it is in one box. Right? It would be ideal to have a demountable in our car park where those guys were, because we view it that anyone coming down, because we do not know where they are, we need to look out now, just in case. Nothing has happened.

Mr CHAIR: So you really do not have an opportunity to have someone do an assessment on them before you accept that they are coming down?

Mr MacGREGOR: No.

Mr CHAIR: Is that something that could be ...

Mr MacGREGOR: Yes, it is. It could be a big part of it.

Mr CHAIR: Who does that? Some sort of clinician?

Mr MacGREGOR: Yes. But they would go back to the training stuff. You would have to have a good clinician to do that.

Mr CHAIR: Yes.

Mr MacGREGOR: Yes.

Mr CHAIR: So yes, you are going to BushMob but not yet.

Mr MacGREGOR: Yes.

Mr CHAIR: You need to give it another week of this detox withdrawal program or what not.

Mr MacGREGOR: Yes. The other issue for us is being attacked. We are not legally allowed to touch anyone, restrain anyone, secure anyone, so it makes it really difficult. It is a massive grey area across all service systems.

Mr WOOD: Are those people being sent to you under a court order, or are they voluntary?

Mr MacGREGOR: Both.

Mr WOOD: If it is under a court order, will that give you some powers of detention? If the court sent them to you as part of a court's judgment about that person, does that not then mean they have to stay with you?

Mr MacGREGOR: Yes, it does but we are not a secure facility.

Mr CHAIR: The other thing is it still does not change the rules of engagement, because if a kid fires off, you are still not allowed to restrain them or ...

Mr MacGREGOR: If someone is coming through the court system, generally they have been in Don Dale or Owen Springs or whatever. They have had the medical and some form of intervention, so generally we know they are going to be okay. The other thing is that with all these young people it is poly-drug use. It is more than speed, ganga or ice. It is whatever is available, or double. So it could be that they have been sniffing petrol, got some ganga, someone has put some crack in it, and they have smoked it all at the same time. So they do not say, 'That is my drug of choice'. Earlier when volatile substance abuse was really bad here, generally you knew that person was right into petrol, or paint or whatever.

Mr WOOD: I am checking to see what happens if someone is sent by the court, and they leave, is there any action taken because they have broken a court order?

Mr MacGREGOR: Yes. If we have someone bailed to us. Okay? We do not have locked gates. We have some gates to keep people from coming in, but if a young person was to go out, we say, 'It is not a good idea, but at the end of the day, rather than climb over the fence and cut yourself to pieces, we will open the gate and let you go, then phone the police, courts, DCF or whoever'. We are not a secure facility.

Mr WOOD: I was wondering what happens to them then. Do they go back to prison, or ...

Mr MacGREGOR: We phone up. The police will pick them up and put them in remand. The presiding magistrate might say, 'Are you willing to have them back at BushMob?' Generally we say 'Yes' or, 'Forget it', and they go straight to Don Dale at Owen Springs.

Ms MOSS: You are one of the only facilities of this type that deals specifically with young people. Something we have heard throughout the hearings is the availability of treatment options for young people. You said you deal with 12 to 25. What is the age of people presenting to you with methamphetamine use? Is there a particular age within 12 to 25?

Mr MacGREGOR: No. At the moment it goes from 13 up to 16.

Ms MOSS: Is 13 about the youngest you are seeing?

Mr MacGREGOR: Yes. Young. It is easy to get the young ones since quite a lot of our kids go to flexible learning centres because you need to go to school if you are here. That is the only way we can get them into some sort of schooling. They go to school – it might be attached to CMS or one of the other schools around - Alice Outcomes is another one. If they walk away from there, the dealers go 'Come on'. It happens.

Ms MOSS: Do they tend to come into contact with you through the juvenile justice system or as self-referrals?

Mr MacGREGOR: Both. We get self-referrals, we get court referrals and we get DCF referrals.

Ms MOSS: Is there one more than the other?

Mr MacGREGOR: No.

Mr WOOD: Do you get any prison referrals?

Mr MacGREGOR: Although agency referrals - by that I mean corrections, the courts etcetera are up, and the self-referrals, because of the sheer, number are down. We are obligated to provide 20 beds to the Northern Territory government volatile substance abuse and alcohol and other drugs so if it is coming through the system we are obligated to take that referral first and then a self-referral when we can.

Ms MOSS: How often are you at capacity?

Mr MacGREGOR: Our capacity is full - 100% - and we have a waiting list.

Ms MOSS: Is there anybody you refer to or anywhere you can refer to if you ...

Mr MacGREGOR: No.

Ms MOSS: What is the length of the waitlist, on average?

Mr MacGREGOR: No, we just have to sit and wait. There is nowhere else for those guys to go. We are one of the few drug and alcohol youth places in Australia. Most of them in other states are attached to hospitals for the clinical bit, and they are really hard to get into.

Mr WOOD: Do you work at the prison at all for people who ...

Mr MacGREGOR: We go out on and off when some of our clients are there or we are getting a referral from Owen Springs. We will assess them.

Mr WOOD: Do you know if there is a rehab program in the prison?

Mr MacGREGOR: No, I do not. We have dealt with the prison over the years and assisted them when able. For example, where a small media unit that does animation and movies and all sorts of things - our guy went out to the prison and ran education sessions around media with the prisoners gratis and then we said, 'Could you help out with fuel?' and they said, 'No', so we had to stop it.

Mr WOOD: Do you think there is a need for programs within the prison?

Mr MacGREGOR: Absolutely.

Mr WOOD: There are no programs?

Mr MacGREGOR: I do not know.

Mr WOOD: It is something we have had feedback from in the Top End, as well.

Mr MacGREGOR: I do not think anyone is ready, and there are staffing issues for example. We do not have enough funding now for staffing regardless of an ice epidemic. The extra staff we put on to have a vaguely safe risk ratio are paid for out of our fee for service to West Australia or other, not NT funding.

Mr WOOD: Is alcohol still your number one?

Mr MacGREGOR: Grog, ganja right underneath, amphetamine, VSA and all the rest of them, yes. But by just the numbers in the last couple of months, it is going to pick up. It is a great market for the baddies. There are only a couple of roads and a lot of bush tracks. Since Christmas there have been three houses busted here.

Ms MOSS: You mentioned before and I made note of it, workplace safety and your ability to keep your workers safe. We know aggression and violence can be issues around this so what measures do you currently have in place around keeping workers safe? What work do you think needs to be done across the sector in ensuring frontline workers are able to deal with these issues?

Mr MacGREGOR: Yes. Our internal systems are around behavioural management 101. By that I mean quiet verse, try to move the other group away, back off, try to intercede with the other person ...

Ms MOSS: So a bit of de-escalation and ...

Mr MacGREGOR: Yes, and police. And because people are really busy and response times are long. On Friday one of the girls who is with us has a history of suicide ideation and attempts, cracked it, went and laid down on the road, started hitting her head with a rock. So what do you do? This has come from crystal meth and ganja and whatever else. What do you do? Theoretically, if my staff grabbed that young person, we are breaking the law. But, of course we are going to grab her until the police arrive, which could be half-an-hour or longer, and move everyone else to safety and try to talk her down.

Mr WOOD: So if you are trying to save someone's life, I doubt if you are going to get picked up for illegally touching someone.

Mr MacGREGOR: You never know. I have been in this game a long time ...

Mr CHAIR: Can I shift it a little, as we have a very limited amount of time with you, and talk about seeing an increase in individuals who are self-referring, probably who are not in other circumstances that would indicate there is a human misery element that is causing it? Are you seeing an increase in Joe Blow from the community who has a job, married, kids, business, whatever - are you seeing any indication of self-referrals in that space of people coming in?

Mr MacGREGOR: Yes, we are.

Mr CHAIR: If so, how many, how does that trend?

Mr MacGREGOR: It is generally speaking ganja and ice crystal. The ganja is bad enough, but add that and the deterioration and the feeling of powerlessness and so on is rapid. So quite a few young men, primarily, and older – say 18, 20, 25 that sort of age because we have people drop in and out as well - have been contacting us or their families have been contacting us about those sort of issues and asking, 'What do we do?'

Mr CHAIR: Which is an interesting point we have seen in other cases. Are there any services around just help line services for people to access? What support is there for families dealing with individuals in these ...

Mr MacGREGOR: There has never been support for families - ever. It is easier to do the pointy-end stuff and forget that family exist. Quite frankly, this year to repatriate young people that have been through our 16-week program. Seven left yesterday and are today in Yirrkala, where they come from. Our workers have the opportunity to meet with teachers, corrections probation parole, community leaders, mum, grandma, uncle, and aunty briefly. This young person has done really well. 'How are you going? What's going to happen when we go?'

They also have the capacity to pick up someone coming in and bring them back on the return journey. They also stop on the way at Tennant Creek – Beswick and all the way through – to see how other clients who have been with us are going. There is an opportunity to say to family, 'How are you going with grog or gunja?'

I found some more numbers you might want to ring to talk about this stuff. It is highly unlikely the person will go on the net and look it up. It depends on whether or not the number is accessible on a mobile app or whatever, if they have a mobile, and they know what a cycle of addiction is. A lot of people do not, and later they have the opportunity to say, 'I can see that now'.

It is an expensive proposition talking about educating families. Our service is youth. Family can come down with a young person but because we do not have space - they can stay overnight, a couple of nights, and then leave. It would be really nice to have a place the whole family could stay like the new Rock Hole in Katherine. That is a good set up there, but it is an adult family one not youth.

Mr KURRUPUWU: Has BushMob received any inquiries regarding treatment options for ice users since the introduction of the federal government television advertising campaign?

Mr MacGREGOR: No. Base ...

Mr KURRUPUWU: How could information on ice and services available be better promoted in the NT?

Mr MacGREGOR: (inaudible) went through the Indigenous Advancement Strategy funding stuff – we have less funding than we had before but yes, we have funding. A lot of places were cut. As part of our submission to the Commonwealth, we specifically mentioned ice in the rehabilitation part of our program. In trying to get extra staffing through that process, nothing came out of that. In terms of them advertising what might be happening in our place - no, nothing.

Mr CHAIR: It is 11.30 am. Thank you for coming in to talk. We will be visiting your site later today and I am looking forward to that. We will see you again shortly.

Mr MacGREGOR: Thank you.