

**Submission  
No 5**

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

**Organisation:** ONE80TC

**Date received:** 4 December 2017

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**SUBMISSION: 24<sup>th</sup> November 2017**  
**The provision of drug rehabilitation services in regional, rural and remote New South Wales**

ONE80TC would like to submit the following information addressing the terms of reference based on our working knowledge.

**Background:**

Teen Challenge NSW Inc trading as ONE80TC have been delivering drug and alcohol rehabilitation services since 1977, bringing life transformation to many thousands of young men and women. We are part of Teen Challenge Global which has 6 facilities in Australia and over 1600 centres around the globe.

Since 2007 we have been running our men's only rehabilitation services on 36 acres in Yarramundi where the students reset their coping mechanisms and learn how to do life in a very new paradigm. The location provides a good place to recover and enhances the recovery process through the quiet and peaceful setting.

Our 12 month rehabilitation program is run as a therapeutic community and includes the following stages: Assessment and Intake, Transition (Group therapy), Stage work (including CBT & DBT), Family Support worker, Caseworker (1-8 ratio), Medical GP, Clinical Psychologist, Education, Graduation, Aftercare and Post graduated Internship. Being a client centred program we gain weekly feedback and input from the therapeutic community to modify the program to meet the needs of individuals and the group.

ONE80TC maintains a small waiting list with an assessment process that is well established to uncover the client's needs and motivation for change. Of the students surveyed in the past 12 months, 98% say the process is satisfactory or above and 100% would recommend the program to a friend.

**Terms of Reference**

That Portfolio Committee No. 2 – Health and Community Services inquire into and report on the provision of drug rehabilitation services in regional, rural and remote New South Wales, and in particular:

**1. The range and types of services including the number of treatment beds currently available;**

ONE80TC provides 40 residential beds for male clients over the age of 18 from all over the state and a small percentage who come from interstate. Our client numbers today (24<sup>th</sup> Nov 2017) are 37 and new intakes are received each Monday (subject to bed availability). We need to increase the number of beds available in regional/remote NSW.

ONE80TC also provides a Day Program in partnership with Corrective Services in Windsor allowing men and women to engage with our services and receive training in recovery from qualified staff in an open environment. This outreach program removes the barriers that hinder some clients from gaining help.

ONE80TC also provides an Aftercare Program in the community at Penrith to assist clients who have completed a detox or recovery program to remain accountable to their goals. This program is open to men and women and engages them with a personal case worker, who can assist them with individualized treatment plans. As this program was funded by the NBMPHN it is restricted to clients who reside in the local area which creates a barrier to entry for those outside of the local area.

**2. Specific details regarding rehabilitation services for those with amphetamine and methamphetamine (“ice”) addictions;**

ONE80TC treats all forms of addiction and life controlling issues. These range from tobacco, alcohol, cannabis, amphetamine and methamphetamine (“ice”), gambling, pornography, etc. ONE80TC believes that addiction is the symptom not the cause and we work with a team of professionals to uncover the issue that the addiction is trying to mask.

Our treatment service is individually tailored to each client assisting them to find the cause to their

addiction and to address that cause. The most common cause we find in addiction is childhood trauma which includes abuse and fatherlessness.

We hear the stories behind every ice addict who comes onsite and they all want to be heard, they want to know how to deal with the pain inside and they want to be free from the addiction that no longer masks their pain.

Co-occurring mental health conditions are very common in these clients and we have a team of professionals working with each individual client. Each client is assigned to a Case Worker and reviewed regularly by our General Practitioner and a Clinical Psychologist and Psychiatrist as soon as required. For many who have already been diagnosed they have rarely taken their medication as prescribed. We manage client's medication and ensure they take the prescribed dose at the prescribed time. Once they have stabilised we have the GP or Psychiatrist review their medication to ensure they are functioning at their best.

**3. The qualification to receive funding as well as the funding arrangements for services be they public, not-for-profit, for profit or on any other basis;**

Funding is a huge issue to rehabilitation services. ONE80TC maintains best practice which is evidence based and have gained accreditation through ISO 9001:2015. We believe this should be set as a minimum standard for rehabilitation services. A national body for membership with NMDS (national minimum data set) being supplied should be a minimum here. ATCA (Australasian Therapeutics Communities Association) recently created a list of the 79 Essential Elements of a Therapeutic Community which is an invaluable document for benchmarking program. All our staff are well trained and we have a minimum staff requirement of cert 1V Community Service – AOD, and all clinical staff have a first aid certificate and Suicide Prevention certificate to ensure a well-trained best practice team delivering the best program available.

ONE80TC receives its funding through various sources. We have a Commonwealth grant under the Substance Misuse Service Deliveries Grant Fund to run enhanced services such as Aftercare, Internship and Transition program which complement our residential services. We receive 100% of clients Centrelink payment toward the costs of running the residential rehabilitations services. However these two items account for approximately 45-50% of the income required. The additional income is sourced through philanthropic gifts, family contributions, regular donors, corporate sponsorship and frequent fundraising activities. If it were not for the generosity of the community ONE80TC would not be able to provide its residential rehabilitation services.

Grant funding is now being distributed through the local PHN. This has caused a huge complication that disadvantages services such as ours which caters for state wide clients. Every funding application asks for "local" services to address "local" needs. Whilst this sounds good in theory, we are automatically exempted from applying for funding as we provide services that are out of the area. Furthermore, we have had to try to foster relationships with PHN's across the state who already have their preferred suppliers in their region. ONE80TC are more than happy to work on a level playing field, but this system is a distinct disadvantage to services who administer care to clients across the state.

For several years now we have not had any residential beds funded under any government grants. This means that we do not appear on NSW Government list of funded agencies which are seen as preferred/endorsed suppliers of residential rehabilitation services. All grant applications now say they must be for "new" services and this precludes us not only from applying but from being noted on the register. We have therefore been penalised for doing so well on our own resources.

ONE80TC would like to expand our residential services into the area of women and then to women with children. There have been a couple of tenders come out recently for funding of residential rehabilitation services. However the first one was to set up a youth program and offered \$400K per year for 2 years. Again the service had to be area specific (regional NSW), it could not go toward a current program and it had to be used to run program not to establish new facilities. We decided that we could not consider applying for this grant, the reason for that decision was: A/ the funding is for 2

years with no guarantee of continuity of service – this gives no assurance to staff or clients, B/ \$400K would pay for approximately 6 staff, this is an inadequate amount of funds required to run a successful program. Funding has to be realistic.

**4. Registration and accreditation process required for rehabilitation services to be established;**

ONE80TC chooses to be a member of several peak bodies to enhance service delivery, to keep up with new initiatives and to provide a benchmark for service delivery. We are members of NADA (Network of Alcohol and Other Drug Agencies), ATCA Australasian Therapeutic Communities Association, MHCC Mental Health Coordinating Council, Hawkesbury Chamber of Commerce and NSW Chamber of Commerce. In addition to that we sit on two PHN area AOD network committees to provide input and feedback from the industry and to enhance networking of services. We consider these to be evidence of a service that is providing consistent care to their clients. We provide NMDS to NADA which allows for the collection of data and can lead to enhanced service delivery across the AOD sector. ONE80TC believes that all rehabilitations services should be a member of NADA or ATCA as a minimum. ONE80TC has accreditation through ISO 9001:2015 and we believe this should be set as a minimum standard for rehabilitation services.

**5. The cost to patients/clients, including fee structures provided to families, for accessing rehabilitation services;**

It is estimated that the cost to run our residential rehabilitation service is \$900 per client per week. There is a client contribution from their Centrelink benefit, this contributes approximately 30% of the cost. In addition to this family and friends will contribute toward the cost. Many of our clients cannot afford anything above Centrelink and we are therefore engaged in efforts to fundraise throughout the year to ensure service delivery is maintained, however fundraising has become difficult.

**6. The waiting lists and waiting times for gaining entry into services;**

ONE80TC keeps a small waiting list of 2 weeks. This is the usual time it takes from an initial call to assessment and entry. Should a client be engaged for a longer time than this we endeavour to refer the client to our day program and outreach service or refer to another service which may have current capacity.

**7. Any pre-entry conditions for gaining access to rehabilitation services;**

ONE80TC residential rehabilitation requires detox prior to entry. A client who has not detoxed will be taken to the local detox unit until they have detoxed sufficiently to engage with the program. As the client will be living in close quarters with other clients we need to be able to provide a safe place for all clients.

Clients of our Day Program and Aftercare outreach must be in a physical and mental state where they can engage with the case workers and not put themselves or the staff members at risk. Clients will be assessed at entry to ensure they are in a suitable state to engage.

**8. Investigate the evidence regarding the efficacy and impacts of mandatory detoxification programs for those who self-harm or are subject to an Apprehended Violence Order (AVO);**

ONE80TC has no response to this item.

**9. The gaps and shortages in the provision of services including geographical, resources and funding;**

ONE80TC admits people to its residential services from all regions across NSW and interstate. There are times when a client has difficulty making and funding the journey to rehab, therefore by potentially assisting with transport costs may help in these situations.

Clients will not travel great distances to receive treatment in a day program, so funding in regional areas would be of great benefit for day programs to operate.

NADA (Network of Alcohol and Other Drug Agencies) recently completed a Women AOD needs analysis and they report although the prevalence of 12-month substance use disorders among women is about half that of men (3.3% vs. 7%) [1], less than a third of closed treatment episodes in NSW and nationally were for women (32%) [2], suggesting that women are under-represented in treatment services.

They make 8 recommendations in their document including the Increase the number of women-specific drug and alcohol treatment places in NSW. NADA (Network of Alcohol and Other Drug Agencies) Women's Alcohol and Other Drug Services Development Program Needs Analysis Final Report, May 2014.

**10. Issues relating to the provision of appropriately qualified health professionals to fill positions in rehabilitation services**

Currently ONE80TC is taking longer to find the best candidate for positions on offer. There has been expansion in the NGO and government AOD sectors that has reduced the pool of suitable applicants.

**11. Evidence of rehabilitation services that have had both successful and unsuccessful outcomes, including what characteristics constitute a successful outcome and how reliable is the data collection and reporting mechanisms currently in place;**

ONE80TC is of the opinion that a longer term treatment option delivers better outcomes, therefore ONE80TC provides a 12 months program with 40 places available.

All our data is reported to the NMDS through NADA and can be benchmarked across other industry professionals. However the data is then polluted by the completion rates of 8 week programs, 3 months programs and the like. To gain a more accurate picture all services would need to record successful completion of 3 month stages. Recovery is a journey and completing a 6 week course is not the same as completing 12 months.

**12. Current and potential threats to existing rehabilitation services;**

A/ ONE80TC sees the lack of adequate funding of rehabilitation services as a threat to their survival. Many services rely completely on government funding and many staff positions are advertised as "subject to continuance of government funding", this gives no job security to an employee who can only be employed on a one year contract.

B/ Governments and policy makers that are driven by unhelpful advice, which then in-turn drives the push for shorter and allegedly more cost effective treatment options.

C/ Authorities that are driven by "successful completion" statistics for residential rehabs generated out of 8wk and 12wk programs but don't want to know how many times a "graduated" 8 or 12wk client ends up going back through the program. A client who completes a 12 month program is statistically acknowledged in the same way as a client completion for an 8 week program. If we were able to create a "stages of recovery" journey for all services to complete, we would be able to better clarify a client's journey to recover. This would start with all services across the country completing the same initial Assessment. ONE80TC uses RediCASE as our client management system and this gave us access to the VIC AOD Initial Assessment tool which we now use for all clients entering the program.

**13. Potential and innovative rehabilitation services and initiatives including naltrexone; and**

A/ We do see that Harm Minimization is a pathway to recovery if combined with supply, demand and harm reduction.

B/ ONE80TC has developed a model of care that ensures the client is helped in their journey of recovery by promoting physical, mental and spiritual health. Our dedicated team of professionals

includes: clinical staff, case workers, general practitioner, clinical psychologist, psychiatrist, medical support, spiritual support, family support and aftercare support. Each client case is discussed at our weekly clinical meetings and is followed up at our daily meetings.

C/ ONE80TC has developed an Aftercare outreach program for those clients who have detoxed and want to remain accountable to their recovery. These clients may have completed a residential rehab or in house recovery program and this Aftercare will assist them to stay on course in their journey of recovery. Providing weekly or fortnightly one-on-one caseworker sessions this allows the client individually tailored program to suite their unique circumstances. This program cannot replace the benefits of a residential facility where the clients can be removed from their normal surroundings and triggers, however this is an excellent approach for some clients.

#### 14. Any other related matters

##### **A/ Pill testing- DFA (Drug Free Australia), point out 4 realities you may not have considered.**

Reality 1 - Pill testing can increase drug use & likelihood of risk & death

First principle of consumption: accessibility, acceptability and availability all increase consumption.

- Pill Testing will be seen by many young people as a clear endorsement of drug use. It sends a message that illicit drugs are acceptable and 'safe'.  
Outcome? - This gives permission for young people to engage in an otherwise illegal act and worse, harmful drug use. It is very likely to encourage use.
- Pill Testing facilitates the taking of illicit drugs by equipping young people to consume illicit drugs.  
Outcome? - More lives are put at risk with a belief that the drug they are taking is somehow 'safe' after testing. However, there is no 'safe' level of drug use for the developing brain or at any age.

Reality 2 - Pill testing has no safety guarantees

- Pill Testing does not (and cannot) guarantee that the drug being taken will not cause any physical/mental harm or death to the individual consumer.
- Pill Testing cannot account for the individual's physiological response to each drug i.e. allergies, levels of toxins or bio-chemical and/or genetic variants etc...  
Outcome? - More young people risking harm to their bodies and brains while potentially destroying their lives, and their families through another 'facilitated' ill-informed decision to consume illicit drugs.

Reality 3 - Pill testing promotes 'normalisation of illicit drug use' and ignores the vast majority of facts about the impact on health and safety of drug use – evidence determined through legitimate research conducted by qualified health and science professionals.

The potential outcomes?

- Young people damaging or even destroying their brain function during a critical stage of brain development (up to age 25-28).
- Increasing numbers of young people developing depression and psychosis and risk of suicide amongst young people.
- Increased risk of family violence and resulting impact on interpersonal, social and family relationships.
- Increase an individual's co-morbidity, entering addiction cycles and engaging in drug related crimes in pursuit of funding their dependency.

Reality 4 - Government, communities, NGO's and individuals/ families... who will pay the price of drug use?

Pill Testing that is permitted and/or approved by government implicates government as an enabler and endorser of illicit drug use.

- Will governments endorse a practice that will facilitate harm to its citizens, their health, productivity and well-being? Will taxpayers have to wear this cost, particularly in relation to lives lost? Who can place a price on that potential outcome?



- Will event managers be liable? Who will wear the impending litigation from individuals and families impacted by potential physical, mental harms and even cessation of lives post consumption after 'pill testing' endorsements?
- Will insurance providers cover the risk of death and permanent injury costs as a result of damage from one incident or subsequent uptake of illicit drug use and abuse after Pill Testing at an event?
- Will young individuals be required to sign disclaimers on potential harm to their health or even death, after having a pill tested prior to consumption? What is the effect on those under 18 – the children?
- Frontline service providers are already stretched to capacity and the need for many more facilities and services is already paramount. Are we able to accommodate more individuals and families needing assistance and support due to a decision to endorse uptake of illicit drugs?

Source:

<https://www.drugfree.org.au/index.php/resources/news/176-pill-testing-4-realities-you-may-not-have-considered.html>

### **B/ The most common cause we find in addiction is childhood abuse which includes Abuse and Fatherlessness.**

Abuse comes in all forms – sexual, verbal, physical, and mental to name a few. The abuse of one person varies to another, however it leaves the same lasting scare that needs to be healed.

Fatherlessness is rarely talked about in Australia, however it is a huge issue in the lives of young men and women as they learn to deal with life's challenges. In the paper THE FACTS ON FATHERLESSNESS Prepared for the Fatherhood Foundation by Bill Muehlenberg, Australian Family Association - August 2002, he states that Fatherlessness increases crime - In Australia, a recent book noted the connection between broken families and crime. In a discussion of rising crime rates in Western Australia, the book reported that "family breakdown in the form of divorce and separation is the main cause of the crime wave".<sup>XI1</sup> Alan Tapper, "Welfare and Juvenile Crime" in Mike Nahan and Tony Rutherford, eds., Reform and Recovery. Institute of Public Affairs, 1993.

He also states that Fatherlessness increases child abuse. In Australia, former Human Rights Commissioner Mr Brian Burdekin has reported a 500 to 600 per cent increase in sexual abuse of girls in families where the adult male was not the natural father.<sup>XXIV</sup> Michael Pirrie, "Child Abuse Law Alert." The Herald-Sun, 28 August 1993.

He further states that Fatherlessness increases drug use.

- A UCLA study pointed out that inadequate family structure makes children more susceptible to drug use "as a coping mechanism to relieve depression and anxiety."<sup>i</sup>
- Another US study found that among the homes with strict fathers, only 18 per cent had children used alcohol or drugs at all. In contrast, among mother-dominated homes, 35 per cent had children who used drugs frequently.<sup>ii</sup>
- A New Zealand study of nearly 1000 children observed over a period of 15 years found that children who have watched their parents separate are more likely to use illegal drugs than those whose parents stay together.<sup>iii</sup>

References:

<sup>1</sup> Armand Nicholi, "The Impact of Parental Absence on Childhood Development: An Overview of the Literature." *Journal of Family and Culture*, v. 1, n. 3, Autumn 1985.

<sup>11</sup> David Blankenhorn, *Fatherless America*. New York: Basic Books, 1995, p. 1.

<sup>111</sup> Bryan Rodgers, "Social and Psychological Wellbeing of Children from Divorced Families: Australian Research Findings," *Australian Psychologist*, vol. 31, no. 3, November 1995, pp. 174-182.

### **C/ Funding for Prevention is required to win the battle Demand Reduction**

ONE80TC in conjunction with Teen Challenge TAS and Dalgarno Institute has been delivering a schools prevention programme called #NotEvenOnce. This program is presented in high schools to the students and gives factual information on the effects of alcohol and other drugs on the developing brain. Our program is approved as part of the national curriculum and is ready to be delivered across the country. This strategy will help us get to the student before they make the wrong choice or soon

after their first uptake. If we can present the real facts in truth they can make educated choices. With former addicts co-presenting the material, we have credibility in the classroom and trained professionals available for urgent interventions. ONE80TC believes in “Minimizing harm through Maximising prevention”.

The rationale for this project approach is to evaluate the efficacy of a school based early intervention program that is currently running and has been requested by the community leaders to assist in demand reduction.

If we do not start the War on Drugs (through educative processes) that we have supposedly lost without a fight, we will be defeated. Australia has had a multi-decade war on tobacco and alcohol and because of this commitment, we have seen the drop in use of both of these substances/products. If we were to engage the battle as heavily against drugs, we could see a drop in harmful use, leading to a drop in demand which will lead to a drop in supply. It's time for action and ONE80TC is committed to partnering with the government to see this happen.

Yours Faithfull

Mark Hill  
CEO  
ONE80TC – Teen Challenge NSW Inc trading as

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<sup>i</sup> Armand Nicholi, "The Impact of Parental Absence on Childhood Development: An Overview of the Literature." *Journal of Family and Culture*, v. 1, n. 3, Autumn 1985.

<sup>ii</sup> David Blankenhorn, *Fatherless America*. New York: Basic Books, 1995, p. 1.

<sup>iii</sup> Bryan Rodgers, "Social and Psychological Wellbeing of Children from Divorced Families: Australian Research Findings," *Australian Psychologist*, vol. 31, no. 3, November 1995, pp. 174-182.