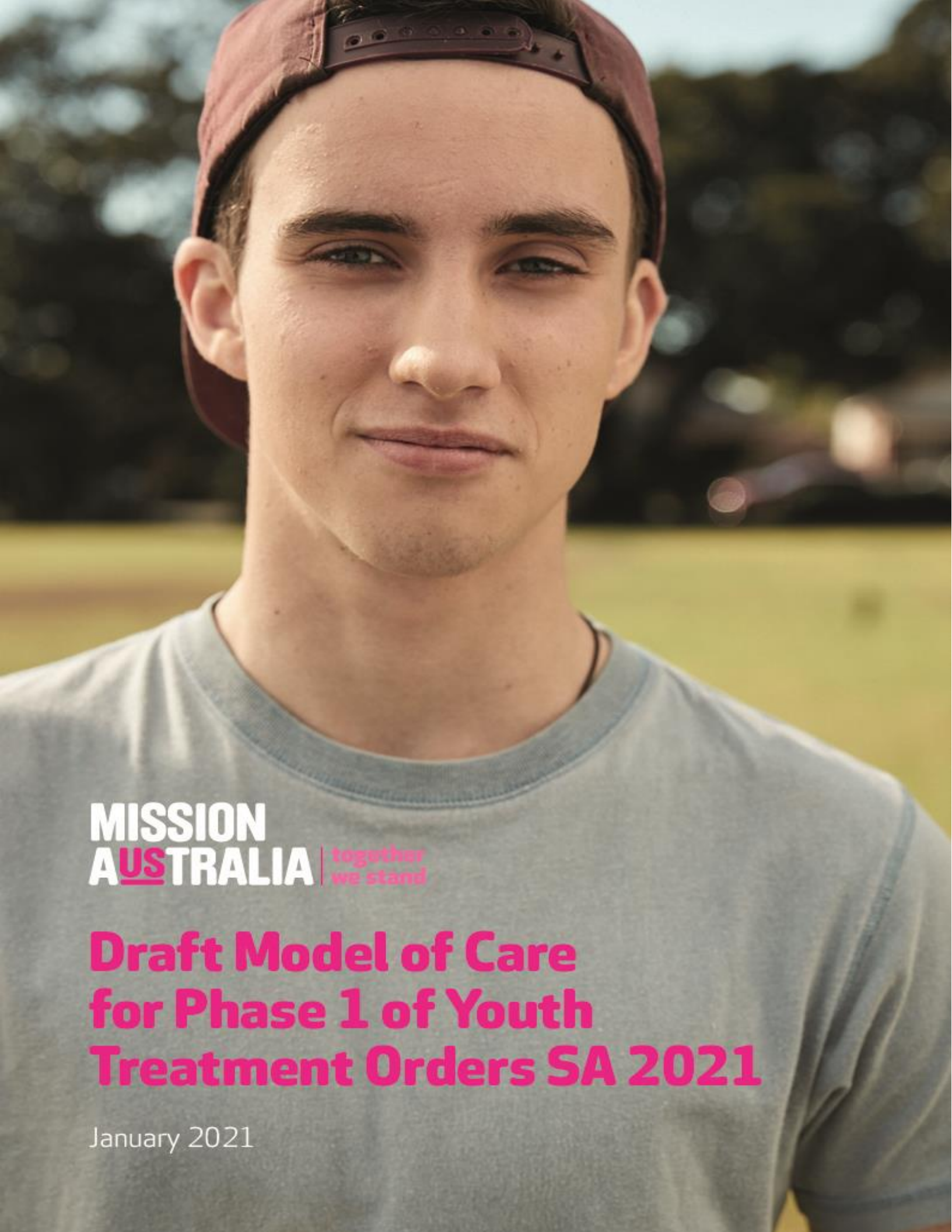

MISSION AUSTRALIA | together we stand

Draft Model of Care for Phase 1 of Youth Treatment Orders SA 2021

January 2021

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Mission Australia is a national, non-denominational Christian organisation that has been serving Australia for more than 160 years. Our vision is an Australia where all of us have a safe home and can thrive. In the 2019-20 financial year, we supported close to 170,000 individuals through almost 500 programs and services across Australia.[1] This included over 15,500 individuals in SA supported through 23 services. Of these, just over 250 young people accessed our Drug and Alcohol Youth Outreach Service and Youth and Family Alcohol and Other Drug Support.

Based on a combination of research and insights from our service provision of alcohol and other drug (AOD) services across Australia, Mission Australia is of the view that a Youth Treatment Order system is not the most effective approach to support young people who are drug dependent. Mission Australia has previously expressed this view to the State Government. We emphasise again that the Government should redirect resources identified for this project to establish a comprehensive youth treatment system that meets the needs of all South Australian young people who require support and treatment in relation to alcohol and other drug dependence.

Notwithstanding this, Mission Australia is committed to supporting the State Government with measures to implement Model of Care for Phase 1 of Youth Treatment Orders where required and welcomes the opportunity to provide input and comment on the draft model. This submission is informed by research and insights from our service provision across SA and other jurisdictions.

Recommendations

- Engage and incorporate the voices of young people with lived experience in design, development and implementation of this framework.
- Increase funding for community based alcohol and drug treatment options as a matter of priority to ensure young people have access to age appropriate supports.
- Adopt measures to increase the number of qualified professionals such as psychiatrists across the state, particularly in rural and remote areas.
- Extend case coordination beyond 12 months for young people who need ongoing support in their recovery journey.
- Fund a holistic approach that includes the individuals with drug dependence related issues as well as their families, peers and broader communities with a long-term view.

[1] Mission Australia, Annual Report, 2019-20, accessible at: https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2020

Current context

Young people aged 10-25 years are an over-represented cohort experiencing alcohol and other drug (AOD) concerns and experience increased AOD related harm.[2] In 2018-19, approximately 15% of clients accessing mainstream providers for AOD treatment in the CSAPHN region were aged 10-15 years.[3]

There is a severe shortage of age appropriate alcohol and drug related supports including access to detoxification and rehabilitation facilities in SA, particularly in rural and regional locations.[4] Use of alcohol and certain drugs, as well as harms related to use and access to treatment, is different for people living in non-urban areas.[5] Among South Australian school aged students (aged 12-17) prevalence of lifetime illicit drug use ranged from 8% (South East) to 18% (Outback North and East).[6]

> "There is only one detox bed for young people in metro so the shortage in Adelaide is hugely of concern, there's hardly any in rural and remote areas. It gets more complex with young people having co-occurring mental health concerns often prevents them from accessing AOD services because they are not supported through integrated servicing outside of metro areas."
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> Mission Australia, Program Manager - SA

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.[7] Thus, the broader drug and alcohol related harm reduction strategies should identify measures to categorise alcohol and drug dependence as a health issue and move away from criminal justice related responses. This shift in policy is likely to increase and encourage help seeking behaviour and in order for that to be accomplished, financial and human resources need to be dedicated to providing community based care for young people with alcohol and drug dependence related issues.

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[2] See further: Australian Institute of Alcohol and Drugs, Alcohol, Tobacco and Other Drugs in Australia, 2020, accessible at: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/younger-people

[3] Country SA Primary Health Network, Needs Assessment Data Report, 2018, accessible at: https://countrysaphn.com.au/resources/WhoWeAre/Needs%20Assessment%20Data%20Report-2018.pdf

[4] Adelaide PHN, Mental Health and Alcohol and Other Drug (MHAOD) Treatment Service Reform Population health needs and service usage for mental health and alcohol and other drugs in the Adelaide PHN region, 2015, accessible at: https://adelaidephn.com.au/assets/MHAOD_PopulationNeedServiceUseInAPHNregion_Feb2015_V1.0-2.pdf and The Advertiser, Lauren Novak, Australian Institute of Health and Welfare reveals lack of drug treatment services in South Australia, Published on April 19, 2018.

[5] Australian Institute of Health and Welfare, Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment, 2019, accessible at: https://www.aihw.gov.au/getmedia/78ea0b3d-4478-4a1f-a02a-3e3b5175e5d8/aihw-hse-212.pdf.aspx?inline=true

[6] Country SA Primary Health Network, Needs Assessment Data Report, 2018, accessible at: https://countrysaphn.com.au/resources/WhoWeAre/Needs%20Assessment%20Data%20Report-2018.pdf

[7] 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

Focus of the Youth Treatment Orders

Mission Australia is encouraged by the indication that the focus of this legislation has the best interest of the child at the centre and that this will shift the focus from a justice system-related response to a health-related response to AOD dependence. We have a number of recommendations and comments that address concerns with the proposed model of care, including limitations with engagement of young people to develop the framework, lack of existing infrastructure to support young people with access to appropriate care and support and risk of negative impacts on young people.

Lack of consultation with young people

There are numerous reasons behind young people becoming dependant on alcohol and drugs. Despite the consultation draft recognising some of those challenges such as trauma, the language used in the draft framework can be construed as framing young people as the problem.

> "This whole process makes it sound like young people with drug dependence issues as the problem or the centre of the issue and not what led them there. Young people we support have gone through so much in their life, often because of failures of the systems and structures around them that are beyond their control … It is important that this is recognised and addressed through government laws and policy."
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> Mission Australia, Program Manager SA

It is commendable that efforts are being made to consult the community on the consultation draft. However, the voices and concerns of young people with lived experience seem to be absent in the framework. Frameworks that embed the perspective of people with a lived experience in service design and delivery have been shown to improve outcomes for people using services in ways that can be measured from both clinical and recovery perspectives.[8] Mechanisms should therefore be in place to ensure young people with lived experience are engaged in design, development and implementation of this framework.

Gaps in existing services and supports

Although this framework is meant to be the last resort option for young people who have exhausted all other avenues, we are concerned that it will capture young people who were unable to access age-appropriate service and support options due to lack of availability of these services in their local communities. Evidence from previous research has established that people in rural and remote areas experience higher levels of ill-health and disability due to alcohol and other drug use than others.[9]

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[8] Queensland Mental Health Commission, Promoting Lived Experience Perspective: Discussion paper prepared for the Queensland Mental Health Commission, 2017, accessible at: https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2017/02/Promoting-Lived-Experience-Perspective_Discussion-paper.pdf

[9] South Australian Network of Drug and Alcohol Services and Drug and Alcohol Services South Australia (SA Health), The South Australian specialist alcohol and other drug treatment service delivery framework, 2018, accessible at: https://sandas.org.au/wp-content/uploads/2018/08/8821-The-SA-Specialist-Alcohol-Other-Drug-Treatment-Service-Delivery-Framework-LR.pdf

This risk is exacerbated for young people if there are no age-appropriate services, detoxification and rehabilitation facilities available to meet their needs. Given the nature of alcohol and drug issues, adult services are highly unsuitable to meet the needs of young people and require more community-based services to prevent young people from getting to the point of reaching the need for Youth Treatment Orders.

> "This framework has a narrower view of what supports should be provided to young people at the pointy end. From our services, only a very small number, if at all, would need this kind of an intervention … There are many other areas that need improvement to provide meaningful prevention, early intervention and assertive outreach that government should focus on."
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> Mission Australia, Program Manager SA

Risk of negative impacts on young people

With 'parents, guardians and others with a proper interest in the life of the child' being allowed to seek orders for assessment and treatment, there is a possibility that children and young people are forced down a treatment pathway while they are still in the process of making incremental, positive changes in their life.

Case Study

June* is a young mother who was experiencing a range of challenges including domestic and family violence. Her child was previously taken away from her care as a result of violence at home. When the daughter was returned to her care, she decided to address her issues in order to become a better parent. June ended her relationship with her abusive partner and connected with one of Mission Australia's AOD services to reduce her recreational cannabis use.

With the help of the services, she was developing healthy coping strategies when experiencing stressful situations with the aim of completely stopping cannabis use. Her case managers could see the commitment and improvements she was making towards ending her drug use. However, the Department for Child Protection continued testing June for drugs and insisted that she stop using cannabis altogether despite Mission Australia staff indicating that she is doing well in reducing use and her progress towards ending her cannabis use and that her use did not pose a risk to her parenting. Mission Australia staff are concerned that a mandatory order and the threat or risk of losing her child may result in June regressing on the significant progress she has made over the past months.

*name has been changed for privacy

Information about the Youth Treatment Order process, especially in relation to the rights of the child and, legal and other supports available to young people should be made available in simple language and easily accessible. This will allow young people the opportunity to identify alternatives to court mandated orders if they feel a different form of intervention is more suitable to their personal circumstances.

Implementation of Youth Treatment Orders

Access to specialists

As per the consultation draft, if the court decides it is in the best interest of the young person to make an Assessment Order, they will need to go to an appointment where they will be seen by three specialist doctors (a Child and Adolescent Mental Health Psychiatrist, an Addiction Medicine Specialist, and a Paediatrician). Currently, there are insufficient resources resulting in significant delays with accessing professionals to support young people who are accessing some of Mission Australia's youth alcohol and drug related services.

> "We have clients who have been on waiting lists to see psychiatrists and psychologists in metro areas for months. There is minimal access to qualified psychiatrists in both metropolitan Adelaide and rural and remote areas. It will be extremely difficult to find the three professionals and line them up for appointments which will also extend the time a young person will need to go through this process. It will require allocated resources to ensure these 3 assessments could occur in a timely manner. We are also worried that this is going to add further strain on the clients that we currently support if this treatment process is prioritised and, as a result, and extend the waiting periods for people who are ready and need to access those professionals."
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> Mission Australia – Regional Leader, SA

In order to have minimal delays and disruptions to other services and supports for young people, it is important to adopt measures to increase the number of qualified professionals, such as psychiatrists, across the state. These professionals may also require additional training to identify the complex needs of young people with co-occurring mental health and AOD issues.

Compulsory treatment

The compulsory nature of the treatments, particularly justice-related responses, may also have adverse impacts on children and young people as it could be construed as a punishment imposed on them which may impact on the successful outcomes of orders of this nature. Involvement in AOD services are likely to be more effective and engaging where participation is voluntary where the individual has made a decision and a commitment to change their lives.[10]

> "In our AOD Youth outreach program, those who are mandated to attend by the youth court rarely engage meaningfully and reduce their use, whereas we have seen a very high reduction rate with those who engage voluntarily."
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> Mission Australia, Program Manager, SA

[10] A. Morral, D. McCaffrey and G. Ridgeway, Effectiveness of Community-Based Treatment for Substance Abusing Adolescents: 12-month Outcomes From A Case-Control Evaluation of a Phoenix Academy, 2004, accessible at: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.69.739&rep=rep1&type=pdf

Further, without necessary support, young people may not understand the gravity or the nature of these orders.

> "Some of the young people we support have developmental delays and may have difficulty understanding the treatment process. Some of our clients also have mild intellectual disabilities and others we suspect may have similar undiagnosed issues. We are worried that they may struggle with the assessments and following the orders or not receive the support they need while they are under the treatment orders."
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> Mission Australia, Program Manager, SA

Case coordination

Given the critical role of building stable and sustainable relationships to achieve positive outcomes, it is vital that the Case Coordination team consist of a community service partner who will continue to work with the young person throughout the process including aftercare to ensure continuum of the services and relationship.

This Framework allows parents and guardians to seek assessments, engage families in developing treatment plans and post-custody planning that includes family counselling. However, further clarity is needed in relation to aftercare component of the Youth Treatment Orders in particular where there are no AOD services are available in local communities. From our service experience, we understand that significant investment is needed to provide a range of different aftercare services for extended periods of time beyond 12 months depending on the needs of the young person.

Working with families and social networks

The challenges for young people who access detoxification and rehabilitation services can be exacerbated by drug use within their local community, among peers and their families. On the other hand, motivation to complete treatment can also come from those sources.

> "From our experience with young people we know that motivation to participate in AOD programs and treatment is impacted by many factors including the stage of change as well supports in place. The young person's environment plays a key role, there should be a much stronger focus on supporting the close networks of young people to make the changes sustainable."
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> Mission Australia, Regional Leader – SA

Case study

Phil* was a young person who was required to participate in one of our youth alcohol and drug support programs. Although he was referred by the courts, his participation was voluntary and the service staff were unable to build a relationship with Phil. One of the key reasons for this was Phil's parents who were both dependent on substances and access to drugs. The measures that were in place to support Phil were not successful as there was no support at home for him to abstain.

Phil has since disengaged from the service and our service staff felt that he would have been able to make a more positive and meaningful use of the program if he was in a more supportive environment.

*name has been changed for privacy

Without appropriate measures to address drug use in their social networks, particularly within families, young people are likely to have relapses and not benefit from going through mandatory or voluntary drug treatment.

In instances where young people who have accessed detoxification and rehabilitation services, they should be able to access accommodation away from their communities if they hold concerns about relapse after returning to their communities or homes. 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 government needs to adopt and fund a holistic approach that includes the individuals with drug dependence related issues as well as their families, peers and broader communities.

Conclusion

Mission Australia is committed to supporting young people with alcohol and drug dependence through a holistic, wrap-around service model that takes into account the situations and circumstances of the young person, their families and communities that they live in. We urge the government to work closely with young people, particularly those with lived experience and increase funding to community based services that provide sensitive and age appropriate services to young people.

We would also welcome the opportunity to provide further input to refine this process to ensure the eventual rollout of this program has minimal disruptions on young people's lives and to ensure that the changes they are making are sustainable over the course of their lives.