

Western Australian Alcohol and Drug Interagency Strategy 2017-2021

Mission Australia comments
on the consultation draft



**MISSION
AUSTRALIA**

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About Mission Australia

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, client-centred community services. In the 2015-16 financial year we supported over 131,000 Australians through 452 programs and services. We work with families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and drug issues. We deliver alcohol and drug services in most States and Territories and assisted 18,744 clients through our 14 alcohol and drug services in 2015-16. In Western Australia, our alcohol and other drug services include:

Residential Treatment

- DAYS Youth Withdrawal and Respite Service, East Perth
- DAYS Residential Rehabilitation Carlisle

Community-Based Treatment

- Pilbara Community Alcohol and Drug Service - South Hedland, Karratha, Newman, Tom Price
- Alcohol Assessment and Treatment Service - South Hedland, Karratha, Newman, Tom Price
- DAYS Youth Outreach - East Perth

Prevention & Harm Reduction

- Cannabis Intervention Sessions DAYS - East Perth
- DAYS Young Person Opportunity Program - East Perth
- DAYS Youth Detention - East Perth
- Methamphetamine Initiative - East Perth

Youth Engagement & Transitions

- YouthBeat Case Management, Northbridge
- Youth Accommodation Support Service, Victoria Park

Homelessness Support

- Drug and Alcohol Initiative (NPA AOD) Housing Support for Homelessness - South East Metropolitan, Maddington

Introduction

Mission Australia welcomes the opportunity to comment on the draft Western Australian Alcohol and Drug Interagency Strategy 2017-2021 (the Strategy). We are supportive of its key direction 'to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community' and an approach of 'prevention first and support to those who need it'.

As an organisation focused on reducing homelessness and strengthening communities and with a focus on assisting people through transitions we were particularly pleased to see the recognition of children and young people, Aboriginal people and communities, those in contact with the justice and corrections system and people experiencing homelessness among the priority groups.

We are also supportive of co-production of policy and strategy with consumers and communities and a strengths-based person centred approach informed by recovery based practices that foster social inclusion and positive wellbeing. A holistic approach to recovery which addresses the underlying issues promoting substance abuse is a necessary component of turning lives around. Mission Australia's integrated approach to service delivery which includes, community, employment, housing and early learning services, means we can help people access the right support, when they need it at the earliest point possible time.

Access to effective treatment and support services is key for those who need it. We have experience in the delivery of alcohol and drug services in Western Australia and other states that can inform further development and implementation of the Strategy. Mission Australia's residential rehabilitation services for young people have been particularly effective avenues for treatment and support. This includes services for young people in contact with the juvenile justice system and those up to the age of 22 who are in need of a youth friendly environment and a holistic approach to their care. A core part of these successful services is effective after care when the young person exits residential rehabilitation.

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. Care also needs to be continuous with entry and exits to and from services properly coordinated to provide a seamless experience for the client where possible.

Our submission addresses the priority drugs and groups identified in the strategy and each of the Priority Areas in turn. We look forward to working with the Mental Health Commission to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

Priority Drugs Identified

The priority drugs of concern being alcohol, cannabis, methamphetamines and heroin and other opioids is supported by the evidence. Mission Australia's experience working with young people in withdrawal and rehabilitation settings at DAYS is that the main drugs of choice continue to be cannabis and methamphetamine. This is also supported by the experience of the Pilbara Community Alcohol and Drug Service (PCADS).

Alcohol

It is important that focus remains on alcohol as the most prevalent drug used in Western Australia and the cause of the most drug-related harm in the community (excluding tobacco).

Cannabis

With cannabis continuing to be a prevalent choice for young people and increasing evidence of links between cannabis use and mental illness more focus is warranted.

Methamphetamines

The increased use of ice is particularly concerning and Mission Australia made a comprehensive submission to the Ice Taskforce on this issue (<http://www.missionaustralia.com.au/publications/policy-submissions/other/361-combatting-ice-in-our-community/file>). Ice was universally recognised by service workers as a serious and growing problem with wide-reaching ramifications for the individual ice user, their family and the broader community.

For Mission Australia's already vulnerable client group ice use is having an increasing impact on their lives and on the complexity and length of service delivery required. Any pre-existing mental health conditions are exacerbated and psychotic symptoms are common. Many of our vulnerable clients are poly drug users and their ice use has dangerous interactions with other drugs including increased drinking. Cannabis use was often entrenched prior to ice use for juvenile offenders. However it was the ice use that catapulted them into treatment as the psychotic symptoms can be very frightening for them to deal with.

The aggressive and violent behaviours and desperate presentations are particularly concerning as are the flow on effects to homelessness, crime and family estrangement. The impact on family members who bear the burden of care or whose parenting is compromised by addiction was also concerning as was the impacts for the community more broadly where the links between drugs, crime and safety become evident. The starkness of the impacts of ice use in rural and regional areas was also noted with less service capacity despite high usage rates.

In addition to a criminal and public health response to the use of ice, community services can play a vital role in addressing this wide reaching problem. However these key services are being stretched by the resource intensiveness of supporting ice users who increase the need for safety precautions and require longer term and more persistent engagement. Greater investment is needed to allow continued outreach and casework support to vulnerable clients.

The growing use of methamphetamine has been seen at DAYS and is adding to the complexity of young people's needs with increased hospitalisations, comorbid substance misuse and mental health issues and suicidal ideation noted at DAYS. In fact DAYS is reviewing their service model in the

acknowledgement that the young people we are seeing now are more complex and require greater supervision.

Mission Australia welcomes the investment of an additional \$2 million per annum into treatment facilities to respond to early intervention and severe methamphetamine dependence as part of the Methamphetamine Action Plan 2017. We also welcome the expansion of specialist drug services into rural and regional areas of need and the commitment to open two specialised rehabilitation centres, one in the South West and one in the Kimberley.

Heroin and other opioids

Harm minimisation for heroin should also remain a priority and safe injecting should be a priority for all injecting drug users. Mission Australia operates an effective clean needle program in Hindmarsh South Australia that could be replicated in areas of high demand and linked to other services.

Priority groups identified

The Strategy's priority groups require particular attention including:

- Aboriginal people and communities
- Children and young people
- People with co-occurring mental health, alcohol and other drug problems
- People in rural and remote areas
- Families, including alcohol and other drug using parents
- Those interacting with the Justice and Corrections Systems.

Mission Australia was also pleased to note that people experiencing homelessness were included as an additional priority group and we support the recognition of these particular vulnerabilities and intersection.

Aboriginal people and communities

Our 2015 Youth Survey results show that Aboriginal and Torres Strait Islander young people reported higher levels of concerns around drugs and alcohol than non-Aboriginal or Torres Strait Islander young people. 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.

Effective 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 is appropriate to this population¹. This issue may be addressed through the development of culturally appropriate adaptations of mainstream drug and alcohol treatments and services or through facilitating interventions which are managed or controlled by Aboriginal and Torres Strait Islanders. 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 treatmentⁱⁱ.

Dispossession, racism, trauma, disadvantage and disconnection from culture and disengagement from education and employment are all underlying contributors to poor mental health, substance misuse and suicide amongst young Aboriginal and Torres Strait Islanders.¹ Many of these are intergenerational issues require preventive policies and services which build community, family and individual resilience.² Further, these solutions must be driven by Aboriginal leaders and communities.

Research has found that programs that show positive results for Aboriginal wellbeing are those which encourage self-determination, community governance, reconnection, community life, restoration and community resilience.ⁱⁱⁱ Mission Australia would therefore encourage a stronger approach on this front that moves beyond cultural awareness to delivery by Aboriginal controlled health organisations and that the capacity of these organisations is deliberately built by the strategy.

The lower expiation rates for the Cannabis Intervention Requirement are particularly concerning and ensuring that Aboriginal people are not incarcerated as a result of substance misuse and instead are effectively referred to treatment should be a priority.

Children and Young People

Alcohol and Drugs was the top issue of national concern for the second year in a row in our 2016 *Youth Survey*, with over one quarter of young people identifying it as an important issue in Australia today. However in terms of personal concern only 8.5% of young people surveyed thought drugs was an issue of personal concern and only 6.7% were personally concerned about alcohol. Young people with high levels of personal concern about alcohol and drugs also express high levels of concern across a number of indicators which is suggestive of an increased vulnerability and a lower level of general mental wellbeing for these respondents.

Heightened concerns about issues such as bullying and emotional abuse, personal safety and discrimination appear to be inter-related with alcohol and drug concerns and may be indicative of an environment in which substance use and attendant issues, such as alcohol-fuelled violence, are more likely to occur. Substance misuse use can have deleterious effects on the mental and physical health of young people and in some cases can have lethal consequences with higher rates of suicide and overdoses among young people. The prevalence of mental illness amongst young people also

¹ Department of Health (2013) Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. Canberra: Department of Health. Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>.

² Department of Health (2013) Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. Canberra: Department of Health. Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>.

adds to concern as any pre-existing mental health issues are likely to be greatly exacerbated by substance misuse.

Many treatment facilities are only available to those over 18 years of age and are not appropriate for young people. 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.

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^{iv}. Often adult detox facilities are not suitable for young people, even young people over 18, and it can be scary to be with much older people in an environment that is not youth friendly. There have been cases of assault and sexual assault reported and young people often don't last in these adult environments. A distinct service approach for young people is required. A model of long-term support has had success with very vulnerable clients.

Youth-specific facilities which deal with young people holistically in a safe, secure and encouraging environment are much more likely to succeed long-term.

Mission Australia's youth specific rehabilitation services have been able to successfully offer a path forward for young ice users seeking treatment. Mission Australia has implemented successful youth specific rehabilitation services at DAYS as well as at Triple Care Farm, Junaa Buwa and MAC River.

More detox and rehabilitation facilities need to be available for young people including those under 16 years of age to improve outcomes and allow for earlier intervention.

Design Principles

1. Make the environment safe and secure
2. Reduce the size of the group – Max 8
3. Make the environment simple, with good visual access
4. Reduce unnecessary stimulation - noise
5. Highlight helpful stimuli
6. Provide for planned wandering
7. Make the environment as familiar as possible
8. Provide opportunities for both privacy and community i.e. a variety of social spaces
9. Provide for visitors, i.e. links to the community
10. Make the environment as domestic as possible

People with co-occurring alcohol, other drug and mental health problems

While causality is contested it is generally accepted that people with mental health issues are particularly vulnerable to substance abuse and those with substance abuse issues are also particularly vulnerable to mental health issues. There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance abuse are both feasible and effective^v.

Further where there are complex needs such as a dual diagnosis with a mental health issue there are longer waits and a lot more work is required to get clients in. The drug and alcohol workforce needs to be upskilled and specialist combined drug and alcohol and mental health workers would also be beneficial in both health and community services contexts. Acute issues require referral to mental health services but there is still stigma around these services which could be overcome by a more coordinated approach.

We know that both the juvenile justice and adult prison population has a high concentration of people with mental health concerns. Drug use and mental health need to be dealt with in tandem to prevent incarceration. Better coordination between community service providers and general practitioners and emergency departments would also better serve clients' needs.

People in Rural and Remote Areas

Limited access to treatment in rural and regional areas needs to be addressed in order to address substance misuse across Western Australia. The prevalence of ice use and its impacts in regional areas has been consistently noted as an area of concern. Detoxification and rehabilitation services are also particularly difficult to access in regional areas,

Workforce Development planning should also be considered as it is difficult to recruit and retain suitably qualified staff in rural and remote areas.

Families

Families are in chronic stress whether the substance user is a parent, child or sibling. On the positive side it is family members who often silently chip away to keep people safe in the midst of addiction and family support plays a crucial role in getting through to the client.

Where it is the parent who is engaged in substance misuse there is a risk that the children will be neglected or exposed to violence and could be removed by child protection authorities. It may be the extended family that plays a vital role in providing support and protection of children.

Mission Australia's rehabilitation services attempt to link families to appropriate programs for support. Where the young person can access rehabilitation, the family also has access to much needed respite and after care helps to build family cohesion.

More investment in family support services is needed as services are overwhelmed with contact from concerned and distraught family members. Family members also need more information and education about the impacts of substance misuse and available treatments as they struggle to know how to help.

Family members and existing support networks are also an important part of effective treatment and recovery. Where there is family dysfunction and the parents are also abusing substances, interventions need to be conducted in tandem.

Justice and corrections system

Substance use disorders, particularly those that are comorbid with mental health disorders, can increase the risk of crime, and especially violent crimes^{vi}. Despite very high and problematic rates of substance abuse among young offenders, Australian and international studies have found that drug and alcohol treatment referral and uptake occur at very low rates in this population^{vii}.

The justice system often fails to address the addiction that led to the crimes and often exits people into a worse situation than before they entered detention. Without appropriate supports the risk of reoffending is significant. It is essential that young offenders with substance use disorders are able to receive adequate intervention and treatment to help them minimise further substance abuse and the potential for ongoing criminal acts. Some successes have been found with relapse prevention programs conducted within prison settings which focus on building coping skills and developing social skills in the community once released^{viii}. Issues need to be addressed in a holistic way including addressing the underlying issues such as trauma, family dysfunction and disengagement from education and employment.

“Clients exiting jail may only be out a week before they are arrested and back in custody, they are not rehabilitated prior to exit and they are not supported when exiting”

“Currently prisoners don’t get enough opportunity for long-term change programs such as drug and alcohol rehabilitation, particularly those with shorter sentences.”

Program Manager, Adult Service

Service staff noted that both adults and young people are largely released from detention without support and go straight back to drugs and crime. There needs to be more emphasis on rehabilitation in prisons and more preparation for release. Caseworkers should be facilitated to have contact with people in prison prior to their release.

There is also scope for a justice reinvestment approach which is targeted at reducing offending and increasing community safety at a local level. While the initiatives would be community led, alcohol and drug programs could be part of the approach. A justice reinvestment approach is particularly relevant in Indigenous communities where it can be led by elders and owned by the community giving a greater sense of self determination. Justice reinvestment is also fiscally responsible as it involves a shift in spending from prisons to prevention rather than an increase in spending.

“Rehabilitation is not a silver bullet – we need to also support the person in the community”

Program Manager, Youth Justice Services

People experiencing homelessness

A significant proportion of people experiencing homelessness also experience mental illness and comorbid substance use disorders. Where individuals are treated for their substance abuse 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 the client was homeless prior to treatment or at-risk of homelessness. Linking homeless ice users to supportive housing, and prioritising housing first options, is a significant step in providing the necessary stability to allow engagement in treatment.

“Some clients live in tents due to the lack of other affordable and available housing options - It gets pretty dire.”

Program Manager, Adult Service - Regional

Residential rehabilitation services have had to invest heavily in ensuring that people are not exited to homelessness. A supported housing program such as the NSW Housing and Accommodation Support Initiative (HASI) coupled with a drug and alcohol program could be used to sustain tenancies.

Key Strategic Areas in Draft Alcohol and Drug Strategy

Strategic Area 1: Focusing on Prevention

We welcome the focus on prevention and the broad lens adopted beyond awareness-raising to look at the environments and communities in which people live. In particular we welcome the initiative to build and maintain strong family, education, and community connections for young people, including the development of resilience and protective factors to reduce the likelihood of young people becoming involved in harmful behaviour, including harmful alcohol consumption and illicit drug use.

It also needs to be recognised that some vulnerable young people are so disengaged from school that education is not going to have an impact and more intensive services are needed for these clients. Some of the young people that Mission Australia works with have disengaged from school prior to commencing year 7 and are in need of more intensive supports.

Strategic Area 2: Intervening Before Problems Become Entrenched

Early intervention is essential and is an important area of strategic focus. In this context we are particularly supportive of measures to:

- Provide treatment and support opportunities for juvenile offenders at all stages of the criminal justice system to address their alcohol and other drug use and prevent further offending.
- Improve access to information, education and brief intervention in settings other than specialist alcohol and other drug services such as primary health care settings.
- Where appropriate, health, social and welfare services provide early identification and referral of at-risk children of parents with an alcohol and/or other drug problem.
- Integrated youth services and working with family.

Strategic Area 3: Effective Law Enforcement Approaches

Mission Australia welcomes the Strategy's focus on diverting to treatment and support for offenders at appropriate stages of the criminal justice system to address their alcohol and other drug use as well as providing comprehensive court diversion programs, including referrals from specialist courts and diversionary options, particularly for young people. Detention should remain a last resort and the focus must be on rehabilitation

Substance misuse is a public health issue as well as a criminal and public safety issue and needs to be addressed in a multi-layered way including through the effective use of community services. As Deloitte Access have recently highlighted there is well over \$100,000 to be saved for the taxpayer every time we treat rather than imprison a drug offender.^{ix} This does not mean reducing the important role of law enforcement but allocating new funding to prevention, treatment and harm reduction programs as well. Community services play a vital role in providing early intervention, outreach and after care to young people and adults with substance misuse issues.

Strategic Area 4: Effective Treatment and Support Services

Mission Australia welcomes the focus on effective treatment and support services. We agree that high quality evidence based services are required to meet the needs of consumers, individuals, families and communities and that programs and services need to engage and include family members and significant others.

We welcome the key areas of focus including:

- Incorporating a holistic approach that acknowledges the impact of social determinants of health and wellbeing such as housing, education and employment.
- Supporting consumers, individuals and families to be fully involved in co-planning, co-designing, co-delivery and co-reviewing of policies and services.
- Improving transition for people moving between services, including between bed-based and community treatment and support services.

- Improving treatment, support and referral pathways between services for people experiencing co-occurring alcohol, other drug and mental health issues and physical health conditions.
- Greater access to treatment and support services close to home and keeping people connected to their local community and family.

We also welcome the key outcomes proposed of:

- A comprehensive range of alcohol and other drug treatment and support services to facilitate access and ensure continuity of care.
- Integrated and coordinated services through effective partnerships and collaboration between the alcohol and other drug sector and key stakeholders such as primary care and specialist mental health services.
- Evidence-based treatment that supports services to better meet the needs of clients and improve client outcomes; including those with co-occurring alcohol, other drug and mental health issues and physical health conditions.
- Alcohol and other drug treatment and support services for individuals, families and carers affected by someone else's alcohol and other drug use.

We also welcome the key initiatives proposed. However in terms of Key Performance Indicators we would suggest inclusion of a measure that captures accessibility of treatment options when people need it.

Finding a window of opportunity where the client is stable and motivated enough to commence

“It’s not easy once you are motivated to get a spot in rehab”

Program Manager, Adult Service

detoxification or rehabilitation is difficult and there are not always places at this time. If a place is not found this vital window is missed and the situation worsens. Quicker pathways into rehabilitation are required, particularly for groups with restricted access at present.

There is a need for both detoxification and rehabilitation facilities to be available for all age groups. In order to combat a drug or alcohol addiction, a process of detoxification (detox), is required. Unsupervised or poorly managed withdrawal management can result in severe and life-threatening complications particularly if the client is a long-term user or if large doses of the drug were used on a regular basis. While the physical symptoms of withdrawal tend to take precedence in treatment settings, the psychological and social needs of the client should also be addressed throughout withdrawal management.

For some clients, detox without rehabilitation is all they want or need, while for others both services will be required. Where there is a background of trauma and the client lacks social supports, a longer residential rehabilitation period may be required including psychosocial interventions. There may also be a gap between detox and rehab vacancies and caseworkers need to work hard to help clients sustain their motivation through all the phases of waiting.

Detox saves both clients and rehabilitation staff from excess trauma and provides a point of information about future options. If clients are not detoxed completely there is a risk for both the client and the rehabilitation centre with violence and suicide more likely. If a person cannot detox properly they may not be able to access residential rehabilitation due to medical risks and the risks to staff and the client.

Residential treatment is a commonly used intervention for both those with substance use disorders and co-morbid mental and substance use disorders, providing structured care, safe housing and medical care in a 24-hour recovery environment^x. When compared with other forms of treatment, residential treatment was found to lead to either an improvement or similar treatment outcomes against the other models of care^{xi}.

Residential treatment models have been found to be the preferred form of treatment for some priority groups, including Aboriginal and Torres Strait Islanders^{xii}, due in part to the way this treatment model can allow clients to 'take a break' and remove themselves from environments or peer groups who may instigate or maintain their substance abuse problems.

Residential programs have also been found to address specific service barriers for clients experiencing homelessness or a lack of psychosocial supports, providing stability and social support where outpatient treatment models cannot^{xiii}. More generally, high rates of retention in treatment programs have been found for those engaged in inpatient rehabilitation programs, leading to improved responses in clients^{xiv}. Residential treatment for substance use disorders is an important and worthwhile initiative among currently available treatment models and should continue to be available as a valued treatment option^{xv}.

Rehabilitation cannot be a one size fits all model and needs to look at the whole person. In some cases full rehabilitation may take 1-2 years and most services cannot cope with that timeframe. A long term investment in case work is required. This includes strengthening positive connections of the user in their community to limit relapse.

“Clients may be keen today and not tomorrow and we need to take advantage of that window of opportunity.”

Program Manager, Youth Homelessness

Need for holistic approach and recovery focussed practice

People often have complex needs and a coordinated response seeks to address physical, mental and sexual health as well as housing and other needs rather than addressing substance misuse in isolation. Even where people have a clear substance abuse issue it is important to work with the whole person and start where they are motivated to start and deal with substance abuse as part of the process.

“A co-ordinated response is required that responds to the whole person and the whole story.”

Program Manager, Adult Service – Regional

This approach must also be trauma-informed, meaning that symptoms and behaviours clients present, including alcohol and drug use, are seen as possible adaptations or psychological responses to past trauma. Studies show that histories of trauma, particularly childhood trauma, are known to be strongly associated with alcohol and other drugs misuse ^{xvi}

Within non-clinical services, staff are not aiming to ‘treat’ trauma, yet its effects on the individual must be taken into account to provide effective support. A trauma-informed approach within non-clinical environments does not over-emphasise past trauma, however it understands the impact of trauma and the way it influences how individuals cope with day to day issues, and aims to address trauma concurrently with presenting issues. It also acknowledges that the impacts of trauma must ultimately be addressed in order to solve the other issues a person is experiencing and seeking help for, such as substance abuse.

Strategic Area 5: Strategic Coordination and Capacity Building

Integration across a diverse range of allied services can ensure that clients receive specialised, coordinated treatment as well as continuity of care, particularly for those who have had a long service history^{xvii}. We support an approach that partners with communities to address underlying needs and entrenched disadvantage and Mission Australia has developed a Strengthening Communities Framework to address entrenched disadvantage over the long-term. While detoxification and rehabilitation can be vital interventions for people with substance use issues, sustained change will only come when issues in the community are addressed.

“Young people may fare well in rehab where there is structure and support and their needs are met in terms of food and access to medical services, but then they return home to an environment where the cupboards are bare and mum is constantly high - there is a need for services to work with the dysfunction in families.”

Program Manager, Youth Justice Services

There also needs to be more coordination between detoxification, rehabilitation and casework services. For example when young people leave rehabilitation, community services need to be linked in to assist and where young people are placed in detention their substance abuse issues need to be addressed while detained as well as receiving post release support into a service. When continuity of care is provided and services are integrated the client has the best chance of success. The combination of appropriate detoxification, rehabilitation and casework services for all age groups and continuity of care would go a long way to combatting the current impact of ice use in the community.

Monitoring, Evaluation and Review

Mission Australia welcomes the monitoring, evaluation and review mechanisms outlined in the Plan, but suggests that the Plan should be underpinned by an implementation plan that will drive the outcomes and set out timeframes for achieving each of the initiatives as well as the agency responsible.

Mission Australia's own impact measurement model uses a client wellbeing survey and we are happy to provide more information on this on request.

Case Studies from DAYS

(Names have been changed for the purpose of confidentiality)

The importance of family, housing and employment for getting back on track

Mary is a 19-year-old female who presented with a long history of methamphetamine use.

This resulted in her being estranged from her family and her boyfriend being incarcerated. The impact this had on Mary was the driving force behind her decision to seek assistance from the Drug and Alcohol Youth Service (DAYS).

At first Mary was a community client attending appointments twice a week. During this time it was suggested to Mary that accessing the detox unit may assist her as her methamphetamine use was quite significant. Mary was admitted to the DAYS Youth Withdrawal and Respite Service (YWRS) unit in mid-2016.

During her stay in the YWRS unit, Mary's health improved and her family started to visit her. These family visits were a vital part of the improvement Mary made during her stay at the YWRS unit.

Mary came to DAYS Residential Rehabilitation program with some clear goals. One of which was to earn back the trust of her family. Adopting a family inclusive practice, DAYS puts great emphasis on having family as part of a client's Rehabilitation. During the next 3 months Mary's family came to visit her regularly. Mary was also going home when she had outings, thus repairing some of the damage Methamphetamine had done to her and her family.

One of the consequences of Mary's Methamphetamine use was that her family did not want her to move home when she finished the program even though the relationship between Mary and her family had significantly improved. At her 6 week transitional assessment, Mary asked about the

THASP Program that DAYS offer. Mary completed an assessment form and after a team discussion, was accepted into the THASP program. Mary moved to THASP in late 2016.

Mary faced some early challenges when she first moved to THASP. A relapse on methamphetamine was the most significant. Due to this relapse Mary's participation in the program decreased substantially. The Transitional team placed Mary on a disciplinary contract which involved random urinalysis 3 times a week and seeing her Community Case Manager and Clinical Physiologist once a week. It was also a requirement for Mary to increase her participation in THASP activities. Non-compliance would result in a disciplinary exit from the program.

Mary agreed to the contract and with staff support progressed well over the next few months. Mary met with her Community Case Manager on a regular basis; she also was more willing to participate in the THASP activities. During this time Mary enrolled with Centacare Skills for Education and Employment program age care course. She completed her age care course and gained full time employment with an age care facility. She has been working for a month now and has not relapsed again.

Even though Mary is now working full time she still participates in the program where possible. Mary is now working towards saving money so she can move into the community renting her own apartment. Mary's relationship with her family has improved greatly and she often attends family dinners. The THASP program has assisted Mary to slowly transition back into the community. Through education, employment and the support from the DAYS Transitional Team, Mary is now living a life that is drug free and is positive about her future.

Youth justice, homelessness and substance misuse

Mika is an 18 year old female who presented with a complex history of long term methamphetamine use, domestic violence perpetrated by an ex-partner and an extensive criminal history which had resulted in her incarceration at a juvenile detention centre. Mika discovered she was pregnant while in detention and decided to engage with DAYS to address her lifestyle and provide a better upbringing for her newborn.

Mika was assessed whilst in detention and entered our Detox program initially and then transferred to Residential after two weeks.

Mika entered Residential and had set out very clear goals of getting through the program which she hoped would mitigate her sentencing. As a drug court client Mika had to attend every two weeks and was motivated to present well with positive feedback from a DAYS representative.

Mika was initially quiet upon entry and took a while to open up and become comfortable with staff. Although she contributed well during groups and talked openly about issues she was struggling with what she had faced in the past. Mika was proactive in her treatment and had consulted staff about different substance misuse educational groups she wanted knowledge around during her time in the rehabilitation program.

Mika had been homeless prior to her incarceration for three years and as a result she initially struggled with some basic life skills such as cleaning up after herself, doing dishes, personal hygiene

and general housework which staff discussed with Mika on multiple occasions. Over the course of her treatment Mika addressed these issues and had demonstrated her ability to cook a meal from scratch and to stay on top of her domestic duties. Staff facilitated a hairdressing appointment due to chronic matting of her hair which became unmanageable.

At week six Mika began working with transitional staff to secure safe and secure long term accommodation for herself and her unborn baby and went through the process for priority housing which was granted. Mika is now engaged with several services including the Mission Australia AOD Homelessness program and working towards a long term unit.

Mika had reported to staff that she had sizeable fines and had so far taken no action to address these. Due to these unpaid fines Mika was informed criminal charges were soon to be laid for non-payment. Staff advocated to the Department of Transport for some time to organise repayment which was granted and staff facilitated visits to Centrelink to organise for “time to pay”.

Mika graduated from the DAYS Residential Rehabilitation program in May 2017 and has been living independently in the community for several months. Mika reports to be drug free since her graduation and is due to have her baby in September.

Trauma, mental illness and poly substance use

Julie is a 20 year old female who self-referred to DAYS in 2017, seeking treatment for poly substance use and assistance in addressing her homelessness.

Shortly after her referral to DAYS, Julie presented over a period of several weeks in crisis, using methamphetamines daily. Julie has experienced trauma which has resulted in some paranoia and hyper vigilance around her personal safety and privacy. As a way of coping with this trauma, Julie developed daily dependent use of benzodiazepines.

Over a period of several weeks, the team worked with Julie to set out a treatment plan, with a goal to attend the Withdrawal and Respite Unit with potential for Residential Rehabilitation once she had established some rapport and settled into the program.

Initially Julie reported suspicion towards some staff and had concerns about her privacy and the general confidentiality provided in the service. The team worked consistently to address these concerns and provided reassurance and care. Julie managed to enter the Withdrawal Unit and commit to the initial stages of her treatment. After the first few days it became apparent to the team that Julie was showing some psychotic symptoms, with paranoid delusions and elevated mood. After a period of assessment with our resident doctor and Psychiatrist, she was placed on forms and sent to Royal Perth Hospital (RPH) for further mental health assessment.

Julie was admitted to the mental health ward at RPH and was monitored. Throughout this time DAYS met with Julie at the hospital and continued to maintain rapport and support. Julie was reporting great concern for her privacy, believing individuals in the community were seeking to harm her. This caused some barriers in our capacity to provide treatment as contact with her family was off limits and particular areas were avoided, including UWA where the Withdrawal Unit attended the weekly exercise program.

After several days, Julie stabilised and was discharged from RPH and returned to the Withdrawal Unit. Staff continued to work tirelessly to support her through periods of anxiety and provided treatment. This support and engagement has continued over the last few months with Julie making steady progress. For the first few months Julie declined any family involvement and consistently requested access to her notes due to anxiety and paranoia regarding her personal information. Julie has shown massive improvement in this area with staff now engaging with her family, working towards improving family contact, and Julie no longer has concerns about her personal information at DAYS. She is engaging with the Clinical Psychology team and has shown great perseverance and courage in meeting daily challenges and growing more and more insightful.

Julie is currently completing Rehabilitation at DAYS and is working towards finding some long term accommodation on completion of her treatment. Julie is now able to reflect on her mental health challenges and sees the impact her drug use has had on her. Julie has reported insight into her substance use and the impact of her trauma, while having a clear picture of recovery and moving into a new chapter in her life, one filled with family, friends, health and happiness.

Relevant Mission Australia Services – Western Australia

Drug and Alcohol Youth Service (DAYS)

A number of co-located programs and services operate under this umbrella and aim to address the holistic needs of young people in Perth who are trying to deal with alcohol and/or other drug misuse and associated challenges such as mental illness, gender identity and a past history of trauma or abuse. Mission Australia works closely with young people, their families and other service providers in areas such as education, employment and housing. In particular, Mission Australia works collaboratively with Next Step, the clinical services arm of the Mental Health Commission, and court-related Juvenile Justice Teams to provide integrated services. DAYS offers case-management, individual and family counselling, access to mentors, psycho-education groups and clinical psychology, residential services and includes access to an allied health team of clinical psychology, nurses, GPs and psychiatry.

From 1 January to 30 June 2017 – The Withdrawal and Respite Service worked with 349 young people which consists of 41 Detox clients, 71 detention clients, 103 outreach clients, 101 Young Persons Opportunity Program clients, 13 Cannabis Intervention clients and 20 Methamphetamine case managed clients and the Residential Rehabilitation serviced 63 young people at the 3 month Residential Rehabilitation service and 11 young people in the Transitional Accommodation Program.

DAYS also offers the additional programs set out below:

Youth Withdrawal and Respite Service

24/7 residential-based support (for up to 21 days) for young people aged 12 to 21 years, who want to detoxify and address alcohol and/or other drug misuse.

Youth Residential Rehabilitation Service

24/7 residential-based support (for up to three months) for young people aged 12 to 20 years, who are experiencing difficulties related to alcohol and/or other drug misuse.

THASP/Transitional Accommodation

Supported transitional accommodation is available for young people who have completed residential rehabilitation.

Youth Outreach Service

This service is particularly suited to young people who find it challenging to deal with mainstream treatment service options. The DAYS Outreach Workers are also available to provide information and presentations to agencies regarding DAYS and referral processes.

Cannabis Intervention Service

With referrals from the Police or Courts, this early intervention service supports and counsels young people about the harmful effects of using cannabis and the desirability of quitting.

Young Person's Opportunity Program

This early intervention and prevention/diversion program supports young people aged 12 to 17 years referred by the Juvenile Justice Teams because of offending behaviour related to substance misuse.

Youth Detention Counsellor

This service provides information, education and counselling support to young people aged 12 to 17 years in juvenile detention centres because of offending behaviour related to substance misuse.

Methamphetamine Initiative

The Methamphetamine Initiative supports young people who are identified as meth-amphetamine using from the point of referral to the Drug and Alcohol Youth Service (DAYS) through to residential services using a short-term case-management model. DAYS recognises that young people who are using Methamphetamine are more vulnerable to disengagement particularly in the weeks prior to entry into residential services, and aims to reduce disengagement by employing proactive and assertive outreach strategies and associated follow-up.

Pilbara Community Alcohol and Drug Service (PCADS)

The Pilbara Community Alcohol and Drug Service (PCADS), offers a range of services that assist individuals and communities to address drug and alcohol use and strives to increase the wellbeing of people living in the Pilbara Region of Western Australia. The service aims to engage directly with individuals, families and communities to:

- Prevent problems arising from alcohol and other drug use
- Provide treatment support for people struggling with their wellbeing
- Community support to assist communities in becoming more resilient in coping with the effects of alcohol and other drugs

Services provided by the Pilbara Community Alcohol and Drug Service are focused on not only reducing levels of alcohol and drug related harm, but improving the general health and wellbeing, relationships, engagement, and general living conditions within Pilbara communities. From the service locations in South Hedland, Karratha, Newman and Tom Price, Clinical Case Managers engage with small and remote communities through outreach trips.

Any person who is seeking support to improve their health and wellbeing can access our services, including:

- Aboriginal people and communities
- Children and young people (14 years and over)
- People with mental health and alcohol and other drug concerns
- People in rural and remote area
- Families/significant others of people with alcohol and other drug concerns
- People from culturally and linguistically diverse backgrounds
- People who have interacted with the criminal justice.

Court Diversion Program

Mission Australia is funded to provide a Court Diversion worker in Karratha, South Hedland and Newman. Court diversion programs are available to most offenders appearing in court who have drug-related problems, depending on the seriousness of the offence. These programs are voluntary and in most cases the offender is required to plead guilty during their court appearance. Court diversion programs include:

- Pre-sentence Opportunity Program (POP)
- Young Persons Opportunity Program (YPOP)
- Diversion programs for Aboriginal people
- Supervised Treatment Intervention Regime (STIR)
- Youth Supervised Treatment Intervention Regime (YSTIR)
- Drug Court

Domestic Violence Coordinated Response

The Family and Domestic Violence Coordinated Response Service is part of a new model in Western Australia helping families who are in crisis by providing support to keep themselves and their families safe from Domestic Violence.

The service provides support for people and their families who are experiencing Domestic Violence by wrapping a range of supports around them such as those provided by Mission Australia, WA Police and the Department for Child Protection and Family Support.

The Family and Domestic Violence Coordinators in Karratha and South Hedland work together with WA Police Officers and Department for Child Protection and Family Support staff to help protect the victims and also ensure that the proper documentation and reporting is done to ensure perpetrator accountability.

Integrated Mental Health Service Pilbara (IMHSP)

The Integrated Mental Health Service Pilbara (IMHSP) is a central referral point for any consumers faced with Mental Health Issues. GPs will be the main referral source for this service where they fax or email into the service a referral form relating to a particular consumer they are requesting support for. This integrated support model is funded to locate the most appropriate support for the consumer which is identified through an Intake and Assessment screening, undertaken by Mission Australia. The interventions available to clients include:

- Low to medium intensity psychological therapies that can focus on:
 - Stress and anxiety management
 - Managing a consumer's mood
 - Dealing with conflict and communication
- Referral to phone based services via PORTS
- Care Management Services (either face to face or over the phone) which can lead to shared care with the consumer's GP or WA Country Health Services
- Community Support and Linkage.

Youthbeat

The Mission Australia Youthbeat program is a youth homelessness service that offers safety and early intervention programs, supporting young people experiencing homelessness or facing challenges on the streets of the Perth CBD. This comprehensive program provides mobile outreach

to young people in the Northbridge and inner city areas, as well as case management, including informal counselling and goal setting.

A key feature of the Youthbeat model is the follow-up support offered to young people and their families. Youthbeat assists young people to identify and achieve outcomes based on challenges including homelessness, financial issues, mental health, AOD use, harm minimisation and social connectedness.

The Department for Child Protection and Family Support (DCPFS) Crisis Care Unit (CCU), WA Police, Nyoongar Outreach Services and Youthbeat collaboratively work together in the Youth at Risk Strategy (YARS). YARS is operational each Friday and Saturday night from 9.00pm through 5.00am where the YouthBeat Outreach Team identify young people at risk and liaise with the WA Police who bring them through the Youthbeat facility, where the agencies work together to provide service support and secure safe accommodation. Youthbeat is funded by the Western Australian Primary Health Alliance and the DCPFS.

Youth Accommodation Support Services (YASS)

Operating from a Perth residential facility, this service provides 24/7 accommodation and support for up to six young people, aged 15 to 18 years, who are homeless or at risk of being homeless. Providing holistic support for up to three months, the service aims to help young people to address issues underlying their homelessness (e.g. drug and alcohol issues, mental health and family relationships), increase life skills (e.g. financial management, cooking), transition to stable long-term accommodation and engage/re-engage with education or employment. There are also four transitional beds on site, which can be occupied for up to one year by young people aged from 16 to 25 years who are more independent and require less support.

Navig8

Operating throughout the South West and Great Southern regions of Western Australia, this service assists young people aged 14 to 25 to successfully transition from the care of Department for Child Protection and Family Support to independent living.

Open Doors

Open Doors supports young people aged 12 to 18 and their families living in the Mirrabooka area and surrounding suburbs. Support is provided to young people experiencing issues with drug and alcohol abuse, family breakdown, unemployment, homelessness and mental health. The program is an outreach based service which means service staff meet with the young people on their terms including at school, home or anywhere that is suitable for the young person between the hours of 8:30am to 4:30pm Monday to Friday.

Wandoo Young Adult Facility

Wandoo Reintegration Facility is a minimum security prison for young men aged 18 - 28. It is the first prison in Western Australia that caters to the unique needs of this age group. Practical assistance, professional support and targeted referrals are offered to young men, in the Corrective Services' Wandoo Young Adults Reintegration Facility. Mission Australia deliver a through care model, from admission to three months post release, that promotes successful reintegration back into the community. There is a specific focus on support during the transition from incarceration, education and employment, housing and individual need as well as working with family/significant others.

Capacity Building for Comorbidity Project

The Comorbidity Project aims to better promote and support alcohol and other drug treatment services to build capacity and to effectively identify and treat coinciding mental illness and alcohol and other drug use issues (comorbidity). The project provides frontline service delivery with capacity building initiatives in Mission Australia WA services, to further improve the capacity of the organisation and staff to comprehensively and consistently meet the needs for clients presenting with comorbidity. There is a Comorbidity Case Manager based at the Drug and Alcohol Youth Service (DAYS) Residential Rehabilitation Program as well as a Project Officer based at MA state office who provides support to MA Program Managers and service staff to increase their capacity to engage and support people accessing services experiencing comorbidity.

Other Relevant Mission Australia Services

Triple Care Farm - NSW

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 which has been operating for more than 20 years. 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 program based on harm minimisation and health promotion.

Triple Care Farm's vision is to provide "a safe place for change" and the program operates with the goal of treating every student as an individual, catering for his or her specific needs in order to create "a life worth living". This includes providing vocational and educational training so young people can re-engage with education and find pathways to employment. Importantly, at Triple Care Farm there is a six month period for follow up and after care.

The operational model at Triple Care Farm is evidence-based and involves a continuous process of service review to adapt to the changing needs of young people. Triple Care Farm has won several awards for excellence in quality development; clinical and non-clinical services supporting recovery; mental health services for adolescents; and services supporting young people.

Triple Care Farm receives only 12% of its funding from the Commonwealth Department of Health with the remainder coming from private sources including over 50% from the Sir David Martin Foundation.

Triple Care Farm has had a significant positive social and economic impact on its stakeholders including young people, their families / carers, Government and the wider AOD sector. A recent social return on investment (SROI) showed \$3 of value created for every \$1 invested. The largest portion of value created by TCF accrues to the young people who participate. More than a third of this is attributable to improvements in their Health & Wellbeing, reflecting the large number of young people who have been able to achieve a maintained reduction of harmful AOD use. The majority of the remaining value, accrues to Government. This largely due to the potential resource allocation within the justice system. Specifically, by diverting 67 young people from detention TCF generated \$9.2m in economic value.

The full SROI and summary version can be found at the following links:

http://www.missionaustralia.com.au/publications/research/young-people/doc_download/382-triple-care-farm-baseline-social-return-on-investment-analysis

Junaa Buwa and MAC River - NSW

Junaa Buwa and MAC River are Mission Australia's residential rehabilitation centres for teenagers who have entered, or are at risk of entering, the juvenile justice system and have a history of alcohol and other drug use. Funded by NSW Juvenile Justice, they 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 New South Wales 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. The services take a holistic approach including case management addressing mental, physical, social and inter and intra personal challenges. Over 80% of clients are Aboriginal young people.

Sydney South West Youth Services - NSW

Youth Crime Prevention (YCP)

Intensive case management, developmental programs, and re-engagement with education/employment and early intervention strategies for young people aged 10-18 years who are considered to be at serious risk of entering detention.

South West Youth Peer Education Program (SWYPE)

Youth service that provides alternative education in areas such as music and drama for young people aged 12-18. Recreational activities are offered during school terms. Case management support, referral and legal support are also offered, often within the school context.

Macarthur Adolescent AOD Support Service

Alcohol and Other Drug treatment and support program that aims to provide long term solutions for young people aged 12-24 years living in the Macarthur area. The program provides 1-1

counselling/case management and the Quit Pot Program. This program previously provided a valuable education piece in schools but after funding model changes it has reverted into a case management/counselling program. There is still an imperative for education/awareness programs within schools and lack of consistency in this approach is notable.

The Shopfront Youth Legal Centre - NSW

Shopfront is a free legal service for homeless and disadvantaged young people aged 25 and under. Established in 1993 and based in Darlinghurst in the inner city Sydney, the Shopfront is a joint project of Mission Australia, the Salvation Army and the law firm Herbert Smith Freehills.

The Shopfront's main area of practice is criminal law. The Shopfront's clients come from a range of cultural backgrounds, including a sizeable number of indigenous young people. Common to nearly all clients is the experience of homelessness: most have been forced to leave home due to abuse, neglect, domestic violence or extreme family dysfunction. Most clients also have limited formal education and therefore lack adequate literacy, numeracy and vocational skills. A substantial proportion also have a serious mental health problem.

Brighter Futures - NSW

Brighter Futures is a NSW government funded program that delivers targeted early intervention services to families with children aged under 9 years, or who are expecting a child, where the children are at high risk of entering or escalating within the statutory child protection system. The program provides intervention and support that will achieve long-term benefits for children.

Mission Australia delivers Brighter Futures in some areas of NSW and this program provides a range of tailored services including case management, casework focused on parent vulnerabilities, structured home visiting, quality children's services, parenting programs and brokerage funds.

Drug or alcohol abuse is one of the vulnerabilities impacting on parenting capacity that is targeted by the program but it also targets domestic violence, parental mental health issues, lack of parenting skills or inadequate supervisions; and parents with significant learning difficulties or intellectual disability.

Hindmarsh Clean Needle Program - SA

Mission Australia's Clean Needle Program provides information and education on the use of injecting equipment such as needles and provides important information on how to minimise infections. This health initiative also includes free access to clean needles, safe disposal containers, and gives people information on how to manage and minimise drug use.

In addition to this, the team gives information about vein care, how to protect against infection through vaccinations and provides vital referrals to drug and accommodation support services. In this way the service provides immediate support but also ensures that people have access to longer terms assistance to hopefully cease using substances in the future.

End notes

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