

Submission
No 12

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

Organisation: Broken Hill Working Group

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

SUBMISSION

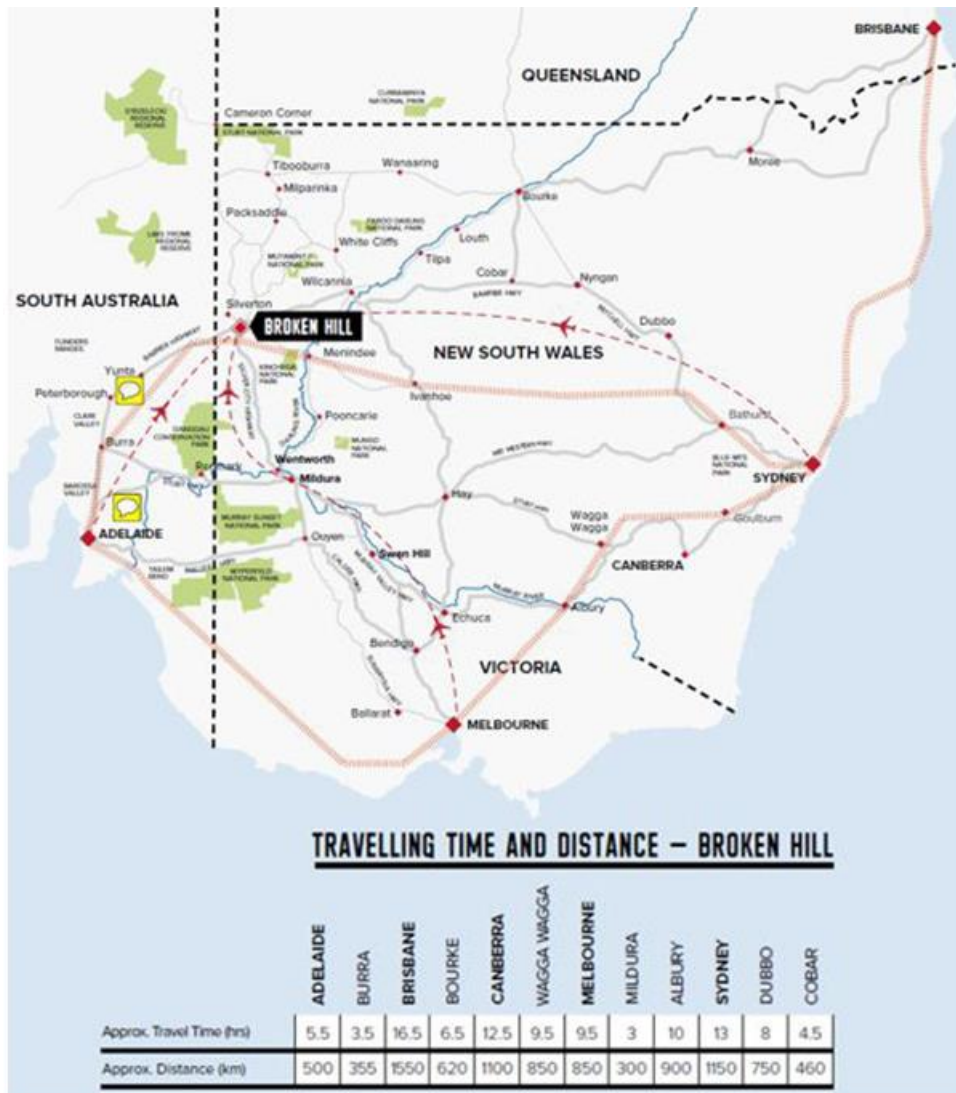
Introduction

On 1 December 2017, after community consultation, a working group was established to respond to this Parliamentary Inquiry. The Working Group consists of the Broken Hill Mayor, Darriea Turley, Deputy Mayor, Marion Browne, Broken Hill City Council Councillor Christine Adams, representatives from the Far West Community Legal Centre and the Far West Law Society, private law firms, Compass Housing, Community Corrections, NGOs, the Broken Hill Hospital, Broken Hill Aboriginal Services Unit of the Department of Justice, Corrective Services, Maari Ma Aboriginal Health Corporation and Murdi Paarki Corporation along with concerned members of the community, drug users and their families.

For ease of reference, we have addressed your Terms of Reference on a point by point basis. We are aware that plenty of research has been done in relation to the topics raised and time constraints mean that we have not been able to go into as much as detail as we would have wished. This further information can be provided at a later date if the required by the Committee.

Item 1

Far West of NSW has no beds available for rehabilitation or detoxification. The closest rehabilitation provider is Warrakoo in Mildura. This is an Aboriginal male only facility -; 300kms away from Broken Hill and does not accept methamphetamine users)., The facility at Brewarrina is male only and preference is given to Aboriginal clients. This facility is 715 kms from Broken Hill., Bloomfield Hospital in Orange will accommodate both female and male patients, in a psychiatric inpatient setting. Orange is 902kms from Broken Hill. There are specialist drug rehabilitation providers in Port Augusta (male only - 412 kms) and other service providers in Sydney (1,200 kms) and Adelaide (600 kms).



The limitations on these services is that some will not take clients direct from correctional facilities, some will not take clients with certain criminal convictions and there are complexities of accessing facilities and treatment interstate a person is on a Court Order. Treatment interstate cannot occur under existing trans-State recognition processes at the Community Corrections level.

There are three drug and alcohol counsellors in Broken Hill - one at Maari Ma Aboriginal Health Corporation, one at MERIT (when available) and one at the Royal Flying Doctor Service. The working group voiced concern that that these counselling services are insufficient and not adequate for an addicted person who requires full-time detoxification and rehabilitation. One worker noted that the ongoing difficulty of attracting appropriate qualified professionals to the Far West of NSW and that, in some instances, people with lesser qualifications are providing services.

Some community members have reported that being sent to jail is treated by some addicts as a form of detoxification.

The impact of the lack of proper detoxification and rehabilitation facilities on families was particularly noted.

Item 2

See answer to Item 1 above.

Item 3

The Working Group is currently approaching service providers who may be able to provide rehabilitation and detoxification.

Item 4

The Working Group was pleased to note the commitment by the Mayor Broken Hill City Council is open to work with any rehabilitation provider looking to establish such a facility in Broken Hill. As Broken Hill does not have an NGO at present willing to provide this facility the Working Group cannot comment further on the issue of registration and accreditation.

Item 5

The Working Group noted that the costs to access some services, particularly private services, was prohibitive. One community member noted that to send her son to rehabilitation that she was quoted \$40,000.00 to \$58,000.00. On top of this, the family would have to travel to and from the rehabilitation service in Sydney (plus accommodation) which was too prohibitive.

Other issues raised by the Working Group included:

- The cost of treatment can have a dramatic impact on the economic sustainability of the family if the client is the income earner or reliant on Centrelink payments to survive. The loss of money to the client and family if the client does not complete rehabilitation - the money is rarely returned to the payee and that this can cause a substantial impost on the payee.

A government funded service to meet the needs of an area with significant socio-economic disadvantage like the Far West of NSW would be preferred.

Item 6

It was the common experience across the Working Group that the average wait for rehabilitation places was three to six months. It was a common experience among clients and users of such facilities to report contacting such providers and then not receiving

returned calls, or, being told that they must call weekly to remain on the waiting list. This is a difficult commitment for an addicted person to make.

Item 7

As mentioned above, it is a pre-condition of most services that they will not take clients direct from correctional facilities. Further, most services will not take individuals with certain criminal offences in their backgrounds. Such limitations make it difficult for addicts with these markers to access services. The Working Group noted that addiction often leads to participation in the offences that would now exclude them from in a rehabilitation environment.

It was also noted that there can be different requirements for male and female facilities. The lack of facilities for women to take their babies was noted and was considered to have a disproportionate impact on the Aboriginal community.. This can mean that such women must leave their children in respite care and leaves them at risk of having their children removed by Department of Family and Community Services.

A further barrier was noted that those who wish to access rehabilitation services may have their access to public housing curtailed in that they would lose their public housing if it were left vacant over certain periods of time.

Item 8

The Working Group had not come across situations requiring mandatory detoxification programs for those who self-harm or those who are subject to an AVO. There are no services in Broken Hill for detoxification.

Item 9

The geographical isolation of Broken Hill is a major factor in the ability to access services in a timely manner. Services for young people under the age of 18, non-Aboriginal clients and female Aboriginals were identified as clients most at risk of not being able to access services.

The geographical distance of rehabilitation services from Broken Hill and from families and the cost associated with travel and accommodation to families for clients accessing these services were identified as significant barriers for participation for clients with addiction.

The need for an initial detoxification service/unit was identified. As a town that borders South Australia and has clients from Victoria, the lack of mutual recognition or transference of Court or Corrections orders was considered a major inhibitor to accessing services.

The need to identify drug addiction in a holistic manner was also identified. In particular, services for mental health were discussed and were largely considered inadequate in Broken Hill. Anecdotally, some services, including some private providers, would not treat those with comorbidity issues. The support of General Practitioners (GPs) and better trained GPs in the regional and remote areas of the State was also identified as an issue.

Improved education in secondary schools was also identified as a significant factor in keeping young people away from drugs.

Aboriginal members of the group also identified the lack of cultural awareness and empathy towards Aboriginal clients as an issue and the need for funding in this area and that

there are no rehabilitation services 'on country' which is an important cultural consideration considering this disadvantaged group in the community.

Item 10

The Working Group discussed the difficulties in attracting appropriately qualified people to the Far West of NSW. One health provider advised that less qualified entrants were sometimes eventually appointed as properly qualified individuals simply did not apply for positions. The Group was concerned regarding the longer term outcomes on clients if services were providing care with staff who have received minimal training or have had limited practice in this space. outcomes for addicts.

Item 11

The Working Group could not comment on successful/unsuccessful outcomes for rehabilitation services given the lack of same in our area. However, law enforcement agencies identified proper ASCO testing of drug use during rehabilitation successful.

A proper commitment by those addicted by drugs to rehabilitation was considered the key to successful outcomes. However, most in the Working Group with experience indicated that successful outcomes in rehabilitation often took some months and the geographical isolation from such facilities from the Far West was recognised as a factor which would lead to clients exiting such services earlier.

Another inhibitor identified by the Working Party was that those who had been Court-ordered to attend were sometimes treated with scepticism by some service providers which was not helpful.

Services that integrated family counselling were considered of benefit as they too dealt with the issue of addiction of loved ones.

Proper provision of mental health services and counselling were identified as an issue.

Ongoing support and access to programs designed to assist clients to reintegrate into the community post detoxification and rehabilitation was regarded by the Working Group as essential to a successful outcome. The observation was made that many clients in Broken Hill who have successfully undergone a rehabilitation program are released back into a community with the same peer pressure or significant drug debts to pay off - possibly leading to further offending behaviour.

With Aboriginal communities, consent by local Land Councils was highlighted as an issue to access Aboriginal lands for post-rehabilitation cultural assistance and support.

Item 12

Government funding was identified as the major threat to existing rehabilitation services. Whilst there may be a focus on law and order campaigns, little money is given to preventative services such as rehabilitation services.

As discussed, the ability to find suitably qualified staff was considered a threat to existing rehabilitation services.

Item 13

The Working Group were perplexed at the nomination of naltrexone as a preventative measure for drug use as it is our understanding that it is only used for treating alcoholism. Serboxone provided through the Broken Hill Hospital was identified as an alternative but it was noted that if a positive urine test (common in polydrug users) was identified during Serboxone treatment, then access to the program was removed with no other supports available.

Again, a holistic approach to treating addiction was raised. Mental health services need to be bolstered with specifically qualified people who can adequately treat drug addiction issues.

Partnerships between rehabilitation providers and employers or proper vocational education during or at the end of the rehabilitation service would also be of assistance as this would keep those in recovery busy and establish goals/routines that would be of benefit to them.

Item 14

The Working Group identified that this is a serious issue in Broken Hill and the Far West of NSW. Health providers, law and law enforcement representatives and community members have anecdotally identified the proportion of drug use in the Far West as very high. Resources and funding for a rehabilitation centre is strongly supported by this community.

We invite the Committee to come to Broken Hill to hear from us further