

Submission  
No 4

**INQUIRY INTO THE PROVISION OF DRUG  
REHABILITATION SERVICES IN REGIONAL, RURAL AND  
REMOTE NEW SOUTH WALES**

**Organisation:** Far West Community Legal Centre

**Date received:** 4 December 2017

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4 December 2017

The Hon Greg Donnelly MLC  
Chair  
Legislative Council Portfolio Committee No 2 – Health and Community Services  
Parliament House  
6 Macquarie Street  
Sydney NSW 2000

Uploaded via the NSW Parliament website

Dear Mr Donnelly,

**RE: Inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales**

The Far West Community Legal Centre (FWCLC) welcomes the opportunity to make a submission to the Committee's Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW.

#### **Who we are**

The FWCLC is an independent, non-profit, community-based legal organisation. We provide an accessible, responsive and professional service for people in the Far West Region of NSW (Far West) who have the least access to justice. Our services include:

- Legal information and advice
- Advocacy
- Representation
- Community legal education
- Referral
- Law reform

Our service delivery area spans some 800 square kilometres, stretching from the Victorian to the South Australian and Queensland borders. Major townships in our area are:

- Broken Hill
- Wilcannia
- Menindee
- Ivanhoe
- Wanaaring
- Wentworth



- White Cliffs
- Tibooburra

Since 1 January 2017, we have provided more than 516 legal advices, 351 representation services, 650 referrals, community legal education and other legal services.

## **Our clients**

Our clients experience significant social and economic disadvantage. Almost 25 per cent of our clients have a disability and/or a mental illness. 21 per cent of our clients are experiencing family violence. More than 18 per cent of our clients identify as Indigenous Australians.

Our clients often have complex interrelated legal issues, frequently including issues related to drug use by the client or by another person. Examples include:

- Assaults resulting from an offender's drug use leading to Victims Support applications and subsequent NSW government expenditure
- Criminal charges and driver licence disqualifications resulting from drug driving, impacting on a client's ability to get or keep a job. The impact is especially severe in remote areas such as ours where a driver licence is a necessity.
- The refusal of Working With Children clearances as a result of drug convictions, exacerbating a client's difficulties in getting a job. This contributes to high socioeconomic disadvantage in entire towns. Wilcannia is especially disadvantaged by the combined effect of scarce jobs, strict clearance requirements and drug convictions.

In family law parenting cases, children are denied contact with one or more of their parents due to:

1. The parent's drug problem and associated irrational or unstable behaviour
2. The lack of a local Child Contact Centre, which could provide both informal and court-ordered supervised contact so that parents who have a drug problem can spend time with their children in a safe environment

When a client does not receive appropriate care and support in addressing a drug problem, it frequently leads to additional problems, such as financial, psychological and interpersonal difficulties. The longer a drug problem remains untreated, the more entrenched our clients' disadvantage becomes, at compounding expense to our clients' communities and the public purse.



## **Our experience**

Our experience indicates that there is significant unmet need for drug detoxification and rehabilitation services in the Far West. The scarcity of these services contributes to the legal and non-legal issues that our clients face, inhibiting the ability of legal service providers to make appropriate health referrals and consequently contributing to higher rates of criminal offending within our region.

## **Our submission**

Our submission addresses Terms of Reference 1, 5, 6, 9 and 13.

### **Term of Reference 1: The range and types of services including the number of treatment beds currently available**

The provision of drug detoxification and rehabilitation services in the Far West is severely limited. The only residential rehabilitation service in the Far West is the Wiimpatja Healing Centre (also known as Warrakoo Rehabilitation Hostel). The Wiimpatja Healing Centre is located about 70 km from the nearest major town, Wentworth, and about 332 km from Broken Hill. It has only 8 treatment beds.

The Wiimpatja Healing Centre provides drug rehabilitation services to Indigenous men only. While the FWCLC recognises the need for targeted services to provide culturally appropriate support for Indigenous men, we are concerned by the absence of additional services for Indigenous women and non-Indigenous people. Due to the scarcity of drug rehabilitation services in the Far West, clients are referred to services outside the Far West Local Health District, some of which are in other states. These services are located in:

- Mildura (295 km from Broken Hill)
- Adelaide (512 km from Broken Hill)
- Murray Bridge (547 km from Broken Hill)
- Brewarrina (a targeted service for men only with 18 treatment beds) (708 km from Broken Hill)
- Orange (887 km from Broken Hill)
- Cowra (922 km from Broken Hill)
- Sydney (1144 km from Broken Hill)

As noted in our response to Term of Reference 7 below, it is a common pre-entry condition that a person must have undergone drug detoxification before gaining access to drug rehabilitation services. Consequently, a person may have no choice but to travel hundreds of kilometres to undergo drug detoxification, only to travel hundreds of kilometres more to access a drug rehabilitation service. Such distances impose severe barriers to access, which are



exacerbated by travel costs. For many disadvantaged people, the distances and costs are prohibitive.

Further, the distances that people must travel to access drug detoxification and rehabilitation services displace people from their local communities. Clients are forced to undergo treatment in an unfamiliar environment without the benefit of contact with family and friends. Indigenous people are moved “off Country”, disrupting Indigenous cultures, communities and the connection to land. Appropriate care is limited upon the return of clients to their local communities.

As a result, the FWCLC recommends increasing the number of drug detoxification and rehabilitation services in regional, rural and remote NSW. In particular, we recommend providing a combined residential/non-residential drug rehabilitation service in or within a 25 km radius of Broken Hill. Broken Hill is, in our view, the most suitable location for a drug rehabilitation service in the Far West. This is due to Broken Hill’s status as the largest town in the Far West, its relative vicinity to other towns and the relatively high rate of drug offending in Broken Hill.<sup>1</sup> The provision of an appropriate drug rehabilitation service in or near Broken Hill would significantly improve legal and personal outcomes in the Far West, especially for disadvantaged people.

Alternatively, the FWCLC recommends the provision of an interim non-residential drug rehabilitation service in Broken Hill. A non-residential rehabilitation service would represent a substantial improvement over the current situation in the Far West.

*Recommendation 1: Increase the number of drug detoxification and rehabilitation services in regional, rural and remote NSW*

*Recommendation 2: Provide a combined residential and non-residential drug rehabilitation service in or within a 25km radius of Broken Hill*

*Recommendation 3: Alternatively, provide an initial non-residential drug rehabilitation service in Broken Hill as a preliminary measure, prior to the provision of a combined residential and non-residential drug rehabilitation service*

**Term of Reference 5: The cost to patients/clients, including fee structures provided to families, for accessing rehabilitation services**

The cost of accessing rehabilitation services is prohibitive for many disadvantaged clients, who may have little or no income, significant debt and/or face other barriers to access. The

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<sup>1</sup> NSW Bureau of Crime Statistics and Research, ‘NSW Recorded Crime Statistics 2012-2016’ <[http://www.bocsar.nsw.gov.au/Pages/bocsar\\_crime\\_stats/bocsar\\_lgaexceltables.aspx](http://www.bocsar.nsw.gov.au/Pages/bocsar_crime_stats/bocsar_lgaexceltables.aspx)>.



Wiimpatja Healing Centre charges a minimum of \$250 each fortnight. The Orana Haven Aboriginal Corporation in Brewarrina charges \$175 each week or \$350 each fortnight.

The fees charged by rehabilitation services do not represent the full cost to patients/clients for accessing rehabilitation services. The full cost includes travel, potentially by plane, to and from the service. It may also include childcare and lost income from work.

Travel costs would be eased by the provision of more drug rehabilitation services in rural, regional and remote NSW, as recommended above. However, we maintain concerns as to the impact of cost barriers on disadvantaged clients. As a result, the FWCLC recommends that drug rehabilitation services be provided without charge to disadvantaged clients.

*Recommendation 4: Provide free drug rehabilitation services to disadvantaged clients*

**Term of Reference 6: The waiting lists and waiting times for gaining entry into services**

There are significant waiting lists for gaining entry into services. The Orana Haven Aboriginal Corporation has a minimum waiting list of 6 weeks and a maximum waiting list of 8 months. The waiting lists for both the Wiimpatja Healing Centre and the Orana Haven Aboriginal Corporation vary, leading to difficulties with forward planning. The length and unpredictability of waiting lists form a barrier to access.

**Term of Reference 7: Any pre-entry conditions for gaining access to rehabilitation services**

Two common pre-entry conditions restrict access to drug rehabilitation services:

1. That a person must not have been convicted of a serious criminal offence
2. That a person must have undergone drug detoxification before gaining access to drug rehabilitation services

*No conviction of a serious criminal offence*

Neither the Wiimpatja Healing Centre nor the Orana Haven Aboriginal Corporation provide drug rehabilitation services to a person who has been convicted of a serious criminal offence. Given that drug use problems are closely related to criminal offending,<sup>2</sup> we are concerned by

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<sup>2</sup> See, eg, Rohan Lulham, 'The Magistrates Early Referral Into Treatment Program: Impact of Program Participation on Re-offending by Defendants with a Drug Use Problem' (Bulletin No 131, NSW Bureau of Crime Statistics and Research, July 2009) 1 <<http://www.bocsar.nsw.gov.au/Documents/CJB/cjb131.pdf>>; Imogen Halstead and Suzanne Poynton, 'The NSW Intensive Drug and Alcohol Treatment Program (IDATP) and Recidivism: An Early Look at Outcomes for Referrals' (Bulletin No 192, NSW Bureau of Crime Research



the absence of services that will admit a person who has been convicted of a serious criminal offence. The absence of such services in regional, rural and remote NSW prevents people in serious need from accessing drug rehabilitation services. It represents a failure to address the most harmful drug use and serious offending in our communities, producing significant expenses as later stages in the health and justice budgets.

*Recommendation 5: Provide drug rehabilitation services to people who have been convicted of a serious criminal offence*

### ***Drug detoxification***

Both the Wiimpatja Healing Centre and the Orana Haven Aboriginal Corporation require a person to have undergone drug detoxification before gaining access to rehabilitation services.<sup>3</sup> The Wiimpatja Healing Centre also requires a person to have been free of alcohol and other drugs for a minimum of two weeks before being referred to its program.<sup>4</sup>

Neither the Wiimpatja Healing Centre nor the Orana Haven Aboriginal Corporation provide drug detoxification services. The Orana Haven Aboriginal Corporation facilitates access to a local drug detoxification service in Brewarrina, which is a remote location and largely inaccessible for our clients.

There are drug detoxification services for patients who are assessed to be appropriate in the following locations:

- Broken Hill (a voluntary admission service within the hospital)
- Dareton (a home detoxification service only)
- Wentworth (for low to medium risk patients only)

The Broken Hill Health Service and the Wentworth Health Service advised us that a person who used methamphetamines (ice) would be unlikely to be admitted for drug detoxification. The Dareton Primary Health Service advised us that a person who used opiates would be unlikely to be admitted.

There are no drug detoxification services in the following major townships within our service delivery area:

- Ivanhoe

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and Statistics, July 2016) 1 <<http://www.bocsar.nsw.gov.au/Documents/CJB/Report-2016-NSW-Intensive-Drug-and-Alcohol-Treatment-Program-cjb192.pdf>>.

<sup>3</sup> The Orana Haven Aboriginal Corporation makes an exception if the person is entering residential rehabilitation directly from prison.

<sup>4</sup> Mallee District Aboriginal Services, 'Wiimpatja Healing Centre' <<http://www.mdas.org.au/page.php?id=34>>.



- Menindee
- Tibooburra
- Wanaaring
- White Cliffs
- Wilcannia

The availability of local drug detoxification services would empower clients to take the important preliminary step of undergoing drug detoxification and would enable clients to gain subsequent access to drug rehabilitation services. The FWCLC therefore recommends providing more drug detoxification services, as per Recommendation 1 above.

**Term of Reference 9: The gaps and shortages in the provision of services including geographical, resources and funding**

There are severe geographical gaps in the provision of drug rehabilitation services, especially in the Far West. These geographical gaps are exacerbated by shortages in the number of treatment beds and by pre-entry conditions. As a result, clients are not necessarily able to even access the closest service, which may itself be hundreds of kilometres away. It is critical to not only minimise the geographical gaps between services, but also to adequately fund services to meet local need.

*Recommendation 6: Minimise the geographical gaps between drug rehabilitation services*

*Recommendation 7: Increase funding to existing services to enable such services to meet local need*

**Term of Reference 13: Potential and innovative rehabilitation services and initiatives including naltrexone**

Rehabilitation services that integrate justice and health systems have significant potential to reduce drug use, as outlined below.

1. Due to the close association between drug use problems and criminal offending,<sup>5</sup> the criminal justice system sees many people who would benefit from drug rehabilitation services.

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<sup>5</sup> See, eg, Rohan Lulham, 'The Magistrates Early Referral Into Treatment Program: Impact of Program Participation on Re-offending by Defendants with a Drug Use Problem' (Bulletin No 131, NSW Bureau of Crime Statistics and Research, July 2009) 1 <<http://www.bocsar.nsw.gov.au/Documents/CJB/cjb131.pdf>>; Imogen Halstead and Suzanne Poynton, 'The NSW Intensive Drug and Alcohol Treatment Program (IDATP) and Recidivism: An Early Look at Outcomes for Referrals' (Bulletin No 192, NSW Bureau of Crime Research and Statistics, July 2016) 1 <<http://www.bocsar.nsw.gov.au/Documents/CJB/Report-2016-NSW-Intensive-Drug-and-Alcohol-Treatment-Program-cjb192.pdf>>.



2. A criminal charge comes as a shock to many people. The experience often prompts clients to reflect upon difficult aspects of their lives and to consider options for making improvements, such as attending a drug rehabilitation service.
3. Criminal courts often look favourably upon attendance at drug rehabilitation services when sentencing offenders. The potential to receive a reduced sentence provides an incentive for clients to undergo drug rehabilitation. The community also benefits from improved safety and savings in the justice budget by addressing an underlying cause of the client's offending.

We therefore recommend expanding drug rehabilitation services that integrate justice and health systems.

*Recommendation 8: Expand drug rehabilitation services that integrate justice and health systems*

Our submission addresses three existing drug treatment services in NSW that integrate justice and health systems: the Magistrates Early Referral Into Treatment (MERIT) program, the Drug Court and the Intensive Drug and Alcohol Treatment Program (IDATP).

### ***The MERIT Program***

The MERIT program is a voluntary pre-sentence diversionary program that aims to address the substance use issues of eligible defendants. Eligible defendants can refer themselves to the MERIT program or be referred by a magistrate. Participants are provided with a treatment plan, which may include detoxification, methadone and other pharmacotherapies, residential rehabilitation, individual and group counselling, case management and welfare assistance.<sup>6</sup> The MERIT program lasts 3 months.

The Local Court regards successful completion of the MERIT program as “a matter of some weight” in the defendant's favour at sentencing.<sup>7</sup> In light of the MERIT program's voluntary nature, non-completion of the program does not attract any additional penalty.<sup>8</sup>

The MERIT program has demonstrated success in reducing drug use. An evaluation by the NSW Department of Health found that program participants showed a substantial decrease in

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<sup>6</sup> NSW Department of Justice, ‘The MERIT Program’ (11 November 2014)

<<http://www.merit.justice.nsw.gov.au/magistrates-early-referral-into-treatment/the-merit-program>>.

<sup>7</sup> NSW Local Court, *Practice Note No Crim 1 – Case Management of Criminal Proceedings in the Local Court*, 1 May 2012 [12.8]

<[https://www.judcom.nsw.gov.au/publications/benchbks/local/practice\\_note\\_crim\\_01.html](https://www.judcom.nsw.gov.au/publications/benchbks/local/practice_note_crim_01.html)>.

<sup>8</sup> *Ibid.*



the frequency of their drug use and in the severity of their drug dependence. In respect of all drug types except cannabis, more than 60 per cent of program participants achieved or maintained abstinence from their principal drug of concern. 38 per cent of program participants reported abstinence from all illegal drugs at program exit.<sup>9</sup> As the NSW Department of Health noted, such a high proportion of abstinence is “commendable given the considerable history of illicit drug use in the great majority of participants”.<sup>10</sup>

In addition to its success in reducing drug use, the MERIT program has demonstrated success in reducing re-offending. The NSW Bureau of Crime Statistics and Research (BOCSAR) estimates that a defendant who has completed the MERIT program is 12 per cent less likely to re-offend.<sup>11</sup> These estimates are conservative, as changes in conviction rates typically reflect much larger changes in actual offending, which includes undetected offending.<sup>12</sup> Even so, the MERIT program is unusually effective for a drug treatment program of only 3 months duration.<sup>13</sup>

The MERIT program is available in 62 locations in NSW which have Local Courts, including Broken Hill and Wilcannia. Although there is significant local support for the MERIT program, the program is most likely inhibited by the scarcity of drug rehabilitation services in the Far West. The provision of a residential drug rehabilitation service in Broken Hill is therefore likely to realise further potential in the local MERIT program.

*Recommendation 9: Maintain the MERIT program in regional, rural and remote areas, including Broken Hill and Wilcannia*

### ***The Drug Court***

The Drug Court is a specialist court that attempts to reduce drug dependency among offenders who are eligible and willing to participate in a Drug Court program. It requires participants to undergo detoxification in custody and to agree to a treatment plan. Treatment plans are individually tailored and may require abstinence, methadone or buprenorphine programs, living in approved accommodation or residential rehabilitation.

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<sup>9</sup> Peter Didcott and Kevin Roberts, ‘The Magistrates Early Referral Into Treatment (MERIT) Program: Health Outcomes’ (Report, NSW Department of Health, November 2007) 16–19 <[http://www.merit.justice.nsw.gov.au/Documents/MERIT\\_Health\\_Outcomes.pdf](http://www.merit.justice.nsw.gov.au/Documents/MERIT_Health_Outcomes.pdf)>.

<sup>10</sup> Ibid 19.

<sup>11</sup> Rohan Lulham, ‘The Magistrates Early Referral Into Treatment Program: Impact of Program Participation on Re-offending by Defendants with a Drug Use Problem’ (Bulletin No 131, NSW Bureau of Crime Statistics and Research, July 2009) 8–9 <<http://www.bocsar.nsw.gov.au/Documents/CJB/cjb131.pdf>>.

<sup>12</sup> Ibid 9.

<sup>13</sup> Ibid 10.



The Drug Court has demonstrated success in reducing drug-related offending. The most recent evaluation by BOCSAR found that, compared with a comparison group of offenders, people who completed a Drug Court program were:

- 37 per cent less likely to be reconvicted of any offence
- 65 per cent less likely to be reconvicted of an offence against the person
- 35 per cent less likely to be reconvicted of a property offence
- 58 per cent less likely to be reconvicted of a drug offence<sup>14</sup>

An evaluation by BOCSAR and the Centre for Health Economics Research and Evaluation (CHERE) found that, compared with conventional sanctions, the Drug Court produced a net saving of \$1.758 million each year.<sup>15</sup> This does not account for participants' health gains, with which the net saving is likely to be higher.<sup>16</sup>

The largest cost of the Drug Court was not treatment, but rather the cost of imprisonment following participation in the Drug Court program. This comprised 51 per cent of the Drug Court's cost. The largest savings were associated with reduced prison sentences following participation in the program.<sup>17</sup> The net saving and the reduction in re-offending are together illustrative of the potential for effective drug treatment to produce better outcomes at lower cost.

In 2013, this Committee (then known as General Purpose Standing Committee No 2) recommended that "the NSW Government consider a further expansion of the Drug Court program to other regional centres outside of Sydney and the Hunter".<sup>18</sup> The NSW Government supported this recommendation.<sup>19</sup> However, the Drug Court continues to sit only in Sydney and the Hunter. We recommend the expansion of the Drug Court program to other regional centres.

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<sup>14</sup> Don Weatherburn, Craig Jones, Lucy Snowball and Jiuzhao Hua, 'The NSW Drug Court: A Re-Evaluation of its Effectiveness' (Bulletin No 121, NSW Bureau of Crime Statistics and Research, September 2008) 11–12 <<http://www.bocsar.nsw.gov.au/Documents/CJB/cjb121.pdf>>.

<sup>15</sup> Stephen Goodall, Richard Norman and Marion Haas, 'The Costs of the NSW Drug Court' (Bulletin No 122, NSW Bureau of Crime Statistics and Research, September 2008) 13 <<http://www.bocsar.nsw.gov.au/Documents/CJB/cjb122.pdf>>.

<sup>16</sup> *Ibid* 14.

<sup>17</sup> *Ibid* 9.

<sup>18</sup> Legislative Council General Purpose Standing Committee No 2, Parliament of NSW, *Drug and Alcohol Treatment* (15 August 2013) xv

<<https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryReport/ReportAcrobat/5810/Final%20Report.pdf>>.

<sup>19</sup> NSW Government, Response to Legislative Council General Purpose Standing Committee No 2, Parliament of NSW, *Drug and Alcohol Treatment 4*

<<https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryReport/GovernmentResponse/5810/Government%20response%20-%20Drug%20and%20Alcohol%20Treatment.pdf>>.



*Recommendation 10: Expand the Drug Court program to other regional centres outside of Sydney and the Hunter*

***The IDATP***

The IDATP is a voluntary residential rehabilitation program for NSW inmates with serious substance abuse problems. It is offered to inmates at the John Morony Correctional Complex, which is located 5 km south of Windsor. Each participant in the IDATP is provided with an individual treatment plan, which may involve counselling, group work, education, vocational training, employment and post-treatment planning.<sup>20</sup> The IDATP lasts approximately 6 to 8 months.<sup>21</sup>

An evaluation by BOCSAR in 2016 found that, compared with a comparison group of inmates, inmates who had been referred to the IDATP were less likely to re-offend or to return to custody, although the differences were not statistically significant.<sup>22</sup> However, the reliability of BOCSAR's evaluation was affected by unanticipated disruptions in the implementation of the IDATP. BOCSAR recommended conducting further research into the effectiveness the IDATP. The FWCLC supports this recommendation.

*Recommendation 11: Conduct further research into the effectiveness of the IDATP*

**Conclusions and recommendations**

A summary of our recommendations is provided in the table below.

**Summary of recommendations**

*Recommendation 1: Increase the number of drug detoxification and rehabilitation services in regional, rural and remote NSW*

*Recommendation 2: Provide a combined residential and non-residential drug rehabilitation service in or within a 25km radius of Broken Hill*

<sup>20</sup> Imogen Halstead and Suzanne Poynton, 'The NSW Intensive Drug and Alcohol Treatment Program (IDATP) and Recidivism: An Early Look at Outcomes for Referrals' (Bulletin No 192, NSW Bureau of Crime Research and Statistics, July 2016) 2–3 <<http://www.bocsar.nsw.gov.au/Documents/CJB/Report-2016-NSW-Intensive-Drug-and-Alcohol-Treatment-Program-cjb192.pdf>>.

<sup>21</sup> NSW Department of Justice, 'Intensive Drug and Alcohol Treatment Program' (24 October 2016) <<http://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/programs/intensive-drug-and-alcohol-treatment-program.aspx>>.

<sup>22</sup> Halstead and Poynton, above n 20, 16.



*Recommendation 3: Alternatively, provide an initial non-residential drug rehabilitation service in Broken Hill as a preliminary measure, prior to the provision of a combined residential and non-residential drug rehabilitation service*

*Recommendation 4: Provide free drug rehabilitation services to disadvantaged clients*

*Recommendation 5: Provide drug rehabilitation services to people who have been convicted of a serious criminal offence*

*Recommendation 6: Minimise the geographical gaps between drug rehabilitation services*

*Recommendation 7: Increase funding to existing services to enable such services to meet local needs*

*Recommendation 8: Expand drug rehabilitation services that integrate justice and health systems*

*Recommendation 9: Maintain the MERIT program in regional, rural and remote areas, including Broken Hill and Wilcannia*

*Recommendation 10: Expand the Drug Court program to regional centres outside of Sydney and the Hunter*

*Recommendation 11: Conduct further research into the effectiveness of the Intensive Drug and Alcohol Treatment Program (IDATP)*

If the Committee has any questions about our submission or requires further information, please contact the FWCLC on (08) 8088 2020 or at [reception@farwestclc.org.au](mailto:reception@farwestclc.org.au). We would be pleased if the Committee were to hold a hearing in Broken Hill and would be willing to appear as a witness.

Yours sincerely,

Catherine Farry  
Chief Executive Officer

Jillian Heeley  
Principal Solicitor

Sean Bowes  
Legal Assistant