

**Submission
No 15**

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

Organisation: Mission Australia

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A close-up photograph of a young man with light-colored eyes and a slight stubble, wearing a grey hooded sweatshirt. He is looking off to the right with a serious, contemplative expression. The background is blurred, showing what appears to be a red and white striped railing.

**MISSION
AUSTRALIA**

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

Submission

Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW

About Mission Australia

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, client-centred community services. In the 2016-17 financial year we supported over 140,000 people through 470 programs and services. We work with families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and drug issues. We deliver alcohol and drug services in most States and Territories and assisted about 12,000 clients through our 23 alcohol and drug services in 2016-17.

Introduction

Mission Australia welcomes the opportunity to provide input into the inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW. This submission is based on the combination of direct service experience in the provision of drug and alcohol services in NSW and elsewhere, supported by our research.

According to research, the proportion of those who recently used an illicit drug varies across regions. However, a higher proportion of people in outer regional areas and remote and very remote areas had used an illicit drug compared to people in major cities or inner regional areas.¹ People living in remote and very remote areas were twice as likely as people in major cities to have recently used meth/amphetamines, but less likely to have used ecstasy compared with those from major cities.² Similarly, cannabis use and the use of pharmaceuticals (not for medical purposes) are higher in remote/very remote areas than in major cities.³ These statistics demonstrate the need to invest in more drug rehabilitation services, early intervention, detoxification facilities and aftercare supports in regional, rural and remote NSW.

Mission Australia also conducts an annual youth survey targeting young people aged 15-19 years. Based on the feedback, we produce a number of reports throughout the year. Mission Australia's *Youth Survey*

¹ Major Cities (14.9%), Inner Regional (14.1%), Outer Regional (16.7%) and Remote/Very Remote areas (18.7%), National Rural Health Alliance, Illicit drug use in rural Australia, Fact sheet 33, June 2015, Canberra: NRHA, accessible at: <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-illicit-drugs-0615.pdf>

² Ibid

³ Ibid

2014⁴ respondents were asked to indicate their level of concern about 12 topical issues over the past year including alcohol and drugs (AOD). The data indicated that the proportion of young people highly concerned about *alcohol* and *drugs* increased considerably after 18 years, from around one in twenty for those aged 15-17 to nearly one in five expressing concern about these issues by age 19.⁵ Those who expressed a high level of concern about alcohol and drugs also reported heightened concern across all listed issues, in particular *coping with stress* (67.4%), *bullying and emotional abuse* (65.2%), *school or study problems* (63.1%) and *suicide* (62.1%).⁶ Thus, it is clear that the responses to drug and alcohol related concerns should be holistic to ensure young people are adequately supported through their journey to recovery.

Mission Australia's recent *Concepts of Community* report based on the *Youth Survey 2016* data showed that young people in low socio-economic areas had more concerns about drug and alcohol use in their communities and these are often in regional areas. This higher concern may be because they are aware of what is going on in the wider community and alcohol and drug issues may have more of a personal impact for those young people than those living in more urban areas.

In the *Youth Survey 2017* released this week, young people identified *mental health* (33.7%) *alcohol and drugs* (32.0%) and *equity and discrimination* (27.3%) as the most important issues in Australia today. Young people in regional areas identified *alcohol and drugs* as a top issue of national concern in much higher rates than young people in major cities (36.9% compared with 29.5%) demonstrating the impact of alcohol and drugs on the communities in which they live.

We need to ensure that people who have a substance misuse issue have access to appropriate treatment at the time that they need it. Mission Australia runs a number of facilities for young people that can address alcohol or drug addiction in regional New South Wales, including the Triple Care Farm rehabilitation centre, David Martin Place detox facility and Junaa Buwa and Mac River rehabilitation facilities.

⁴ Mission Australia, Youth Concerns about Drug and Alcohol, 2014, accessible at: <https://www.missionaustralia.com.au/publications/research/young-people/379-youth-concerns-about-drugs-and-alcohol/file>

⁵ Ibid

⁶ Ibid p.3

Recommendations

- Detoxification and rehabilitation facilities need to be expanded so that they can be accessed close to where people live, when they need them. This includes increased investment in regional, rural and remote NSW.
- Further investment is also required to increase early intervention supports and outreach services in rural, remote and regional areas targeting people who are most vulnerable or with a high possibility of exposure to drugs and other illicit substances.
- Rehabilitation services need to be affordable and holistic and provide adequate aftercare supports. Wrap-around supports should include links to mental health supports, education and employment, housing and other community services.
- Targeted supports and services should be provided to Aboriginal and Torres Strait Islander people in regional, rural and remote areas. Where possible, these services should be delivered by Aboriginal and Torres Strait Islander people and organisations.
- Youth specific detoxification and rehabilitation facilities should be made available to increase young people's chances of successful recovery.
- Workforce development planning should be considered where it is difficult to recruit and retain suitably qualified staff in rural and remote areas.
- Measures should be adopted to address broad socio-economic factors that increase the risk of drug use including poverty, unemployment, homelessness, racism as well as structural discrimination faced by people from lower socio-economic backgrounds.

Rehabilitation services for those with amphetamine and methamphetamine ('ice') addictions

Ice is universally recognised as a serious and growing problem with wide-reaching ramifications for the individual ice user, their family and the broader community. Most Mission Australia services note increasing presentation of ice use amongst client groups in the last few years. The aggressive and violent behaviours and desperate presentations are particularly concerning to staff as are the flow on effects to homelessness, crime and family estrangement.

The impact on family members who bear the burden of care or whose parenting is compromised by addiction is also concerning as are the impacts for the community more broadly where the links between drugs, crime and safety become evident. The starkness of the impacts of ice use in rural and regional areas was also noted with less service capacity despite high usage rates.

Only a limited number of services are available in rural, remote and regional areas. These key services are being stretched by the resource intensiveness of supporting ice users who increase the need for safety precautions and require longer-term and more persistent engagement. Thus, greater investment is needed to increase staff capacity as well as to allow early intervention through continued outreach and casework support to vulnerable clients in these areas.

There is a need for both detoxification and rehabilitation facilities to be available for all age groups in rural and remote areas. While services can attest to the rising prevalence of ice among young people, there are few facilities specifically catering for young people's needs. The detoxification process can be an extremely painful and traumatic process. Unsupervised or poorly managed withdrawal management can result in severe and life-threatening complications, particularly if the individual is a long-term user or if large doses of the drugs were used on a regular basis. People wishing to overcome their drug dependencies should have access to appropriately trained medical professionals to monitor the treatment irrespective of a person's place of residence. While the physical symptoms of withdrawal tend to take precedence in treatment settings, the psychological and social needs of the client should also be addressed throughout withdrawal management.

Residential rehabilitation services have been identified as particularly effective avenues for treatment and support. In order for the rehabilitation services to be effective, it has been recommended that at minimum 90 days of rehabilitation with 24 hour care is provided, followed up by a 9 month after care program.⁷ However, due to funding and resource paucity, a large number of services are unable to provide long-term aftercare.

In addition to providing the necessary opportunities for recovery for ice users, governments at all levels should provide support to families who bear much of the burden, but also have a strong role to play in supporting recovery. Efforts should also be made to promote research and awareness that facilitates greater workforce development around dealing with the complex needs of ice users.

Cost to patients/clients and the waiting lists and waiting times for gaining entry into services

There are vast differences in terms of cost to attend rehabilitation services depending on whether the service is privately funded or government subsidised. The private services and facilities, particularly the resident facilities can be expensive to the point of being exclusionary for people on low incomes as the costs can vary from \$5,000 to \$60,000 depending on the duration, service location and supports available.⁸

⁷ J. Oppy, *Ice addiction. Family. Recovery: When hell freezes over*, Chapter 23, Treatment and Recovery, Victoria, 2017.

⁸ Addiction Centre, Cost of Drug and Alcohol Rehab, accessible at: <https://www.addictioncenter.com/rehab-questions/cost-of-drug-and-alcohol-treatment/>

There are some providers, particularly not for profit providers who charge only a nominal sum or provide the services free of charge.⁹ While moderate fees can be acceptable for some individuals, it may not be a viable option for others. For instance, people with families or other dependants may not be able to spend a significant portion of the social security payments for long periods of time or risk losing employment. Other people may still need to pay the rent to maintain their accommodation while they attend detoxification or rehabilitation services, leaving them with limited financial capacity for other recurring expenses while they receive residential rehabilitation or detoxification supports.

Mission Australia facilities such as Junaa Buwa! and MacRiver aim to minimise the cost of services to clients by limiting the charges to their Commonwealth Rent Assistance and other service expenses generated by the client. This leaves clients with some form of income from other social security payments to manage their expenses.

Triple Care Farm charges \$140 as an admission fee and then \$150 per week of the program. The admission fee is paid the day that the young person arrives at the program. If the young person is on Centrelink, these costs are reduced. The waiting periods vary for rehabilitation services, however, some reports indicate that a person may be on a waiting list up to about 6 months to access a rehabilitation facility.¹⁰ Junaa Buwa! has completed an internal quality improvement study to expedite new client entry to rehabilitation which has seen a 30% decrease in time delays between receipt of assessment and formal acceptance. This study also acknowledged that delays still exist where a client requires a medically supervised detoxification service as there is a lack of detoxification services in Northern NSW.

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

Access to services and availability of supports

Access to alcohol and drug rehabilitation facilities is limited in remote, regional and rural areas. Even when people go to metropolitan areas for the detoxification process, they may not have access to a rehabilitation facility in rural areas. This coupled with limited access to continuous follow up and aftercare supports delivered through trained staff in rural, remote and regional areas, increases the risk of relapse for those who have invested in going through a detoxification process.

In some cases rural and regional rehabilitation services have been forced to close due to funding changes. At the end of this year, Bega region will lose funding for the Wandarma Drug and Alcohol Service, which leaves Bega Valley with one Community Health Drug and Alcohol service to cover a

⁹ Ibid

¹⁰ Kimberly Gillian, The Cost of Quitting Ice, News.com.au, 2 February 2016, accessible at: <http://www.news.com.au/lifestyle/health/health-problems/the-exorbitant-cost-of-quitting-ice/news-story/c27f2ea5c846c3871f10dab7f8736349>

substantial geographic area. Mission Australia services in these areas have raised concerns about people who have undergone detoxification at local hospitals having to wait for weeks, and in some cases months, to attend rehabilitation facilities. The lack of access to appropriate services at the right time or having to travel a long distance to receive these services can result in people not pursuing detox or rehabilitation supports. This often leads people on recovery to relapse and disengage from services.

Mission Australia welcomes the investment of \$197 million towards drug and alcohol services including prevention and harm reduction programs across NSW.¹¹ However, the demand for services, necessary infrastructure and need for community engagement still needs further investment. Thus, a boost of funding targeted towards areas in need, particularly the rural, remote and regional areas will ensure that people with drug dependencies receive adequate supports to overcome their substance misuse issues.

Both detoxification and rehabilitation services are required. There is a significant amount of evidence and reports that indicate self-detoxification without professional medical supervision is unsafe and may have life threatening consequences.¹² For people who are drug or alcohol dependent the decision to go through a detoxification process is difficult, and the lack of access to services when people are prepared to make a change in their lives may have adverse effects where people revert back to their old habits. Therefore, it is necessary to invest in facilities in rural, regional and remote areas to ensure that people have access to detoxification and rehabilitation facilities as well as early intervention and other supports.

There also needs to be recognition that overcoming addiction is a long-term process and people may relapse and need to access services on multiple occasions on their journey to recovery. The supports also need to be portable to ensure people receive supports away from triggers and negative influences when they are trying to overcome addiction.

Co-morbid needs

It is generally accepted that people with mental health issues are particularly vulnerable to alcohol and drug dependencies and those with alcohol and drug dependency issues are also particularly vulnerable to mental health issues. There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance abuse are both feasible and effective.¹³ Therefore, it is imperative that there is better recognition of co-morbidity and coordination between services, particularly mental health and alcohol and drug rehabilitation services.

¹¹ NSW Department of Health, NSW Drug Package - NSW Budget 2016-17, accessible at:

<http://www.health.nsw.gov.au/about/budget/Pages/drugs.aspx>

¹² See further: Elements Behaviour Health, *Dangerous Detox: Doing It At Home Could Be Deadly*, accessible at:

<https://www.elementsbehavioralhealth.com/featured/dangerous-detox-at-home/> and Dual Diagnosis, *What Are the Risks of At-Home Detox?* Accessible at: <http://www.dualdiagnosis.org/addiction-treatment/at-home-detox/>

¹³ M. Deady, M. Teeson, K. Mills, et al, One person, diverse needs: living with mental health and alcohol and drug difficulties, A review of best practice, Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013.

Holistic Supports

A holistic approach to recovery which addresses the underlying issues promoting substance misuse is also a necessary component of turning lives around. Evidence suggests that holistic approaches to AOD related issues deliver more positive outcomes, as opposed to siloed approaches to address AOD related supports.¹⁴ Mission Australia's integrated approach to service delivery includes, housing and early learning services, community engagement, mental health supports and employment. This provides an opportunity for people to access the right supports and services at the earliest point in time.

Aboriginal and Torres Strait Islander people in regional, rural and remote areas

Reports indicate that compared to the general population, Aboriginal and Torres Strait Islander people were 1.5 times more likely to have used meth/amphetamines.¹⁵ Mission Australia's *2017 Youth Survey* found that Aboriginal and Torres Strait Islander young people were more likely to be highly concerned about both alcohol and drugs than non-Aboriginal or Torres Strait Islander young people (13.9% were concerned about alcohol and 16.6% were concerned about drugs). Aboriginal and Torres Strait Islander young people also reported *alcohol and drugs* as a national concern in much higher proportions than non-Aboriginal or Torres Strait Islander young people (41.0% compared with 31.5%).

Drug and alcohol interventions for the mainstream population have been found to be less effective for Aboriginal and Torres Strait Islander people, as these interventions may not have been delivered in a way that was appropriate to this population.¹⁶ This issue may be addressed through the development of culturally appropriate adaptations of mainstream drug and alcohol treatments and services, or through interventions which are managed and controlled by Aboriginal and Torres Strait Islanders.

Treatments and services need to provide a flexible, open and culturally sensitive environment, utilise evidence-based practices, involve family and community within individual treatment plans, allow Aboriginal and Torres Strait Islanders ownership of solutions and self-determination, and provide integrated services and partnerships between relevant services throughout treatment.¹⁷

Practice examples

Mission Australia manages a number of successful detoxification and rehabilitation services in regional New South Wales. These include services for those aged 13-18 who are in contact with the juvenile justice system, and those up to the age of 25 who are in need of a youth friendly environment and a holistic approach to their care. A core part of these successful services is effective after care when the young person exits residential rehabilitation. Without these follow up services the risk of relapse would be substantial.

¹⁴ Samuel Obembe, *Practical Skills and Clinical Management of Alcoholism and Drug Addiction*, 2012, p.3.

¹⁵ Australian Health and Welfare Institute, *Australia's health 2016, Illicit Drug Use in Australia*, 2016, p.12.

¹⁶ National Indigenous Drug and Alcohol Committee [NIDAC], *Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples*, Australian National Council on Drugs, ACT, June 2014.

¹⁷ Ibid.

Triple Care Farm

Triple Care Farm (TCF) is a residential Alcohol and Other Drugs (AOD) rehabilitation and treatment program for young people aged between 16 and 24 years located on 110 acres in the NSW Southern Highlands.

TCF offers five distinct programs - a residential living skills program, counselling and case management program, vocational training education program, a creative arts program, and sport and recreation program. Upon completion of these components the students are provided with the *Stepping Out* aftercare program which supports students for up to six months in the community.

Outcomes include an observed reduction in substance use, increased quality of life, increased participation in employment, education and training, improved stability in housing, and improved psychological health. The after-care program further helps to reduce the risk of relapse.

Awards won by TCF include;

- Australian and New Zealand Mental Health Services Conference Achievement award for excellence in services for children, infants and adolescents in 2010
- National Drug and Alcohol Award for Excellence in Services for Young People in 2009

Triple Care Farm is funded by the Commonwealth Government and the Sir David Martin Foundation.

Case Study

Toby is a young person who was seeking rehabilitation at Triple Care Farm (TCF). He had experiences of family violence and worried about his mother. His motivation to attend TCF was to be able to help his mother after he received necessary supports to overcome his drug dependencies.

Toby participated in the Art Therapy program that links Creative Arts Vocational Education (CAVE) with the Clinical Program providing a non-verbal, tactile and visual alternative to the traditional talking therapies offered at TCF. Toby found that he could be himself and found that it was easier to express himself through his art.

Before he came to TCF he was apprehensive about the types of supports he would be receiving and how he would fit in. Toby left TCF more confident and thankful to the staff who supported him on his journey to overcome addiction.

David Martin Place Detox Facility

In June 2017 Mission Australia officially opened David Martin Place Detox Facility for young people aged

16 to 24 within the same location as TCF.

The detox facility provides:

- Accommodation for 10 young people,
- A substance withdrawal and detoxification program that integrates a medical and therapeutic model for up to 28 days,
- Engagement in long-term treatment and care for substance use,
- An aftercare community program,
- Group and individual counselling,
- Outreach and education programs,
- Comprehensive individual bio-psychological assessment and treatment plans,
- Education and support to families and carers, allowing family and support networks to work with the young person during their journey to overcoming addiction, and
- Flexible service models tailored to the individual client needs.

Junaa Buwa! Centre for Youth Wellbeing and MAC River

Junaa Buwa! and MacRiver are Mission Australia's residential rehabilitation centres for young people who have entered, or are at risk of entering, the juvenile justice system and have a history of alcohol and other drug use. Funded by NSW Department of Justice, they offer residential and outreach services as well as educational and living skills training and aftercare support. The services cater for young people aged 13-18 years in New South Wales with Junaa Buwa! located in Coffs Harbour and MacRiver in Dubbo. Young people undertake residential rehabilitation for 12 weeks which is followed by 12 weeks after care support. The services take a holistic approach including case management addressing mental, physical, social and inter- and intra- personal challenges. More than 80% of clients are Aboriginal young people. The Junaa Buwa! AOD Outreach Program was established in 2012 and targets 13 to 18 year olds at more than eight local high schools.

Case Study

Max* is an Aboriginal young person from Maitland NSW who is now supporting young people with their journey to recovery. Max was incarcerated for 12 months in 2013 and prior to that he was homeless and was couch-surfing.

After his release from juvenile detention, he decided to go through a detoxification and rehabilitation process. After he went through the detoxification process, he was referred to Mission Australia's Mac River rehabilitation centre. Following the successful completion of the rehabilitation, he was supported

with housing and long-term accommodation brokerage, counselling and support coordination, life skills, and access to a range of medical services.

Max completed a Diploma of Community Services, has not used alcohol or drugs and maintains his tenancy. He has been successful in obtaining employment as a detox worker at a well-known facility in the inner city. He has also rebuilt his relationship with his mother and sister. Max has also been able to do extra work on TV programs such as 'Black Comedy' and 'Cleverman' which provided him with opportunities to connect with his culture and community. He has demonstrated his ability to use learnings from his past experiences to help other young people in similar situations.

*Name has been changed to protect the individual's identity.

Case study

Jade* is a 23 years old young person who grew up in remote NSW. She was an illicit drug user from the age of 15. When she was 21 she was addicted to ice. Her drug issues resulted in increasing family conflict and losing employment. After a number of interventions by her mother and sister, Jade decided to commence her detoxification process.

She was admitted to a detoxification facility attached to a hospital in Canberra. She stated:

"I was left in a room with no one to speak with, I couldn't sit up, and there was only a bed and a chair. I couldn't see out of the room – it was like a jail. You had to get up to get your own food which is difficult when you're 'coming down'. I phoned mum crying every night of the three days I was there."

Jade felt her challenges were exacerbated by the fact that the others at the facility were much older compared to her and that she was the only female receiving AOD supports. As she found the experience too isolating and hard to cope with, she left the detox facility after 3 days. She then went through the detoxification process at home as there were no other facilities available in her area. After this, she started her rehabilitation process at TCF.

She stated that she would not have lost her job and not had the conflicts with her family and friends if she had had access to youth specific detoxification facilities that understood the needs of individuals.

After graduating from Triple Care Farm, Jade plans to move to Canberra with her sister and start a career in child care.

*Name has been changed to protect the individual's identity.

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

The difficulty of attracting, recruiting and retaining suitably qualified staff in rural and remote areas also impacts on the availability of services. The common challenges that organisations face when trying to recruit and retain staff in hard-to-fill roles include, low interest or even no response to job advertisements, a reliance on people needing to relocate to take up critical roles, lack of educational institutions supplying graduates with the required qualifications, private and public sector organisations offering more attractive remuneration or conditions and prospective candidates being unfamiliar with the regional and rural area in which the organisation is located.¹⁸

The National Alcohol and other Drug Workforce Development Strategy 2015–2018 highlights that recruitment and retention strategies should be based on consideration of these demographic characteristics and refined as more detailed information becomes available.¹⁹ Effective strategies are particularly important in rural and remote areas and for medical and nursing staff.²⁰

Aboriginal and Torres Strait Islander AOD workers play an important role in preventing and responding to AOD-related harm among this population, and are critically important in the context of the National Alcohol and other Drug Workforce Development Strategy (NADWFDS).²¹ Aboriginal and Torres Strait Islander AOD workers are usually employed in comparatively low status, lower paid positions such as Health Workers or community workers.²² The disadvantages are further exacerbated by a range of other stressors including heavy workloads, challenges of isolation when working in remote areas and dealing with clients with complex co-morbidities and health and social issues.²³ More effort is required to develop this workforce and overcome barriers to recruitment and progression.

It is imperative that current employees in medical and community sectors are incentivised to remain in rural, regional and remote areas. Upskilling and reskilling those who are or have been engaged in drug rehabilitation related services will also address the staff shortage issues to a certain degree. Providing incentives and subsidised courses to train people who were successful in overcoming their drug related issues will result in creating a workforce that understands and is empathetic towards people who are struggling to recover from addictions.

¹⁸ Department of Planning and Community Development Vic, *Community Sector Attracting and retaining staff in rural and regional Victoria*, Victoria, 2010, p. 4.

¹⁹ Intergovernmental Policy on Drugs, National Alcohol and other Drug Workforce Development Strategy 2015–2018: A Sub-strategy of the National Drug Strategy 2010–15, p. 14 accessible at:

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/naodwds2015-18>

²⁰ Ibid

²¹ Intergovernmental Policy on Drugs, National Alcohol and other Drug Workforce Development Strategy 2015–2018: A Sub-strategy of the National Drug Strategy 2010–15, p. 8 accessible at:

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/naodwds2015-18>

²² Ibid

²³ Ibid

Evidence of rehabilitation services with successful or unsuccessful outcomes

In 2015 Social Ventures Australia conducted a *Baseline Social Return on Investment (SROI)* analysis of Triple Care Farm (TCF).²⁴ The analysis highlights that between 2009 and 2013 TCF provided treatment and care to 370 young people and in total TCF's activities generated approximately \$39.5M in value for its stakeholders across a range of outcomes. The analysis further stated that, when the total investment in TCF between 2009 and 2013 is compared to the total social and economic value created, for every \$1 invested into TCF, approximately \$3 of value was created.

The analysis identified 5 critical elements of the TFC design that attributed to the success of the services delivered.²⁵ These include:

- **A holistic model of care** – TCF recognises that to overcome AOD misuse and co-occurring mental illness, young people require care that can address the range of issues they face. By providing treatment that includes counselling, medical care, case management, educational / vocational training and living skills young people experience changes across a spectrum of life domains
- **An individualised approach** – Within this holistic treatment model TCF delivers a highly individualised program. Staff work with each young person to understand their specific needs and to help them progress towards achieving their own life goals. This approach empowers young people to take responsibility for their own lives, but gives them the support and tools they need to do so
- **On-going support** – TCF's aftercare program provides essential on-going support to young people as they transition into their new lives. Going home can be a daunting time for young people who often find familiar circumstances and influences despite their new outlook and goals. Aftercare helps young people and their families navigate these challenges and realise long-term improvements in their lives
- **A commitment to continuous improvement** – TCF has demonstrated a willingness to critically review its activities and regularly assess itself against best-practice. As a result the program continues to evolve to create better outcomes for young people. TCF's commitment to sharing this experience is contributing towards increasing both the number, and effectiveness, of youth based AOD services
- **Experienced and dedicated staff** – TCF's success is a strong reflection of the quality of its management and staff. Young people and their families consistently highlighted the dedication and professionalism of the program's staff as one of its core strengths. By investing in

²⁴ Social Ventures Australia, *Social Return on Investment (SROI) analysis of Triple Care Farm*, May 2015, accessible at: <https://www.missionaustralia.com.au/publications/research/young-people-research/382-triple-care-farm-baseline-social-return-on-investment-analysis>

²⁵ Ibid, pp 46-48.

professional development, TCF has built a team that is highly experienced and possesses significant expertise on youth related AOD issues

David Martin Place now provides a complementary detoxification facility to Triple Care Farm's rehabilitation service offering relevant supports to young people when they need them. Considering the positive community and financial outcomes, similar models or approaches should be replicated across NSW.

Conclusion

There remains an unmet need for detoxification and rehabilitation services in regional and remote areas of New South Wales that are accessible, and appropriate to achieve the best outcomes. They should be tailored to the needs of various clients such as young people and Aboriginal and Torres Strait Islander people and should provide sufficient aftercare supports.

Early intervention, education and community engagement are also critical aspects of drug rehabilitation and thus, require further investment. Service design and development should be evidence based and should be developed in consultation with people in these areas. It is also vital to address other broader structural issues such as poverty, housing and homelessness, mental health, discrimination and racism that are drivers of drug and alcohol use.