

**Submission
No 21**

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

Organisation: Yfoundations

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Too Few, Too Far

Yfoundations submission to the inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales

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About Yfoundations

For over 30 years Yfoundations has been the NSW peak body on youth homelessness, representing young people at risk of, and experiencing, homelessness, as well as the services that provide direct support to those young people. We give a voice to the youth and those that provide care and services to this vulnerable group.

Our vision: Creating a future without youth homelessness. We believe that all young people have the right to safety and stability, home and place, health and wellness, connectedness and participation, and education and employment (together these are the foundations of our organisation). We know these are the foundations for the prevention of, and pathways out of, homelessness.

Our values underpin all the work we do. We value:

- Young people;
- Justice and human rights;
- Diversity and inclusion;
- Optimism and hope;
- Courage; and
- Integrity.

We know that homelessness is an interrelated issue. It requires a whole of government and service system response. We need to be innovative, collaborative and determined if we are going to end homelessness.





Safety and Stability

It is vital that all young people not only feel safe, but also are actually protected from risk factors that may impede their developmental process. During childhood and adolescence, young people must receive the necessary support to ensure they develop a strong safety system, both internally and within their external networks. A strong and stable foundation will foster confidence and independence within a young person, which will promote active participation in community life.



Home and Place

It is vital that all young people have access to a safe, non-judgemental home and place. A comfortable place that they identify with and feel a strong connection to. A Home and Place should be an environment that promotes growth and fosters positive development.



Health and Wellness

It is vital that all young people, particularly during the formative stages of their growth and development, are physically, socially and emotionally well. To ensure this, young people must have access to all the necessary prerequisites for achieving health and wellness. Being well and feeling healthy, will promote self-worth, and ensure young people feel competent to participate in their communities.



Connections and Participation

It is vital that all young people are given the opportunity to develop and nurture the connections in their lives. Connections to friends, family, community and society promote resilience and social inclusion. Youth people must be listened to and have the opportunity to influence outcomes. Positive connections to and genuine participation in community life during the formative stages of childhood and adolescence enables a young person to build a strong positive foundation and prepares them for adult life.



Education and Employment

It is vital that all young people are given the opportunity to pursue their educational and professional goals. Education and training is crucial to the growth and development of young people. Education and training, including formal tuition and practical life skills, promotes self-confidence and independence and provides young people with the skills and competencies

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Summary

This submission relies on research interviews with youth homelessness services in seven different regional centres, supported by a literature review, to bring to this inquiry the perspective of youth homelessness workers who support young people before and after rehabilitation.

Despite young people's high vulnerability to the harms of drug and alcohol abuse, and the need for youth-focused treatments, the numbers of youth-specific drug rehabilitation services is inadequate to meet the demand. The consequence of this is months-long waiting lists, which mean that young people may no-longer be mentally and emotionally ready to enter treatment by the time there is a space.

Not only are there very few youth-specific drug rehabilitation services across the State, but the majority are in Sydney, and this means that drug and alcohol addicted young people in even major regional centres may have to travel for hours to be admitted. This presents barriers such as the need to obtain transport (as there may be no public transport), the risk of relapse during the journey, the additional stress of being in an unfamiliar environment, and the cultural issues of being in a new community. This last point is especially relevant for Aboriginal young people who may have to move "off-country" to enter a rehabilitation service.

The cost of rehabilitation is a further impediment as it is high enough that a young person cannot maintain a tenancy while in a residential rehabilitation service. Losing a tenancy means homelessness on release and a heightened risk of relapse.

In addition, there are two conditions of admission to rehabilitations services that are problematic: Firstly, in many services there is a requirement that the client be engaged with juvenile justice, this prevents an early intervention approach of helping young people prior to involvement with the justice system. Secondly, young people must have gone through detoxification, but services to assist with this are, like rehabilitation services, lacking in many regional centres.

In the experience of youth homelessness services workers, youth-focussed rehabilitation services should include: effective education and skill building strategies; and strong links with other services especially in capacity information sharing and coordination of support. Many workers expressed doubts about the overall effect of banning smoking in residential rehabilitation services.

Recommendations

Recommendation 1: Government should substantially increase funding to youth-focused rehabilitation services. Funding should be provided in accordance with calculations in the Drug and Alcohol Service Planning Model, taking into account data on the proportion of young people in the population in need of rehabilitation services.

Recommendation 2: Government should provide a fund, available through residential rehabilitation services, to cover rental costs in cases where a client is at risk of homelessness if their existing tenancy is not maintained.

Recommendation 3: Increased funding to youth-focussed rehabilitation should not be restricted to those who are engaged with the justice system.

Recommendation 4: Government should fund the availability of residential detox support services at every rehabilitation support service.

Recommendation 5: The locations of youth-focused rehabilitation services should be planned to minimize travel time, facilitate non-car transport access, and avoid Aboriginal young people having to move “off-country”.

Introduction

Yfoundations welcomes the opportunity to contribute to this inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales. Youth homelessness services will often be providing support and accommodation to a young person both before and after their time in a rehabilitation service. This means that youth homelessness services have unique insights into the barriers to young people entering rehabilitation, and knowledge of the level of success following their release. To bring this perspective and knowledge to the inquiry, Yfoundations conducted research interviews with youth homelessness services in seven different regional centres across the state. Consistently across all services the same issues were raised that relate to the following items from the Terms of Reference for this inquiry:

- 1) The range and types of services including the number of treatment beds currently available
- 5) The cost to patients/clients, including fee structures provided to families, for accessing rehabilitation services
- 6) The waiting lists and waiting times for gaining entry into services
- 7) Any pre-entry conditions for gaining access to rehabilitation services
- 9) The gaps and shortages in the provision of services including geographical, resources and funding
- 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

Based on both the research interviews and a review of the literature, this submission will give detail on the issues under each of these items, and provide recommendations on improving the provision of drug rehabilitation services in regional, rural and remote New South Wales.

The Range and Types of Services Available

Young people are particularly vulnerable to the harms of drug and alcohol abuse due to their higher risk of alcohol-related accident and injury, and to adverse effects on brain development.¹ They also have specific needs of drug rehabilitation services to give them the best chance of success.² In addition, many rehabilitation services have age criteria of sixteen, or eighteen, and above. Even those young people who are within the age criterion may not be taken by adult-focussed rehabilitation services, which can concentrate on older cohorts. Some youth homelessness workers have described never getting a young person into nearby adult-focussed rehabilitation services, despite multiple attempts over many years.

The numbers of youth-specific drug rehabilitation services is severely inadequate to meet the demand. The results of the Drug and Alcohol Service Planning Model show the level of

¹ Centre for Epidemiology and Evidence, NSW Ministry of Health, 'Trends in Alcohol Use and Health-Related Harms in NSW (Report of the Chief Health Officer 2016) 5.

² The Network of Alcohol and other Drugs Agencies, 'Supporting Young People with Alcohol And Other Drug Issues: A Profile Of Non-Government Alcohol And Other Drug Services For Young People In NSW - Version 2' (September 2017).

underfunding nationally,³ and young people make up disproportionate part of the population in need of rehabilitation services.⁴ Outside Sydney there are only four residential rehabilitation services in the state, collectively providing less than forty beds to service the entirety of rural NSW. Given the above described issues of adult-focussed rehabilitation service for young people, the need for substantial increase in youth-focused rehabilitation services is clear.

Recommendation 1: Government should substantially increase funding to youth-focused rehabilitation services. Funding should be provided in accordance with calculations in the Drug and Alcohol Service Planning Model, taking into account data on the proportion of young people in the population in need of rehabilitation services.

The Cost to Clients

Many of the residential rehabilitation services charge fees amounting to around 80% of a young person's welfare entitlements. This can be a substantial problem as it does not leave enough money remaining to maintain a tenancy while in the rehabilitation service. If the young person gives up their tenancy in order to be able to afford the rehabilitation service, then they will likely, given the substantial barriers disadvantaged young people face in finding tenancies,⁵ become homeless. The trauma and disruption of experiencing homelessness then puts them at substantial risk of falling back into addiction.

Some youth homelessness services reported that, where the young person was a tenant in community housing, they have been able to negotiate a reduced rent that enables the tenancy to be maintained, but that this is entirely dependent on the discretion, and resource capacity, of the community housing provider.

Recommendation 2: Government should provide a fund, available through residential rehabilitation services, to cover rental costs in cases where a client is at risk of homelessness if their existing tenancy is not maintained.

Waiting Lists and Times

Youth homelessness services reported that the waiting times they encountered varied, but were usually a number of months. Such waiting periods are a significant barrier to access. All youth homelessness services consulted reported multiple instances of having supported young people to be ready to enter rehabilitation, and then having them no-longer ready by the time they gained a place. This highlights the severe under-funding of youth-focussed rehabilitation services discussed above.

³ Strategic Planning & Evaluation Team, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, 'Drug and Alcohol Service Planning Model: Final Report to the Intergovernmental Committee on Drugs (IGCD) on the Development of a Population Based Planning Tool for Australia' (August 2013).

⁴ The Network of Alcohol and other Drugs Agencies, above n 2.

⁵ Hayley Stone, 'Reducing Young People's Vulnerability to Homelessness Through Tenancy Reform' (Submission, Yfoundations, January 2016).

Pre-Entry Conditions

The criteria for entry into rehabilitation varies with each service, but two conditions were raised as problematic by almost all youth homelessness services interviewed: the requirement to be engaged with the justice system, and the need to undergo detox before entering.

Juvenile Justice

Where rehabilitation services have a criterion of juvenile justice involvement this represents an anti-early-intervention approach. The effect is that where a young person is seeking help early in the course of their addiction troubles, they cannot get the support they need. Only once their addiction has contributed to their involvement in crime and subsequent conviction are they eligible for support. Whilst rehabilitation support for those engaged with the justice system is essential, there must also be services available to young people before they encounter the justice system.

Recommendation 3: Increased funding to youth-focussed rehabilitation should not be restricted to those who are engaged with the justice system.

Detox

A pre-entry condition of being drug free usually means that a young person will need to have undergone detoxification. As with the rehabilitation services there are often substantial problems accessing detox support services. Many regional centres lack any residential services and do not even have specific home detox support programs. This means that a young person attempting to access rehabilitation services must undergo the process of withdrawal with only the non-specialist support of a GP or community health centre. Or they must travel to a detox support service, which will often not be in the same location as the nearest rehabilitation service, thus doubling the transportation difficulties described in the next section.

Youth homelessness workers have told us that, in practice, many young people detox once they are either hospitalised or incarcerated. This is, again, working against the early intervention approach that is needed. It should not be more difficult to detox by seeking help, than to detox by being convicted or being hospitalised for injury or overdose. Since detox is often a condition of entry, residential detox should be available at any rehabilitation support service.

Recommendation 4: Government should fund the availability of residential detox support services at every rehabilitation support service.

Gaps and Shortages in the Provision of Services

As mentioned above there is a substantial shortage of youth-focused rehabilitation support services. However, the problem is not just the lack in the absolute number of beds leading to long waiting times. There is a lack of services in regional centres across NSW, even large regional centres such as Bathurst or Albury have no youth-focused residential rehabilitation services. This geographical gap has three negative effects:

Geographical Gap Requiring Transport Support

A young person in regional NSW who must travel to a distant rehabilitation service faces a number of issues. There are often no public transport options to get to the service. And where the young person is able to have a friend or family member drive them to the service, during the lengthy journey there is a strong risk of relapse. Youth homelessness services workers described instances where young people, having just undergone detox, arrived at the rehabilitation services in a state of relapse and therefore unable to enter the service. Some youth homelessness services described paying youth workers to drive a young person to rehabilitation service hours away despite not being resourced to do this.

Geographical Gap Resulting in Isolation from Support

Once at the rehabilitation service the young person can experience feelings of isolation. The process of rehabilitation can be difficult enough without the added stress of an unfamiliar environment. In addition, it is difficult for the young person to get support. Youth homelessness workers described the frustration of not knowing anything was wrong until the young person is ejected from the rehabilitation service, or chooses to abandon the program. Regular visits by workers having a trusting relationship with the young person, might have picked up and addressed the difficulties they were having, but this is not possible where the rehabilitation services is hours away.

Geographical Gaps Causing Cultural Issues

As well as an unfamiliar environment, there can be cultural problems with being in a new location. In the words of one youth homelessness services worker: "introducing country kids to city AOD environments is problematic and usually counterproductive."

Also, inter-client conflicts at rehabilitations services were often seen by youth homelessness services workers as critical part of young people not completing their rehabilitation. In these conflicts, local-outsider dynamics can be present.

One final cultural issue relates to aboriginal young people. They face particular challenges where they are required to move "off-country".

Recommendation 5: The locations of youth-focused rehabilitation services should be planned to minimize travel time, facilitate non-car transport access, and avoid Aboriginal young people having to move "off-country".

Evidence of rehabilitation services that have had both successful and unsuccessful outcomes

Based on their experiences supporting young people both before and after engagement with a rehabilitation services, workers in youth homelessness services made a number of comments about what aspects of a service tend to cause successful or unsuccessful outcomes. Three aspects in particular were mentioned by most of the workers interviewed.

Skill Building and Education

In a youth context it is particularly important that a rehabilitation program include skill building activities. Engaging young people in this way was seen by homelessness workers as

a critical part of keeping them focused, as well as improving their situation post release. In this sense Triple Care Farm was referenced by three different services as having excellent strategies around learning and engagement.

Links with Other Services

Youth homelessness services reported that some rehabilitation services were not adept at sharing information and coordination on support. There was sometimes a lack of clear information about criteria for entry and bed availability. And there are few structures for workers who have assisted clients previously, and have a good rapport with them, to be involved in support while the client is in rehabilitation. For example, workers at one service that had accommodated a young person prior to entry into a residential rehabilitation service, and had planned to accommodate them afterward, were not told when the young person was exited from the program early. Planning around release and helping the young person build strategies for maintaining rehabilitation once outside needs to be improved in some rehabilitation services.

Smoking Ban Problematic

A number of youth homelessness services reported examples of young people being willing to enter rehabilitation, until they find out that they must give up smoking. Although there are clearly significant negative health impacts from smoking, the question should be raised as to how many young people do not engage with support to overcome far more damaging additions because of the smoking ban in most rehabilitation services. Also, for those young people who do give up smoking to enter rehabilitation, it is possible that the effects of withdrawal impact on the success of the rehabilitation. The question of whether giving up smoking hinders rehabilitation needs to be subject to further research.