

**Submission
No 7**

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

Organisation: Community Life Batemans Bay Inc

Date received: 6 December 2017



Community *Life Batemans Bay Inc.*
Bringing *Life to the Community*

Submission to the

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

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Community Life Batemans Bay Inc.

Bringing Life to the Community

Community Life Batemans Bay Inc

Community Life Batemans Bay Inc (CLBB), a not for profit organisation was established in 2006 with the primary purpose of working towards the relief of poverty, sickness, destitution, suffering, distress, misfortune, disability, helplessness and homelessness within the community of Batemans Bay and surrounding areas.

CLBB delivers social, welfare and educational programs such as:

- **Hope House** – provides medium term, safe, stable, supported therapeutic rehabilitation with individualised case management, education and coordinated program for men who have recently been released from custody, on bail or on parole, homeless, domestic and family violence matters, mental health issues, drug and/or alcohol addictions to address issues that have led to homelessness, address the issues that led to their criminal behaviour, take responsibility for their behaviour and actions to break the cycle to become fulfilled contributing members of the community
- **Hope Fellowship** – a free fellowship and support group to assist people who are struggling with issues in their life, including addiction, abuse, depression or other issues which generally make life unmanageable
- **Hope Fellowship Community Free Feed** – every second Wednesday of the month for all members of the community commencing at 6.30pm
- **Grief and Loss** – a free program for people who have lost a loved one and need support during this difficult time
- **Mum2Mum** – a support group of mums with new babies, to provide an opportunity to enjoy the company of other new mums, share a cuppa and cake and meet new friends
- **Gamblers Anonymous** – is a fellowship of people who help each other to recover from a gambling problem.
- **S.M.A.R.T – (Self-Management and Recovery Training) Recovery** is a free group program assisting people with any problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others. Guided by trained peers and professionals, participants come to help themselves and each other using a variety of cognitive behaviour therapy (CBT) and motivational tools and techniques

Our Response

Community Life Batemans Bay Inc welcomes the opportunity to respond to the *Inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales – Terms of Reference*. It is the combination of our direct service experience in the provision of drug and alcohol services in The Eurobodalla NSW as well as our research that informs our response.



Terms of reference

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

Alcohol and drug treatment services are chronically underfunded, under staffed and overstretched despite compelling evidence of their cost effectiveness.

Community Life Batemans Bay Inc Hope House has had several problems trying to obtain treatment for their clients. There are no specialist inpatient detoxification services or drug and alcohol rehabilitation programs within SNSW LHD.

The two main hospitals in this area will take on limited care as there are no treatment beds set aside. The treatment beds for acute treatment are based on the beds that are available at that time.

The treatment provided depends on the patient, with a risk assessment being conducted as the beds are in the local hospital with no secure points so the hospital is very cautious as to whom they take in. A doctor refers these people for treatment and a phone call must be made early morning to see if a bed is available. Treatment is only for a brief time (5 days maximum) with the support of the local Drug & Alcohol team which see the patient very day to work out a plan and to have somewhere to go after discharge.

It is very hard to line up this treatment with further treatment such as a rehabilitation centre.

Hope House focuses on treatment for drug and alcohol abuse by being drug and alcohol free with random drug and alcohol testing conducted.

2. Specific details regarding rehabilitation services for those with amphetamine and methamphetamine ('ice') addictions

It has been noted that with ice addiction, services need to act quickly. There is a very small timeframe and window of opportunity. If not, this could mean death or ongoing life of crime and addiction.

In this area of the South Coast there are no rehabilitation services for those with amphetamine and methamphetamine addictions. Those people then must look outside the area, have the family pay outrageous amounts of money (in some cases \$30,000 to \$35,000 a month) or continue to use.

The closest ones are in Nowra or Canberra with very long waiting lists and very strident rules to attend these facilities. The clients to be referred need to have no drugs in their systems including prescription ones like Valium or methadone.

There are no qualified specialist services of any kind in this area.

It is obvious that the supply (of rehab beds) and services are not keeping up with the demand due to lack of funding, facilities and qualified staff.

Community Life Batemans Bay Inc Hope House has supported 108 men since January 2016 to 30 November 2017, of these, 91 have alcohol and drug addiction with 86 of these stated addiction to amphetamine and/or methamphetamine



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

Community Life Batemans Bay Inc, a not for profit organisation has found it very difficult to obtain funding of any kind for the work we do here. Funding is limited to one off grants or grants for specific work such as driveways and security.

Community Life Batemans Bay Inc is constantly working to obtain government financial support and assistance to continue to provide medium term accommodation for men in an emotionally safe, supervised drug, alcohol and violence free environment to help 'break the cycle' and reduce the risk of recidivism. The service Hope House provides is unique and the only program of its kind in the Eurobodalla/Bega area serving a population of approximately 70,000.

During 2016 and to current Committee members of Community Life Batemans Bay Inc had many meetings with both State and Federal Government politicians to obtain financial support and assistance for Hope House.

Numerous meetings have been held with Andrew Constance, Member for Bega, Ann Sudmalis Federal Member for Gilmore, Brad Hazzard when he was Minister for FACS and now as Minister for Health, Tanya Davies, Minister for Mental Health and Pru Goward Minister for FACS.

At one of these meetings Brad Hazzard committed \$25,000 to support Community Life Batemans Bay Inc but no funds have been forthcoming.

Community Life Batemans Bay Inc are at a loss as to what we need to do to receive any financial support and assistance from all levels of Government.

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

NGO withdrawal services must have organisation accreditation. The NGO can choose the most appropriate organisation accreditation.

Consistent with the key treatment principles, NSW NGO AOD treatment services are required to meet standards of care through accreditation. Accreditation has two aspects: organisation accreditation and worker accreditation. In addition, there is professional registration of NGO workers.

Accreditation is based on recognition from an independent third-party that a service or program meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers.

Accreditation:

- independently verifies competence and credibility
- builds a service with more efficiency and quality and performance assurance
- confirms Quality Improvement policies and procedures and their effective ongoing implementation (including incident management, complaints procedures, audits and reviews)
- provides international recognition
- enables benchmarking against relevant standards
- informs clients that the highest level of assessment of professionalism has been met
- flags a service's ability to meet mandatory regulatory requirements
- strengthens a service's ability to compete overall.

Accreditation for an NGO AOD service can be obtained through generic accreditation and quality frameworks by a certified entity or through more specialised accreditation schemes.



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ORGANISATION ACCREDITATION

An accredited NGO meets acceptable standards of service delivery, management, staffing and organisational development. The AOD sector does not have a formal, national agency accreditation process, but a number of organisational accreditation systems are available to be used for NGO AOD treatment services.

These include:

The Australian Council on Healthcare Standards (ACHS)

EQuIP5 (5th edition of the ACHS Evaluation and Quality Improvement Program) is a quality assessment and improvement accreditation program for health care organisations which supports excellence in consumer or patient care and services. It aims to assist health care organisations and services with quality improvement efforts. www.achs.org.au

Quality Innovation Performance (QIP) or QICSA

The QIC Health and Community Services Standards 6th edition were developed by the Quality Improvement Council (QIC). The QIC accreditation is used by a wide range of health and community services and involves a continuous quality improvement approach. QIC recognises strengths and areas for improvement, helping organisations to identify quality improvement priorities. The three main areas of focus include:

- Building quality organisations
- Providing quality services and programs, and
- Sustaining quality external relationships. www.qip.com.au

The Institute for Healthy Communities Australia (IHCA)

The IHCA is a non-profit organisation, which works collaboratively with organisations within the Health and Community Service sectors across Australia and provides accreditation services. IHCA Certification fosters and promotes the tradition and culture underpinning the quality principles, directed at enhancing the effectiveness of the human services sector through continuous quality improvement, transparency, democracy and accountability. IHCA Certification offers expertise in undertaking quality reviews and certification against a range of national and government standards. www.ihcac.com.au

In addition to organisations that provide accreditation, a number of organisations specify the standards by which accreditation occurs.

These include:

The International Organization for Standardization (ISO) which does not provide accreditation, rather ISO develops and publishes International standards.

The ISO 9001 is a widely recognised Quality Management System (QMS), belonging to the ISO 9000 family of quality management system standards. It sets out the requirements of a quality management system based on a number of principles. www.iso.org

While the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) does not certify or inspect organisations, products or people, it accredits the bodies that do. This is done by development of the assessment criteria which certifiers and inspectors must meet to become accredited <http://www.jas-anz.org/>. The Australasian Therapeutic Communities Association (ATCA) has a standard certified with JAS-ANZ for therapeutic communities. www.atca.com.au

The NSW quality improvement resource tool for non-government drug and alcohol organisations is a useful resource: <http://www.nada.org.au>



WORKER ACCREDITATION

Worker accreditation is the formal recognition that a person is competent to carry out specific tasks. This can involve the requirement of workers to hold a minimum qualification level to be employed in a particular job or role, or the registration of a qualified worker with a professional body. To-date there is no national minimum qualification strategy for AOD specialist workers. Some jurisdictions currently have a minimum qualification strategy for AOD specialist workers. Both the Victorian and ACT minimum qualification standards require AOD workers to hold either:

- an AOD-specific qualification equivalent to (or above) CHC40408 Certificate IV in Alcohol and Other Drugs Work, or
- a tertiary qualification in health, social, or behavioural science, and a minimum of four AOD core competencies from the CHC40408 Certificate IV in Alcohol and Other Drugs Work. (The CHC40408 Certificate IV in Alcohol and Other Drugs Work consists of 16 units of competency, 9 of which are compulsory and 7 are elective).

PROFESSIONAL REGISTRATION

Professional disciplines that work in the AOD sector require registration with a relevant professional body. These individual professional registration bodies include:

- The Australian Psychological Society
- The Royal Australian College of General Practitioners
- Pharmacy Board of Australia
- The Australian College of Nursing
- The Royal Australasian College of Physicians
- Australian Association of Social Workers (AASW)

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

Drug rehabilitation centre is like any other business, must be well planned, financed, staffed and marketed, and must be profitable to keep the doors open.

Vulnerable clientele with urgent, specific and potentially life-threatening addictions and must therefore prove adherence to stricter standards and regulations to open. The appropriate level of support needs to be provided for withdrawal to be completed safely, which then allows the individual to determine his or her optimal ongoing management strategy.

It is important that this support is from the point of first contact with the withdrawal services. Providing support to people as they go through the process of treatment seeking forms part of the care under this service specification.



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

Level of funding for drug and alcohol treatment is grossly inadequate lack of capacity to keep pace with demand. Costs per client for residential rehabilitation vary considerably.

Clients with Children

The presence of children in residence results in a range of increased costs. Additional physical resources are required (beds, cots, linen, toys and educational materials), additional costs will be incurred in food, personal consumables and other operational costs, child care will be required to allow parents to participate in the rehabilitation programs, specific activities involving parents and children will need to be arranged, and just as importantly, the service has duty of care responsibilities for children in care, which translates into additional staffing requirements.

Some children will have specific health needs which have resource implications. For example, morphine dependent babies are regularly taken to specialised clinics with their mothers. Parenting and mothercraft skills also need to be built into programs. These services employ types of workers that are required specifically because there are children in residence: childcare workers, early childhood teachers and/or parenting counsellors.

Many clients in residential care have children, who are living elsewhere, but have regular contact with the parent. Sometimes contact with children has to be supervised because of court orders. Many parents are involved with legal processes related to their children such as family court matters and also child protection matters. There are increased costs for clients in these circumstances.

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

There is a severe shortage of drug and alcohol rehabilitation services and specialists and to gain entry into these services, the processes are long and filled with frustration.

It is noted that many of the clients of Community Life Batemans Bay Inc Hope House have come from mental hospital, correctional centres, broken relationships, with addictions or out of their cars. This means that most of these clients do not have a doctor or medical records. So then a doctor needs to be found that first of all bulk bills, then, will prescribe the medication these clients need. The doctors require the medical records of the clients before they will give them any medication even if they have come from the mental hospital with a discharge summary and the list of medication they are on.

The next step is to obtain a referral to these services. The referring doctor has to call the intake nurse at the hospital to put the client on the waiting list for detox.

The waiting list for detox in the local area depends on if there is a bed available in the hospitals. There are only two in this area that will accommodate this, Moruya Hospital or Batemans Bay hospital. The detox normally runs from Monday to Friday with the client phoning the intake nurse on Monday morning to find out if a bed is available only to be told to call back and in the meantime the client may have given up and used, sometimes leading to higher levels of drug use, crime and/or death

The waiting lists for drug and alcohol rehabilitation services can be much longer. At the moment there is varying waiting times from 6 weeks, to 3 months to 6 months.

Gaining entry into these services can depend on the urgency of the case rather than first come, first served basis, needs and risks, among other factors, are assessed to decide their suitability for residential rehabilitation, which can last ten months.

The biggest challenge is not persuading the client that they need help; it is definitely a capacity issue. Staff also struggle with dangerous work environments and mental health issues.



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

Entering rehabilitation services especially residential requires time and personal commitment. The assessment process for residential service entry aims to ensure people are suitable, well informed, committed and prepared to participate in a long term residential treatment program. To ensure this residential and therapeutic services typically require individuals to:

- Research the service
- Referral – either by self or other services including GPs
- Once referral is made, client needs to have regular contact with the service
- Must be detoxed
- Some services do not accept clients that are on Valium, Methadone and other prescription drugs
- Pre-admission assessment is conducted face to face

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

Community Life Batemans Bay Inc has doubts about the use of mandatory treatment except in extreme circumstances where a person's capacity to make decisions is diminished and they are at risk of injuring themselves or someone else. Note that diminished capacity to make decisions may change during treatment and should be reassessed over time.

Mandatory treatment may be the only way that some people will ever access treatment.

Mandatory treatment should continue only for the minimum time needed to re-establish capacity and safety for the individual, and to ensure they have the appropriate support once they leave the treatment. This is critical to increase the chances of success and to free up resources for other clients in a sector where resources are already stretched.

Evidence based approaches are critical for success in dealing with the use of drugs and alcohol. The money spent on establishing and running these mandatory detoxification programs would be better spent on providing services to the community that are known to be effective and address fundamental issues that contribute to drug and alcohol issues. Success in this area would lead to fewer people becoming severely dependent.

Existing treatment services are underfunded and lack the capacity to keep pace with demand. A shrinking service sector combined with an increase in the number of people seeking treatment should mandatory treatment be enforced would result in longer waiting lists for people seeking to engage with treatment voluntarily.

There is nothing to support the hypothesis that respondents under mandatory treatment are less likely to achieve positive treatment outcomes than those undergoing voluntary treatment.

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

Health services in rural and remote areas are very different to their city counterparts. Facilities are generally smaller, provide a broader range of services including community and aged care, have less infrastructure and local available specialist and provide services to a more dispersed population.

Clients state that they waited longer than was acceptable for an appointment with a GP, are likely to travel over one hour to see them and limited access to professional services.

In this area it is very hard to find a GP who bulk bills and without a long waiting list. Once the client's access this medical service, then referrals need to be made to the relevant required services but without background information on the client, GP's will not issue scripts for medication or provide referrals to other services.



Waiting lists for these other services are long, sometimes six weeks to three months.

In this area there is not a psychiatrist on staff at the local community centre, but are flown in on a regular basis with limited appointments due to time restraints. This is due to limited funding and unable to find the right qualified staff.

The Community Health Centre in Batemans Bay has limited staff and limited funding. There is very little ongoing support for clients that require it. The service provided is crisis support and after a number of visits the client is then closed and the clients need to find other avenues for long term ongoing support.

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

In this area there is a huge shortage of appropriately qualified health professionals.

In Australia, difficulties in recruiting and retaining skilled experienced health professionals are currently occurring in both the public and private sectors and it is anticipated that the situation will not improve in the foreseeable future.

There have been numerous studies on the issue of the retention of health care professionals and why they leave the profession. These studies pointed to working conditions as a fundamental reason for these leaving. They included conditions of pay, safety issues, increased workload leading to stress and burnout, inappropriate and insufficient nursing skills mix, lack of recognition of individual skills and knowledge, occupational health hazards, remoteness of the area, little or no room for advancement, no or limited access to big training facilities, lack of accommodation and childcare.

“There is very little to feel happy about when you have been responsible for up to twenty patients or more at one time and thus have not been able to care for any of them in a manner you feel is adequate.”

In some cases there is also a stigma by the staff attached to the ‘junkie’ – will they be violent, just a waste of time, why do we bother they will be out of here and go and use straight away, they don’t want to change.

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

Drug and Alcohol abuse and addiction have so many dimensions and disrupt so many aspects of a client’s life; treatment is not simple and clear cut. Clients present with a number of issues especially mental health so the care needs to address these issues as well.

Effective treatment services have to incorporate an all-round approach. Clients simply do not stop using for a few days and they are cured. Most clients require long term or repeated rehabilitation services to achieve the ultimate goal of sustained abstinence and recovery of their lives.

Rehabilitation services do not always work for the client the first time. It may take a number of tries to get it right but if the client finds one thing to help with their addiction then the job has been started and it will probably work the next time.

AOD treatment has been shown to:

- Reduce consumption of alcohol and other drugs or completely abstain from use
- Improve health status
- Reduce criminal behaviour
- Improve psychological wellbeing
- Improve participation in the community.



Successful outcomes vary from client to client depending on their goals and extend of their addiction, what the addiction is, mental health issues, homelessness and other contributing factors

Hope House has several success stories from complete abstinence for a number of years to clients returning to harm minimization, to returning to their families, to finding their own accommodation, to not reoffending to employment and education,

Data collection in some cases is not reliable as the clients providing the information may not be completely honest, make up stories or hold things back because of shame and/or guilt, or not having complete faith and trust in the service.

Reporting mechanisms can be different from service to service.

Recommendation is that all rehabilitation services have the same data collection and reporting mechanisms for ease of use for all concerned.

12. Current and potential threats to existing rehabilitation services

There are a number of current threats to existing rehabilitation services such as:

- Limited funds
- No ongoing funds
- Limited spaces or beds
- Long waiting lists
- Threat of closure
- Lack of qualified staff
- Safety of staff and clients

13. Potential and innovative rehabilitation and initiatives including naltrexone

Treatment for people with drug dependence is one of the most effective and cost-efficient responses available. Treatment can provide individuals, families and communities with opportunities to humanely and safely address drug dependence issues. Interventions and strategies exist to prevent and treat substance disorders however sufficient resources are required for them to be implemented and effective. Currently there is a considerable demand for services and waiting lists are long.

As with most if not all medications, the effectiveness of oral naltrexone is significantly reduced by non-compliance. Naltrexone will not work for everyone and is more likely to be successful if it is part of a comprehensive treatment program that includes counselling, alternative therapies and the development of a positive network of peers, friends and a support group.

14. Any other related matters

Here are some other related matters that Community Life Batemans Bay Inc has noted:

- No ongoing support once the client has left rehabilitation services
- Hard to coordinate going from detox to rehabilitation services
- Need for supported accommodation till ready to go into society
- The need to address mental health issues as well as drug and alcohol abuse. – band aid go hand in hand one lead the other
- When clients go in for treatment they have physical withdrawal symptoms, suffer from depression, or psychotic symptoms. That all needs to be addressed along with the addiction



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At the moment in this area Synthetic Cannabis is a huge problem – stated by local police officer that in the past six months she has been here that there has been 20 cases of overdoses on the substance. There is no test for detection only a blood test. Once a test is devised the chemicals are changed and it is easily available – sold over the counter at adult shops and some tobacconists

Rehabilitation needs to involve all-round care including counselling to help change behaviour or medication to address issues.

Rehabilitation might not be successful the first time. Many people need to go through the process more than once. But if it doesn't work first time, you will have learnt something, and it will make it easier next time.

In conclusion

Community Life Batemans Bay Inc has noted that in this area of the South Coast there is:

- Limited access to services including:
 - Detox facilities
 - Drug and alcohol rehabilitation
 - General GP's that bulk bill
 - Drug and Alcohol services including counselling
 - Qualified staff
- Follow up care is sadly lacking
- Very limited or no ongoing support
- Limited funding
- No ongoing funding
- Funding not for core activities such as wages

Community Life Batemans Bay Inc number one program Hope House provides medium term, therapeutic rehabilitation accommodation for homeless men in a stable, safe, drug, alcohol and violence free environment with structured daily programs, education and individualised case management plans that enable clients to address the issues that led to homelessness, addictions, unacceptable behaviour to become fulfilling, contributing members of the community.

Community Life Batemans Bay Inc Hope House has formed a partnership with Pathways Eurobodalla, a branch of Directions Canberra to provide a Drug and Alcohol counsellor two days a week and with South Coast Colleges – Adult Ed Batemans Bay to conduct courses in computers, white card and traffic control.

With the inclusion of the above Hope House now has a service that focuses on drug and/alcohol addictions and education as well as life skill programs including budgeting, time management, healthy living and food preparation, personal skills including literacy, numeracy, computers, job seeking skills and resume writing, drug and alcohol programs such as SMART, Relapse Prevention and Steps to Recovery, personal development courses such as self-esteem, self-worth, Taking Care of Yourself and Your Family, behavioural change programs that target perpetrators of domestic and family violence and criminal behaviour.

Community Life Batemans Bay Inc notes that the stigma around drug and alcohol abuse especially amphetamine and methamphetamine deters a lot of clients from seeking help.

This along with staff judgements, lack of access to GPs, detox and rehabilitation makes it hard for them to break the cycle of addiction.

More ongoing funding needs to be made available so more beds or places for detox and rehabilitation, better paid qualified staff, more access to services and long term help can be supplied to stop this terrible drug and the effects on our families and the community.