



**MISSION
AUSTRALIA**

**The Special
Commission of Inquiry
into the Drug 'Ice' 2019**

Submission

Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 160 years. In the 2017-18 financial year we supported over 120,000 individuals through 461 programs and services across Australia.¹ This included support for over 60,000 individuals through 220 programs and services in New South Wales (NSW).²

We work with families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and other drug (AOD) issues. Currently we deliver 9 AOD related services across NSW and these services supported over 1,200 individuals during the last financial year.³ Mission Australia runs a number of facilities particularly for young people that can address AOD dependence in NSW, including the Triple Care Farm rehabilitation centre and withdrawal service as well as Junaa Buwa! and Mac River residential rehabilitation facilities.

Mission Australia welcomes the opportunity to provide input into the inquiry into the nature, prevalence and impact of the drug 'ice' in NSW. This submission is based on a combination of research and insights from direct service provision across NSW.

Recommendations

- Funding for rehabilitation and detoxification facilities should be increased in rural, remote and regional areas based on the available data in relation to the increased use of ice as a matter of priority. These services should be targeted to diverse age groups, culturally appropriate and delivered in local communities.
- Targeted supports and services should be provided to Aboriginal and Torres Strait Islander people, particularly those living in regional, rural and remote areas. As much as possible, these services should be delivered by or in collaboration with Aboriginal and Torres Strait Islander community-controlled organisations.
- Increase investment in early intervention supports and outreach services targeting people who are most vulnerable or with a high possibility of exposure to drugs and other illicit substances.
- The intersectional relationship between housing and homelessness, mental health, financial stress, remoteness, alcohol and drug and other related factors should be closely considered in all policy, strategy and program development as part of the broader harm minimisation measures.
- There should be a clear shift in policy from a justice related response to a health response to meaningfully and sustainably address AOD dependence related issues in the community.

¹ Mission Australia, Annual Report, 2018, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2018/809-annual-report-2018/file>

² Ibid

³ Mission Australia, Service Delivery Census FY 2017/18.

- A multipronged approach should be adopted to provide a range of supports from detoxification, rehabilitation and cognitive behavioural therapy to ensure different people at different stages of their ice dependence are able to access the most appropriate services to meet their individual needs.
- Measures should be in place to support people accessing detoxification and rehabilitation services to provide priority access to secure housing with other wrap around supports, particularly if they hold concerns about the risk of relapse due to prevalence of ice in their local communities.
- Adopt proactive measures through the existing strategies and frameworks to strengthen communities with a focus on addressing and eliminating social and economic disadvantage as part of the broader measures to address AOD related harm.
- Provide long term sustainable funding for successful programs that address ice and other drug dependence related issues to ensure programs are able to build and sustainably maintain relationships within the local community, health sector and other complementary community services over a long period of time.
- The recommendations of the *Provision of drug rehabilitation services in regional, rural and remote NSW report* should be urgently implemented.

Use, Prevalence and Policy Framework

From the service delivery experience, we understand the impact of ice on individuals, families and communities. Prolonged use of ice can have significant negative impacts on physical and cognitive capacities. These damages can cause life threatening diseases, damage internal organs or cause irreparable mental health issues.⁴ Therefore, it is imperative that measures are in place to provide early intervention and education to support individuals to prevent and minimise harm caused by ice dependence as well as identify geographical locations with higher prevalence of ice use for priority support.

Use and Prevalence

It is encouraging that there is recognition of the rise in the use of ice in rural and remote areas in the discussion paper. However, this has not yet translated to support or funding for service delivery to increase capacity in these areas. There are significant gaps in service delivery in rural and remote areas, particularly with regards to access to detoxification and rehabilitation services. The local hospital in-patient units that provide acute care are often at capacity and there are no appropriate support services in many local communities for these individuals.

Evidence also demonstrate that although there is a decline of use of methamphetamine in powder or other forms in the recent past, the use of ice continues to increase.⁵ In addition, the

⁴ See further: E. Bowman, The five most addictive substances on Earth – and what they do to your brain, Conversation, 2016 accessible at: <https://theconversation.com/the-five-most-addictive-substances-on-earth-and-what-they-do-to-your-brain-54862> and L. Haplin, et al, methamphetamine causes acute hyperthermia-dependent liver damage, pharmacological research perspective, v.1 (1); 2013.

⁵ Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

stigmatisation of ice use and the negative portrayal about those dependent on ice in media and other platforms⁶ are also likely to contribute to the underreporting of ice use in NSW.

As highlighted in the discussion paper, in certain areas ice is easily accessible compared to other forms of substances. There is also anecdotal evidence that ice is less expensive compared to certain other synthetic substances. The combined effect of access and cost increases the prevalence of ice within communities, which impacts on the recovery and abstention making detoxification and rehabilitation process difficult for many people.

“We have heard that people are given ice for free the first few times until they get hooked on it ... Once you are addicted, it is difficult to break the cycle. Even when people do get the support, they would be going back home to families or communities where ice use is rampant.”

Mission Australia, Area Manager Regional NSW

Mission Australia’s aged care services are seeing an increased number of former ice users accessing aged care related services due to premature ageing. The ongoing impact of previous ice use continue to cause issues for those residents requiring them to use ongoing support from a range of health professionals such as GPs, psychiatrists, nutritionists and the like.

Policy framework

Although there are policies in place at national and state level, the issues in relation to ice use persist, particularly in rural and remote areas. Thus, there is a clear need to revisit the policy and legislative framework to identify these gaps and strengthen responses.

The NSW Parliamentary inquiry report into the *provision of drug rehabilitation services in regional, rural and remote NSW* made a series of recommendations including that the NSW Ministry of Health implement, a population-based planning tool, such as the Drug and Alcohol Service Planning model, to ascertain what rehabilitation services and how many beds are required throughout New South Wales, and in which regions.⁷ Encouragingly, the Government response supports this recommendation.⁸ Given this important undertaking, the government should ensure that the relevant departments are able to dedicate human and financial resources to implement these recommendations as a matter of priority.

The Outcome Document of the 2016 United Nations General Assembly Special Session on drugs (UNGASS 2016), unanimously approved by the 193 Member States, recognised ‘drug dependence as a complex multifactorial health disorder characterised by chronic and relapsing nature that is preventable and treatable.’⁹ Thus, the broader drug related harm reduction strategies should identify measures to categorise alcohol and drug dependence as a health issue and move away from criminal

⁶ N. Lee, ‘Ice Wars’ message is overblown and unhelpful, *The Conversation*, 14 February 2017, accessible at: <https://theconversation.com/ice-wars-message-is-overblown-and-unhelpful-72719>

⁷ NSW Health and Community Services Committee, *Drug rehabilitation services in regional, rural and remote NSW*, 2018, accessible at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf>

⁸ NSW Government, *NSW Government Response to Inquiry into the provision of drug rehabilitation in regional, rural and remote NSW*, 2019, accessible at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Government%20response.pdf>

⁹ United Nations Office on Drugs and Crime, *The Outcome Document of the 2016 United Nations General Assembly Special Session on drugs: Our joint commitment to effectively addressing and countering the world drug problem*, 2016, p.6, New York, accessible at: <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

justice related responses. This shift in policy is likely to increase and encourage help seeking behaviour.

Justice system

The justice system often fails to address underlying issues of drug use and addiction that can lead to an individual's involvement in the criminal justice system, often exiting people into a worse situation than before they entered detention.¹⁰ Offenders in prison who have used drugs, in particular methamphetamines have been found to have more extensive histories of detention and imprisonment than those with no reported illicit drug use.¹¹ Adults and young people who are released from detention without support in the community demonstrate increased risk of recidivism.¹²

A range of diversionary measures, in relation to methamphetamine use, should be invested in and supported by the State government. Diversionary programs should involve education and early intervention as well as outreach and casework services for vulnerable groups, access to appropriate detoxification and rehabilitation services for users of ice and other forms of methamphetamines and after care to ensure that changes are sustained and lives are improved in a holistic way. Such a holistic approach should include addressing other existing issues such as trauma, mental illness, family dysfunction and disengagement from education and employment.

Diversionary programs

Considering the intersectionality between alcohol and drugs, mental health issues and involvement in the justice system, it is imperative that there are adequate community based diversionary programs. Diversionary and rehabilitative services need to be age appropriate, culturally sensitive and meet the individual's needs. Currently, there is a shortage of diversionary service supports for people dependent on ice despite the increasing need for services to break the criminogenic cycles.

In NSW, the Department of Justice provides funding for residential drug and alcohol rehabilitation facilities, including, Junaa Buwa! and Mac River Residential Drug and Alcohol Rehabilitation Service managed by Mission Australia.

“... The two residential Juvenile Justice funded services work with Juvenile Justice referred young people. The types of services that we offer in these program are geared not only towards drug and alcohol rehabilitation but also that broader offender rehabilitation space ... It is a very different approach. They are both highly effective services.”

Mission Australia Area Manager, NSW

¹⁰ S. Kinner, et al, Substance use after Release from Prison, Drug Use in Prisoners: Epidemiology, Implications and Policy Responses, pp 77-89, 2018.

¹¹ Goldsmid S et al. 2017. *Australian methamphetamine user outcomes*. Statistical Bulletins No. 3, 2017, accessible at: <https://aic.gov.au/publications/sb/sb003>

¹² S. Kinner, *The post-release experience of prisoners in Queensland*, Trends & Issues in crime and criminal justice No. 325, 2006, accessible at: <https://aic.gov.au/publications/tandi/tandi325>

Junaa Buwa! and MAC River

Junaa Buwa! and MAC River are Mission Australia's residential rehabilitation centres for young people who have entered, or are at risk of entering, the juvenile justice system and have a history of alcohol and other drug use. These services offer residential and outreach services as well as educational and living skills training and aftercare support. The services cater for young people aged 13-18 years in NSW with Junaa Buwa! located in Coffs Harbour and MAC River in Dubbo. Young people undertake residential rehabilitation for 12 weeks which is followed by 12 weeks after care support. More than 80% of participants at Junaa Buwa! are Aboriginal young people.

Methamphetamine use has been increasingly identified at Junaa Buwa! and MAC River as one of the primary drugs of concern. The services have adapted to deal with the challenges ice users pose and effectively support them with associated issues of homelessness, unemployment and criminal history in a holistic way.

The case management approach addresses criminogenic risk and need. The services provide a range of offence focussed interventions, including the Changing Habits Reaching Targets cognitive behavioural program, X-Roads Drug and Alcohol program, Family Violence programs including Manbox and X-Roads, and cultural interventions including cultural camps, a cultural/yarning area, Aboriginal art including didgeridoo making, clapsticks and totem poles, and engagement with the Aboriginal men's group for mentoring.

Mac River Residential Drug and Alcohol Rehabilitation Service has received numerous awards including most recently, a silver award in the community-led category of the 2018 Australian Crime and Violence Prevention Awards (ACVPA).

Aboriginal and Torres Strait Islander people are over represented among the incarcerated population in Australia compared to non-indigenous people.¹³ Currently, illicit drug offences are the principal offence of close to a 1,000 Aboriginal and Torres Strait Islander people in NSW prisons.¹⁴ These statistics are likely to be higher as these numbers are limited to the principal offence. These people can be diverted from the justice system if there were adequate community based diversionary supports in their local communities.

Considering the importance of culturally appropriate services in these communities, Mission Australia encourages a stronger approach that moves beyond cultural awareness to delivery of services by Aboriginal controlled health organisations.

Health and Community

In the case of people dependent on ice, concerns around health, mental health, criminal justice and housing and homelessness are likely to be co-occurring issues. Attention also needs to be given to

¹³ See: Australian Bureau of statistics, Recorded Crimes, 4519.0 - Recorded Crime - Offenders, 2017-18, accessible at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Main+Features12017-18?OpenDocument> and Australian Law Reform Commission, Incarceration Rates of Aboriginal and Torres Strait Islander Peoples: discussion paper, July 2017, accessible at: https://www.alrc.gov.au/sites/default/files/pdfs/publications/discussion_paper_84_compressed_cover2.pdf

¹⁴ Ibid

addressing sense of belonging to community and self-identity through community inclusion and community development initiatives in locations with a higher prevalence of ice use.

Evidence suggest that the most effective types of treatment are counselling approaches such as cognitive behavioural therapy and motivational interviewing.¹⁵ However, these methods are unlikely to be effective for some people who have been dependent on ice over a long period of time. Therefore, a multipronged approach should be in place to provide supports to different people at different stages of their ice dependence. These measures should also be sufficiently flexible to cater for diverse cultural, age and other needs.

Mental Health

It is generally accepted that people with mental health issues are particularly vulnerable to alcohol and drug dependencies and those with alcohol and drug dependency issues are also particularly vulnerable to mental health issues.¹⁶ This is substantiated by the evidence from service delivery experience through various alcohol and drug rehabilitation and detoxification facilities. There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance dependence are both feasible and effective.¹⁷

Increased risk of self-harm and suicide

The discussion paper provides a comprehensive outlook on the significant negative effects of ice on mental health leading to self-harm and suicide. Evidence demonstrates the propensity of people using ice to develop issues with auditory and visual hallucinations.¹⁸

“Even if people have been through detox and rehab they may not be the same... some people continue to have hallucinations long after they have stopped using ice. This makes recovery that much harder for them because in their minds, the only way to stop the voices in their heads is to use more ice.”

Mission Australia, Aged Care Facility Director of Care

Providing of early intervention can prevent or at minimum limit the long-term negative implications on mental and physical wellbeing of people dependent on ice.

Case Study

Mark* is a resident at one of Mission Australia’s aged care facilities. He was dependent on ice for prior to entering the aged care facility and has been through detoxification and rehabilitation for ice dependence over 2 years ago. Although he has stopped using ice, he continues to have auditory hallucinations and can be aggressive towards other staff members and residents.

¹⁵ N. Lee, Forcing ice users into rehab won’t solve the problem – here’s what we need instead, The Conversation, 12 August 2016, accessible at: <https://theconversation.com/forcing-ice-users-into-rehab-wont-solve-the-problem-heres-what-we-need-instead-45946>

¹⁶ See further: R. Shivani, J. Goldsmith and R. Anthenelli, Alcoholism and Psychiatric disorders: diagnostic challenges, Alcohol Research & Health, 2002, Vol. 26(2), pp 90-98.

¹⁷ M.Deady, M. Teeson, K. Mills, et al, One person, diverse needs: living with mental health and alcohol and drug difficulties, A review of best practice, Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013.

¹⁸ S. Arunogiri, Ice psychosis: what is it, and why do only some users get it?, The Conversation, 23 January 2018, accessible at: <https://theconversation.com/ice-psychosis-what-is-it-and-why-do-only-some-users-get-it-88248>

Mark is currently receiving ongoing support from a psychiatrist to address these issues and is settling in at the aged care facility.

*name has been changed for confidentiality.

Children and young people

Mission Australia conducts an annual youth survey with the participation of young people aged 15-19 years. Last year, over 28,000 young people participated in the survey. Although just under 10% of the young people identified drugs as an issue of personal concern, 43% of them identified alcohol and drugs as one of the top concerns in Australia today.¹⁹

The *Concepts of Community: young people's concerns, views and experiences report* based on Mission Australia's youth survey data indicated that 40% of young people were concerned about methamphetamine (ice) use in their community and 26% were concerned about the use of amphetamines (Speed).²⁰ These rates were far greater in low socioeconomic status (SES) areas with 50% of young people in low SES areas being concerned about use of methamphetamine (ICE) compared to 29% of young people in high SES areas.²¹ These demonstrate that young people are concerned by what they see in their environment whether that be from peers or other members of the community.

Where young people experience substance dependence related issues a youth friendly and targeted approach is required. Applying a service approach designed and intended for adult clients has been found to be overwhelmingly unsuccessful for engaging with and maintaining young clients' participation in drug treatment. Adult facilities often do not provide the supports the young people need to recover, particularly young people with underlying experiences of trauma, and may in fact expose young people to more trauma through contact with older people going through withdrawal. A distinct approach of youth-specific facilities which deal with young people holistically in a safe, secure and encouraging environment are much more likely to succeed long-term.

Case Study

Jade* is a 23 year old young person who grew up in remote NSW. She started using substances when she was 15 years old. When she was 21 she was addicted to ice. Her drug issues resulted in increasing family conflict and loss of employment. After a number of interventions by her mother and sister, Jade decided to commence her detoxification process.

She was admitted to a detoxification facility attached to a hospital. She stated:

"I was left in a room with no one to speak with, I couldn't sit up, and there was only a bed and a chair. I couldn't see out of the room – it was like a jail. You had to get up to get your own food which is difficult when you're 'coming down'. I phoned mum crying every night of the three days I was there."

¹⁹ Mission Australia, Youth Survey Report, 2018, accessible at:

<https://www.missionaustralia.com.au/publications/youth-survey/823-mission-australia-youth-survey-report-2018/file>

²⁰ Mission Australia, *Concepts of Community: young people's concerns, views and experiences report*, 2018, p. 14, accessible at: <https://www.missionaustralia.com.au/publications/youth-survey/823-mission-australia-youth-survey-report-2018/file>

²¹ Ibid

Jade felt her challenges were exacerbated by the fact that the others at the facility were much older compared to her and that she was the only female receiving AOD supports. As she found the experience too isolating and hard to cope with, she left the detox facility after 3 days. She then went through the detoxification process at home as there were no other facilities available in her area. After this, she started her rehabilitation process at Triple Care Farm.

She stated that she would not have lost her job and not had the conflicts with her family and friends if she had had access to youth specific detoxification facilities that understood the needs of individuals. After graduating from Triple Care Farm, Jade plans to move closer to her sister and start a career in child care.

*Name has been changed for confidentiality

Government efforts to combat ice use need to focus on education and early intervention, including in schools and also targeting the existing group of ice users for whom a positive future depends on the availability of appropriate detoxification and rehabilitation facilities. When a person with ice use is motivated to seek change, appropriate detoxification and rehabilitation facilities need to be available to capitalise on what is often a narrow window of opportunity.

Mission Australia's youth specific rehabilitation services have been able to successfully offer a path forward for young ice users seeking treatment.

Triple Care Farm (TCF) withdrawal service and residential rehabilitation service

Triple Care Farm (TCF) is a residential Alcohol and Other Drugs (AOD) rehabilitation and treatment program for young people aged between 16 and 24 years. Located on 110 acres in the NSW Southern Highlands, TCF is a national service receiving referrals Australia-wide.

The program specialises in treating young people with co-morbid mental illness and drug and alcohol problems. The treatment model is a holistic psychosocial rehabilitation based on harm minimisation and health promotion. TCF offers five distinct programs - a residential living skills program, counselling and case management program, vocational training education program, a creative arts program, and sport and recreation program. Upon completion of these components the students are provided with the *Stepping Out* aftercare program which supports students for up to six months in the community. Outcomes include an observed reduction in substance use, increased quality of life, increased participation in employment, education and training, improved stability in housing, and improved psychological health. The after-care program further helps to reduce the risk of relapse.

During the 2018 financial year, 60% of young people accessing Triple Care Farm services indicated methamphetamine as part of their overall drug use. The service has also seen a significant increase in the number of young people using 5 or more substances from 12% in 2013 to 71% in 2018. Young people presenting for alcohol and drug treatment with a co-occurring mental illness has also grown significantly from 78% in 2012 to 95.3% in 2018.

In 2015 Social Ventures Australia conducted a *Baseline Social Return on Investment (SROI) analysis* of Triple Care Farm.²² The analysis highlights that between 2009 and 2013 TCF provided treatment and care to 370 young people and in total Triple Care Farm's activities generated approximately \$39.5M in value for its stakeholders across a range of outcomes. The analysis further stated that, when the total investment in Triple Care Farm between 2009 and 2013 is compared to the total social and economic value created, for every \$1 invested into Triple Care Farm, approximately \$3 of value was created. This demonstrates the significant economic benefits to both health and justice services in NSW whilst improving wellbeing of young people who were dependent on substances such as ice.

Mission Australia's residential rehabilitation services for young people have been shown to be effective avenues for treatment and support. Considering the effectiveness of the services provided by these facilities to address alcohol and drug dependence among young people, the Commonwealth government recently committed further funding to build and deliver similar services in Batemans Bay.²³ These initiatives are vital to addressing the gaps in services for young people dependent on substances, however, considering the increasing demand, there needs to be further investment to increase the number of facilities that provide age specific detoxification, rehabilitation and after care services across the state.

The challenges for young people who access detoxification and rehabilitation services can be exacerbated by ice use in their local community, among peers and their families.

"... about 60 per cent to 70 per cent of young people coming to our service (MAC River) have a primary caregiver or parent that uses substances regularly at home ... So it is really important that when we take someone out of that environment and put them in a residential environment with a predictable routine that there is a parallel servicing of the family back at home as well to make sure that those conversations around re-entry are being had. If we could support mum or dad to work on their drug or alcohol issue while the young person is working on theirs, then there is likely to be a more sustained outcome long term."

Mission Australia, Area Manager Regional NSW

In instances where people, particularly young people who have accessed detoxification and rehabilitation services should be able to access accommodation away from their communities if they hold concerns about relapse after returning to their communities or homes. Therefore, services should have the capacity to work with the whole family around substance use issues where appropriate and alternative accommodation models should be available for young people who cannot return to family with a step-down model of care to help them sustain the benefits of rehabilitation and transition to independence.

The lack of appropriate detoxification facilities, particularly for young people, which remains a considerable barrier to effective interventions and treatment considering the increasing demand. There is a need for a greater amount of detoxification and rehabilitation facilities particularly for

²² Social Ventures Australia, *Social Return on Investment (SROI) analysis of Triple Care Farm*, May 2015, accessible at: <https://www.missionaustralia.com.au/publications/research/young-people-research/382-triple-care-farm-baseline-social-return-on-investment-analysis>

²³ Department of Health, Media Release: \$9 million Drug and Alcohol Rehab Centre for Batemans Bay, 4 April 2019, accessible at: <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarele-yr2019-hunt090.htm>

vulnerable young people including those who are in contact with the juvenile justice system, to improve outcomes and allow for earlier intervention.

Aboriginal and Torres Strait Islander people

In 2017-18, 16% of all AOD treatment services clients aged 10 and over identified as Indigenous Australians.²⁴ This equates to a rate of 3,543 clients per 100,000 Indigenous Australians, compared with 501 clients per 100,000 non-indigenous Australians. Indigenous clients were 7 times more likely than non-indigenous clients to receive treatment services.²⁵ Therefore, there is a clear need for a greater investment in services that meet the needs of Aboriginal and Torres Strait Islander people.

Mission Australia's *2018 Youth Survey* found that Aboriginal and Torres Strait Islander young people reported higher levels of concerns around drugs and alcohol than non-Aboriginal and Torres Strait Islander young people.²⁶ Around a third of Aboriginal and Torres Strait Islander young people and a quarter of non-Aboriginal or Torres Strait Islander young people nominated alcohol and drugs as a key issue facing Australia today.²⁷

Drug and alcohol interventions for the mainstream population have been found to be less effective for Aboriginal and Torres Strait Islander people, as these interventions may not have been delivered in a way that was appropriate to this population.²⁸ This can be addressed through the development of culturally appropriate adaptations of mainstream AOD treatments and services, or through interventions which are managed and controlled by Aboriginal and Torres Strait Islander community organisations and Elders. Treatments and services need to provide a flexible, open and culturally sensitive environment, utilise evidence-based practices, involve family and community within individual treatment plans, allow Aboriginal and Torres Strait Islanders ownership of solutions and self-determination, and provide integrated services and partnerships between relevant services throughout treatment.²⁹

People living in rural, regional and remote communities

Only a limited number of services are available in rural, remote and regional areas. According to available data, more than half (58%) of all AOD treatment agencies were located in major cities, and over one-fifth (22%) were in Inner regional areas.³⁰ The percentage of agencies located in remote or very remote areas was 4% and 2% respectively.³¹ The capacity of these essential AOD services in regional and remote areas are being stretched by the resource intensiveness of supporting people

²⁴ Australian Institute of Health and Welfare, 2019, Alcohol and other drug treatment services in Australia 2017-18: key findings, accessible at <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/agencies>

²⁵ Ibid

²⁶ Mission Australia, Youth Survey Report, 2018, accessible at: <https://www.missionaustralia.com.au/publications/youth-survey/823-mission-australia-youth-survey-report-2018/file>

²⁷ Ibid

²⁸ National Indigenous Drug and Alcohol Committee [NIDAC], *Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples*, Australian National Council on Drugs, ACT, June 2014.

²⁹ Department of Health (2013) Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. Canberra: Department of Health.

³⁰ Australian Institute of Health and Welfare, 2019, Alcohol and other drug treatment services in Australia 2017-18: key findings, accessed at <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/agencies>

³¹ Ibid

dependent on ice as they require additional safety precautions and require longer-term and more persistent engagement.

Compared to other substances, it is necessary to invest in facilities in rural, regional and remote areas to ensure that people have access to detoxification and rehabilitation facilities as well as early intervention and other supports.

Case study

Mike* is in his mid 40s, from regional NSW. He has 6 children with 3 children under his care. Mike has a long history of drug dependence and has been using ice on a daily basis until early this year. He has experienced trauma as a child which has influenced his substance dependence. Mike has a history of offending behaviour and has served a number of custodial sentences in NSW.

He recently had a disagreement with his partner while they were both under the influence of ice. As the issue escalated, Mike threw a chair at his partner and smashed her phone. Following this incident, his partner obtained a family violence order against him. He was referred to one of Mission Australia's Men's Behaviour Change programs. Mike claimed that he has refrained from using ice on his own as there are limited detoxification and rehabilitation services available in the local area with long waiting lists. The staff members supporting him have had a sense that he may still be using ice but are unable to support him through the men's behaviours change program as they do not have any referral options in the local community.

Mission Australia will continue to work with him through the men's behaviour change program as there are no alternative services in the local community. However, without structured and ongoing support to address his ice dependence, it is unlikely that he will be able to sustain the progress he's making through these programs.

*Name has been changed for confidentiality

Even in instances where people travel to metropolitan areas for the detoxification process, they may not have access to appropriate rehabilitation services once they return to regional areas. This, coupled with limited access to continuous follow up and aftercare supports delivered through trained staff in rural, remote and regional areas, increases the risk of relapse for those who have invested in going through a detoxification process.

There are vast differences in terms of cost to attend rehabilitation services depending on whether the service is privately funded or government subsidised. The private services and facilities, particularly the resident facilities can be expensive to the point of being exclusionary for people on low incomes.³²

There are numerous successful programs in metropolitan areas that can be implemented in rural and remote communities with the necessary adjustments to meet the local needs.

³² Addiction Centre, Cost of Drug and Alcohol Rehab, accessible at: <https://www.addictioncenter.com/rehab-questions/cost-of-drug-and-alcohol-treatment/>

AOD Continuing Coordinated Care (CCC)

Continuing Coordinated Care (CCC) aims to reduce drug and alcohol use and improve health and social functioning for people with substance use disorders who have complex needs by providing intensive care coordination and wrap around services. CCC is available for people who require substantial support in the community to address non-AOD issues that may have a significant impact on their health and wellbeing and their ability to engage in AOD treatment. Mission Australia delivers this service in Western and Far West and Hornsby locations in NSW.

CCC is focused on outcomes which address the multitude of co-existing issues which a client may be faced with, as alcohol and other drug dependence cannot be addressed independently of the multi-faceted issues of individuals who are accessing the service.

When people access these services we see a reduced consumption of alcohol and other drugs, maintaining engagement with community-based AOD treatment, improved physical health and wellbeing, harm reduction, improved employment, educational and vocational connections, improved social functioning and family and community connectedness, housing tenancies are maintained, and reduced functional impairment from substance misuse

Case Study

Josh* is a 23 year old man who was referred to a detoxification clinic due to psychotic episodes with methamphetamine (ice), destroying property and putting family members at risk. When his behaviour became violent, his parents stated that he was not able to return until completion of rehabilitation.

At an initial assessment, Josh was set to exit detox in 4 days. He had never experienced homelessness before and was extremely anxious about that possibility. His goals were to enter rehabilitation as quickly as possible and move back home and bridge damaged relationships with his parents.

Continuing Coordinated Care (CCC) organised to have him stay at a Mission Australia accommodation facility upon his exit from the detoxification facility. He was supported to obtain social security payments as he had never received a government subsidy previously, allowing him to focus on his recovery. CCC advocated for him to enter a rehabilitation facility as quickly as possible to reduce the possibility of any relapse.

Josh's future goals are to move back into stable accommodation and focus on post-rehabilitation recovery. He would also like to work again, once he is confident about his recovery.

*Name has been changed for confidentiality

Compared to the service delivery staff in metropolitan or regional areas, the staff and services in rural and remote areas experience additional challenges in meeting the funding contract requirements and key performance indicators (KPIs) identified by the funding bodies. It is important for the government funding bodies to identify these challenges and ensure the KPIs and other requirements are flexible to accommodate the needs and challenges of service delivery in rural and remote areas.

Housing and Homelessness

There is a correlation between alcohol and drug dependence and homelessness or increasing risk of homelessness.³³ One study found that an estimated 17% of the national homeless population became homeless because of substance dependence.³⁴ Another study found that people experiencing homelessness were six times more likely to have a drug-use disorder and 33 times more likely to have an opiate use disorder than the Australian general population.³⁵

A significant proportion of people experiencing homelessness also experience mental illness as well as comorbid substance use disorders. Where individuals are treated for their substance misuse issues in an institution such as a hospital, prison, residential program or foster care, they must have a carefully planned transition into the community, ensuring that their housing needs are addressed whether they were homeless prior to treatment or at-risk of homelessness. Linking people dependent on ice to supportive housing, and prioritising housing first options, is a significant step in providing the necessary stability to allow engagement in treatment.

Parents' dependence on ice can increase the risk of abuse and neglect of children, domestic and family violence and is likely to increase risk of homelessness.

“Some women we work with refuse to leave their abusive partners because they (the partners) use ice as a bargaining chip. If they leave the abusive partner, they have no income or method of paying for ice ... In some cases, people leave the partner and use ice as a coping mechanism ... Either way, they are caught up in it sometimes with children. There should be clear pathways to support these people through detoxing and rehab.”

Mission Australia, Area Manager – Regional NSW

Another challenge with people experiencing drug dependence is the limited availability of appropriate crisis accommodation. The domestic and family violence crisis accommodation services that support parents with young children are often unable to provide accommodation to people who are currently using or dependent on substances due to safety reasons. These people who may also have children, may return to their abusive partners as there are no safe and affordable accommodation options.

Government agencies and community service providers need to provide integrated services in order to effect sustained change. Treatment programs need to be provided through the health and justice systems in collaboration with community services and housing needs to be addressed as a priority to provide a stable foundation for change. People who are dependent on ice should not be exited to homelessness from hospital or detoxification facilities. Considering the complexity of challenges they may experience, a housing model with wrap around supports is required to address their complex needs.

Another gap in service delivery is the lack of appropriate accommodation for men who are accompanied by children who leave spouses or partners who are dependent on ice. Ice dependence

³³ P. Flatau, et al, How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report No.206, Australian Housing and Urban Research Institute, 2003.

³⁴ G. Johnson and C. Chamberlain, Are the homeless mentally ill? Australian Journal of Social Issues, 46(1), 2011, pp 29-48.

³⁵ L. Kaleveld, A. et al, Homelessness in Western Australia: A review of the research and statistical evidence, 2018, p. 60.

can be a major contributor to increase in domestic and family violence as well as child abuse and neglect. While options for women with children leaving a partner/parent are limited, these options are almost non-existent for fathers.

“We have seen a few fathers trying to remove the children from a situation where the mother is a heavy drug user. Some crisis accommodation facilities are inappropriate for them as they have children and they can’t access women’s shelters ... if people had enough rehab facilities in our areas, most of these issues could have been easily resolved.”

Mission Australia, Area Manager – Regional NSW

Additional accommodation support services are required in areas where provision of crisis accommodation and refuges are inappropriate for people with substance misuse issues. There should be additional brokerage funding to ensure that people are able to access temporary and emergency accommodation until they are in a position to access detoxification or rehabilitation services, particularly in the case of people fleeing domestic and family violence.

Data Resources and Funding

As recognised in the discussion paper, access to appropriate and accurate data is vital to ensure that the government is able to channel the supports to areas that are in acute need of additional investment.

In addition to gathering accurate data, there needs to be a mechanism to share data across different services with the consent of the individuals.

“People don’t want to tell their story to different people every time they engage with a service. Sometimes they might not be in a position to give the details if they are under the influence ... there needs to be a central system to share information.”

Mission Australia, Area Manager Regional NSW

Considering the importance of information in relation to history of ice use and other drugs, treatments and supports people have received over the years, a mechanism to share data across different branches of government including health, community services on AOD, mental health, justice system, housing and homelessness related services, etc. with the consent of individuals to increase efficiency of service delivery.

Funding

One of the major challenges identified by services is the uncertainty of funding for programs. Often the funding contracts are short-term and do not recognise the challenges specific to rural and remote areas. Finding skilled and appropriately qualified staff to deliver services after funding is approved can take months in certain rural and remote areas.

“By the time we find people to deliver the service, we are well into 3 or 4 months of the funding round ... There’s a lot of pressure to get people on board, get them up to speed and start delivering services. They have to go into the community and build relationships which can also take quite a decent amount of time. When all this is resolved, the 12-month funding period is up and the people we hired have to find new jobs.”

Mission Australia, Area Manager NSW

Given the importance of these services in local communities, a review should be conducted to examine the current funding levels for services to ensure services can maintain adequate staffing levels and retain the qualified workforce.

As recommended previously by the Productivity Commission, to allow adequate time for service providers to establish their operations, and have a period of continuity in service provision and handover before the conclusion of the contract (when a new provider is selected), default contract lengths for family and community services should be increased to seven years, and for Aboriginal and Torres Strait Islander specific services, this should be increased to 10 years.³⁶ Mission Australia recommends the implementation of this recommendation.

³⁶ Productivity Commission, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, No 85, Productivity Commission Inquiry Report, 2017, accessible at: <https://www.pc.gov.au/inquiries/completed/humanservices/reforms/report>