

22 April 2002

Central Australian Aboriginal Congress

Submission: Taskforce on Illicit Drugs

Congress accepts the following definition:

DRUG: a substance that produces a psychoactive effect. Includes alcohol, nicotine, caffeine, medicinal substances, illicit drugs (eg heroin, ecstasy and cannabis) and substances such as petrol, some fluorocarbons (as found in products such as aerosol paint) and anabolic steroids.

1. Introduction

The following submission to the Taskforce on Illicit Drugs is from the Central Australian Aboriginal Congress, the major provider of Aboriginal primary health care in Central Australia. Congress has been in operation since 1973 and has a multidisciplinary team, which includes Doctors, Aboriginal Health Workers, Counsellors and other health care professionals.

Congress community health programs include FAAD (Frail Aged & Disabled), Bush Mobile, Male Health, Child Health, Specialist Clinic, Hearing Clinic, Dental, Transport and Pharmacy. Congress also includes Ampe Kenhe Apmere Child Care, Social & Emotional Well-Being, Alukura Women's Health and Birthing Centre, Aboriginal Health Worker Education and Policy and Research Development.

Congress provides services to Aboriginal people in Alice Springs and surrounding outstations with a medical clinic and programs, which saw 31,390 clients from 1 January to 31 December 2001. Consultations are often with patients who have multiple chronic conditions particularly renal, diabetes, ischaemic heart disease, hypertension, hypercholesterolemia and cardiac failure.

Congress provides this submission recognising the impact and potential impact of drug misuse on the health outcomes of the Aboriginal population we serve. Our work is directly affected by drug misuse, predominately alcohol, tobacco and petrol

sniffing. It has been anecdotally noted that amongst Congress clients there is little evidence of heroin use, there is cannabis use and some speed (amphetamines). In 1999 the Needle Syringe Program in Alice Springs noted that approximately 10% of clients were of Aboriginal background. The majority of drug misuse cases identified at Congress have involved alcohol and petrol, and only approximately 10 to 15% involved cannabis use.

We believe that the Aboriginal community taking responsibility for the issue and doing something about it is the most important way to effectively address the problem of Aboriginal drug misuse in the long term. Aboriginal community controlled organisations are the product of the Aboriginal community taking responsibility for tackling the health, welfare and justice problems that our people face. Drug misuse issues will most effectively be addressed through Governments supporting Aboriginal people to set up programs within the Aboriginal community.

Congress, through AMSANT, has contributed to the development of the *Central Australian Indigenous Substance Misuse Strategic Plan*. This Plan takes a wide view of the measures needed to address and prevent substance misuse in Aboriginal communities in Central Australia. It emphasises the need to insulate young people against substance misuse to the greatest extent possible by the provision of excellent health services, including home visits to young mothers, early childhood programs and good quality education. It also proposes as a key recommendation the creation of a community-controlled professional youth program throughout Central Australia. At present there are no trained youth workers working in Aboriginal communities, and virtually no case management of children and young people in remote areas. This program would undertake advocacy of youth needs, help communities to develop youth programs and projects, and take part in the case management of youth with special problems.

2. Trends in Illicit Drug Use

Reference: Trends in Illicit Drug Use in the Territory (Discussion Paper Pg 6)

Reference: About Illicit Drug Use (Discussion Paper Pg 5)

Congress recognises the importance of Central Australia being a part of the national agenda to address illicit drugs and the harms associated with illicit drug use. However making a hard distinction between illicit and legal drug use is problematic when experience shows that individuals with underlying problems will often engage in polydrug use (utilise a range of drugs). Alcohol is by far the most common drug causing harm and being used by Congress patients. However, Congress does not underestimate the impact of the use that the other drugs such as tobacco and cannabis are having, and can have on the population. Nor do we wish to ignore amphetamine and morphine use. Congress supports the adoption of an overall drug use strategy which seeks to address underlying causes of harmful drug use, reduce and regulate supply, provide effective treatment and rehabilitation services and accurately and effectively educate the population about drug use.

Illicit drug use has been an emotive national issue that is often based on myth and anecdotal information. The Northern Territory is in a unique position to be able to assess the lessons from other Australian States in regard to illicit drug use. It is particularly important that assumptions about illicit drug use within Central Australia are kept to a minimum and that valid research methods are employed to adequately gain a picture of the current activity and of the specific associated harms. Congress supports a strategic approach to identifying the particulars of the illicit drug use issue within Central Australia, which will then help us all to set achievable and measurable outcomes.

Congress supports the undertaking of appropriate and effective research into illicit drug use, provided the research is sensitive to cultural issues. The research should have a focus on the pattern of use, types of drugs being used and the associated health harms experienced within the Aboriginal community. Congress believes it would be useful to carry out research similar to the heroin use study undertaken by Curtin University (*The Harm Reduction Needs of Aboriginal People Who Inject Drugs* September 2001). The Curtin research provides an estimated level of the use, patterns of harmful illicit drug use and services and strategies to address the issues. The mechanisms to assist these studies exist through needle syringe programs and the Illicit Drug Reporting System. There are also individuals in Central Australia with relevant expertise in the area of illicit drug use.

Before any changes are made to the laws regarding cannabis, it is essential that the impact on the northern Pitjantjatjara communities of the SA cannabis legislation changes be assessed. Information from the NPY Women's Council, Nganampa Health Council and the Marla police indicates that poly-drug use involving high strength cannabis, petrol sniffing and binge drinking of alcohol is increasing and having a detrimental impact on many young people in the region. Drug dealing under the protection of key community leaders is endemic in a number of these impoverished communities.

Illicit drug use must be considered holistically because it is usually symptomatic of other issues i.e. family breakdown, unemployment, poor socialisation, trauma, housing, and education. The circumstances of the drug use must also be considered; some people may be utilising substances as self-medication, to manage pain.

3. Illicit Drug Use Target Groups

Reference: About The Taskforce on Illicit Drugs (Discussion Paper Pg 3)

Reference: Illicit Drug Use among Young People (Discussion Paper Pg 7)

Congress acknowledges the importance of the focus on young people chosen by the Taskforce stated as:

- Young people. The Australian Institute of Health and Welfare define young people as those aged 12 –24 years.
- Drugs using parents of children up to 12 years of age.

Congress recognises the importance of a focus on young people:

- To try to prevent the uptake of illicit drug use; and
- To help guide young people who do experiment through the experimentation to prevent entrenched, problematic substance use.

However further investigation is required to find out the demographics of the group/s experiencing drug harm in Central Australia. In Victoria for example, the predominant age group found to be at risk of death from overdose was in the older 25 to 35 age group. The Taskforce indicates that there is a trend towards a growing

younger using group. It should be investigated as to whether this is in fact the case in Central Australia and what are the associated health harms. There is also a need for further investigation into cannabis use in Central Australia, to consider the impact drugs can have when taken at a critical time in a young persons life. (Concern has been raised that cannabis mixed with low self-esteem can increase isolation and low motivation amongst young people and ‘trap’ an individual in a cycle of dependence).

The demographic groups experiencing harm associated with illicit drug use should be determined through investigating:

- Overdose statistics
- Ambulance and hospital data
- Coroners reports
- Police incident data
- Drug and alcohol services data etc.
- Primary health care service utilisation data.

There is a need to identify the group/s experiencing harm and the drugs being used so we can tailor service requirements appropriately. It was found in Victoria that traditional forms of drug and alcohol withdrawal and treatment services did not adequately meet the needs of the young age group and so a special Youth Substance Abuse Service was formed. Drug and alcohol services’ models of withdrawal and treatment should be appropriate to the needs of gender and family groups and cater to the specific requirements of these groups.

4. Health Professionals and Carers

Reference The Role of Families (Discussion Paper Pg 7)

The Role of Other Professionals (Discussion Paper Pg 8)

The support of families (including parents, siblings, grandparents etc) is critical for the effective recovery of people addicted to drugs. Family members have an important role in supporting each other and the member who is addicted. The health professional has a role in promoting self-reliance of the family and supporting the family throughout the process towards recovery.

The people of Central Australia have only limited access to the range of interventions that are available to people in other parts of Australia. This includes an absence of medium to long-term withdrawal options. As a remote location Central Australia struggles to retain suitably qualified personnel. This highlights the importance of multi-skilling, training and retraining of all appropriate health and community professionals who deal with people who are addicted to opioid and other drugs. The alcohol and other drug service system in Central Australia need to be able to address polydrug use.

The role of the levels of Government in regard to illicit drug use also needs to be clearly defined to adequately address the issue. This includes clear policy direction and strategic outcomes that seek to address supply and demand. It also requires adequate and appropriate resourcing for services to achieve their aims.

5. Prevention

Reference: Preventing drug-related Harm (Discussion Paper Pg 9)

Reference: Early Intervention (Discussion Paper Pg 11)

Effective education is important and must also be applied strategically across Central Australia. The messages must be carefully targeted and developed by individuals with expertise in illicit drug use. Teaching about the nature of drugs and their effects should coincide with teaching about the nature of addiction. This should be taught within the school curriculum in a health context aiming to demystify illicit drug use and reduce the attached sensationism. The aim should be the skilling of young people to recognise their own limitations, the effects of drugs on their own bodies and the effect of their actions on others. Education campaigns should be relevant for the specific target group.

A key problem in trying to educate the community, especially young people, about drug use is the mixed messages that are sent out by the current legal status of some drugs. The most harmful drugs such as alcohol, tobacco and petrol, are legal while other drugs, such as heroin, cannabis and amphetamines, are illegal. There is a range of possible policy options concerning the legal status of drugs between free

availability and complete prohibition. Congress believes that the goal should be to regulate all mood-altering drugs and find the right balance between these two extremes. At a certain point on the regulatory scale the harm associated with drug use will be minimised. Different drugs may require different policies.

Congress believes that the legal status of a drug should be determined by how harm can best be minimised and not according to historical precedent or international pressure. Having stated this we also believe that drug policies should not encourage or appear to tolerate illicit drug use in any way.

6. Treatment and Service Options

Reference: Approaches to Recovery (Discussion Paper Pg 12)

Reference: Treatment as a Strategy (Discussion Paper Pg 11)

Reference: Pharmacotherapies (Discussion Paper Pg 12)

Congress recognises that there is no ‘magic bullet’ for recovery from addiction to opioids and recognises that individuals need an overall management plan that may include support, counselling and pharmacotherapies. Individuals from Central Australia are usually forced to undertake treatment and care away from family and support networks because of limited local service options and the absence of maintenance programs. This is also problematic when it has been shown that an individual can take a long time to recover from opioid addiction, which means they have long-term, intensive treatment and support needs. ‘One size does not fit all’ in terms of withdrawal and treatment needs. Individuals in Central Australia should have available to them the same treatment and care options as their counterparts in other parts of Australia.

Congress recognises that maintenance programs have a role in helping prevent withdrawal, as they reduce drug cravings and can block the euphoric effects of heroin and other opioids. Methadone maintenance is not a cure for heroin addiction. A maintenance program can take the pressure off maintaining an illegal habit. Further investigation at a national level needs to continue into heroin maintenance and decriminalisation.

Methadone maintenance treatment is one of a range of interventions to manage heroin dependence; other approaches include detoxification, therapeutic communities, self-help groups, day treatment and counselling. Congress is interested in providing the range of pharmaceutical options to our Aboriginal client group who are addicted to opioids including methadone, buprenorphine and naltrexone, in line with other general practices in other Australian states. Congress recognises that current alcohol and other drug services in Alice Springs could have the ability to deliver a range of treatments within the framework of a coordinated service system. Congress believes that current services i.e. CAAPU could have the capacity to expand to become a rehabilitation and treatment centre for clients who are addicted to different drugs.

Congress recognises the importance of involvement of both GPs and retail pharmacists in maintenance treatment to provide better access and equity and increased anonymity. The best model is a large number of GPs each with a small number of clients, rather than a small number of GPs with a large number of clients (strategies need to be adopted to ensure that individuals do not engage in 'doctor shopping'). Practitioners who are supported and have completed the accredited training should provide maintenance programs. Maintenance programs should be well established and appropriately resourced within Central Australia and factor in remote and cultural issues.

7. Recommendations

1. The Northern Territory Government should ensure that people addicted to heroin who wish to enter a methadone maintenance program, can access one within days, with minimal entry criteria. These programs should be attractive and economical and have high retention rates.
2. The Northern Territory Government should ensure that newer drug treatment options such as buprenorphine and naltrexone are also readily available from within the primary health care and primary medical care sectors.
3. The Northern Territory Government should ensure that new needles and syringes are readily available at no or minimal cost at all times and places where there is a demand for their use.
4. The Northern Territory Government should investigate the provision of 'drug courts' as a means of diverting people from the criminal justice system into treatment and support services. There are various programs of this type operating or being trialled in different parts of Australia. These need to be evaluated to see what role they could have in the Northern Territory.
5. Funding for health and welfare assistance for people who use drugs should be increased.
6. The Northern Territory Government, in collaboration with all other Australian governments, should undertake a review of the current legal status of drugs, and institute a system of ongoing reviews of this nature.
7. Any changes in Northern Territory drug policy introduced as the result of this inquiry should be subject to rigorous evaluation.
8. Funding should be made available for research into the patterns of drug use especially amongst young people in the Northern Territory.

9. The Northern Territory Government wherever possible ensure that Aboriginal organisations are given funds to develop programs to specifically target Aboriginal people specifically.

10. Strategies need to be adopted to address the underlying socio-economic determinants of harmful substance use including the implementation of the 'Learning Lessons' review of education, the full implementation of the Primary Health Care Access Program, effective employment programs for Aboriginal people and Framework Agreements (modelled on the Aboriginal Health Framework Agreement) that allow Aboriginal people and communities to be involved in direct negotiation with governments about the policies and programs that are being developed to meet their needs.