Submission No 24

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

Organisation: Aboriginal Health & Medical Research Council of NSW and NSW Aboriginal Residential Healing and Drug Alcohol Network

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

Submission by the

NSW Aboriginal Residential Healing and Drug and Alcohol Network (NARHDAN)

And the

Aboriginal Health & Medical Research Council of NSW

(AH&MRC)

Supported by the NSW Ministry of Health

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Executive Summary

The NSW Aboriginal Residential Healing Drug & Alcohol Network (NARHDAN) and the Aboriginal Health & Medical Research Council of NSW (AH&MRC) welcome the opportunity to have input into the *Inquiry into the provision of drug rehabilitation services* in *regional rural and remote New South Wales*.

More Aboriginal people live in NSW than in any other Australian state or territory. In 2011, an estimated 172,621 Aboriginal people were living in NSW, representing 2.5% of the total population and 31.5% of the total Aboriginal and Torres Strait Islander population across Australia (Australian Bureau of Statistics, 2011). Aboriginal people continue to be overrepresented in drug and alcohol data by at least 2x the non Aboriginal population (Gray et al 2014). Aboriginal people are a priority population of the *National Drug and Alcohol Strategy* (2017 – 2026) and the NSW Drug and Alcohol Action Plan (2006 – 2010), and Aboriginal people are overrepresented in the priority populations of the National Ice Action Plan. The underlying range of causal, cultural and socio economic factors means that addressing Aboriginal alcohol and other drug misuse is complex and has deep historical, social, cultural and economic roots (NIDAC, Locally designed and operated Indigenous community models, p 1).

In 2016 – 2017 Budget, the NSW Government announced the NSW Drug Package, which was an investment of $197 million in drug and alcohol services over several years. Although Aboriginal people are a priority population across all relevant NSW Government strategies, and Aboriginal people are significantly and continuously over represented in drug and alcohol data, the NSW Drug Package failed to focus on the specific needs of NSW Aboriginal communities and Aboriginal services. The funding that has been released to the NGO sector as part of the 2016 – 2017 budget has had little or no impact on Aboriginal residential rehabilitation services, or other Aboriginal organisations providing drug and alcohol programs in NSW. Funding for the Aboriginal Community Controlled Residential Healing programs is currently piecemeal and inadequate to meet high levels of

community need. There are currently significant geographical gaps in availability of cultural appropriate residential services (such as Far West NSW, and greater southern NSW) and for vulnerable populations groups such as Aboriginal women and young people.

Aboriginal community controlled residential healing services provide the most culturally appropriate care for Aboriginal people in NSW because they are based on the principle of Aboriginal self determination. Investing in Aboriginal community controlled services is a priority of the National Aboriginal & Torres Strait Islander People's Drug Strategy (2014 – 2019), as these services are recognised that these services provide the most culturally secure programs (NATSIPDS 2014). NARDHAN and the AH&MRC welcome this Inquiry as an opportunity to increase treatment options for Aboriginal people in NSW by:

- Investing in existing Aboriginal community controlled residential healing services in light of the high levels of need. This includes investment in infrastructure, beds and on site or other locally based detoxification programs.
- Investing in an Aboriginal community controlled residential service for Aboriginal women & young people.
- Providing consistent, adequate and ongoing sources of funding in 3-5 year funding cycles
- Recognising Aboriginal residential rehabilitation services as preferred providers of culturally secure programs for NSW Aboriginal people
- Investing in local communities where Aboriginal residential healing services are based to build the local Aboriginal AOD workforce. Further investment in the Aboriginal drug and alcohol workforce and adequate funding for Aboriginal residential rehabilitation to attract and retain suitable staff.

About the NSW Aboriginal Residential Health Drug & Alcohol Network (NARHDAN)

The NSW Aboriginal Residential Healing Drug & Alcohol Network (NARHDAN) is supported by the Aboriginal Health & Medical Research Council of NSW (AH&MRC) to provide a mechanism for Aboriginal Residential Rehabilitation Managers and CEOs to share information, knowledge and support, and to provide a forum where stakeholders can access the collective knowledge and advice of the group. NARHDAN members are diverse in terms of geographic location, size, client groups and services they provide. All members are based in rural, regional and remote locations in NSW. A key concept that unites NARHDAN members is the focus on Aboriginal Community Control and the principle of Aboriginal self determination. Aboriginal self determination includes the right of Aboriginal communities to self-govern and determine how services are designed and implemented. Aboriginal Community Control is an important determinant of Aboriginal health and wellbeing in itself.

As Aboriginal organisations, NARHDAN members have a unique understanding of the impact of colonisation, racism, drug laws and intergenerational trauma experienced by Aboriginal people and communities and how this relates to substance misuse. Service delivery is trauma informed, client centred and evidence based, and specifically integrates culturally specific practices, including Aboriginal values and a focus on spirituality and social and emotional wellbeing.

About the Aboriginal Health & Medical Research Council of NSW (AH&MRC)

The Aboriginal Health and Medical Research Council NSW (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in New South Wales, and represents the Aboriginal Community Controlled Health Services (ACCHS) that deliver culturally appropriate comprehensive primary and other related health care to their communities, including Aboriginal residential drug and alcohol healing services.

Inquiry Terms of Reference

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

There are 6 members of the NARHDAN network, all located in regional, rural and remote locations. The size of the service, client base and programs provided is diverse, although there is a focus on services for Aboriginal men over 18 years old (see Table 1).

NARHDAN members programs are based on a trauma informed, client centred approach encompassing a flexible care plan that addresses individual needs, and can include the involvement of family and community. Depending on resources and philosophy of the service, programs can include access to life skills/education through TAFE, cognitive behaviour therapy, motivational interviewing, narrative and reality counselling, GP consultations (adult health check), cultural therapy, individual case work and group work. All services also provide some level of follow up work, ranging in a phone follow up only, to a transitional program from 3 – 12 months. Two of six services provide detox services.

Programs are designed to cater to the individual needs of clients and their communities. Services adapt mainstream evidence based practice and integrate culturally specific practices to ensure the cultural safety of their clients. This includes incorporating Aboriginal cultural values, ceremonies, connection to land, family (kinship) and spiritual and healing techniques within the programs.

One of the unique attributes of NARHDAN Members compared to other residential drug and alcohol services is that they are a practical expression of Aboriginal peoples self-determination, reflected in their governance and treatment models. The community-controlled model has been demonstrated to be associated with improved psychological wellbeing and reduced hospitalization rates for Indigenous groups in other countries health care models. Resourcing the Aboriginal community controlled AOD sector is a priority of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy (2015 – 2019) and identified as the most effective way to ensure culturally secure drug and alcohol treatment for Aboriginal and Torres Strait people (Gray et al 2014). NARDHAN members contribute to improving the socioeconomic contexts in which Aboriginal people live by providing employment and educational opportunities for Aboriginal staff.

Table 1: summary of NARHDAN members

Name	Location	Target Group	Beds
Namatjira Haven	Alstonville, Far North Coast	Men, 18 +	14-16
'Ngaimpe' The Glen	Chittaway Bay, Central Coast	Men, 18 +	20 program beds 18 transition beds
Oolong House	Nowra, South Coast/Illawarra	Men, 18 +	21
Orana Haven	Brewarrina, Central North West	Men, 18 +	16 -18
Weigelli Corporation	Cowra, Lower Central West	Men, women & couples, 16 +	18
Maayu Mali	Moree, Central Tablelands	Men & Women, 18 +	18 4 Female 14 male

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

The 2016 National Drug Strategy Household Survey released by the Australian Institute for Health and Welfare (AIHW) reports that Aboriginal & Torres Strait Islander people were 2.2 times as likely to use meth/amphetamines compared to the non Indigenous population (AIHW 2017). However, it is likely that this is an underrepresentation of methamphetamine use, given the small sample size of Aboriginal & Torres Strait Islander people in this survey. NSW service providers anecdotally report that amphetamine and methamphetamine use is a significant issue affecting all Aboriginal communities in NSW, including rural and remote communities. Services are particularly concerned about young Aboriginal people's use.

A trend identified by NARHDAN members is the increase in clients attending their service who are poly drug users, and have identified amphetamine and methamphetamine as

their primary drug of concern (around 80% of clients overall). It is unusual for clients who are only using ice to seek treatment at residential rehabilitation.

NARDHAN members report that their treatment programs for people attending their services for ice use is the same as any other program. It should also be noted that clients also have other complex social, health, legal and economic needs including homelessness, mental health issues, poverty, family violence issues and issues around criminal activity. One NARDHAN member reports that people who are long term heavy methamphetamine users require a longer time to detox, which has an impact on their services' resources. There is also less support available for methamphetamine users post-treatment so lapsing back to harmful use is high.

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;

NSW Aboriginal residential rehabilitation services receive funding from the following sources: NSW Ministry of Health, Prime Minister and Cabinet, Department of Corrective Services, Primary Health Networks, Department of Health, and NSW Health (MERIT). All NSW Aboriginal Community Controlled Aboriginal residential rehabilitation services are not for profit.

Some key issues with having multiple funding sources are:

- High level of reporting to multiple funding agencies. It is well documented that there is an overburden of reporting for Aboriginal community controlled services over all (Dwyer 2009) and it could be argued that this is particularly the case for Aboriginal residential rehabilitation services, because of their multiple funding streams. The overburden of reporting has a significant impact on resource allocation within services.
- NARDHAN members report that there is inconsistency across funding requirements, including some projects running calendar years and others over financial years; dependence on short term projects; multiple reporting dates and multiple tendering submissions due across the year. For small services, this places a large administrative burden on the manager and senior staff, which has the personal impact of preventing ability for positions to take appropriate leave.
- Services are subjected to piecemeal funding that is not ongoing which impacts on recruitment and retainment of experienced staff, sustainability of program delivery and quality of services provided

- Small Aboriginal community controlled residential rehabilitation services are competing with large, well resourced non government agencies who have professional tender writers for both mainstream and Aboriginal specific drug and alcohol funding
- Security of premises is a problem for sustainability for some services where they are leasing premises. Maintaining infrastructure or replacing infrastructure is not funded adequately as there is no depreciation in budgets any more. This is also the case for vehicles and equipment such as computers, servers phones systems and security systems

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

All NSW Aboriginal residential rehabilitation service are accredited within a quality framework, most are certified with ISO or QIC as part of their funding agreements. Most of the members of NARDHAN operate as small individual services, and registration and accreditation places an additional financial and human resource burden on the service for which they are not funded. Registration fees can be up to $25,000 for 3 years, and the service also needs to fund travel and accommodation for reviewers during the accreditation process. NARDHAN members find that the accreditation process is onerous, and not always directly relevant to their service. It is recommended that there is a specific standard for residential rehabilitation services that is designed for small services and accreditation is funded appropriately.

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

Most funding bodies require residential rehabilitation services to charge clients to assist with co-funding treatment. NARDHAN members have a range of policies and procedures to address this, including: set rates (eg on service charges $25 per day); a set proportion of income (eg 65% of weekly income); a scaled amount is charged to ensure the client has a sufficient income to meet personal needs (toiletries, able to continue to financially support family, pay private rent etc). While there are some benefits having clients investing financially in their treatment, NARDHAN members have identified some issues with this strategy, including;

- The overwhelming majority of clients are on benefits, and are unable to pay an up front fee. Some clients have benefits withheld for a number weeks for a variety of reasons, for example if they are recently released from prison.

- It is important that fees are charged on a case by case basis, depending on the individual's financial circumstances. NARDHAN members report they will waive fees if it potentially will mean someone will loose their private rental accommodation or if the financial commitment is a disincentive to begin or complete treatment
- Charging client fees is an inconsistent source of income and shouldn't be seen as a reliable funding stream for services by funding bodies

NARDHAN members recommend that all services in NSW have policies around equity for economically disadvantaged people wishing to seek residential rehabilitation treatment, including the ability to waive upfront fees.

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

NARHDAN members can have waiting lists of up to 8 weeks, depending on the individual service and external influences. A significant issue identified by services is limited access to detox as a major contributor to long waiting times. For example:

- One service reported a waiting time for detox beds in their local area of 3 – 4 weeks, which contributed to their waitlist times
- Some communities have limited to no detox options in local areas - for example local hospitals refusing to detox patients, or only detoxing for alcohol and not other drugs,
- People having to detox in communities 4 hours away, impacting on transport costs and also resulting in clients being lost to treatment
- Limited onsite detox bed capacity funded in NSW Aboriginal residential rehabilitation services
- One service reported that their waiting time for entry is now approximately 7 days, down from around 20 days, with the establishment of onsite detox beds

Other issues impacting on waiting lists are:

- Very high level of demand over limited beds and other resources (such as physical infrastructure, staff, etc)
- Limited availability of beds for young Aboriginal people, and no Aboriginal specific services for Aboriginal women in NSW.

Some solutions to reducing waiting list times proposed by NARDHAN include:

- Onsite detox being funded at residential rehabilitation services
- Detox provided close to the residential rehabilitation service, for example at an Aboriginal Medical Service

- For remote services that do not have access to doctors and chemists, transport services to and from detox should be funded. Funding for more residential rehabilitation beds and infrastructure.

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

All of the residential rehabilitation services have pre-entry conditions, which are determined by the services' boards. Some of the pre-entry conditions include:

- some criminal offences such as serious violence or sex offences and arson
- some services exclude for some medications including anti psychotics, where they do not have the medical skills available to support clients
- people on or methadone
- Some have no funding for men with current court matters or bail applications.
- Self referrals and medical referrals are prioritised.
- As all services are for Aboriginal people, all services will have policies about accepting non Aboriginal clients (eg family/partners).

NARDHAN members recommend that pre entry conditions are developed in consultation with the community where the service is based, particularly if it is a service for Aboriginal people with strong links to the local community.

It is also recommended that there is flexibility around the standard agreement that clients need to be in detox for 7 days before they can enter residential rehabilitation. Detox needs to be part of the service ability as many arrive only partially detoxed, or go into withdrawal on site. Some services are faced with having to expel or not admit due to current use when the aim should be to work with everyone that is wanting help. Historically, services were often dry out centres and many still require this as a community need for safety of the client and family.

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);

NARDHAN and AH&MRC do not support mandatory detoxification programs for clients in community based residential rehabilitation services, as evidence strongly suggests these programs are not effective (Lunze K et al 2016). In NSW there are two services available for involuntary treatment of drugs and alcohol, which are for people who are at risk of serious harm. These services should be considered over community based residential

rehabilitation services for people who self harm, as they have the financial and human resources to support clients with complex mental health needs.

There is also no evidence that mandatory detoxification for clients who are subject to an Apprehended Violence Order will be effective in reducing family violence. Given there is already long wait list and limited access to existing detox beds, mandatory detoxification is likely to increase waiting times for clients who are voluntarily and already motivated to seek treatment.

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

In 2016 – 2017 NSW Budget, the NSW Government announced the NSW Drug Package, which identified providing funding in some of the areas listed below. Although being overrepresented in the AOD data, and having a high level of need, Aboriginal people where not an identified priority population in the package. The funding that has been released to the NGO sector as part of the 2016 – 2017 has had little or no impact on Aboriginal residential rehabilitation services, or Aboriginal communities in NSW. Some of the gaps identified by the NARHDAN members include:

- Lack of Aboriginal specific services for Aboriginal young people. Currently only one of the six Aboriginal community controlled residential healing services provide beds for people 16 – 18 years old. While young Aboriginal people are eligible to participate in the 4 mainstream residential drug and alcohol services for young people, Aboriginal services have a unique understanding the complex cultural and social needs of young Aboriginal people, and can also provide the cultural care that young Aboriginal people may require.
- There is not an Aboriginal specific residential rehabilitation service for women. There are limited services specifically for women in NSW overall, and residential rehabilitation services for women with dependent children was identified as one of the priority areas of the NSW Drug Package. In NSW, two members of NARDHAN accommodate women as well as men, the remaining 4 are for men only. NSW Aboriginal communities and Aboriginal services have been advocating for an increase in investment in residential rehabilitation services for women for many years (Urbis 2010). With the national reduction of services for women escaping family violence, the issue of the sufficient and culturally appropriate services for Aboriginal women is now critical, particularly if they have dependent children.
- All members of NARDHAN are located in regional or remote NSW. Transport to and from their isolated geographical locations is an ongoing issue for clients and

staff of these services. Geographically there are also gaps in Aboriginal services in Central West NSW, Southern NSW and the Broken Hill Region.

- As previously discussed, access to appropriate detoxification programs is an ongoing issue that needs to be addressed.
- Providing services for families. Sometimes parents or the non using partner request participating in their family member's drug and alcohol treatment. For many clients, family involvement is critical for their ongoing support post treatment.
- Post treatment housing and aftercare support. For many clients post treatment support is limited or non existent, potentially resulting in relapse. Affordable and appropriate housing in particular is critical post treatment.
- Addressing other socio and legal issues. As previously mentioned, the overwhelming majority of clients have complex social, economic, legal and health needs in addition to their drug and alcohol treatment needs. Residential rehabilitation services are often expected to address these needs, with limited or non existent funding. For example, many younger clients are in services for driving under the influence of alcohol and are in residential rehabilitation to address alcohol use. However, they may also need support in obtaining identification, accessing driver training, obtaining licences and participating in driver offender programs.

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

NARHDAN members report that it can be difficult to recruit and retain appropriately skilled and qualified staff, and it can take up to 12 months to fill an empty position. Working in the alcohol and other drug sector is challenging and complex work, as can be vulnerable, stressed and require significant emotional investment. Services are often underfunded and poorly resources, and professionally, the workforce may experience similar stigma as the clients seeking treatment (Geedle 2010). Working for an Aboriginal residential rehabilitation service carries some additional challenges, including;

- low salary compared to mainstream services. A study conducted in 2013 (Ella unpublished) found that Aboriginal drug and alcohol workers in non government organisations were the lowest paid in the sector despite a comparable level of responsibility to their government colleagues. This low pay rate of the non government residential rehabilitation workforce does not recognise the

importance of the role of Aboriginal and non health professionals in reducing harms and deaths from drug use. (Geedle 2010)

- All NSW residential rehabilitation services are located in rural and regional NSW. the isolated location of services and lack of housing available for staff is a deterrent
- Aboriginal services require culturally competent staff, preferably Aboriginal people, as well as formally qualified staff, to deliver programs effectively. This mix can be challenging to obtain. NARDHAN members recommend that investment is made into the communities where residential rehabilitation services are located, so that local people have an opportunity for employment and careers.
- There are high expectations on staff, which can cause stress particularly for more inexperienced workers. Aboriginal workers in particular have a diverse and important role, and may be the first point of contact for Aboriginal people seeking help for alcohol and other drug use.
- There are limited career paths for A&OD staff to move up through smaller organisations.

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;

The NARDHAN members have recently worked with the National Drug and Alcohol Research Centre (NDARC) on a project called 'Understanding clients, treatment models and evaluation options for the NSW Aboriginal Residential Healing Drug and alcohol Networks (NARHDAN): a community –based participatory research approach'. The project has led to the development of:

1. A proposed standardised assessment tool which would collect client data in 6 domains, including cultural connectedness
2. A program logic model to define the standardised core treatment components delivery by Aboriginal residential rehabilitation services across NSW
3. The development of a standardised, evidence-based treatment component for follow-up support that could be delivered by NSW Aboriginal residential rehabilitation services
4. A proposed standard evaluation framework for Aboriginal residential rehabilitation services.

Currently, there is little evidence of what constitutes success of a residential rehabilitation service, particularly in an Aboriginal community context which needs to include the cultural and social benefits of treatment. NARHDAN members recognise that recovery

and healing is complex, and successful residential treatment for harmful substance use from an Aboriginal perspective is not limited to continued abstinence. Rather, it is a journey of healing, a re-connection with oneself and things that are important to improving an individual's quality of life, and ability to meet their full potential.

12. Current and potential threats to existing rehabilitation services;

NARDHAN members have identified the following threats to existing Aboriginal community controlled residential rehabilitation services:

- Competing with large NGOs for mainstream and Aboriginal specific funding to
- Lack of funding for service infrastructure and equipment
- Short term funding with high reporting requirements burning out managers. Many non government organisations are moving towards 3 – 5 year funding cycles, this should be the standard for the majority of Aboriginal community controlled residential rehabilitation funding
- Quality frameworks imposed not sustainable in small services adding to staff burn out or staff being taken away from service delivery
- Potential movement towards mandatory treatment, which has been demonstrated to be ineffective
- Continued under-investment in Aboriginal AOD workforce

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

Aboriginal community controlled residential rehabilitations services are experienced at providing innovative services to meet the therapeutic and cultural needs of their clients. Strategies such as engaging local Aboriginal elders and community members in program delivery to provide a cultural and kinship link with clients, embedding cultural events in program delivery, and taking a holistic approach to health and wellbeing are some of the methods that NARDHAN members use to ensure appropriateness of service delivery for clients.

One service has reported that they've received funding to trial a program where the travel and accommodation costs of family members wanting to visit people in treatment are funded.

NARHDAN members have identified fentanyl use as a significant issue over the last several years, and are aware of deaths in the Aboriginal community due to overdoses.

The group would be supportive of more investment in education for clients around naloxone. None of the services are using naltrexone as a treatment strategy.

14. Any other related matters

Some further issues identified by NARDHAN include:

People with issues that result in harmful substance use needing to be in residential services should not be mandated as part of the justice system. Aboriginal residential healing centres are most effective for people who are voluntarily seeking treatment. To address the issue of Aboriginal men in jail is a separate issue, and needs to include examining Australia's drug laws, as well as racism and a range of other issues.

Families of people who are in residential rehabilitation also need assistance, so that they can best support the once treatment is completed. Ideally, aftercare through families should start when the person first enters the healing service.

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