Legislative Assembly of the Northern Territory
"Ice" Select Committee

Supplementary Information from the Department of Health in relation to the Northern Territory Needle and Syringe Program

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1. Introduction

1.1 Strategic context

The Northern Territory Government response to alcohol, tobacco and other drug use sits within the strategic framework provided by the *National Drug Strategy 2010-2015*.

The principle of harm minimisation has formed the basis of the National Drug Strategy since its inception in 1985 and encompasses the three pillars of demand reduction, supply reduction and harm reduction.

These terms are defined as follows:

Demand reduction**:** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community.

Supply reduction**:** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs.

Harm reduction**:** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Each of these pillars is considered equally important to the success of the strategy.

1.2 Rationale for submission

The submission to the "Ice" Select Committee provided by the Department of Health on 29 April 2015 focused primarily (though not exclusively) on the reduction of demand for "ice" within the Northern Territory.

The "Ice" Select Committee invited the Department of Health to submit supplementary information in relation to the Northern Territory Needle and Syringe Program (NT NSP), which is located within the Harm Reduction component of the *National Drug Strategy 2010-2015*.

1.3 Northern Territory Needle and Syringe Program

The NT NSP distributes sterile injecting equipment, provides facilities for safe disposal of used injecting equipment, and offers information, support and referral services to people who inject drugs in order to prevent blood borne virus transmission and injecting-related injury and disease.

Established in 1989, the NT NSP is overseen by the Sexual Health and Blood Borne Virus Unit within the Northern Territory Centre for Disease Control.

The NT NSP is comprised of three primary outlets, 10 secondary outlets and 15 pharmacy-based outlets. Primary outlets provide a broad range of injecting equipment alongside information, support and referral services for people who inject drugs, and facilities for the safe disposal of used injecting equipment. Secondary and pharmacy-based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. Primary outlets are managed by the Northern Territory AIDS and Hepatitis Council (NTAHC) and are located in Darwin, Palmerston and Alice Springs. Secondary outlets are located at Clinic 34s (overseen by the Department of Health) in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy, and at hospital emergency departments in Alice Springs, Katherine, Tennant Creek and Nhulunbuy. There is also a secondary outlet located at the Yulara Medical Centre in Uluru-Kata Tjuta National Park.

2. Available data on "ice" use among people who inject drugs in the Northern Territory
Methamphetamine hydrochloride or "ice" is generally smoked or injected, though it may also be swallowed or snorted.

People who inject "ice" in the Northern Territory frequently access sterile injecting equipment through the NT NSP and are therefore included in program data.

2.1 NT NSP Minimum Data Set
The NT NSP Minimum Data Set was rolled out across the Territory on 1 January 2014. All primary and secondary NSP outlets now collect standardised data at each occasion of service, and it is hoped pharmacy-based outlets will come online in the future.

The data collection framework consists of the following 10 data fields:

- Gender
- Repeat or new client
- Collecting for others
- Aboriginal or Torres Strait Islander
- Residence
- Age group
- Last drug injected
- Equipment distributed
- Referral
- Brief intervention

All data is self-reported and participation is voluntary, so some clients collect equipment without sharing personal information.

2.2 Data from the 2014 NT NSP Annual Report
A total of 539,222 units of sterile injecting equipment were distributed through primary and secondary NSP outlets in 2014. Of these, 113,671 units (or 21.1%) were distributed to clients who reported "amphetamines" was the last drug they injected.

The NT NSP Minimum Data Set does not distinguish between "ice" and other types of amphetamines. However, NSP staff report the vast majority (more than 95%) of these clients injected "ice" as other types of amphetamines are difficult to come by in the Northern Territory.

73.6% of clients who last injected "amphetamines" were male, while 26.4% were female. 75.5% were non-Indigenous, while 24.5% were Indigenous. 72.5% of clients who last injected "amphetamines" were between 30 and 50 years of age.

While 97.5% of sterile injecting equipment was distributed through NSP outlets in urban centres (Darwin, Palmerston and Alice Springs), a significant quantity (approximately 14,000 units) was distributed through outlets in Nhulunbuy, Katherine, Tennant Creek and Yulara. It is not possible to perform any meaningful analysis of amphetamine use by region due to the high proportion of missing data in some regions.

3. Emerging needs and service gaps for people who inject "ice" in the Northern Territory

3.1 After-hours access to sterile injecting equipment

Within the Northern Territory, there is limited access to sterile injecting equipment outside of usual business hours.

At present, the only facilities offering after-hours access are hospital emergency departments in Nhulunbuy, Katherine, Tennant Creek and Alice Springs (4,420 units of sterile injecting equipment were distributed through hospital emergency departments in 2014). The Royal Darwin Hospital does not currently operate an NSP outlet.

The 2011 *Review of the Needle and Syringe Program in the Northern Territory* found 44% of NSP clients had been unable to access sterile injecting equipment when they needed it. Of these, roughly half indicated it was because an NSP outlet was closed. Accordingly, the review recommended:

> *The Department of Health improve coverage of the NT NSP through the expansion of service delivery modalities including the introduction of syringe vending machines to improve after-hours access to sterile injecting equipment.*

3.1.1 Syringe Vending Machines

All States and Territories in Australia except the Northern Territory have increased after-hours access to sterile injecting equipment through the strategic placement of Syringe Vending Machines in discrete locations. The machines were first trialled in New South Wales in 1992 and have since been introduced in Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory. The machines are yet to be trialled in the Northern Territory.

NTAHC recently submitted a detailed proposal for a Syringe Vending Machine trial in the Northern Territory. The trial would see three Syringe Vending Machines placed at primary NSP outlets in Darwin and Palmerston, and at a third location in Alice Springs (either Clinic 34 or the hospital emergency department). The total cost of the 12-month trial (including purchasing the three machines) was estimated to be $54,000.

The proposal was endorsed by the *Northern Territory Harm Reduction Steering Committee* and the *Northern Territory Sexual Health Advisory Group*. However, the Centre for Disease Control is yet to identify necessary resources.

3.2 Access to sterile injecting equipment in remote areas

Within the Northern Territory, there is currently only one NSP outlet located in a remote area (the Yulara Medical Centre in Uluru-Kata Tjuta National Park).

Anecdotal evidence indicates injecting drug use occurs in some remote areas. However, demand for NSP services may fluctuate as clients leave town or are incarcerated. For example, one remote health centre completed a Needs Assessment in relation to injecting drug use in May 2014 and stated:

> *Clinical staff have treated one case of illicit intravenous drug use resulting in an overdose, two incidences of patients attempting to remove needles and syringes from the clinic, and there is one patient who openly admits to injecting illicit drugs.*

Discussions commenced between the health centre and the Centre for Disease Control in relation to the establishment of a secondary NSP outlet at the health centre. However, by February 2015, health centre staff reported relevant community members had left town and there was no longer any evidence of injecting drug use in the area. Accordingly, an NSP outlet was not established at that site.

3.2.1 Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles

Within the current regulatory framework, the ability of remote health centre staff to respond promptly to changes in drug use behaviour is limited.

Within the Northern Territory, the *Misuse of Drugs Act* states (emphasis added):

> *A person, other than a medical practitioner, a pharmacist or a **member of a class of persons authorized so to do by the Minister** who supplies a hypodermic syringe or needle to another person, whether or not the other person is in the Territory, for use in the administration of a dangerous drug to that or another person is guilty of an offence.*

Under the Act, the Minister for Justice and Attorney General authorises NSP staff to supply sterile injecting equipment in a document called the *Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles*. There is nothing in the Act to prevent the Minister from authorising non-NSP staff (for example, remote health professionals) to supply equipment, although there is no precedence for this within the Northern Territory.

In the above instance, health centre staff were not permitted to distribute sterile injecting equipment to clients who were injecting drugs as they were yet to received appropriate authorisations.

With the exception of staff at the Yulara Medical Centre, there are presently no remote health professionals authorised to distribute sterile injecting equipment in the Northern Territory.

3.3 Peer distribution

In 2014, 30.8% of NT NSP clients stated they were collecting sterile injecting equipment for other people (for example, for their partners or friends).

Anecdotal evidence suggests some people are unable to access NSP outlets during business hours due to work or family commitments, while others do not feel comfortable accessing these services. Transport issues and the spontaneous nature of some drug use may also present barriers to service access. Accordingly, some NSP clients collect equipment for their partners, friends or family members.

This is termed “peer distribution”.

International best practise suggests peer distribution is an effective method of increasing access to sterile injecting equipment, in the same way that peer distribution of condoms (between friends, for example) increases access to safer sex commodities.

However, peer distribution is currently illegal in the Northern Territory under the above section of the Misuse of Drugs Act.

In July 2015, Tasmania became the first jurisdiction in Australia to repeal legal barriers to peer distribution, stating in the *Public Health (Miscellaneous Amendments) Bill 2015*:

> *Peers are integral to facilitating the use of needle and syringe outlets, distributing new equipment and encouraging the appropriate disposal of used needles and syringes.*

Advocacy groups have called for other jurisdictions to do the same.

3.4 Access to sterile smoking equipment

Smoking "ice" has been associated with increased risk of blood borne virus acquisition. Sharing glass pipes and other non-sterile smoking equipment can facilitate blood borne virus and other communicable disease transmission, especially when burns, cuts, and other injuries on the lips, mouth, hands, or face are present.[1]

The distribution of sterile smoking equipment through NSP outlets is commonplace is countries such as Canada, the United States and Brazil. However, such interventions are yet to be trialled in Australia.

3. Actions for consideration

- **Increase after-hours access to sterile injecting equipment** by mobilising resources for the implementation of a 12-month trial of Syringe Vending Machines at three locations in the Northern Territory. Resources should also be mobilised for the continuation of the program, should the trial be deemed successful.

- **Increase access to sterile injecting equipment in remote areas** by recommending the Minister for Justice and Attorney General consider amending the *Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles* so that all staff at remote health centres and Aboriginal Community Controlled Health Organisations are authorised to distribute sterile injecting equipment to clients who inject drugs.

- **Consider increasing access to sterile injecting equipment among hard-to-reach populations** by amending the *Misuse of Drugs Act* to enable peer distribution of sterile injecting equipment within the Northern Territory.

- Review international best practise, and explore the feasibility of distributing sterile smoking equipment (such as glass pipes and ancillary equipment) through NT NSP outlets in order to **prevent the transmission of blood borne viruses and other communicable diseases among people who smoke "ice"**.

[1] Tortu S et al. Sharing of noninjection drug-use implements as a risk factor for hepatitis C. *Substance Use and Misuse*, 2004, 39(2): 11–224.