



Danila Dilba
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The Secretary
ICE Select Committee
GPO Box 3721
Darwin NT 0801

1 May 2015

Dear Secretary

**Submission to the Legislative Assembly of the Northern Territory
ICE Select Committee**

Please accept this correspondence as Danila Dilba Health Service's (DDHS) submission to the 'ICE' Select Committee.

DDHS is an Aboriginal community-controlled organisation providing culturally-appropriate, comprehensive primary health care and community programs to Biluru (Aboriginal and Torres Strait Islander) people in the Yilli Rreung (greater Darwin) region of the Northern Territory. Although the use of ICE by DDHS's clients and/or their families is considered to be a critical issue, the full scope of its impact upon individuals, families and communities across our service delivery region is not yet clear. However, DDHS is well-positioned to comment on the following aspects of the Inquiry's Terms of Reference:

- **A comprehensive survey of the various government responses to the abuse of ICE in the Northern Territory and assess their effectiveness or otherwise.**

To contribute to this survey, DDHS provides the following services that can include and have included ICE users and/or their family members in their target groups:

- Alcohol and Other Drugs (AOD) program which provides brief intervention, referral and advocacy services in clinical and outreach settings to people who wish to address the harmful impact of substance abuse;
- Emotional and social wellbeing counselling service for adults directly impacted by their forcible removal from their families as part of the stolen generation and their family members;
- Clinic-based young people's counselling service;
- Provision of a meeting space and the support of a counsellor for an ICE support group for addicts, recovering addicts and their families. This is a forum in which people impacted by ICE meet in a safe, supportive environment to share experiences, exchange information and provide informal advocacy support; and
- Primary health care services to ICE users and/or their family members.

DDHS's capacity to address the impact of ICE is limited by a lack of funding to employ an AOD psychologist. Such funding would enable DDHS to provide a counselling service to ICE users at three stages: early intervention, escalated and long-term use and post-rehabilitation aftercare as well as provide support to family members impacted by ICE.

- **The social and community impacts of ICE in urban, community and remote settings.**

The Australian Crime Commission's report *The Australian Methylamphetamine Market: The National Picture* (2015) indicates that 'illicit drug use is of concern in Indigenous communities throughout Australia, particularly so for methylamphetamine use...Some of the adverse consequences...include domestic violence, tensions from sourcing money for substance use, declining participation in community life (and) child neglect...'

At this stage DDHS can only provide anecdotal information about the social and community impacts of ICE across the Darwin and Palmerston region. The following accounts are from DDHS staff across clinical, counselling and outreach settings:

- ICE can no longer be considered an ‘emerging issue’ but, rather, as a major and established issue. Most of our counselling clients have family members who are ICE users.
- One client presents with constant concerns about her daughter, who has several children, who is extremely aggressive and suicidal. The Department of Children and Families and the police are continually involved with the family. Counselling has been offered to our client’s daughter on a number of occasions although she has not yet participated in the service. We continue to support the grandmother.
- Other clients report that their families are profoundly impacted by ICE users who destroy relationships, severely compromise their ability to parent, are abusive and aggressive, destroy houses, turn houses into ICE dealing depots known to other ICE users and steal from family members who are endeavouring to provide support. Families are desperately endeavouring to solve ICE-related issues while living in fear of family members who are ICE users. Almost all clients report that they do not fully understand the impact of ICE or how to deal with those using it.
- A DDHS counsellor describes grief, pain, loss of trust, frustration, anger and hopelessness as common experiences of family members of ICE users.

DDHS estimates that our combined clinical services and community programs have contact with at least 50 families who are currently impacted by ICE. We consider this quantum to be very low in terms of available ‘intelligence’ although posit this as the most responsible reportage based on actual anecdotes rather than an extrapolation.

- **Government and community responses to ICE use in other states and some assessment of the effectiveness of these responses in terms of prevention, education, family and individual support and treatment modalities.**

In March 2015 the Victorian government released an ICE Action Plan (the Plan) which identifies the following six key strategies, the actions to implement them and indications of levels of funding:

- helping families;
- supporting frontline workers;
- more support where it's needed;
- prevention is better than a cure;
- reducing supply on our streets; and
- stronger, safer communities.

DDHS is not in a position at this stage to be fully apprised of the research informing the Plan or evaluate its efficacy. DDHS also notes that Victoria's ICE challenges may be different to those in the Northern Territory geographically, demographically and in terms of supply and support services, etc, factors. However, given that the Plan is likely at this stage to be the most comprehensive response to ICE in any jurisdiction across Australia, it may be relevant to the Northern Territory government's current endeavors to remain apprised of its implementation. It would also be advisable for the Northern Territory government to carefully examine the evidence-base informing the Victorian government's approach and assess its relevance to the Territory.

Aside from the Plan, the Victorian government has set up an ICE 'hotline' (referred to as 1800 ICE ADVICE) which provides clinical advice to health professionals working with ice users. This service also directs ICE users and their families to the treatment and support services they need and provides general information to the community about ICE and its effects.

Further, DDHS is aware of the Glen Rehabilitation Centre (the Centre) on the NSW Central Coast, recently reported on the ABC's 7.30 Report, which has a reputation for successfully treating ICE users. The Centre was established in 1994 by the Ngaimpe Aboriginal Corporation. It originally developed as a male-only facility to address alcohol and other drug addiction including more recently ICE. The Centre recently sought funding for a women's rehabilitation program in response to the increased number of women using ICE.

The Centre's programs are based upon 'holistic' approaches to emotional and social wellbeing which emphasize the consequences of choice-making both before and after participating in the rehabilitation program. Clients must attend group sessions,

individual counselling, participate in work and sports programs and attend Alcoholics and Narcotics Anonymous meetings as is appropriate. The Centre provides post-rehabilitation accommodation, counselling and programs including training and support to secure employment, etc.

Locally, as the Northern Territory government is aware, there are a number of AOD rehabilitation providers that would require significant additional funds to increase their ICE-specific expertise and operational capacity to provide effective services to ICE users. Adequate capacity is likely to require extended periods of rehabilitation (longer than the current AOD model of three months) and at least one provider located away from urban regions.

- **Best practice work place health and safety measures for those in the health system who come into contact with users of ICE.**

DDHS currently accounts for the safety and wellbeing of staff engaging AOD clients via our Workplace Health and Safety policies. However, in response to the issue of contact with clients who are ICE users, DDHS will undertake research and develop further strategies to ensure staff safety, health and wellbeing in this respect.

In view of the highly particular and elevated impact of ICE and the increased health and safety issues for health staff, the Victorian government has set up a Specialist Workforce Advisory Group to provide specific advice on the issues affecting workers. It has also committed \$20 million to a Health Service Violence Prevention Fund to make workplaces safer and more secure. The Victorian government will also develop a mental health workforce plan to encourage a culture of workplace security such that health and mental health services will be required to publicly and consistently report violent incidents. Further, the Victorian government will implement standard ICE training via a best practice training curriculum which can be tailored to each workplace to better equip workers.

The Victorian government also intends to strengthen the addiction medicine capability within its health system in view of its important role in supporting the broader health workforce.

- **Consider best practice models for effective early education, prevention, containment, treatment and withdrawal strategies.**

DDHS has not yet undertaken the relevant research to respond to this term of reference appropriately. However, DDHS is part of a medical research project proposal which, if approved, aims to address major gaps in the knowledge of patterns of ICE use and effective responses in Aboriginal communities across Australia. These patterns include the frequency of use, methods of administration (that is, snorting, smoking or injecting) and the physical and mental health and social outcomes related to ICE use necessary to design appropriate interventions to address the issue. Working with nine Aboriginal communities and Aboriginal Community Controlled Health Organisations, this project proposes to:

- Document community concerns and the social and environmental context of ICE use in Aboriginal communities;
- Characterise demographic patterns of ICE use, physical and mental health outcomes and health service utilisation by current ICE users in each of the study sites;
- Develop, trial and evaluate community-led interventions aimed at addressing antecedents of ICE use in Aboriginal communities; and
- Implement a randomised trial to provide evidence on the feasibility, acceptability and efficacy of a web-based therapeutic program for treating ICE dependence in Aboriginal Community Controlled Health Organisations.

While the project's proposed time-frame is 2016-2020, within the first 24 months it aims to have established community focus groups, cross sectional surveying and a web-based therapeutic intervention.

Recommendations

1. That the Commonwealth and Northern Territory governments recognise that, while the impact of ICE across the jurisdiction appears to be significant, alcohol abuse continues to contribute even more significantly to the poor social and health determinants experienced by Aboriginal people;

2. That all spheres of government recognise the particular and pronounced impact of ICE on Aboriginal families and communities across the Darwin and Palmerston regions; that is, that this impact is often exacerbated by existing and complex forms of disadvantage;
3. That the Northern Territory government robustly engages with Aboriginal people regarding their experiences of the impact of ICE and that this information is used to inform policy, program and service responses;
4. That Aboriginal community controlled organisations, in particular those which deliver substance abuse intervention, treatment, rehabilitation and aftercare services, are recognised as likely to have, or be able to develop, significant expertise in designing and delivering programs and services to Aboriginal people, families and communities impacted by ICE;
5. That the Northern Territory government invests in developing best practice workplace health and safety measures to safeguard health and other 'front line' workers likely to be in contact with ICE users; and
6. That the Northern Territory government examines the evidence base underpinning the Victorian government's ICE strategy, assesses its relevance to responses in the Northern Territory and maintains a watching brief over the implementation of its ICE Action Plan.

If you have any enquiries regarding this submission, please contact Annie Farrell, Head of Programs, on 8920 9568, 0421 522 879 or annie.farrell@daniladilba.org.au.

Yours sincerely

pp. Annie Farrell

Olga Havnen
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