Central Australian Aboriginal Congress[1]

Submission to the Parliamentary Joint Committee On Law Enforcement Inquiry into crystal methamphetamine (Ice)[2]

7 December 2015

Executive Summary

The use of Ice in the Northern Territory

1. The use of Ice in the Northern Territory Aboriginal community should be approached primarily as a public health issue, not as a law enforcement one. A policy response solely focused on law enforcement is likely to be ineffective, may discourage Ice users or their families from seeking treatment , and may lead to increased substance misuse problems in the future by undermining family and community structures.

2. There are no reliable figures on Ice use by Aboriginal people in the Northern Territory. Figures that are available are highly influenced by a number of other factors – for example, increased awareness of Ice as an issue may lead to more users seeking treatment, more clinicians detecting the use of Ice as a problem, and to increased policing of methamphetamine related offences.

3. The figures that are available suggest that:

    a) there was a steep decline in reported recent methamphetamine use from 2001 to 2010 in the general Northern Territory population, followed by a small increase from 2010 to 2013

    b) treatment for methamphetamine use in the Northern Territory shows a sharp increase in recent years

    c) coinciding with changes in legislation, there has been a sharp rise in methamphetamine-related criminal offences since the beginning of 2014, with the biggest increase being for non-Indigenous men charged with methamphetamine-related offences, with a smaller but also significant increase in charging of Aboriginal men

    d) for Aboriginal people affected by Ice and their families, the drug can be profoundly damaging. Nevertheless, the data shows that alcohol is still clearly the drug associated with the highest level of harm, particularly given the relatively high cost and low availability of Ice in many parts of the Territory.

4. There is considerable community concern about Ice use in the region serviced by Central Australian Aboriginal Congress, and much anecdotal evidence of the harms that it causes that may not yet be reflected in the data. This community perspective demands the threats posed by Ice be taken seriously, and prevention and treatment approaches that work in collaboration with existing services be resourced.

Strategies to reduce the high demand for methamphetamines

5. There are four key strategies for addressing the high demand for alcohol and drugs including amphetamines in the Northern Territory:

    a) Tackling disadvantage and inequality. The harmful use of drugs such as Ice cannot be addressed in isolation from broader efforts to tackle disadvantage in Aboriginal and Torres Strait Islander communities, and inequality between those communities and mainstream Australia.

    b) Racism and the control factor. There is a strong association between the experience of racism and poor mental health and drug use.

    c) Early childhood development. Sustained investment in evidence-based early childhood programs are a 'best buy' in terms of breaking the intergenerational cycle of harmful drug and other substance use in the long-term.

    d) Culture as a protective factor. Culture and spirituality are important in supporting resilience, positive social and emotional well being, and living a life free of addiction to alcohol and other drugs.

Treatment and support

6. For dependent users, Ice use is often associated with a distinctive addiction cycle, which has several implications for service providers, including the need for 'Ice-specific' training for health professionals, a focus on client engagement and retention, and publicising the availability of services so users know that effective help.

7. Despite the issues specific to Ice, the biological foundations and social determinants of addiction are the same whatever the particular drug involved. This points to the need for a common approach to both treatment and primary prevention, whether regarding Ice, alcohol or any other drug.

8. Comprehensive primary health care provided through Aboriginal Community Controlled Health Services (ACCHSs) is a foundation for appropriate care for Aboriginal users of Ice and their families. ACCHSs should be funded to provide three inter-related streams of care to address addiction, including to Ice:

    - *medical*, to treat the biological component of addiction with medical care, including pharmacotherapies
    - *psychological*, to address the behavioural component of addiction through structured psychological therapies
    - *social and cultural*, to deal with the context of addiction through care management which addresses key social and cultural issues.

9. Ice users are likely to have multiple, complex substance misuse, social and emotional wellbeing and mental health needs, often necessitating access to a number of different service providers. Service integration is thus likely to be highly important for effective care. High staff turnover, unstable funding environments, and policies based on competitive funding may undermine service integration and continuity.

10. Ice dependent people may have significant cognitive impairment and diminished capacity to make decisions in their own best interests and those of their families and

communities. For this reason, Congress supports a formally evaluated trial of Mandatory Treatment for ICE dependent people for a period of up to 2 weeks in involuntary detention in drug and alcohol treatment facilities such as are now available in Alice Springs and Darwin, with the proviso that only qualified health professionals (and specifically doctors and/or psychiatrists) be empowered to commit people to mandatory care.

11. Effective prevention and harm reduction approaches include evidence based early childhood programs, culturally appropriate education resources and education programs for users and families, needle and syringe programs to prevent transmission of blood-borne infections, and the use of media to focus on treatment options and the potential effectiveness of treatment.

Appropriate law enforcement

12. Law enforcement approaches to Ice should take account of the very high imprisonment rate for Aboriginal people (especially men) in the Northern Territory, and the profound social and health problems this poses for the individual, their families and communities. Law enforcement responses should therefore focus on

    a) well-resourced and effective drug diversion programs

    b) ensuring there are adequate police resources, especially in remote communities, to prevent the distribution of Ice and protect community and family members from violence, whether related to Ice, alcohol or other circumstances.

Addressing the Committee's Terms of Reference

We note that this Parliamentary Committee's primary focus is on law enforcement issues, with the first four of the Inquiry's terms of reference being:

a) the role of Commonwealth law enforcement agencies in responding to methamphetamine use;

b) the adequacy of law enforcement resources;

c) the effectiveness of collaborative arrangements between law enforcement agencies; and

d) the involvement of organised crime in methamphetamine related criminal activities.

These issues are largely outside Congress' expertise. Nevertheless, we have considerable experience with dealing with complex health and substance abuse issues amongst Aboriginal people in Central Australia.

Drawing on this experience, on the evidence and on what has worked in similar contexts, we strongly recommend that Ice use in the Aboriginal community should be approached primarily as a public health issue, not as a criminal or law enforcement problem. This is especially the case in the Northern Territory where the Aboriginal imprisonment rate is already one-and-a-half times the national average and rising. In this context a policy response focused solely on law enforcement is likely not only to be ineffective, but also (by undermining family and community structures) to lead to poorer mental health and social and emotional wellbeing and increased substance misuse problems in the future.

This is not to say that law enforcement does not have a place and we will address this (and the hence the Inquiry's related terms of reference) in the section on *Law enforcement approaches* below. However, the majority of this submission will address the Inquiry's three other terms of reference:

e) the nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities;

f) strategies to reduce the high demand for methamphetamines in Australia; and

g) other related issues.

The nature, prevalence and culture of methamphetamine use in Australia, including in Indigenous, regional and non-English speaking communities

Definitions and use

Methamphetamine belongs to a group of substances known as amphetamine type-stimulants (ATS) that includes amphetamines, cocaine and ecstasy. Methamphetamine is a type of amphetamine available as powder ('speed'), oily paste ('base') and crystal ('crystal meth' or 'ice'). Ice is usually regarded as the purest and most potent form of methamphetamine. Ice is typically either heated and the vapours inhaled, or injected.

While Ice is certainly addictive, not all users become 'addicts': nationally, in 2013 about three-quarters (75%) of users reported using the drug about once a month or less often, and 40% used the drug only once or twice a year [3].

Long-term, frequent high dose use can lead to a range of clinical problems including[4]:

- confusion
- anxiety and agitation
- mood swings
- sleep problems, including insomnia
- impaired cognitive and motor performance
- aggression, hostility and violent behaviour
- paranoia including paranoid hallucinations
- psychosis.

It is also associated with a range of social harms including violence, breakdown of families and relationships, crime, unemployment and poor education outcomes. Injecting users are also at risk of contracting blood borne viruses such as hepatitis or HIV/AIDS.

Prevalence

There is considerable public disagreement about the extent of the 'Ice problem'. On the one hand, some media reports talk of an 'epidemic' that is 'destroying communities'; on the other, many researchers have argued that the threat is being overstated[5].

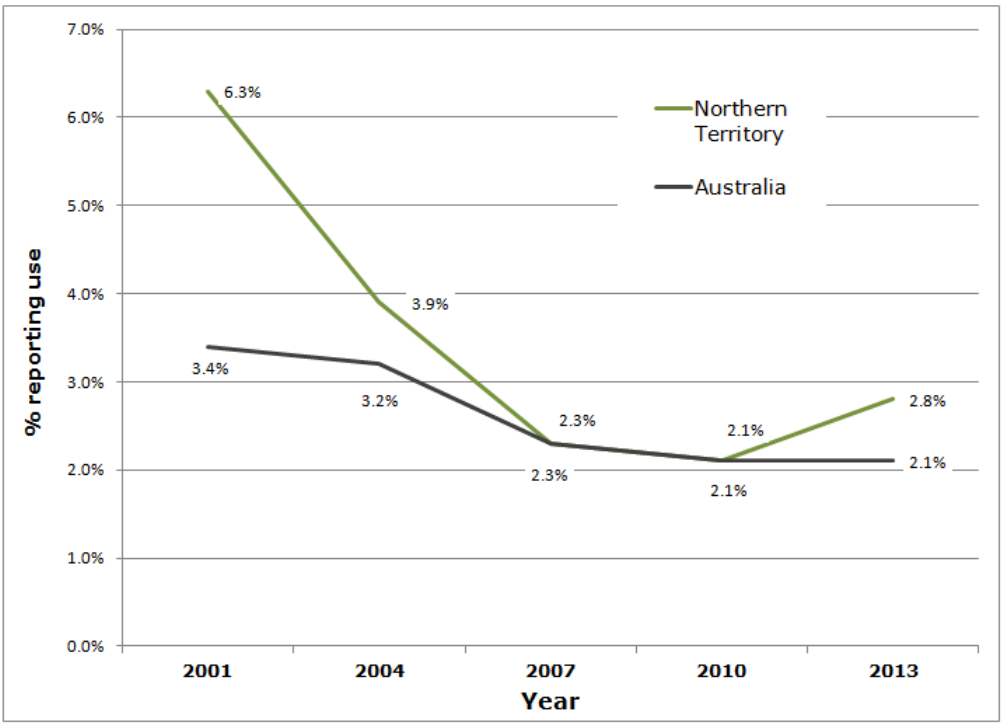
The best data on a national level seems to indicate that overall methamphetamine prevalence remains stable, but that recent years have seen a shift amongst people that already use methamphetamines towards the use of the drug in crystal form (Ice). However, there is little data on use patterns in the Aboriginal and Torres Strait Islander community, although a recent online survey of workers in organisations providing health services to Aboriginal and Torres Strait Islander clients found that four out of five (79%) believed that Ice or speed was a significant issue, and almost nine out of ten (88%) believed usage was increasing in the Aboriginal and Torres Strait Islander community[6].

There are therefore no reliable figures that give a clear picture of methamphetamine use by Aboriginal people in the Northern Territory. In addition, there are no reliable figures for the Northern Territory on Ice use in particular as opposed to methamphetamine use in general.

Figures that are available are highly influenced by a number of confounding factors – for example, increased awareness of Ice as a public issue may lead to more users seeking treatment, more clinicians detecting the use of Ice as a problem, and particularly to increased recording and/or enforcement of amphetamine related offences.

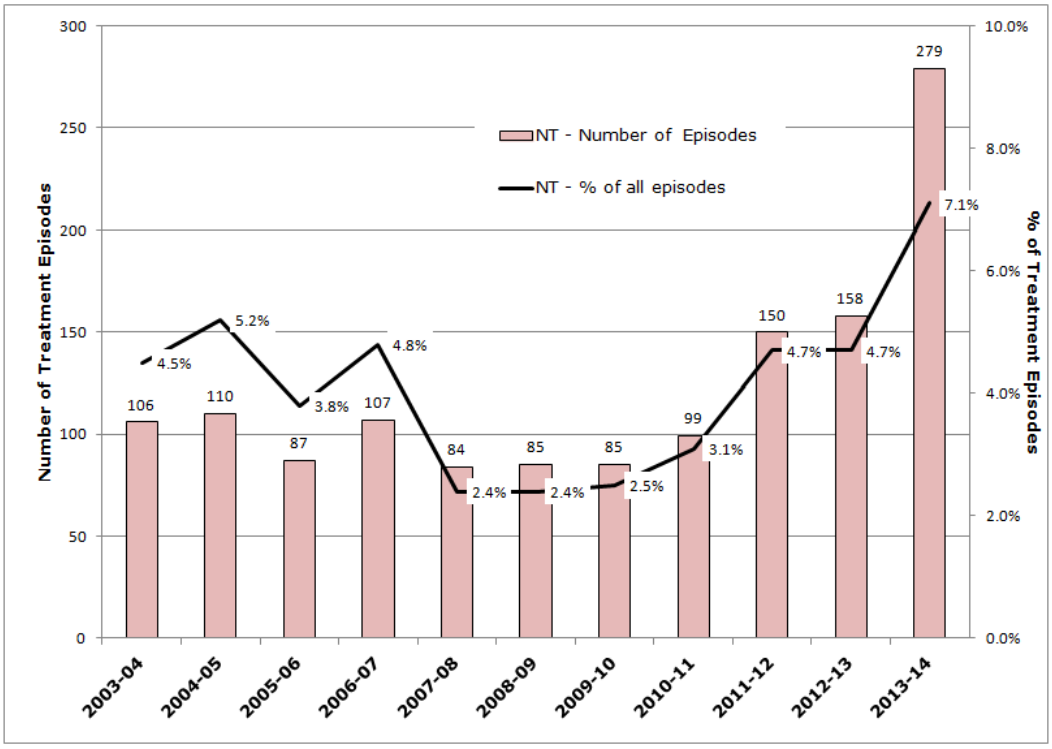
With these important confounding factors in mind, the available figures show that for the Northern Territory population overall, there was a steep decline in reported methamphetamine use from 2001 to 2010 (from 6.3% to 2.1%) , followed by a small increase in reported use from 2010 to 2013 (from 2.1% to 2.8%) (see Figure 1).

Figure 1: Recent use of methamphetamine, persons 14 years or older, Australia and the Northern Territory (AIHW National Drug Strategy Household Survey)



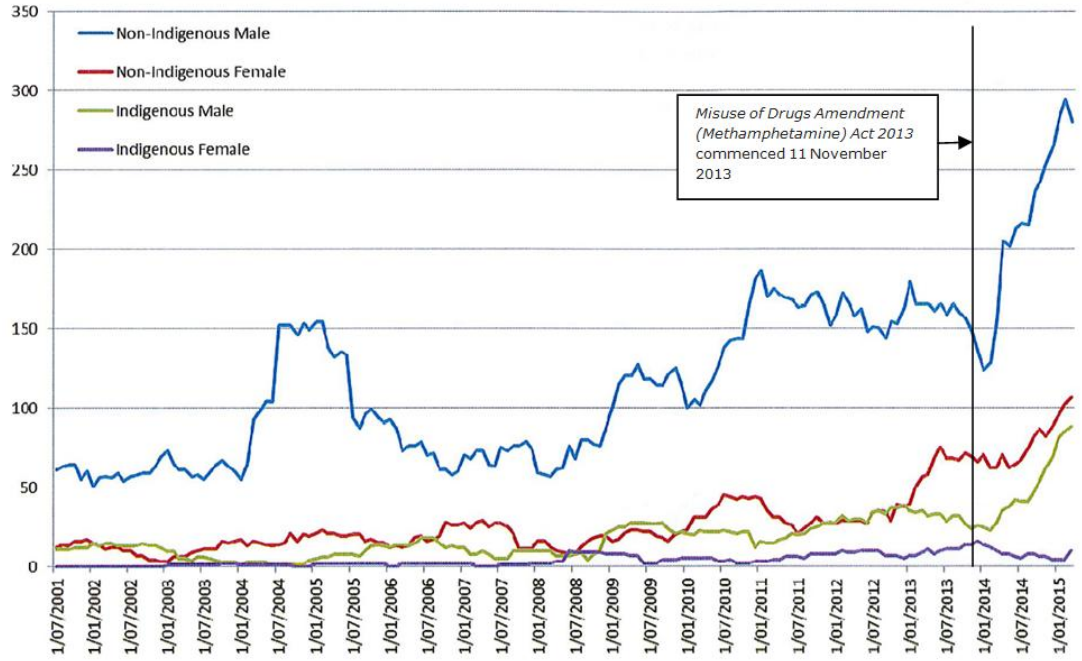
Treatment for methamphetamine use in the Northern Territory shows a sharp increase in recent years with 7% of alcohol and drug treatment episodes in 2013-14 having methamphetamine as a principal drug of concern (see Figure 2).

Figure 2: Treatment episodes provided to clients for amphetamine as a principal drug of concern (AIHW Alcohol and other drug treatment services in Australia 2013-14)



These figures are for the Northern Territory population as a whole. The only data that may give an indication of the differential scale of the Ice problem amongst Aboriginal and non-Aboriginal people of the Territory is offence data from the criminal justice system (see Figure 3).

Figure 3: Methamphetamine offences charged by Indigenous status and sex of defendants (12 month rolling sums) (Department of Attorney General and Justice submission to the Northern Territory 'Ice' Select Committee)



This shows a particularly sharp rise in methamphetamine offences since the beginning of 2014, with the biggest increase amongst non-Indigenous men, with a smaller but also significant increase in the number of Indigenous men charged for these offences. The number of Indigenous women charged for methamphetamine offences remains very low and has not significantly increased.

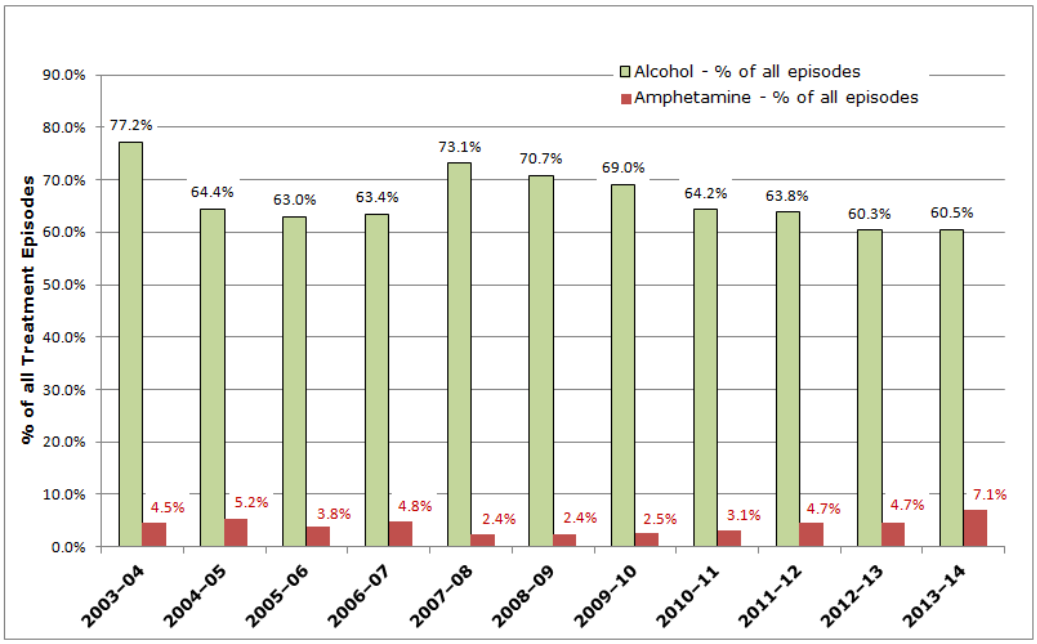
It is important to note that the commencement of the *Misuse of Drugs Amendment (Methamphetamine) Act 2013* seems to coincide with a recent spike in offences and that, the sharp increases in offences charged may reflect changes in policing and legislation rather than changes in use.

Despite the lack of hard data about the prevalence of Ice in the Aboriginal community in the Northern Territory, anecdotally (for example through the public 'Ice Forums' convened by Congress in Alice Springs) it is clear that for Aboriginal people affected by Ice and their families, the drug can be profoundly damaging. Such people and their families need access to appropriate treatment and support, as well as more broadly targeted, evidence-based prevention strategies.

It is important to place the use of Ice in context against the prevalence of harms caused by other drugs, and particularly alcohol. For example, even given the recent spike in treatment for amphetamine use and a recent gradual decline of treatment where alcohol is the principal drug of concern, alcohol is still clearly the drug associated with the highest level of harm in the Northern Territory (see Figure 4). This makes it more important to use the current public and political concern about Ice to strengthen the

treatment system for all drugs (see section on *A common approach to treatment of addiction* below).

Figure 4: Northern Territory, episodes of care where alcohol or amphetamine was a principal drug of concern (AIHW Alcohol and other drug treatment services in Australia 2013-14)



Two important factors in this comparison are cost and availability.

Unlike in other jurisdictions, Ice is a relatively expensive drug in the Northern Territory (estimated at around $150 per point, or at least five times the cost of the drug in Victoria)[7]. With a high level of poverty in the Northern Territory Aboriginal population (income for Aboriginal households in the Territory is only half of that for non-Aboriginal households[8]), Ice may be prohibitively expensive for many in the Aboriginal community[9].

Further, while the major centres in the Northern Territory have large Aboriginal populations and in these places drugs such as Ice may be relatively easily available, the drug does not yet appear to be readily available in remote communities[10].

While Ice is thus both relatively expensive and/or difficult to obtain, alcohol in the Northern Territory is cheap and available in high supply, and therefore continues to be the drug of greatest concern from a public health perspective.

Nevertheless, there is considerable community concern about Ice use in the region serviced by Central Australian Aboriginal Congress, and much anecdotal evidence of the harms that it causes that may not yet be reflected in the data. This community perspective demands the threats posed by Ice be taken seriously, and prevention and treatment approaches that work in collaboration with existing services be resourced.

Strategies to reduce the high demand for methamphetamines

Reducing the demand for amphetamines – as for any drug – is highly dependent on understanding and addressing the context in which that use occurs. In the case of Aboriginal and Torres Strait Islander Australians, this includes a history often marked by

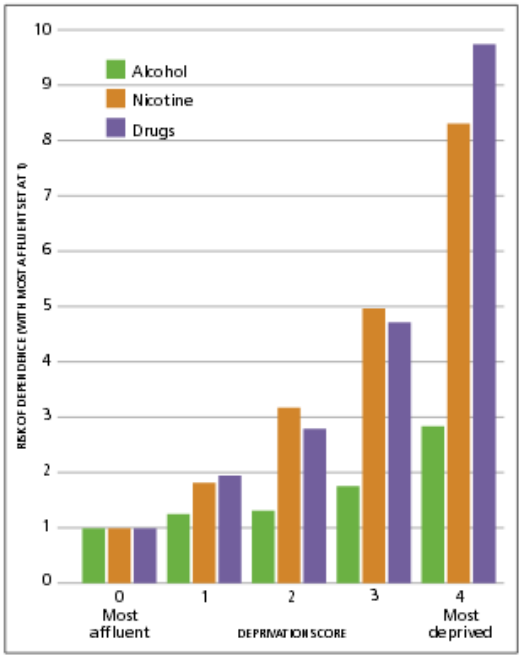
violence, dispossession and state-sanctioned discrimination, the effects of which, left unaddressed, can manifest in intergenerational trauma in which poor mental health and social and emotional wellbeing and use of alcohol and drugs are common. A propensity to develop drug dependence can also be passed on from parents who have a problem through epigenetic changes compounding other intergenerational issues. In addition, Aboriginal people continue to live in a contemporary context in which racism, inequality and discrimination continue to play a significant and profoundly negative part.

In this context, there are four key strategies for addressing the high demand for alcohol and drugs including amphetamines.

1. Addressing disadvantage and inequality

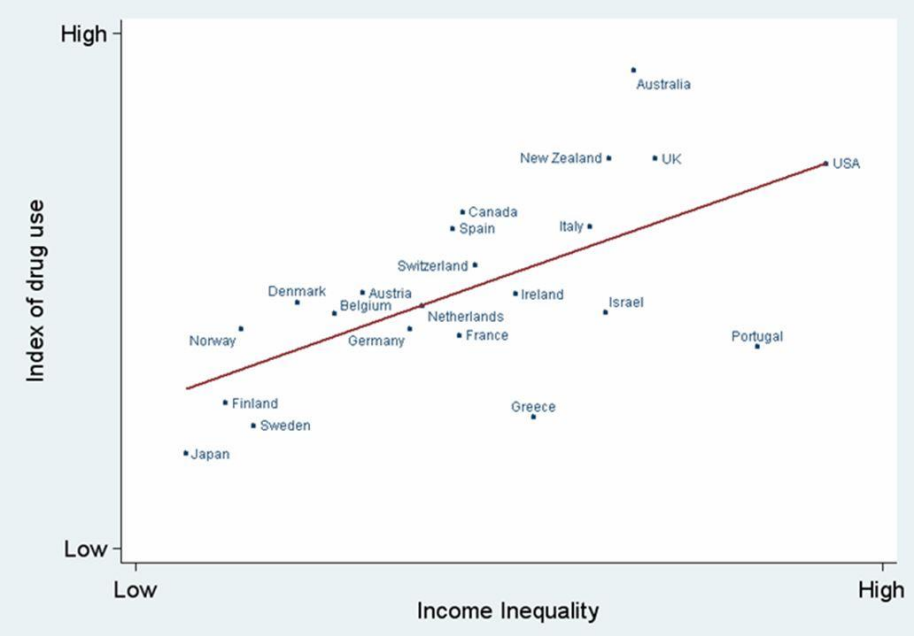
Drug use is not a problem unique to Australia's First Peoples, but a pattern observed globally amongst poor and socially marginalised populations – it has been extensively documented in numerous social environments across the world that drug dependence is closely related to social and economic disadvantage (see Figure 5).

Figure 5: Socioeconomic deprivation and risk of dependence on alcohol, nicotine and drugs, Great Britain, 1993 (Wilkinson R and Marmot M, Eds. (2003). The Social Determinants of Health The Solid Facts, World Health Organization)



There is also evidence that countries marked by greater rates of social inequality have higher rates of drug use (see Figure 6)[11].

Figure 6: Income inequality and drug use, by country (Pickett and Wilkinson (2010) *The Spirit Level: Why Greater Equality Makes Societies Stronger*)



Accordingly, the harmful use of drugs such as Ice cannot be addressed in isolation from broader efforts to tackle disadvantage in Aboriginal and Torres Strait Islander communities, and the economic inequality between those communities and the rest of Australia.

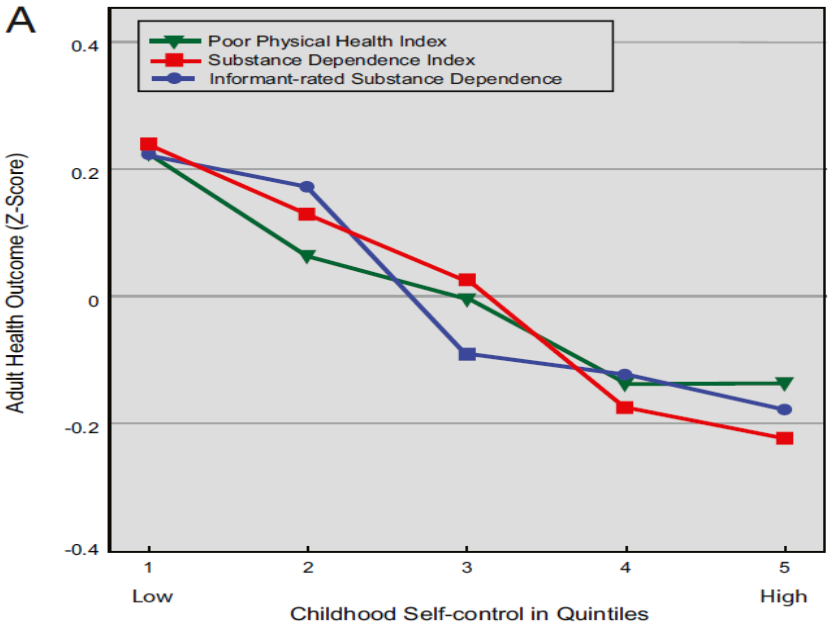
2. Racism and the control factor

Indigenous Australians commonly experience high levels of racism[12] and there is a strong association between racism and poor mental health and drug use[13]. There is good evidence based on biomedicine that the consistent exposure to stress associated with lack of ability to exercise control in life can profoundly undermine physical and mental health[14]. Programs to address drug use in the Aboriginal community must take account of this evidence, and consequently emphasise empowerment, Aboriginal control, and inclusion over punitive, discriminatory or exclusionary approaches.

3. Early childhood development

The link between unhealthy development in the early years and the subsequent development of addictions has been demonstrated by many studies, including a recent major longitudinal study from Dunedin in New Zealand, which followed a cohort of more than one thousand children from birth to age thirty-two. It found that the lower the self-control or emotional development in early childhood (age 4), the greater the risk of developing substance dependence (Figure 7).

Figure 7: Relationship between childhood emotional development and adult health outcomes, including substance dependence (Moffitt T E, Arseneault L, et al. (2011). "A gradient of childhood self-control predicts health, wealth, and public safety." Proceedings of the National Academy of Sciences)



This suggests the existence of a dangerous 'feed-back loop' relating to harmful alcohol consumption amongst disadvantaged populations: harmful drug or alcohol use by parents and carers is known to be associated with a lack of responsive care and stimulation in early childhood; children brought up in these environments are more likely to lack self-control and self-regulation as they grow to adulthood themselves, and will therefore be more susceptible to addictions, including to illegal substances such as Ice; they will be, in turn, less likely to provide their own children with the care and nurture they need. This cycle is reinforced by emerging evidence that every generation born to parents with an addiction is more genetically predisposed to an addiction themselves[15].

Such an intergenerational feedback loop – mirroring and adding to the intergenerational exclusion and disadvantage suffered by many Aboriginal families in other areas of their lives – while not yet proven, is entirely consistent with the evidence, as well as with the experience of many Aboriginal community members and organisations.

Fortunately, there is very strong evidence on how to break such intergenerational cycles of disadvantage though the use of early childhood development programs. Sustained investment in evidence-based early childhood programs can offset early childhood disadvantage, and are a 'best buy' in terms of addressing health and social inequity and breaking the cycle of harmful drug and other substance use in the long-term.

Such evidence-based programs include the Australian Nurse Family Partnership Program (a long term parenting support program based on the work of Professor David Olds[16]) and Abecedarian Educational Day Care (a program that directly stimulates the child in the first 3 years of life based on the work of Professor Joseph Sparling[17]).

4. Culture as a protective factor

Culture and spirituality have been identified as important in supporting resilience, positive social and emotional well being, and living a life free of addiction to alcohol and

drugs[18], with connection to land and family, having an active cultural and spiritual life, and participation in the life of the community being vital for the holistic health of individuals. A recent review from an Aboriginal and Torres Strait Islander perspective identifies ten themes by which cultural and traditional practices can act as a pathway to healing for Aboriginal and Torres Strait Islander peoples, including identifying with cultural lineage; preserving and sharing cultural heritage; connecting with land, country and our history; strengthening communities; and reconnection with spirituality[19].

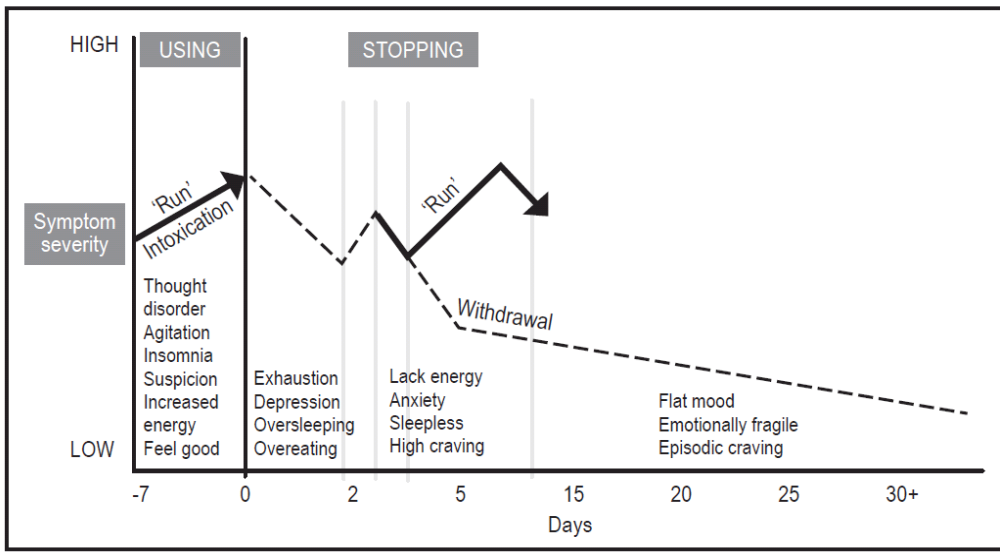
Other related issues

Treatment and support

Issues specific to Ice

For dependent users, Ice use is often associated with a distinctive addiction cycle, marked by up to a week of intensive use, followed by several days of relatively severe withdrawal symptoms during which users may often begin another period of intense use, or (if not) experience gradually diminishing withdrawal symptoms for several weeks or more (see Figure 8).

Figure 8: The Ice Addiction Cycle[20]



This typical cycle has several implications for service providers. In particular, the intensity of cravings during withdrawal and the length of time these cravings are present after abstinence poses particular challenges for attracting users to and maintaining their engagement with treatment. This implies the need for:

- 'Ice-specific' training for health professionals within both primary health care services and alcohol and drug treatment services;
- a particular focus on client engagement and retention, including
    - program funding, policies and processes that support longer detoxification periods (up to two weeks);

- peer interventions as a strategy to attract and retaining users in treatment.

- funded service integration structures and processes, as many Ice users have complex needs and may require support from mental health services, social services etc. (see below); and

- publicising the availability of services so users know that effective help is available.

Given much of the negative media messaging around Ice use, it is important to promote the success of treatment for Ice dependent people, and to address some of the common misconceptions about Ice being significantly different from other drugs in its addictiveness, its responsiveness to treatment and its association with violence. The stereotyping of Ice users as being uniquely prone to violence is not helpful in terms of encouraging users to seek treatment especially as there is strong evidence that Ice users are not as harmful to others as people using alcohol and some other drugs[21].

A common approach to treatment of addiction

The issues specific to Ice described above need to be taken into account in service design for Ice users. However, there is substantial evidence that the biological foundations of addiction are the same, whether the particular drug involved is a methamphetamine such as Ice, an opioid such as heroin, or alcohol: in each case a key factor is the increase in dopamine activity in the 'reward centres' of the brain[22]. Addiction to any substance or activity has been thus described as a chronic brain disease[23].

Addiction results from a complex interaction of neurobiology, genetics, environment, and society. However, the common social environments that lead to addiction (poverty, inequality, discrimination – see section on prevention above) and the common neurobiological basis of addiction points towards the need for a common approach to both treatment and primary prevention, whether regarding Ice, alcohol or any other drug.

Comprehensive primary health care

Aboriginal Community Controlled Health Services (ACCHSs) seek to provide a comprehensive model of primary health care to the communities they service. They are recognised as a key platform for the delivery of culturally appropriate services, and to drive service integration. There is a clear preference for the use of community controlled health services by Aboriginal and Torres Strait Islander people, and strong policy support for the service model. ACCHSs provide Aboriginal and Torres Strait Islander communities with a structure for governance of service delivery and opportunities for leadership and advocacy on health and wellbeing (e.g. advocacy on holistic definitions of health and wellbeing, and delivery of a comprehensive model of primary health care that addresses substance abuse and mental health).

Well-structured interventions for Aboriginal people using Ice at the level of primary health care (and particularly within Aboriginal Community Controlled Health Services) should be supported to provide three inter-related streams of care:

- *the medical stream* to address the biological foundations of addiction. While there is no clear consensus on the use of specific pharmacological interventions to treat amphetamine dependence, medication may be useful to relieve symptoms of

methamphetamine dependence as well as to treat often comorbid conditions such as depression and anxiety disorders[24]. There is also a need for a comprehensive medical assessment on all clients as well the use of Mental Health Care plan (MHCP) to ensure access to psychologists through Medicare as part of treatment. For some clients sickness benefits are also required.

- *the psychological stream* to address the behavioural factors of addiction, including structured therapies such as Cognitive Behaviour Therapy (CBT) and Motivational Interviewing including support through withdrawal are considered the main treatment option[25]. These approaches are more than counselling, and require an ongoing relationship with psychologist or skilled therapist over many sessions.

- *the social and cultural support stream* helps the client change the social context which is part of the reason that addiction occurs and is maintained. This may include assistance with education and training, finding employment, accommodation, Centrelink, strengthening relationships with kin and country, enhanced cultural identity, group work and many other services. It may require assisting the client to connect with appropriate new social networks where drug use is not the norm.

Service integration: care coordination and the patient journey

ACCHSs are also an important foundation for service integration. Users of Ice are likely to have multiple, complex substance misuse, social and emotional wellbeing and mental health needs, often necessitating access to a number of different service providers including specialist mental health and alcohol and other drug treatment services. Given these complex needs in a cross-cultural environment, service integration is likely to be highly important for effective care.

This may include 'horizontal' integration or coordination of care through the network of community-level services addressing substance misuse, mental health, homelessness and housing, and physical health; and 'vertical' integration of the patient journey from the community level to residential / hospital and specialist care, and back again.

Congress has developed an innovative new service model in partnership with DASA the provider of a 20 bed residential treatment facility. In order to ensure the clients admitted to this facility are able to access the 3 streams of care Congress GPs assess all clients on admission and commence them on a MHCP as well as any other required medications. A medical certificate is also provided for the period in residential treatment. Congress psychologists then work with the client while in residential treatment. The residential treatment facility provides accommodation as well as counselling, education and a range of other support services. This model ensure good integration of services and when clients are discharged they can continue to see their regular GP and psychologist in the community. This has already worked very well in the rehabilitation of Aboriginal people on ICE as well as alcohol and other drugs. This could become a more widespread service model requiring the integration of residential treatment, General Practice and psychological services. In the case of a community controlled health service this is made much easier because these services are already integrated in one employer with a common patient information system.

Policy making and program design need to recognise that high staff turnover, unstable funding environments, and policies based on competitive funding may all undermine service integration.

Trialling mandatory treatment

Mandatory treatment of people with drug or alcohol dependency issues – where linked to criminal sanctions – has very little evidence of success. It appears to work least well for young people, can add to the disadvantage experienced by marginalised groups, and may displace voluntary clients from limited treatment spaces[26].

However, Ice dependent people may have significant cognitive impairment and therefore diminished capacity to make decisions in their own best interests and those of their families and communities. They can often not be diagnosed as psychotic and so mental health legislation cannot be used to protect them and the community, although they may be acting against their own interests in a state of drug induced clouded judgement.

In this situation, short-term involuntary commitment of people who may be at risk of harming themselves or others for the purpose of getting the person to the point where they are able to engage in treatment should be explored.

Accordingly Central Australian Aboriginal Congress supports trial of mandatory treatment in alcohol and drug treatment facilities for Ice dependent people where there is a risk of harm to themselves, their families or the community. This should be for a maximum of 2 weeks, after which the client may decide whether they want to continue in treatment voluntarily.

The Northern Territory's *Alcohol Mandatory Treatment Act (2014)* provides a model of how this may be achieved. However, to support an evidence-based public health approach, only qualified health professionals (and specifically doctors and/or psychiatrists) should be empowered to commit people to treatment – police, for example, would need to seek the authorisation of such health professionals before Ice users were sent to mandatory care.

The quality of treatment provided needs to be the best available with medical care, clinical psychologists and Aboriginal alcohol and drug workers, and based upon the three streams of care outlined in the section on *Comprehensive Primary Health Care* above.

Treatment is currently available at drug and alcohol treatment facilities in Darwin and Alice Springs, but care should be taken to ensure that these facilities are not co-located with gaols of other parts of the criminal justice system to emphasise the fact that this is a *treatment* intervention, not a *punitive* one.

It is unclear from the evidence how effective such a program would be, so it is important that this is a trial, with a formal evaluation for each client including resources for follow up at 1 and 2 years post treatment.

Effective prevention and harm reduction approaches[27]

These include:

- *the development of educational resources* appropriate for the Aboriginal and Torres Strait Islander community

- *culturally appropriate education* of families about methamphetamine dependence and expected behaviours
- *needle and syringe programs* to prevent transmission of blood-borne infections
- *use of media to focus on treatment options*, noting that mass media campaigns may be counter-productive as only a relatively small proportion of population use Ice.

Law enforcement issues

Globally speaking, for many decades law enforcement has been the dominant method governments have supported to address the harms associated with illicit drug use; despite this, the production, consumption and variety of such drugs continues to increase, along with the harms they cause[28].

This points strongly towards the need for a change of approach to one based on public health principles.

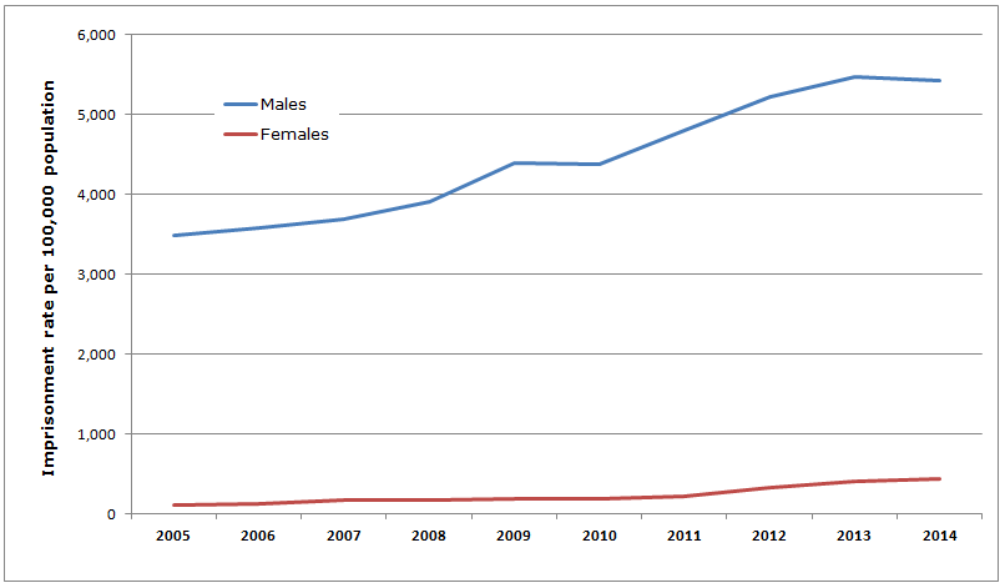
Consequently, the six areas for action identified by the National Ice Task Force (which includes law enforcement as part of a broader strategy that also includes primary prevention; intervention, treatment and support; support for local communities; tools for frontline workers; and improved research and data) is to be welcomed[29].

In the Northern Territory Aboriginal context, law enforcement approaches similarly have a place in dealing with the use of Ice and other illicit drugs. However, law enforcement policies and practices should be designed to deliver most benefit and least harm, taking account of the Northern Territory context.

In particular, a sole focus on law enforcement can discourage people using methamphetamines to seek treatment as the perception can be that approaches to doctors or health services may lead to involvement with the criminal justice system.

This is in a context where the imprisonment rates for Aboriginal Territorians are of particular concern: the last ten years have seen increasing numbers of Aboriginal people (especially men) imprisoned (see Figure 9).

Figure 9: Northern Territory Aboriginal and Torres Strait Islander imprisonment rates, 2005 – 2014 (ABS (2015) Corrective Services, Australia, June Quarter 2015)



It has been estimated that at any given point in time, between 4-14% of men and 0-2% of women between 20-39 years are missing from an average Aboriginal community and that this has severe social and economic impacts effects on these places [30] . Imprisonment has negative effects on the individual themselves, their relationships and future health and employment prospects. It also undermines family ties and community stability, with a particular impact on children. Aboriginal people with mental health and/or substance misuse issues are also over-represented in the prison population[31].

In this context, imprisonment should be a last resort for offenders in the Northern Territory, and a 'tough on crime' response to Ice addition can only worsen the imprisonment rates for Aboriginal people, and further undermine social and family stability, reinforcing the intergenerational cycle of disadvantage and a predisposition to substance misuse in future generations. In this context, the figures for offending related to amphetamines (see Figure 3 above) are of concern.

Law enforcement responses to Ice must therefore not focus on 'locking up' individuals for use or possession, but instead on

- drug diversion programs that assist Ice users to address their addiction and support them to reintegrate in society, taking care to ensure that 'drug diversion' does not merely become the first step in criminalising users; and
- ensuring there are adequate police resources, especially in remote communities, to prevent the distribution of Ice focussing on dealers and suppliers, and provide adequate and appropriate protection for community and family members from violence, whether related to Ice, alcohol or other circumstances.

Appendix 1: About Central Australian Aboriginal Congress

In the 40 years since it was established, Central Australian Aboriginal Congress (Congress) has become the largest Aboriginal community controlled primary health care service in the Northern Territory.

Congress promotes a broad approach to improving Aboriginal health, following the principles of the National Aboriginal Health Strategy:

> *Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity*[32].

Congress is one of the most experienced organisations in the country in Aboriginal health, a national leader in comprehensive primary health care, and a strong advocate for the health of our people. We provide a broad range of services including:

- Clinical Services
- Separate Male and Women's Health Services
- Child and Family Services
- Social and Emotional Wellbeing (SEWB) programs
- Remote Health services
- Education and Training

Notes

[1] See Appendix 1 for a background to Central Australian Aboriginal Congress.

[2] Central Australian Aborignal Congress would like to acknowledge the assistance of Edward Tilton Consulting in preparing this submission.

[3] National Drug Strategy Household Survey detailed report 2013: online data tables

[4] Lee et al. (2007). *Clinical treatment guidelines for Alcohol and Drug Clinicians, No 14: Methamphetamine dependence and treatment*. Turning Point. Fitzroy

[5] For example Midford et al. (2015) Is the 'ice epidemic' a media myth? A Northern Territory perspective' Available: http://www.onlineopinion.com.au/view.asp?article=17642; *Don't panic: the 'ice pandemic' is a myth.* The Age, May 18, 2015. http://www.theage.com.au/comment/dont-panic-the-ice-pandemic-is-a-myth-20150515-gh2plm.html#ixzz3po7Hqx00

[6] National Indigenous Drug and Alcohol Committee (NIDAC) and the National Aboriginal Community-Controlled Health Organisation (NACCHO) (2014) *Online consultation: Amphetamine-Type Stimulants use.* Available: http://www.aodknowledgecentre.net.au/print/4592. Unfortunately, the number of responses from the Northern Territory is too low to allow separate reporting.

[7] Borg F & Johnston A (2015) Managing Meth: Working with clients that abuse methamphetamines. Unpublished PowerPoint prepared by Caraniche Consulting on NT Ice Training

[8] Australian Institute of Health and Welfare (2015) Aboriginal and Torres Strait Islander Health Performance Framework 2014: Online data tables

[9] This analysis is borne out through the Congress-hosted forums for Ice users and their families in Alice Springs. Of the relatively small number of users involved, all were employed, reasonably well educated, and able to return to employment once their addiction was treated.

[10] Northern Territory police say there is no evidence of crystal methamphetamine in remote Central Australian communities. *NT News*, 29 May 2015.

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[20] Taken from Borg F & Johnston A (2015) Managing Meth: Working with clients that abuse methamphetamines. Unpublished PowerPoint prepared by Caraniche Consulting on NT Ice Training.

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[24] See Lee N, Jenner N, Nielsen S (2014) *Medication treatment options for amphetamine-type stimulant users*. Canberra: Australian National Council on Drugs

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[31] Australian Health Ministers' Advisory Council (2015) *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra p 102

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