

**Submission
No 26**

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: The Salvation Army

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Submission by The Salvation Army Recovery Services To the General Purpose Standing Committee No 2

The Salvation Army provides the Bridge Program, an internationally acclaimed treatment program for people experiencing problems related to their use of alcohol and other drugs. The Bridge Program has helped more than 50,000 people to 'cross the bridge' to a new life since it began in 1964.

In New South Wales, The Salvation Army provides 260 residential treatment places in four locations and also provides a range of outclient and day program services in multiple locations on a statewide basis.

The Salvation Army welcomes the opportunity to comment to the Inquiry, with regard to the specific points of inquiry The Salvation Army (TSA) offers the following responses:

1. The delivery and effectiveness of treatment services for those addicted to drugs and/or alcohol, including naltrexone treatment, with reference to the welfare and health of individuals dependent on illicit drugs and the impact on their families, carers and the community

TSA supports the proposition that all treatments delivered to people addicted to drugs and/or alcohol should be effective and evidence informed and based.

Further TSA would propose that all pharmacological interventions and treatments, including the use of Naltrexone implants, be subject to rigorous research and trial.

This should also include the securing of the relevant human research ethics approvals and be subject to final approval by the Therapeutic Goods Administration, prior to use in the general community.

The view points of the families, carers and the wider community should be sought as part of the research and trial period that the broader social, family relationship and health outcomes be used to determine effectiveness of treatments, over and above simply measuring reductions in drug and/or alcohol use parameters.

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2. The level and adequacy of funding for drug and/or alcohol treatment services in NSW

TSA would submit that the level of funding for drug and alcohol treatment programs in NSW has not kept pace with the evolving needs of the treatment population nor with the range of services, including aftercare, that need to be provided to meet those needs.

There has been a dramatic increase in the type, complexity and number of complex and concurrent issues that are now being dealt with within the context of drug and alcohol treatment, these issues include; mental illness, chronic health problems, poor dental health, homelessness, unemployment, social exclusion and isolation and family and relationship breakdown.

Funding has historically followed the “bed” within the residential setting. Limiting the capacity of drug and alcohol treatment NGOs to provide a broader range of services, new funding that has become available has been to expand existing services, that is to provide more services – not to support, and allow for, the diversification of existing service provision.

Outclient and day programs have not been well funded, as the bulk of new funding has been focused on residential services, however any enactments to the funding of these treatment types should not be at the expense of residential treatment funding.

3. The effectiveness of mandatory treatment on those with drug and/or alcohol addiction, including monitoring compliance with mandatory treatment requirements

TSA holds the position that mandatory treatment is an effective way to provide entry to treatment. As a major provider of diversion services TSA has years of practice experience and treatment outcomes to support this assertion.

Many people seek treatment for drug and alcohol addiction because of some form of external pressure. Initiatives such as the NSW Drug Court, Magistrates Early Referral Into Treatment (MERIT) and the Drug and Alcohol Treatment Act, which included the legislation that made possible the Involuntary Care Trail (ICT) in Western Sydney have proven to be successful.

TSA provided the Aftercare Program for the ICT, in collaboration with Nepean Hospital Detox Unit. The Aftercare Program (although not a mandated aspect of the ICT) coupled with the detoxification services provided by Nepean Hospital Detox Unit provide to be an effective intervention for the target group.

Mandatory treatment can provide those who would otherwise be reluctant to engage with drug and alcohol treatment services with access to assessment, diagnostic and treatment services that can bring about a positive impact in people’s lives.

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Mandatory treatment has resulted in the reduction in use of drugs and/or alcohol, improved physical and psychological functioning and a reduction in alcohol and drug related risk behaviour.

4. The adequacy of integrated services to treat co-morbid conditions for those with drug and/or alcohol addiction, including mental health, chronic pain and other health problems

There have been some enhancements in the capacity of alcohol and drug treatment services to treat people with co-morbid presentations through improved staff training, qualifications, better screening processes and improved pathways with medical and health services.

However it should be noted that the capacity of the treatment sector to meet the multiple and complex co-morbid needs of clients has not kept pace with demand. This is due not only to limitations within the alcohol and drug treatment sector, but also in the wider health and human services sectors.

There is a also pronounced gap in integrating services to meet the needs of people with a co-morbid presentation. Great difficulty is experienced in accessing the range of services people with complex and multiple needs require.

5. The funding and effectiveness of drug and alcohol education programs, including student and family access to information regarding the legal deterrents, adverse health and social impacts and the addictive potential of drugs and/or alcohol

Drug and alcohol education is too generic and does not specifically deal with the issues that are presenting in individual communities and people.

Whilst there is information available in relation to the use of alcohol, the same level of information does not exist for prescription and illicit drugs. Usually this information is sourced by the end user themselves, and generally in response to a problem that has arisen.

There is little on the addictive potential of alcohol or drugs, the majority of education is focus on the harms that are caused by use or caused by using methods.

Campaigns that highlight the addictive potential of alcohol and drugs are needed.

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6. The strategies and models for responding to drug and/or alcohol addiction in other jurisdictions in Australia and overseas, including Sweden and the United Kingdom

There are numerous strategies and models in use in other jurisdictions, outcome data should be compared to the Australian experience to ensure positive outcomes are being achieved.

7. The proposed reforms identified in the *Drug and Alcohol Treatment Amendment Bill 2012*

TSA supports the review of the Drug and Alcohol Treatment Bill 2012, and would draw the attention of the Inquiry Committee to the following:

(a) by providing a new option for rehabilitation, so that, instead of being detained, persons with severe substance dependence can (during a trial-period) agree to undergo out-patient treatment, including having naltrexone implanted under their skin and undergoing counselling for relapse prevention and other health issues, and

TSA is concerned that the naltrexone implants do not have Therapeutic Goods Administration approval and does not support this amendment at this time.

(b) by amending the procedure for assessing persons for involuntary treatment, including by adding to the persons who can request an assessment and to the circumstances in which a person can be involuntarily treated, and

TSA supports this amendment.

(c) by amending the procedure for the detention and transportation of persons for the purposes of involuntary rehabilitative treatment and for the conduct of the subsequent treatment of those persons, and

TSA supports this amendment.

(d) by adding to the rights of detained dependent persons, including their right to plan their treatment and their rights to competent and reasonable care, to legal representation and to information about these and other rights, and

TSA supports this amendment.

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(e) by further restricting the conduct of detained dependent persons (including by prohibiting the abuse or possession of addictive substances, including liquor or drugs, during the period of treatment), and

TSA supports this amendment, but suggest that sanctions should not be criminal in nature, but should have a therapeutic basis and should also include relapse prevention skills building.

(f) by increasing the maximum time for which a person may be involuntarily detained for treatment (from 28 days to 90 days) and by removing the ability to extend that time, and

TSA does not support this amendment.

TSA proposes that the existing 28 day period remain in place, and that a full review process be implemented prior to the expiration of the 28 day period to determine the extension of the involuntary detention of a person for a further period of time.

(g) by providing for the post-rehabilitative care of persons who were formerly detained or treated (which may involve a second detention or treatment if substance use continues), and

TSA supports this amendment.

(h) by applying the Act to young people and specifying the rights of their parents or guardians.

TSA supports this amendment.

The above is submitted for consideration by the Inquiry Committee.

The Salvation Army would welcome the opportunity to discuss this submission and any other matters in relation to the Inquiry into Drug and Alcohol Treatment in New South Wales.

Yours sincerely

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1 March 2013.

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