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INSTITUTE

# Select Committee on a Northern Territory (NT) Harm Reduction Strategy for Addictive Behaviours

*Submission – Penington Institute*

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## About Penington Institute

### *Our mission*

Penington Institute actively supports the adoption of approaches to drug use which promote safety and human dignity.

We address this complex issue with knowledge and compassion. Through our analysis, research, workforce education and public awareness activities, we help individuals and the wider community.

Our vision is for communities that are safe, healthy and empowered to manage drug use.

### *Our activities:*

- Enhance awareness of the health, social and economic drivers of drug-related harm.
- Promote rational, integrated approaches to reduce the burden of death, disease and social problems related to problematic substance use.
- Build and share knowledge to empower individuals, families and the community to take charge of substance use issues.
- Better equip front-line workers to respond effectively to the needs of those with problematic drug use.

Our purpose is framed by our knowledge that we need to look at more effective, cost-efficient and compassionate ways to prevent and respond to problematic drug use in our community.

Dear members of the Select Committee,

Penington Institute welcomes the opportunity to make a submission to the Select Committee on a Northern Territory (NT) Harm Reduction Strategy for Addictive Behaviours. Further, we welcome the Northern Territory Government's commitment to reducing the harms associated with addiction and its associated behaviours and consequences.

Drugs and drug use continue to present significant challenges to governments in Australia, both producing and exacerbating a range of harms affecting both individuals and the broader community in various social, health, public health, economic and criminal justice spheres. Despite significant efforts to stem addictive behaviours through the criminalisation of illicit drugs, the efficacy of these interventions has been limited.

Harm reduction – the idea that positive public health outcomes are best achieved by minimizing the harms associated with a certain behaviours and activities and, importantly, ensuring interventions do not contribute to further harms – provides an array of strategies, frameworks and interventions for addressing the associated harms associated with problematic drug use.

Our submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive behaviours addresses the importance of a range of strategies that prioritise prevention by addressing four key issues:

1. Early intervention responses to drug use;
2. Needle and Syringe Programs;
3. Crystal methamphetamine or 'ice'; and
4. Medication Assisted treatment for Opioid Dependence.

Penington Institute would welcome the opportunity to expand on any aspect of the submission as required.

## 1. Early intervention responses to drug use to minimize or prevent problematic drug use

The Northern Territory Government should develop a comprehensive strategy to invest in effective prevention and early intervention, thus relieving pressure on specialist drug treatment, the justice system and the community in general. The strategy must set realistic goals for people across the drug user spectrum, having the overarching aim of preventing progression to problematic drug use. Essential components include:

- localised, GP-led models of early intervention;
- developing effective diversion options for those most at risk of progressing to problematic drug use; and
- online approaches to harm prevention and reduction advice.

There is a growing preference in public policy for well-timed, high-value interventions over later (often belated), more intensive and costly ones. It is better to prevent problems, or to stop them escalating, than to treat them.

Drug prevention itself is not new, with governments having dedicated significant resources to campaigns intended to reduce demand for drugs. These campaigns have generally been focused on discouraging all illicit drug use, rather than harmful use.<sup>1</sup>

### *Early Intervention - Preventing dependence and harm locally – led by GPs*

The greatest opportunity to prevent drug harms is locally, led by Australia's large network of general practitioners (GPs).

AOD treatment does not currently, and is unlikely to ever, fully service people living in regional and remote Australia. GPs need to be supported to lead collaborative, community-controlled responses to drugs, connecting people using drugs to the health, social and economic infrastructure within their communities. Rather than raising drug use directly, GPs' patients often first present with the complications of drug problems, such as mental health issues.<sup>2,3</sup> This means improved screening can lift rates of early intervention, and clear follow-up options and pathways will make those interventions more effective.

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<sup>1</sup> Commonwealth of Australia (2015), *Draft National Drug Strategy 2016-2025*.

<sup>2</sup> RACGP (2016), "Ice in general practice", <http://www.racgp.org.au/download/Documents/Good%20Practice/2016/April/GP2016Apr-ice.pdf>.

<sup>3</sup> *Final Report of the National Ice Taskforce*, pp. 34-35.

Such a model – provided it is person-centred and adaptable to the realities of busy GP clinics – could make well-timed interventions that are far more geographically accessible than specialist treatment.

The likely benefits of this model have been discussed among health professionals for some time.<sup>4</sup> The Royal Australian College of General Practitioners (RACGP) has acknowledged GPs have the opportunity to better screen and intervene early to manage their patients’ drug use – most recently in its Addiction Medicine Network’s submission to the National Ice Taskforce.<sup>5</sup>

To be effective, this approach would necessitate appropriate training and support for doctors and a clear focus on *early* intervention, rather than managing severe dependency in general practice settings (which causes GPs concern).

Naturally, this means GPs cannot be expected to manage these issues alone: some patients may have complex health and socioeconomic situations before the onset of problematic drug use. Addressing these co-presenting and underlying risk factors will help to prevent drug use from escalating.

GP-led early intervention models should therefore seek to establish broad community support and make use of the existing local health, social and economic infrastructure. In regional and rural areas, where there is a lower level of service provision across the board, communities will need to be supported to adopt their own tailored, strengths-based approach, maximising the benefits of their existing assets.

Penington Institute has recently advised leading stakeholders in Mansfield, Victoria, in trialling a community controlled primary health system approach, where services are struggling to cope with growth in problematic ice use.<sup>6,7</sup> This community-based program provides people in need access to appropriate supports and services to minimise or prevent problematic drug use as early as possible.

The Mansfield project is an example of a community-led trial focused on case-management, treatment and prevention. It prioritises whole-of-community involvement and is governed by key

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<sup>4</sup> Berends and Lubman (2013), “Obstacles to alcohol and drug care: Are Medicare Locals the answer?”, *Australian Family Physician*, 42(5): 339-342.

<sup>5</sup> RACGP (2015), “RACGP Addiction Medicine Network: Submission to the National Ice Taskforce”, <http://www.racgp.org.au/download/Documents/Reports/submission-to-ice-taskforce.pdf>.

<sup>6</sup> Sunday Herald Sun (2017), “Halt the evil ice flow”, *Sunday Herald Sun*, 12 March 2017, <http://www.heraldsun.com.au/news/opinion/halt-the-evil-ice-flow/news-story/38bdee04d7c4f03a714851268e912600>.

<sup>7</sup> Zervos (2017), “Push for treatment reform for ice addicts”, *Herald Sun*, 23 February 2017, <http://www.heraldsun.com.au/news/victoria/push-for-treatment-reform-for-ice-addicts/news-story/361d8117c9fe8f8aaccd3bce43f4406f>.

community stakeholders including local police, GPs, government, lawyers, and health professionals.

For the Northern Territory, ensuring priority populations such as Aboriginal and Torres Strait Islanders and people living in rural and remote community, have access to drug treatment services like Medication Assisted Treatment for Opioid Dependence (MATOD) and other forms of drug and alcohol treatment, is critical for reducing the disproportionate impact drugs have on these communities. Further, approaches that are community-led and prioritise community engagement and inclusion of relevant stakeholders (such as the Mansfield trial) will improve the effectiveness of the Northern Territory's harm reduction efforts.

## 2. Needle and Syringe Programs

Needle and Syringe programs (NSPs) are one of the most successful and cost-effective public health investments in Australia's history. In the decade 2000-2009 alone, NSPs averted an estimated 32,050 HIV infections and 96,667 hepatitis C (HCV) infections, generating a health care cost saving of \$4 for every dollar spent, or \$27 in economic savings for every dollar spent.<sup>8</sup> NSPs return more disability-adjusted life years than interventions addressing diabetes and impaired glucose tolerance, vaccinations, allied health, alcohol and drug dependence, lifestyle and in-patient interventions.<sup>9</sup>

NSPs have been shown to reduce risk-taking behaviours such as equipment sharing as well as increasing service engagement among people who use drugs. Further, NSP services have been the primary means of engaging people who inject drugs in the new, highly effective treatments for hepatitis C. NSPs are often the only regular point of engagement for their clients, making their role in service provision and referral even more crucial.

In short, NSPs serve the community – and government budgets – extremely well.

Currently, NSP services are available in seven locations in the Northern Territory (Darwin, Palmerston, Nhulunbuy, Katherine, Tennant Creek, Alice Springs and Yulara) comprising primary, secondary and pharmacy outlets (32 services in total). These outlets serve a critical role in addressing and reducing drug-related harms in the Northern Territory. Importantly, the three primary outlets (run by the Northern Territory AIDS and Hepatitis Council or ATAHC) are staffed by peers. Peer-run services are more accessible for people who use drugs than mainstream

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<sup>8</sup> Commonwealth of Australia (2009), Department of Health and Ageing, *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia 2009*, p. 8.

<sup>9</sup> *Ibid.*

services, providing a non-judgemental service from people with a lived experience of the issues clients face.

For the Northern Territory, ensuring that Needle and Syringe Program services are well-funded, accessible and, where possible, peer-run, will maximise the harm reduction effects (along with the social and economic benefits) of NSPs. This is especially important for rural and regional areas of the NT, where geographic distance and limited operating hours constitute significant barriers to access for NSP services. Options such as regional outreach and mobile programs and Secure Dispensing Units (which are accessible 24 hours a day) should be considered by the Northern Territory government, in addition to increasing funding for NSPs overall.

### **3. Crystal methamphetamine or 'ice'**

Ice continues to pose a significant public health and public order concern for the Northern Territory and Australia broadly. As the snapshot into drug use in the NT provided as part of the Committee's inquiry demonstrates, ice remains easily accessible in the Northern Territory despite efforts to limit its availability.

In 2015, Penington Institute made a submission to Legislative Council of the Northern Territory regarding the increase in availability, use and associated harms of crystal methamphetamine or 'ice'. In addition, we have provided many community information forums, making available evidence-based and pragmatic information on dealing with this issue.

Methamphetamine use is a complex public health issue that must be addressed through a broad range of strategies including, educational campaigns, training and support for first responders and frontline service workers in dealing with clients using ice, and improved linkages across services such as mental health, community welfare, domestic violence, alcohol and drug, and justice and emergency services.<sup>10</sup>

Addressing the harms associated with ice such as deterioration of mental health, crimes such as theft, violence and family violence, and the health consequences of heavy-use requires evidence-based, targeted and coordinated interventions at the individual, family and community levels.<sup>11</sup>

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<sup>10</sup> Harley, F., Forbes, C., and Cordoma, L. (20014) 'Project Ice Mildura: An evaluation of the community campaign measuring reach and impact', Mildura: Vision Centre for Applied Social Research, Mallee Family Care.

<sup>11</sup> Jenner, L. and Lee, N. (2008) *Treatment approaches for users of methamphetamine: A practical guide for frontline workers*, Canberra: Australian Government Department of health and Aging.



While prevention should be prioritised, it is important that harm reduction interventions for those already using ice are available.

The recommendations made by Penington Institute in 2015 remain appropriate. These include:

- The implementation of systemic early warning illicit drug data collection to notify frontline services of drug trends. This will increase services ability to respond to drug harms in a timely manner;
- Increased and ongoing resourcing of the Alcohol and other Drug (AOD) service sector to respond to ice use with evidence-based, targeted and culturally appropriate strategies;
- Implement and Territory-wide program to upskill all AOD and frontline workers (including police and other first responders) to better understand and respond to ice;
- Rolling out 24-hour access for NSP services through NSP outreach and Secure Dispensing Units to ensure sterile injecting equipment is available when needed;
- That the Northern territory government implement programs to address the use of illicit drugs (including methamphetamine) in the workplace that support the development of appropriate workplace cultures regarding the use of alcohol and other drugs.

#### **4. Medication Assisted Treatment for Opioid Dependence**

Medication Assisted Treatment for Opioid Dependence or MATOD (often referred to as 'methadone maintenance') is a highly effective means of reducing the harms associated with opioid dependence. This is true for both the individual as MATOD stabilises a person's drug use and the broader community as MATOD has been shown to reduce both the health consequences of opioid dependence (including fatal overdose) as well as reducing drug-related crime.

However, MATOD remains the only PBS listed medicine requiring patient co-payment in Australia. This constitutes a significant barrier to access for those needing this medication. While MATOD is available in the Northern territory, accessing it can be difficult. Barriers to MATOD access include living in rural or remote areas, reduced access to health services and low health service engagement, all of which are relevant to the Northern Territory.

The Northern Territory government should explore expanding access to MATOD for all Territorians who would benefit from accessing MATOD, especially who have recently exited prison.