

**Submission to the  
Parliamentary Joint Committee  
on Law Enforcement  
Inquiry into Crystal  
Methamphetamine (ice)**

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# CONTENTS

<b>Executive Summary</b> .....	<b>2</b>
<b>Recommendations</b> .....	<b>4</b>
<b>Mission Australia Services</b> .....	<b>5</b>
Youth Specific Services.....	5
Adult Services.....	8
Early Intervention Services .....	8
Other Relevant Research .....	9
<b>(e) The nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities</b> .....	
Prevalence of ice use .....	10
Effects on users' behaviours .....	11
Flow on-effects .....	12
Families .....	12
Young people .....	13
Justice system .....	14
Regional and rural areas .....	16
<b>(f) Strategies to reduce the high demand for methamphetamine in Australia.</b> .....	
The role of community services – a multilayered approach.....	16
Youth specific rehabilitation services .....	19
Education and early intervention .....	21
Access to treatment.....	22
Support to Families.....	28
Further research and awareness .....	28
<b>(g) Other Issues</b> .....	
Coordinated services.....	29
Continuity of Care .....	32
Need for holistic approach and recovery focussed practice .....	34
<b>References</b> .....	<b>36</b>

# Executive Summary

**Mission Australia's submission to the Parliamentary Joint Committee on Law Enforcement's Inquiry into Crystal Methamphetamine (ice) focuses parts on (e), (f) and (g) of the terms of reference. That is the nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities; strategies to reduce the high demand for methamphetamines in Australia; and other related issues.**

**Our submission to the Committee is based on feedback from frontline staff across a variety of services including alcohol and drug treatment services, mental health services, crime prevention programs, housing and homelessness services, youth services and early childhood services. While the contexts in which people worked were different, the themes and feedback were quite consistent.**

Ice was universally recognised as a serious and growing problem with wide-reaching ramifications for the individual ice user, their family and the broader community. While population data suggests that meth-amphetamine use has not increased, services supporting people using alcohol and other drugs have seen a marked shift. Most services noted increasing presentation of ice use amongst client groups in the last five to eight years. The aggressive and violent behaviours and desperate presentations were particularly concerning to staff as were 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.

Mission Australia's residential rehabilitation services for young people have been particularly effective avenues for treatment and support. This includes services for those aged 13-18 who are in contact with the juvenile justice system and those up to the age of 25 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. Without these follow up services the risk of relapse would be substantial.

Government efforts to combat ice use need to focus on education and early intervention where feasible (including in schools) and also target the existing group of ice users for whom a positive

future depends on the availability of appropriate detoxification and rehabilitation facilities. The absence of appropriate detoxification facilities, particularly for young people, remains a considerable barrier to effective interventions and treatment. 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. Detox facilities for young people under the age of 16 are required to target particularly vulnerable adolescents including those involved with the juvenile justice system. A proposal has also been developed for a detox facility at Triple Care Farm, one of Mission Australia's youth residential rehabilitation services, which would enable earlier support to be provided to 16 to 24 year olds.

In addition to providing the necessary opportunities for recovery for ice users, governments at all levels should provide support to families who bear much of the burden but also have a strong role to play in supporting recovery. Efforts should also be made to promote research and awareness that facilitates greater workforce development around dealing with the complex needs of ice users.

In considering demand reduction, the committee should pay close regard to the need for closely coordinated services. In the case of ice users, concerns around health, mental health, criminal justice and housing and homelessness are likely to be co-occurring. Attention also needs to be given to addressing users' issues around: addictive personality disorders, sense of belonging to community and self-identity which puts forward the case for community inclusion and community development initiatives in communities with a higher prevalence of ice use.

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. Ice users should not be exited to homelessness and a housing model with wrap around supports is required to address the complex need of ice users.

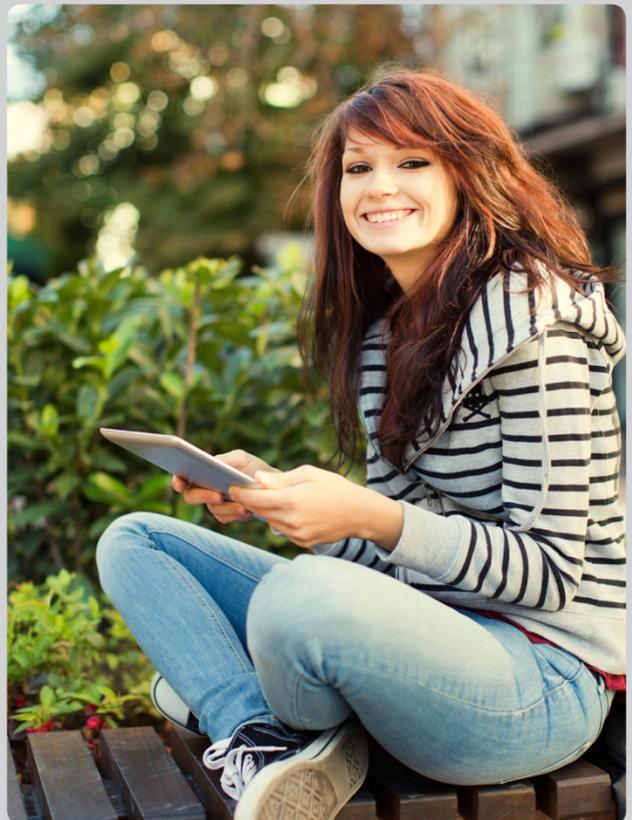
A holistic approach to recovery which addresses the underlying issues promoting substance abuse is also a necessary component of turning lives around. Mission Australia's integrated approach to service delivery which includes, community, employment, housing and early learning services, means we can help people access the right support, when they need it at the earliest point possible time.

In addition to the insight from staff across our services, Mission Australia is preparing to release a Social Return on Investment analysis of Triple Care Farm on 6 August 2015 and has recently released the results of our annual Youth Survey of more than 13,000 young people comparing the responses of those young people who had higher or lower levels of concern about drugs and alcohol.

A series of recommendations to address current service gaps is provided below.

# Recommendations

- 1. Increased Investment in Community Services is required by State and Commonwealth government to provide a multilayered response that goes beyond crime and health and allows outreach into all sections of society.**
- 2. Early intervention programs, including education programs, need to be made far more widely available within schools.**
- 3. Existing effective models of care should be built on and expanded, including the successful Mission Australia models for youth specific rehabilitation services which include a strong emphasis on long-term after care.**
- 4. A new network of detox facilities should be made available for young people aged under 25, including access for those under 16 years of age to improve outcomes and allow for earlier intervention. There is currently a severe shortage of places and this should be an urgent priority.**
- 5. Family support services should be funded and linked to outreach and rehabilitation services as well as new programs developed to work with the entire family to address intergenerational substance use problems.**
- 6. The intensity of symptoms and behaviours experienced by ice users requires a greater investment in improving the knowledge and skills of all workers in contact with users through improved training. This includes health, mental health, casework and law enforcement staff.**
- 7. Service specifications and funding for successful treatment models should be adjusted to reflect the higher intensity and length of time required to work with ice users in comparison with people using other substances.**
- 8. A new supported housing model should be developed which accounts for the complex needs of ice users; their high risk of becoming homeless and difficulty in maintaining a tenancy, so that it can provide a stable base for sustained recovery.**
- 9. Tenancy support programs, including the Housing and Accommodation Support Initiative in NSW could be modified to provide an AOD program in addition to the mental health support for people post-rehabilitation**
- 10. Government and non-government services should be better coordinated to facilitate continuous care and a holistic approach to recovery in order to facilitate sustained change; particularly where there is evidence of other underlying problems (such as a history of trauma, abuse or mental illness) which may have contributed to the substance abuse in the first place.**
- 11. Supports and treatment should be provided to ice users who are incarcerated both during and after they leave custody to ensure that they do not exit into homelessness or fall straight back into a pattern of drug use and offending behaviour.**



# Mission Australia Services

**Mission Australia welcomes the opportunity to provide a submission to the Parliamentary Joint Committee on Law Enforcement (the Committee) and contribute to efforts combatting the growing problem of 'ice' in our community. Mission Australia's goal is to reduce homelessness and to strengthen communities across Australia.**

In 2013-14 Mission Australia provided a total of 563 services and programs and assisted a total of 286,220 people. Services are targeted at children and families, young people, homelessness and housing and employment and training.

Mission Australia's submission is predominantly based on feedback from frontline staff who have provided their hard-won insights into the impact of ice on their services and communities and made suggestions for the consideration of the committee. This is supported by the literature where available.

Mission Australia runs targeted drug and alcohol programs which have seen a dramatic increase in clients seeking assistance for ice use. However, it is not just drug and alcohol programs where the impact has been felt. All services from early childhood to homelessness and mental health have had to deal with the added burden of ice addiction on already vulnerable clients. The types of services impacted by ice use and consulted for this submission include:

- Alcohol and Drug Services
- Mental Health Services
- Crime prevention programs
- Housing and homelessness services
- Youth services
- Early childhood services

Below is an outline of the services provided by Mission Australia from which staff were consulted in preparing the submission and that are referred to throughout the document.

## Youth Specific Services

### Triple Care Farm

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.

## Junaa Buwa and MAC River

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.

## The Drug and Alcohol Youth Service (DAYS)

DAYS is a 24 hour residential rehabilitation service provided by Mission Australia to young people aged 12 to 19 years throughout Western Australia who are experiencing alcohol and other drug issues. This facility provides a 3 month structured rehabilitation program that is evidence based and client directed where possible. Consultation and collaboration is at the cornerstone of the program. From the point of referral the young person is invited to engage in a comprehensive assessment process. Treatment plans belong to the client and reflect treatment pathways they want to engage in.

Clients have access to a range of integrated services allowing a continuum of care throughout their stay and post-treatment. Service integration provides a single point of entry into the core drug and alcohol youth services and supports comprehensive data collection and monitoring of service delivery.

## Sydney South West Youth Services

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 Crossing**

The Crossing is Mission Australia's youth homelessness service in Kings Cross, Sydney. It consists of a multi-disciplinary team of workers who provide long term intensive outreach casework and support for clients with complex needs, whether they are in or out of accommodation. The staff develop supportive, cooperative and continuing relationships with clients. The service aims to empower the young person to work towards achieving identified goals and improving quality of life. This service sees many ice users and how they interact and access limited services particularly when clients are often presenting with comorbid issues (mental health and drug and alcohol).

### **The Shopfront Youth Legal Centre**

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.

### **Juvenile Justice Family Intervention- Joint Support Program**

Mission Australia delivers the NSW Department of Attorney General and Justice Joint Support Program under the Family Intervention Stream in Sydney, Petersham, Blacktown and Penrith. Participants are usually mandated to participate as a condition of a legal mandate (such as a Good Behaviour Bond or Probation). The program is modelled under an intensive case management framework that seeks to address the four main factors associated with the risk of recidivism. These

are referred to as the 'Big 4' or the 'Central 8'.<sup>i</sup> The program provides interventions to young offenders to decrease their risk of reoffending and increase their capacity to successfully participate within their communities.

## Adult Services

### Life on Track

Life on Track is a NSW Government program that aims to reduce reoffending by offering personalised support and case management to eligible and suitable defendants appearing at select local courts. This person-centred response involves identifying the needs of an individual and building a response that adequately responds to the criminogenic needs of the defendant. In August 2013, Life on Track started in Bankstown, Kogarah and Sutherland Local Courts and Lismore, Ballina, Casino and Kyogle Local Courts. Mission Australia is the Life on Track provider in these start-up sites.

### Housing and Accommodation Support Initiative (HASI)

The *Housing and Accommodation Support Initiative* (HASI) between NSW Health, Housing NSW and various Non-Government Organisations (NGOs) provides people with mental health problems with access to stable housing, linked to clinical and psychosocial rehabilitation services.

HASI provides people who have mental health issues with support so they can maintain successful tenancies and participate in their communities. This support often results in improvements in their quality of life and, most importantly, assists in their recovery from mental illness.

The 2012 evaluation of HASI confirmed that when housing is linked to appropriate clinical and rehabilitation support, people are better able to overcome the often debilitating effects of mental illness and to live more independent lives. The evaluation also found that the majority of HASI consumers were successfully maintaining their tenancies (around 90%), that their mental health was improving and that they were spending less time in hospital since they had joined the program. In addition, consumers were regularly using appropriate services in the community and demonstrating a high degree of independence in daily living.<sup>ii</sup>

## Early Intervention Services

### Brighter Futures

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.

The Referral for Active Intervention services in Queensland have been shown to be similarly effective in family early intervention and prevention.

## Other Relevant Research

Mission Australia has recently completed other research which may be of interest to the committee.

### Triple Care Farm – Social Return on Investment

A Social Return on Investment (SROI) research project was conducted on Triple Care Farm (TCF) by Social Ventures Australia to understand, measure and value the social and economic changes generated. The SROI methodology was used to assess the outcomes created between the 2009 and 2013 financial years, and the investment made to generate those outcomes during the period. The analysis involved 57 consultations with stakeholders of TCF including 32 past students, as well as a review of the program's historical data and evaluations.

The initial results indicate that TCF has generated a significant and positive social and economic return on investment. This includes improvements to the young people's health and wellbeing through sustained reduction of harmful drug and alcohol use and savings to the government including through diversion from criminal detention.

A copy of this report is on Mission Australia's website at:

[https://www.missionaustralia.com.au/publications/research/young-people/doc\\_download/382-triple-care-farm-baseline-social-return-on-investment-analysis](https://www.missionaustralia.com.au/publications/research/young-people/doc_download/382-triple-care-farm-baseline-social-return-on-investment-analysis)

### Youth survey – drug and alcohol report

In 2014, 13,600 young Australians aged 15-19 years participated in Mission Australia's Youth Survey. The survey collected information on a broad range of issues, including levels of concern about alcohol and drugs. Overall in 2014, 7.8% of young people indicated that drugs were an issue of personal concern to them. Alcohol and drugs were also considered to be an important issue of national concern by 23.3% of young people in 2014.

A specific report has been drafted that compares those who were highly concerned by alcohol and drugs against those expressing a low level of concern about these issues. These two groups of young people are compared across a range of questions including personal and national concerns, where these young people went for help and how well their families got along.

The final report is available on the Mission Australia Website at:

<http://my.missionaustralia.com.au/OurOrganisation/News/Pages/Youth-Concerns-about-Drugs-and-Alcohol.aspx>.

# (e) The nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities.

## Prevalence of ice use

**“Ice use is definitely on the rise and is becoming a significant problem - it’s cheap, easily accessible and results in significant behavioural problems”**

Program Manager, Service Hub

Most Mission Australia (MA) programs are focussed on more vulnerable populations such as homeless people, those with mental illness, those in contact with the justice system or those who are experiencing other high risk behavioural presentations. Workers from regional areas as well as inner city and Western Sydney expressed concern about the impact of ice in their communities. For example:

- At Triple Care Farm ice became the primary drug of concern for young people for the first time in 2014.
- At Junaaa Buwa, there was an increase in ice as the drug of choice for clients in the last 12 months. Of the 26 clients in the last quarter – 14 had ice as one of their drugs of concern.
- At MAC River, 50% of clients in the last year have requested support for ice use.
- Across Mission Australia’s youth services in Kings Cross, 40% of clients are estimated to be ice users, including those who are addicted and ‘social’ users.
- The MA Centre in Surry Hills offers Crystal Meth Anonymous (CMA) meetings in Sydney and has reached capacity. There was only one meeting a week eight years ago and now there are five meetings a week with 30 to 40 people in attendance at each, including a meeting for family and friends. This compares to one meeting of alcoholics anonymous (AA) per week. CMA members cut cross all demographics. It is not just homeless people, but white collar workers, women, young people and older people.
- Mission Australia’s housing support services in Sydney have seen an increase in ice users over the last five years and there have been three drug related deaths in the last three years.
- Mission Australia’s Alcohol and Other Drug services in South Australia have seen increasing presentations of ice users with a high level of referrals straight from the community. Amphetamine was the primary drug of concern for 36% of clients in 2013-14 and was

particularly high in youth residential rehabilitation services where it was the primary drug of concern for 47% of clients.

The Australian Government's 2013 National Drug Household Survey found that while levels of methamphetamine use in the general population has not changed since 2010, there has been a marked shift to ice as the preferred form of methamphetamine. Of the 2.1% of the general

**“What has changed is how out of control they can get when smoking or injecting methamphetamine in its crystalline form.”**

Program Manager, Youth Drug and Alcohol Service

population who reported recent methamphetamine use in 2013, over 50% had used in crystal form (ice) up from 21.7% in 2010.<sup>iii</sup>

While the overall data shows ice use may not be rising overall, 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.

## Effects on users' behaviours

**“It is a vicious cycle - When they are high they are erratic and when they are low they are desperate”**

Program Manager, Adult Service

Many MA Service staff provided stories of the devastating impacts ice use was having on their clients. Problematic behaviours induced by ice use include violence, aggression, paranoia and erratic and irrational behaviour. Clients also present as desperate, depressed and exhausted by sleep deprivation when they are coming down.

**“Some clients who have been violent will say ‘that wasn't me’ and be very remorseful. They may not be violent outside of ice, but when using they may offend in aggressive ways. For some people the penny drops too late.”**

Program Manager, Adult Service - Regional

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.

## Flow on-effects

**“Often clients with ice addictions are facing multiple crises around housing, mental health and finances, as well as their alcohol and drug issues and ice dependency is increasingly a part of desperate presentations where everything is spiralling out of control.”**

Program Manager, Adult Service - Regional

The use of ice can lead to homelessness, family estrangement and criminal charges. Clients tend to be more transient and ice takes priority over food and shelter. Youth services reported that clients won't show up to collect food vouchers if they need to find ice. Early learning programs have noted that ice users are putting drugs before family, before their children, before themselves.

Ice use also leads to risk taking behaviours including unprotected sex and sharing needles that can have serious consequences for clients' health. There is significant concern that sexually transmitted infections are rising among young women trading sex for ice when they do not have enough cash. Using also comes with a risk of selling to fund consumption and associated criminal behaviour and contact with the justice system.

The violence of ice users and associated crime is also visible on the streets. People will witness violence in their communities even if they are not directly involved in ice use and it has a detrimental impact on community safety.

## Families

**“Often the families live in fear as the person using ice has damaged property or people.”**

Program Manager, Youth Drug and Alcohol Service

Families are in chronic stress whether the ice user is a parent, child or sibling. However, 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.

Services dealing with young people receive daily phone calls from concerned parents. Parents can face abuse and aggression and often give in to demands for money or are robbed by their own children. This is devastating for many parents who wonder what they did wrong that their child has ended up like this. They may be left dealing with an ice user who does not resemble their child anymore.

Where it is the parent who is a user 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. In early intervention services such as Brighter Futures, clients who are ice users have proved very difficult to engage in comparison to other vulnerable parents. While readiness for change is important for rehabilitation, child protection concerns are likely to arise regardless of the parent's readiness and effective outreach can help promote readiness in family members.

## Young people

Ice 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. While ice use is of concern for the general population, earlier initiation and poly drug use are of significant concern throughout the phase of adolescent development. The prevalence of mental illness amongst young people also adds to concern as any pre-existing mental health issues are likely to be greatly exacerbated by ice use.

In South West Sydney, ice use was reported as a significant issue for young people disengaged from school for 6-12 months. Where there is long-term suspension and disengagement this is often coupled with dysfunctional homes and young people quickly get into trouble with both drugs and crime. Young people who start selling, find it really hard to break that cycle and feel locked in and paranoid. Casework services can provide an access point to early intervention in the lives of young people at risk of ice use.

Youth services all mentioned the prevalence of ice use amongst their clients and the difficulty of accessing appropriate detoxification and rehabilitation services. Most 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. Youth-specific facilities which deal with young people holistically in a safe, secure and encouraging environment are much more likely to succeed long-term.

In addition to early intervention and education, young people who start using ice need to be given hope for their future. The symptoms of use and withdrawal need to be properly explained so that the young person can see the road to recovery and services need to be available for rehabilitation and after care to integrate with the community.

**“Once they start using they feel ruined and like they will never recover - we have to work with them to understand withdrawal and the good news that their brain can recover and give them a sense of hope.”**

Clinical Coordinator, Youth Justice Service - Regional

## Justice system

There are strong links between ice use and the criminal justice system. Ice use increases the likelihood of both violent and property crimes and 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. Service staff noted that both adults and young people are largely released from detention without support and go straight back to drugs and crime.

**“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.”**

Program Manager, Youth Homelessness

It is a small proportion of the population who account for a high percentage of crime statistics and services which effectively address ice use would go some way to ameliorating the flow on to criminal activity. This would involve education and early intervention as well as outreach and casework services for vulnerable groups, access to appropriate detoxification and rehabilitation services for ice users and after care to ensure that changes are sustained and lives are improved in a holistic way including addressing the underlying issues such as trauma, family dysfunction and disengagement from education and employment.

**“The justice system can take a month between young people being charged and getting to court and by then the young person has faced 101 other issues and has no idea what is happening to them but they are choking up the court system. It is frustrating for the staff and the courts as well as the young people.”**

Program Manager, Youth Services

## Regional and rural areas

**“Things are a lot more desperate up here and ice is so readily available”**

Program Manager, Adult Service - Regional

**Facilities to accommodate ICE users.**

Program Manager, Early Intervention - Regional

There is a lack of drug and alcohol workers and services in smaller towns which negatively impacts on clients' access to support. There is a lack of capacity in detoxification and residential rehabilitation services and transport to larger centres is an issue. A greater emphasis on outreach is also required in rural and regional areas.

In addition to a lack of services, clients in regional areas are more known to authorities which can be a protective factor but can also be a challenge as they might have tried everything available and feel there is nowhere else to go. On the other hand the smaller service system may provide more scope for coordination at a local level.

**“The clients may not expect the service to last - people ask how long you will be there.”**

Program Manager, Adult Service - Regional

Changes in the service system also add to the chaos of the client's life. The current environment with services coming in and out of favour makes it very difficult for long term engagement. Regional areas in particular rely on consistency and building trust with community members so that they can go for help when and where they need it. Further investment is needed in rural and regional areas but it should build on existing programs such as Life on Track rather than reinventing the wheel.

# (f) Strategies to reduce the high demand for methamphetamines in Australia;

## The role of community services – a multilayered approach

The accessibility and low cost of ice was mentioned by many services as adding to the level of use and it is clear that supply needs to be addressed. Best practice in policing is not something we are seeking to comment on in this submission, but we acknowledge that it is part of the solution. However, an approach which goes beyond law enforcement is also needed. Ice use 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.<sup>iv</sup> This does not mean reducing the important role of law enforcement but allocating new funding to prevention, treatment and harm reduction programs as well.

**“Ice use needs to be addressed through a wider lens than crime. If we only look at it from the angle of crime we will just end up building more detention facilities.”**

Program Manager, Youth Services

Community services play a vital role in providing early intervention, outreach and after care to young people and adults with substance abuse issues. However even services which have a history of engaging with people on the margins who may be homeless, in contact with the criminal justice system or have mental health issues have encountered significant challenges in providing support to ice users. Challenges include protecting workers’ safety, the resource intensiveness of dealing with the multiple issues connected to ice use and the length of time needed to effectively work with clients. Consideration needs to be given to appropriately resourcing these already stretched services in light of the growing demands on workers where clients have ice addictions.

### Safety

Proper risk assessments are required when interacting with clients using ice and precautions need to be taken for staff safety. Triggers which make a client agitated often cannot be anticipated and staff have faced incidents of aggression with escalation over minor issues such as phone credit where they have needed to immediately end a meeting.

Several services indicated that while home visiting was an important part of outreach services, the unpredictable behaviour of ice users meant it was often unsafe for workers to visit alone. It is not just clients who are risks in themselves but environments where clients reside can be risky including large inner-city public housing estates where people are openly dealing ice as well as displaying erratic behaviour. Staff have had to visit in pairs and where transport needs to be organised a second worker must be present. This is very resource intensive.

Alternatives to home visits have been implemented in some circumstances including meeting with the client in a public venue such as a café or at court however this is often not conducive to intense private conversations that may need to occur. Areas to meet clients are also limited to areas where clients don't feel at risk. However meeting in alternative locations can restrain casework objectives, particularly when working on living skills such as in a supported housing program.

**“Home visiting by NGO staff is more likely to engage vulnerable people as it is not the police or juvenile justice or care and protection intervening and home visiting engages significantly more young people than those who would turn up to a centre based program.”**

Program Manager, Youth Services

**“You can also see and hear for yourself what is going on when you are in a clients home!”**

Manager, Adult and Youth services

## Resourcing

In addition to the extra resources required for visiting and transport due to safety concerns, the flow-on effects of ice use make for complex client presentations that require varied and intensive supports.

Where ice use is prioritised due to addiction, other services are accessed for basic material needs. Clients are also more difficult to engage with as they cycle from agitation to exhaustion. Transience is already an issue for those experiencing homelessness but is even more of an issue when ice use is a factor.

**“Young people who are using ice are very difficult to engage with in a community setting, sometimes workers can’t find them for 2 weeks.”**

Program Manager, Youth Services

Clients are time poor especially when they have pressures to sell to fund their addiction and this interferes with case meetings. Clients will be regularly late or have to leave early as they have to ‘do an errand’. The selling adds to the chaos of their lives and the cycle of selling is difficult to escape once commenced. Meetings can also be difficult when clients are paranoid and trying to avoid others and as a consequence workers have to expend lots of time and energy around engagements.

**“Our service has had to adapt to ice users by providing more flexible service delivery to them, which means we are meeting to simply provide ‘a feed’ so we can remain engaged, we are allowing longer time frames for clients who are disengaged because of their use, we shorten our meetings as clients under the influence cannot sit for too long, they are highly paranoid, and in a heightened state of sensitivity to other users being seen by others they are trying to avoid.”**

Program Manager, Youth Homelessness

Clients are also more resource intensive in terms of their contact with the criminal justice system. Workers have to spend time supporting clients with court appearances when they offend under the influence which draws resources away from treating their ice use and underlying issues. Clients’ risk of reoffending is also high as they seek to fund their use through selling or other means.

The psychotic symptoms and overlap with mental health concerns increases the complexity of cases that staff need to grapple with. Even where clients were accessing mental health services prior to using, once they are using, taking care of their mental health becomes a low priority.

**“At the same time that ice became the primary drug of concern at Triple Care Farm (TCF) there had been an increase in suicide attempts prior to entering TCF and a significant increase in the number of young people experiencing psychotic illness. This may not be caused by ice but there appears to be correlation and it adds to the burden on services.”**

Program Manager, Youth Drug and Alcohol Service

As noted above, families are in chronic stress and have nowhere else to go for support and this also adds to the burden on caseworkers who seek to support family members as well as the clients themselves.

Workers have also had to be prepared to engage for longer. For Life on Track, contract expectations are that the bulk of engagement will be for 3 months, however a 6 or 9 month timeframe is more realistic for ice users and provides better results. On the other hand, The Crossing already operates a long-term case management model offering at least 18 months support, however for ice users the needs and effort required during this period are more intensive.

## Youth specific rehabilitation services

In addition to the ongoing importance of casework services, 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 Triple Care Farm, Junaa Buwa and MAC River.

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<sup>v</sup>. A distinct service approach for young people is required.

Ice has become the primary drug of concern at Triple Care Farm and has increasingly become a drug of choice at Junaa Buwa and MAC River. The services have adapted to deal with the challenges ice users pose and effectively rehabilitate them as well as dealing with associated issues of homelessness, unemployment and criminal history in an holistic way. This model of long-term support has had success with very vulnerable clients. However, they are not equipped for medical detox.

**“To get into our service young people have to be juvenile justice cases  
– we could open up 10 of these facilities to deal with the broader need  
– It’s ok for those who can get in here but for others there is nowhere to go.”**

Clinical Coordinator – Youth Justice Services

## After care

A key issue is what happens in after care and community services need to play a strong role in this space. This is an important element of success at Triple Care Farm, Junaa Buwa and MAC River. It is frightening to leave a supported rehabilitation environment and after care plans are talked about from the beginning to prepare young people for the outside world. Without support, stress will cause future use.

The need for follow-up support after completion of drug and alcohol treatment programs or services has been highlighted by many studies. The service structure of many current interventions is short-term, with programs predominantly designed to achieve short-term goals. Additionally, funding for quality follow-up support is generally not provided. As substance abuse can often be a long-term issue associated with a variety of ongoing factors such as mental health issues and family conflict, the provision of regular post-treatment support is an important aspect within any treatment service.

While long-term involvement with young people who have substance abuse and/or mental health issues is more likely to be provided by youth services, these often lack the resources, training and specialist skills to most effectively address the issues faced by young people experiencing these disorders<sup>vi</sup>.

## My Journey Map

**Mission Australia operates residential drug and alcohol services in Western Australia, New South Wales and South Australia and is invested in understanding undertaking research to ensure we know the effectiveness of these services.**

**The Young People Drug and Alcohol (YPDA) project offered Mission Australia the opportunity to partner with Curtin University and University of Western Australia to assist in the development of an outcome based framework to understand the journey young people went through when in services and the outcomes they achieved. The project developed the 'The My Journey Map (MJM)' tool which used both quantitative and qualitative in their approaches to understanding this journey. The tool has now been validated and implemented in MA's Drug and Alcohol Youth Service (DAYS).**



## Education and early intervention

There was broad support from service staff for early intervention programs in schools. However it was noted that schools are often overwhelmed, with discretion left to individual schools to determine how much priority is given to mental health and drug and alcohol education.

**“In terms of effective interventions - the earlier the better - once ice use becomes entrenched they end up on a roundabout of crime.”**

Program Manager, Youth Services

Mission Australia runs early intervention programs in South West Sydney schools. The program requirements have moved from broader outreach to one on one counselling, but schools also need widespread drug and alcohol awareness for young people and there is lots of demand from schools for the programs that had been run.

**“We could triple our early intervention services and schools would still want more.”**

Program Manager, Youth Services

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.

# Access to treatment

**“While there is a need for education and early intervention there is also a very immediate need to provide effective treatment to the growing number of people suffering the effects of ice addiction.”**

Program Manager, Youth Drug and Alcohol Service

Detoxification and rehabilitation services are in short supply and are particularly difficult to access in regional areas, for young people under the age of 18 and for ice users with a criminal history. 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.

Some detoxification and rehabilitation facilities which may be appropriate for the treatment of alcohol and other drug dependencies are not suitable for ice users. Detoxification from ice takes much longer than most substances and many detoxification centres do not offer an appropriate length of service for harsh withdrawal symptoms that can last 10-18 days.

## Both detoxification and rehabilitation facilities are required

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. Detox is a process by which the body purges itself of addicted substances. It can be an extremely painful and traumatic process. 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.

**“In some cases, without detox, residential rehabilitation is just putting out fires and it presents a difficult balance for staff who have a duty of care.”**

Clinical Coordinator – Youth Justice Services

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.

*Junaa Buwa* has had to adjust care plans for young people with a history of ice use in the absence of appropriate detox facilities. For example:

- Young people need to have stopped using ice before entering rehab and are observed on arrival to reduce the risks to staff;
- The assessment prior to entry takes into account that violence may be ice related and not necessarily ongoing;
- They are encouraged to get medical assistance from a GP prior to rehab where detox is unavailable, doctors can prescribe some help;
- Where young people enter rehab without getting all the way through the withdrawal process, they are not ready for group work or programs in place;
- A mental health practitioner is present who can prescribe medications to young people when they enter the service;
- Weighted blankets are used to help the young people feel secure.

**“Community services struggle to take someone into their programs who is using ice and often need to refer them to detox first.”**

Program Manager, Service Hub

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.

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<sup>vii</sup>. 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<sup>viii</sup>.

Residential treatment models have been found to be the preferred form of treatment for some minority groups, including Aboriginal and Torres Strait Islanders<sup>ix</sup>, 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<sup>x</sup>. 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<sup>xi</sup>. 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<sup>xii</sup>.

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.

## Using the narrow window of opportunity

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

Program Manager, Adult Service

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

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

Program Manager, Youth Homelessness

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.

**“There is a massive burden on detox facilities and clients often face a 30 day wait by which point the opportunity may have been missed.”**

Program Manager, Youth Drug and Alcohol Service

## Youth appropriate facilities

A particular service system gap exists in terms of detoxification for young people under 18 years of age and this is even more severe for those under the age of 16. While services can attest to prevalent ice use in this age group, there are few facilities catering for these young people’s needs.

**“The horrific symptoms of detox make it really difficult for young people to stop using ice and they can’t stop without help.”**

Clinical Coordinator – Youth Justice Services

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.

**“Some young people break and enter to get into detention to dry out.”**

Clinical Coordinator – Youth Justice Services

More detox 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 14
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

## **A detox facility for Triple Care Farm**

Given the prevalence of methamphetamine use amongst young people, there is a greater need to provide support in the early stages of their use and addiction. To this end, a proposal has been

developed to build a detox facility on the grounds of Triple Care Farm that will accommodate up to 10 young people at any time and approximately 100 young people per year.

A small group would move into residential rehabilitation but many young people could be supported in the community following the 28 day program. The first 10 days would focus on physical withdrawal with the remaining time devoted to psychosocial issues. This valuable addition to Triple Care Farm would be much less expensive than trying to replicate the farm itself.

The Sir David Martin Foundation is the major conduit to fundraising for this facility and have been investigating funding options for this proposal.

**“What is needed is a spectrum of care and easy access to effective care. We know that models like Triple Care Farm work and the addition of a detox unit could change the lives of many more young people.”**

Program Manager, Youth Drug and Alcohol Service

## Appropriate treatment for Aboriginal and Torres Strait Islanders

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 population<sup>xiii</sup>. 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 treatment<sup>xiv</sup>.

# Triple Care Farm Engage

**Triple Care Farm Engage is a detoxification program, incorporating assessment, treatment, counselling and aftercare support. Engage is innovative and unique in its approach which could be delivered on site at Triple Care Farm in Robertson.**

**Current detox options are limited, ineffective, and inappropriate for young people. They do no more than remove substances from the body. Engage will address the reasons why clients got there and provide them with holistic treatment in a safe environment.**

## **TCF Engage will:**

- **Operate a 28 day residential program;**
- **Accommodate 10 young people in monitored rooms, with ensuite bathrooms and 24/7 active supervision;**
- **Provide a substance withdrawal and detoxification program that integrates a medical and therapeutic model;**
- **Provide group and individual counselling;**
- **Provide outreach and education programs;**
- **Provide a comprehensive individual bio-psychosocial assessment and treatment plan;**
- **Provide referral and support into further treatment and rehabilitation;**
- **Provide education and support for families and carers, allowing family and support networks to come together with the young person to engage in change;**
- **Provide engagement in long term treatment and care for substance use;**
- **Provide flexible service models tailored to the individual client needs; and**
- **Provide an aftercare/community support program.**

## **Target group**

**The target group for the proposed Engage is young people aged between 16 and 24 years who are seeking assistance to address substance use and addiction (drug and/or alcohol abuse). These young people may present with co-occurring mental illness, but will be less likely to require vocational and educational training.**

**It is possible that some students, having gone through Engage, may then transition to the full Triple Care Farm program. However, this is not anticipated to be a significant pathway – the needs of the two client groups will generally be distinct. Engage will utilise the infrastructure and expertise already in place at TCF to develop the program, with additional staff and a purpose-built facility required.**



# Support to Families

**“We cannot lose sight of the families and the services that are needed for carers who often silently carry the burdens and fear.”**

Program Manager, Adult Service – Regional

Mission Australia’s rehabilitation services attempt to link families to appropriate programs for support such as family drug support and the Holyoake foundation. 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 ice use and available treatments as they struggle to know how to help. This is particularly true where there is a break down in referral from emergency services and ice users are sent home.

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. At MAC River 86% of clients expressed concern that their primary caregiver was using substances regularly.

## Further research and awareness

There is concern that ice is stunting cognitive functioning especially for young people and we need more research about the impacts of ice use on brain development. This research could inform education for staff and awareness raising for clients about ice and its impacts.

Workers in related sectors such as health and mental health services also need a greater understanding of ice and its impacts as well as viable treatment options which could be achieved through improved workforce development.

## (g) Other issues

### Coordinated services

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<sup>xv</sup>.

Community services have experience dealing with complex presentations including ice users and need to be supported while the service system as a whole needs to be better coordinated. There is also a need for better engagement between police, health, education and NGOs.

Services generally work hard to coordinate with local engagement arrangements with other government and non-government agencies but often the chaos of the client's life prevents coordination where the client misses their opportunity for rehabilitation and in the meantime community services have to keep working with them.

### Integration with Health and Mental Health

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. Comorbidity is therefore a focus of some service models including Triple Care Farm which attempt to address this complexity. 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<sup>xvi</sup>.

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.

There is also a need for greater integration with health services who respond to high and complex needs cases. Health services are overwhelmed and may just patch ice users up and send them home without providing appropriate referrals or follow up. Better coordination between community service providers and general practitioners and emergency departments would better serve clients' needs.

### The Justice System

Substance use disorders, particularly those that are comorbid with mental health disorders, can increase the risk of crime, and especially violent crimes<sup>xvii</sup>. 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<sup>xviii</sup>. The majority

of young offenders surveyed in a representative sample from the New South Wales (NSW) Department of Juvenile Justice were found to have used either marijuana or amphetamines in the previous 12 months, and one third reported problematic use of alcohol<sup>ix</sup>. While almost 40% of this sample revealed significant substance abuse problems, only 18% of the sample was referred on to juvenile justice drug and alcohol workers<sup>xx</sup>. This study suggests there is a significant service gap in the provision of drug and alcohol services and treatment for these young people.

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<sup>xxi</sup>.

**“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

There needs to be more emphasis on rehabilitation in prisons and more preparation for release. People with a history of ice use exiting prison have also not fared well in sustaining housing even where this is supported housing. 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. An example of this is the Texas justice reinvestment program.

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.

Other diversionary programs such as drug courts should also be considered. There are some excellent court-based programs to deal with drug-related offending, but they are not as widely available as they need to be. In particular, the Drug Court needs to expand its criteria to include people who have committed violent offences in recognition of the fact that ice use often leads to violent offending.

Robberies in particular are offences commonly committed by people who are dependent on prohibited drugs, in order to fund their drug use. These offenders may not be inherently violent by nature, and the level of actual violence involved in such robberies is often low. Shopfront legal service has had many robbery offenders who would have been ideal candidates for the Drug Court had they been eligible. Of these offenders, a significant number have missed out on these programs and have received custodial sentences which rarely afford them adequate access to alcohol and other drug programs.

**“When it comes to drug rehab programs, the waiting lists are incredibly long. People who are ready to seek treatment should be able to access it straight away. Instead, we see people giving up and losing motivation, while their drug use escalates. Worse still, many of these people end up in prison because of offending associated with their drug misuse. Access to treatment options from within the prison system is extremely limited, no matter what Corrective Services might say about the programs they offer.”**

Solicitor, Youth Legal Services

## Housing and Homelessness

A significant proportion of homeless individuals experience mental illness and comorbid substance use disorders. There is a particular lack of accommodation for ice users leading to homelessness. Many housing services won't take ice users as they might pose a risk to other residents and they can't rapidly rehouse as they are unable to compete in the rental market.

**“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

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.

Residential rehabilitation services have had to invest heavily in ensuring that people are not exited to homelessness. In some cases this has meant extending placements or sending caseworkers to other parts of the state to work with family members who may be able to provide support. For example a young person attending residential rehabilitation at MAC River in Dubbo was homeless and had significant mental health issues including previous attempts at suicide. A caseworker was sent to Tamworth to work with his sister to establish wrap around supports in anticipation of his exit from residential rehabilitation.

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.

## Case study: Drugs to Detention to Homelessness

**One young female client at The Crossing exited from 2 months in juvenile detention and could not get accommodation due to being a former ice user. She shifted her drug use to marijuana and has lost motivation. Rather than exiting directly to homelessness pressure was placed on her family to take her back in, but they are struggling to cope. The client's behaviour impacts on the younger siblings as well as the parents and the parents are calling the service up to 3 times a week for support. The service still cannot find accommodation despite these risks and the situation is unsustainable without further supports.**



## Continuity of Care

There 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. Sometimes rehabilitation facilities won't engage with the caseworkers and people fall through the cracks. They may be exited from rehabilitation without their caseworker knowing or caseworkers may be barred access while they are in rehabilitation.

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. Rehabilitation centres start talking about discharge from day one.

**“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

When continuity of care is provided and services are integrated the client has the best chance of success. Mission Australia's range of service offerings means clients can often be linked to appropriate services in other locations or at different stages of their journey. For example when young people have to travel to the city from Western NSW for detoxification programs, they can be linked to Mission Australia's city based youth workers who will support them through the process.

## **Case study: Kings Cross to the Farm and back**

**Michelle is 21 and has been clean for 5 months now. This is no small feat considering that only a year ago she was homeless, an ice addict, involved in criminal activity, in a violent relationship and her baby had been removed by child protection authorities.**

**Life was looking pretty desperate when Michelle was referred to The Crossing, Mission Australia's youth homeless service in Kings Cross. At The Crossing she was provided with intensive case management to help deal with the chaos that had arisen in her life.**

**Ice use was identified as one of the major issues Michelle faced and through lots of conversations with her caseworker she felt ready to begin the long journey to recovery. After detox, her caseworker found a place for her at Triple Care Farm. The expert team at the farm helped her to deal with her addiction as well as the underlying issues in her life that led her to crisis and if left untreated might cause a relapse in the future.**



**Michelle worked hard to make the most of this amazing opportunity and was able to make significant positive changes in her life.**

**After 6 months at the farm Michelle graduated. She was no longer using ice and felt ready for independence. Importantly, the team at The Crossing had kept in touch with her while she was at Triple Care Farm and continue to support her now she is negotiating her new life free of ice. The ongoing support of her caseworkers has helped her to sustain the positive changes she worked so hard to make and now she feels she is back on track for a bright future.**

Notwithstanding the investment in justice, prevention and early intervention measures to reduce rates of ice addiction, 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.

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

Program Manager, Youth Justice Services

## 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 ice use 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. It is known that post-traumatic stress disorder is one of the most common illnesses for clients in services such as MAC River as well as for NSW Justice Health. Studies also show that histories of trauma, particularly childhood trauma, are known to be strongly associated with alcohol and other drugs misuse <sup>xxii</sup>

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.

It is also important to address the need for ‘something to do’ for both young people and adults who may be lacking purpose and coping strategies. In areas where there are a lack of options and a lack of transport, ice may seem like a good option. There is a need for skill development opportunities and many clients want to focus on the positives.

**“The superman drug – that’s how they feel –best they have ever felt – I can see why they use it.”**

Clinical Coordinator, Youth Justice Services

A coordinated approach such as a one-stop-shop also provides some level of anonymity as to the services being accessed and reduces stigma and taboos around issues such as mental health and domestic and family violence. Instead these issues are addressed as part of the whole picture. This has the additional benefit of being sensitive to cultural needs and is particularly relevant to regional areas where people are easily identified. At a minimum, one service should take the lead on coordination.

**“A one-stop shop-would be great – clients don’t get to the next stage on their own.”**

Program Manager, Youth Homelessness

## **Case study: Dealing with the underlying issues to prevent relapse**

**A young male client had been to every rehabilitation facility in Sydney between the ages of 22 and 25, the stints would get longer showing signs of progress but when the drugs wore off the underlying issues would arise and he would have to cope with past trauma and abuse. Rehabilitation needs to be more holistic to account for this eventuality otherwise relapse is inevitable.**



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