



Turning Point
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The Director
Standing Committee on Social Issues
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear

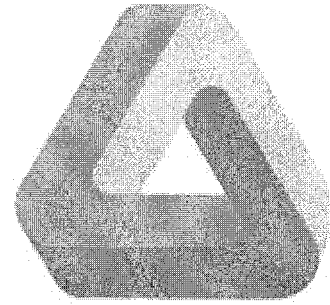
Re: Submission Inquiry into the Inebriates Act 1912: Social Issues

Thank you for the invitation to make a submission to your inquiry. Please find enclosed a brief submission prepared by Ms Silvia Alberti, Manager of the Forensic Unit here at Turning Point Alcohol and Drug Centre in Victoria. We would be pleased to respond to any further questions or to provide further documentation if this is appropriate and helpful.

With best wishes

Yours sincerely

Professor Margaret Hamilton
Director



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Inquiry into the *INEBRIATES ACT 1912*: Social Issues

Submission from:
Turning Point Alcohol and Drug Centre

We have had the opportunity to consider the issues raised in the Terms of Reference for the Standing Committee on Social Issues. While we acknowledge that all the issues outlined are of interest and importance, we have confined our comments to aspects around treatment and models of intervention.

Context

Turning Point has a long standing commitment to working with people with serious substance use issues. Of particular relevance to this submission though is the forensic program area at Turning Point. For some years, Turning Point has been involved in research, training and clinical work in the alcohol and drug and forensic realm. The overall aim of our work in the Forensic area is to learn more about the connection between substance use and criminal activity with a view to influencing the development of more effective interventions.

The information contained in this brief submission draws upon research we have been involved in, training we have conducted and our clinical practice in the forensic alcohol and drug area.

The relationship between problematic substance use and crime

One of the first points for consideration when contemplating treatment and models of intervention for this target group is the development of a more sophisticated understanding about the nature of the relationship between problematic substance use and crime.

The correlation between crime and drug use has been widely established, and we also know that drug using offenders commit more crime than non-drug using offenders (Doyle, Grant & Christian, 1993; Walters, 1998; Westmore & Walter, 1993, cited in Caraniche, 1999). However, while it is well understood that a relationship exists between substance use and crime however, our thinking about this relationship is often based on the assumption that

individuals engage in criminal behaviour to support their problematic substance use. Whilst we can be relatively certain that this assumption is correct in a great many cases, it is overly simplistic to apply it across the board. For example, there are instances where abuse of substances aid offending and other instances where the two behaviours co-occur but are not casually related.

Thinking more clearly about the nature of the connection between these two behaviours becomes important when thinking about the development of interventions and models that seek to address the behaviours. It becomes particularly critical when determining the appropriateness of certain interventions.

Having thought more thoroughly about the three different types of relationships between substance use and crime, better matching of intervention to behaviour can occur. For example, the intervention a clinician would apply to a drink driver is very different from the intervention that would be applied to an offender who had been through the Victorian Illicit drug diversion program. Their presenting needs are different, their offending and substance using histories are different and the way to engage with them and respond to their behaviour is also different.

To summarise, the development of any response must take into account the different nature of the relationship between problematic substance use and offending and must then target intervention appropriately.

The question of mandatory treatment

There is significant support for the notion that mandated treatment can be effective¹. Our experience through clinical practice, a review of literature, conducting a number of the diversion outcome studies and through participation in the evaluation of the National Diversion Initiative has indicated that individuals going through the various diversion programs have benefited from them and have generally found the experience to be a positive one.

Responses to mandated treatment depend on the capacity of the clinician to successfully engage with the client, demonstrate a level of independence from the legal requirements and focus the intervention in a way that best addresses the stage and phase of the individual's development and substance using trajectory.

The model of intervention

While good quality treatment has been demonstrated to reduce recidivism (Anglin & Hser, 1990; Wexler, et al., 1988; Lipton, 1995; Taxman & Spinner, 1997; Inciardi, et al., 1996; Knight, et al., 1997; CASA, 1998, cited in Taxman, 1998; Peard, 1996), questions remain about the most important goals of drug treatment, the most effective treatment approaches, and the most effective mix of these approaches.

However, drawing on the descriptive literature, the experiences of those who have implemented as well as participated in systems that mandate treatment, there are features that we know are important. Outlined below are some of the key aspects of the overall model to consider (more information and detail available on request).

From the perspective of the offender with a substance use issue, it is important to ensure that:

- The intervention is well matched to the offending pattern
- The requirements of the intervention are not so onerous as to discourage or impede engagement
- The intervention is accessible in a timely manner

¹ References to key pieces of work are available on request

- The intervention provides pathways should they wish to engage in voluntary treatment
- The roles and responsibilities of all those involved (the police, courts, legal representatives, corrections officers, treatment providers) are clearly understood and that this understanding is consistent across all the groups involved
- That the intervention is embedded within a transparent and simple structure
- That there is a level of flexibility and responsive to individual needs
- That the expectations on them are made clear

From the perspective of the police and courts, it is important to ensure that:

- There is an appreciation for the place of approaches that draw on concepts of therapeutic jurisprudence and restorative justice within the criminal justice system
- Legislation supports the coming together of justice and health
- Changes in the system are adequately communicated
- The requirements of the intervention are not so onerous on them and their time (eg., should an individual be breached, minimizing the amount of time taken to follow that up etc is important)
- The intervention is accessible to them
- The roles and responsibilities of all those involved (the police, courts, legal representatives, corrections officers, treatment providers) are clearly understood and that this understanding is consistent across all the groups involved
- That the intervention is embedded within a transparent and simple structure
- That the expectations on them are made clear
- That there is a coordinating body to oversee implementation that is available 24 hours, 7 days a week to assist with any queries, paperwork
- Minimise the amount of paperwork and time required to process people through the new system

From a systems perspective, there are a number of aspects to consider when thinking about an efficient and new model:

- Simplifying the system so that it is easily understood by all involved (too many programs that are not clearly linked with different eligibility criteria are too confusing and impede uptake)
- An integrated model that maps each intervention out with a clear pathway between is important as is adoption of the idea that intervention should be graded so that the system has a capacity to intervene in appropriate ways. For example, the service model might be likened to an inverted pyramid with less intensive responses (eg., cannabis cautioning) targeting the majority and most intensive responses (eg., drug court) focused on chronic and career patterns of offending and using.
- Workforce development must accompany the roll out of a model of this type. Given that this essentially represents the coming together of two different paradigms (enforcement and health) a long term strategy needs to be put into place to support the uptake of new ideas, approaches and programs. This addresses and response to the attitudinal issues that have confronted the implementation of many of the programs
- The issue of direction with regard law enforcement needs to be considered. For example, in jurisdictions where police diversion is non-discretionary, the uptake has been far greater. The police often report similar attitudes however, given that discretion is not an issue, diversion is better utilized. This approach would not be recommended

across the board however, in some instances it does provide strong support for a new approach.

- The appropriate balance between ensuring enough paperwork for accountability and overloading all stakeholders is a challenging aspect of any model of this kind
- The issue of timely, simple and accurate ongoing communication is important, coupled with training which, whereby possible, should have cross sectoral linkages

Evaluation of interventions

Whilst it is important to measure the impact of a model or intervention in significant indicators such as recidivism and substance use, taking these indicators alone does not often provide a full picture of the intervention and its impact.

Reduction of recidivism and drug use are limited outcomes upon which to measure successful treatment. Evaluation studies have demonstrated that as well as reducing drug use, drug treatment is also effective in relieving many of the additional medical, social, psychological, and family problems generally associated with addiction (McLellan et al., 1982, 1983, 1986; Ball and Ross, 1991; Anglin et al., 1989; Hubbard et al., 1989; Miller and Hester, 1986, all cited in Landry, 1997). Landry (1997) provides an overview of addiction treatment outcomes that are measured in treatment effectiveness research. These relate to drug use, medical and physical health, psycho-social functioning, employment stability, and criminal justice involvement.

Community base

The community base and linkages of these types of programs are a key component of success. Adequate resourcing of community agencies, in particular those providing the A&D intervention is critical.

Further information

Should you require further information, please contact Silvia Alberti, Manager Forensic Services on 03 8413 8414.