

Submission  
No 33

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

**Organisation:** Aboriginal Legal Service (NSW/ACT)

**Date received:** 22 December 2017

---

---

## Introduction

The ALS is pleased to provide this submission to the inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales. Our submission focuses on the following terms of reference for the inquiry:

1. *The number of treatment beds currently available;*
2. *Rehabilitation services for those with amphetamine and methamphetamine (“ice”) addictions;*
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;*
13. *Potential and innovative rehabilitation services and initiatives including naltrexone; and*
14. *Any other related matters.*

In November and December 2017, the ALS conducted a series of state-wide community forums with ALS staff, community leaders and stakeholders to seek their input on the issues raised in the Terms of Reference. Over 230 people attended community forums in Redfern, Tweed Heads, Grafton, Wollongong, Mount Druitt, Tamworth, Broken Hill, Walgett and Dubbo.

A survey on drug rehabilitation services was also provided to community members who were unable to attend the forums. The ALS received 142 responses to the survey. The majority (71%) of survey respondents identified as Aboriginal. 60% of the survey respondents indicated that they or their family had experience with drug rehabilitation services. A vast majority of survey respondents identified as female (80%). 43% of respondents indicated that they live in a rural or remote town/community in NSW/ACT (43%), with 30% of respondents in a large city and 26% living in a medium size city/town. The survey included a combination of Yes/No and short answer responses relating to the questions in the Terms of Reference.

Key findings from the survey:

- An overwhelming 99% of respondents said there are **insufficient rehabilitation services to meet the demand** of the Aboriginal community.
- 82% of respondents said that it was important to have **ice rehabilitation services** especially for Aboriginal and Torres Strait Islander peoples, whilst 65% said it was important to have rehabilitation services for Aboriginal and Torres Strait Islander peoples addicted to painkillers.
- 94% of respondents said that it was important to have separate, **specialised drug rehabilitation services for Aboriginal and Torres Strait Islander men and women**. Almost all respondents (96%) said that it was important to have separate, specialised drug rehabilitation services for **Aboriginal and Torres Strait Islander youth**.

This submission is based on further analysis of the content acquired through the forums and the survey and is complemented throughout with direct quotes from either the forums or the short answer responses in the survey.

The number of forum attendees and survey responses demonstrates the high level of engagement Aboriginal communities wish to have in this Inquiry. The survey responses also

indicate the community's strong desire for strategies based on prevention, education and rehabilitation in a culturally appropriate manner.

*Note: forum attendees and survey respondents are collectively referred to as 'participants' throughout the document.*

---

## Background

An inherent part of the work of the ALS is to be cognisant of the factors that bring Aboriginal and Torres Strait Islander people into contact with the justice system. Substance abuse detrimentally impacts many of our client's lives and that of their families.<sup>1</sup> Research demonstrates that substance abuse affects offending: as a means to fund consumption, by increasing the likelihood of offending behaviours; and by increasing the risk of child abuse and neglect.<sup>2</sup>

Substance abuse is particularly problematic among young Aboriginal and Torres Strait Islander people. The *2009 NSW Young People in Custody Health Survey* found that 85% of young people in custody reported ever using illicit drugs, with significantly higher rates among young Aboriginal people (93% vs 85%). The most common illicit drug used for young people overall was cannabis (87%) followed by ecstasy (41%) and amphetamines (29%). Approximately two-thirds (65%) of young people used illicit drugs at least weekly in the year prior to custody, with significantly more Aboriginal young people reporting weekly drug use than non-Aboriginal people (72% vs 58%); predominantly cannabis. Two thirds (65%) of young people reported ever committing a crime to obtain drugs or alcohol.<sup>3</sup>

*'...drugs aren't just an issue for an individual; they are an issue for a person's family, kinship connections and wider community... If you figure out some of the other underlying issues you may be able to stop drug use all together and have successful rehabilitation.'*

Substance abuse has significant costs to an individual. Participants reported feeling ashamed about their drug dependency and associated stigma, and disempowered or judged as they attempted to resolve their issues. This compounds existing family or community issues including previous or current trauma, mental health issues, and family violence. Substance abuse also has direct and visible costs to a person's community and broader society, in terms of health, crime and justice, human and welfare services, loss of productive output, as well as indirect more hidden costs including the ongoing inter-generational impact on families, poverty, education, family violence and abuse, wellbeing, and marginalisation.<sup>4</sup>

There is a clear need for drug rehabilitation services to address the high rates of substance abuse among Aboriginal people, particularly young Aboriginal people in contact with the justice system, to reduce the cost of abuse on the individual, their community and broader society.

---

<sup>1</sup> In a speech delivered at Cairns, Queensland on 23 August 2012, *Mental Illness and Cognitive Disability in Aboriginal and Torres Strait Islander Prisoners – a Human Rights Approach*, Mr Michael Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner said "It seems that Aboriginal and Torres Strait Islander prisoners are more likely than non-Indigenous prisoners to experience mental health problems, substance use problems, hearing loss and ill health".

<sup>2</sup> PWC Indigenous Consulting in collaboration with Richmond Football Club, Change the Record and the Korin Gamadji Institute, *Indigenous Incarceration: Unlock the Facts*, May 2017, at page 27, available at <https://www.pwc.com.au/indigenous-consulting/assets/indigenous-incarceration-may17.pdf>, accessed 18 December 2017.

<sup>3</sup> Devon Indig, Claudia Vecchiato, Leigh Haysom, Rodney Beilby, et al, *NSW Young People in Custody Health Survey: Full Report*, page 15, available at <http://www.justicehealth.nsw.gov.au/publications/ypichs-full.pdf>, accessed 18 December 2017.

<sup>4</sup> Op cit 2, pages 7 and 27. Note also "The harmful use of AOD contributes significantly to the burden of disease and social disadvantage for Aboriginal and Torres Strait Islander people. It is associated with family and community breakdown, violence, crime and incarceration, financial burden, poor mental health and wellbeing, hospitalisations, premature death, and suicide. Illicit drugs have been estimated to cause 3.4% of the burden of disease and 2.8% of deaths compared to 2.0% and 1.3% among the non-Indigenous population" - *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019*, at page 11.

---

## Responses to terms of reference

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

Participants consistently stated that there are insufficient drug rehabilitation services available to meet the demand from Aboriginal and Torres Strait Islander people, especially in regional, rural and remote areas. In addition to there being very limited places available, participants noted that there is significant competition for beds - a clear majority (86%) of survey participants said that drug rehabilitation services are not easy to get into.

Some participants noted that, in the past, Corrective Services NSW would work with ALS lawyers to assist people while they were in custody to find a bed in a rehabilitation program to which they would be released. Now, participants stated, there are significantly more limits on Corrective Services NSW offering this type of assistance to people in custody and, because of the high demand for services, rehabilitation programs are less likely to organise placements for people while they are in custody.

The lack of availability of services in regional, rural and remote locations forces many individual Aboriginal people to travel to Sydney or Canberra to access rehabilitation. Many participants referred to the resulting lack of support or connectedness to family and community as a key contributor to the lack of success of drug rehabilitation services for Aboriginal people.

#### *Services tailored to specific needs*

Many participants noted a lack of services tailored to the specific needs of different age or gender groups. This is particularly the case for children and Aboriginal young people, with almost no services available for children in regional and remote areas despite significant need (as confirmed in the *NSW Young People in Custody Health Survey*). Some participants recounted stories of juveniles being admitted to custody so that they can detoxify before accessing a bed in a rehabilitation centre.

*'Youth should not be with adults at all.'*

*'...Last year we tried to get a 10 year boy into Rehab, who was injecting ice. None of the Rehabs would take him.'*

Many participants also noted a lack of services specifically for Aboriginal and Torres Strait Islander women. Participants spoke of women being forced to leave their families and children to attend rehabilitation in metropolitan cities, or avoiding attending rehabilitation due to this barrier.

*'[there's] especially none for our women, they often [had] to leave their babies behind and go over the border or down to Kempsey.'*

#### *Wraparound services*

Many respondents cited the urgent need for 'wraparound' services and support to be provided after rehabilitation, not only to the individual but also to the whole family. These 'wraparound' services would address the underlying issues that lead to substance abuse and provide support and counselling for the individual and their family to manage possible triggers for relapse.

*'... [there is] no use helping one parent without the whole family being involved and getting support too. We need triage/wraparound services and regular activities for every stage of addiction and post-addiction journey.'*

## **2. Rehabilitation services for those with amphetamine and methamphetamine ("ice") addictions**

The recent 2016 National Drug Strategy Household Survey found that Aboriginal & Torres Strait Islander people were 2.2 times as likely to use meth/amphetamines compared to the non Indigenous population.<sup>5</sup> 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.

ALS Board members, ALS staff and the communities we serve have noted that methamphetamine (or "ice") use is a significant issue affecting all Aboriginal communities in NSW, including regional, rural and remote communities. This is supported by the results from the survey, where an overwhelming majority (82%) of the respondents to the survey said that 'ice and methamphetamine addiction are a high priority for treatment.'

*'Ice is ruining our communities and tearing families apart.'*

*'Brewarrina had one funeral a week, about four in a row because of ice.'*

Many respondents also linked ice to criminal offending and noted the significant detrimental impact of ice on Aboriginal communities.

*'...if you ask a majority of inmates incarcerated they will tell you ice was the main factor in there re-offending.'*

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

A clear majority (86%) of survey respondents stated that the cost of accessing rehabilitation services is prohibitive.

*'If you are a drug addict, you don't have money for anything but drugs, - nothing else is a priority. Instead of discussing money at the beginning, discuss the costs at the end with a payment plan.'*

Many participants specifically noted the lack of availability of reliable and affordable transport to get to rehabilitation services as a significant barrier.

*'Transports needs to be available to take our mob from community straight to rehab centre...'*

<sup>5</sup> Australian Institute for Health Welfare (AIHW) (2017) 2016 National Drug Strategy Household Survey, Australian Institute for Health and Welfare Canberra

*'It's culturally inappropriate to expect people to undergo rehabilitation hundreds of kilometres from their families and communities. People worry about their families, women don't want to leave their partners and kids behind, and they worry about the security of their housing and their lease too.'*

Some participants also spoke of experiencing long waiting lists (see below for further discussion) to access Government services which lead them to explore private rehabilitation centres. However the majority are unable to access private services as the costs are prohibitive.

*'The waiting lists for funded rehabs are months and private rehab was \$15,000.'*

Participants also spoke of difficulties paying external expenses while in the rehabilitation centre, as they receive no employment income and expend a significant portion of any welfare benefits on the rehabilitation service. Some participants recounted stories of individuals failing to keep up with other bill payments while in rehabilitation centres, including basic everyday outgoings such as rent, which can lead to other legal problems such as debt recovery.

*'...in the centre all their outside bills just pile up when they come home they are behind in everything.'*

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

The vast majority (90%) of respondents as well as forum attendees cited long waiting lists (3 months on average) as an often insurmountable barrier to rehabilitation. There were many stories of those who needed help being turned away. The impact of lengthy wait lists, participants noted, is significant as people lose hope and drop off the list.

*'...At the moment it's the waiting times for a bed, the locations of residential rehabs as most are away from the persons homelands, the initial detox period which is not offered at a lot of rural hospitals, transports to rehabs from rural and remote communities, there isn't enough drug and alcohol workers in the communities for support'*

*'...a waiting list is a death sentence for some.'*

Many noted that there is often a small 'window' of opportunity where an addict accepts that they need help. Unless rehabilitation assistance can be provided whilst the person is 'open' to it, it can often be too late. The delay in offenders receiving rehabilitation treatment after coming out of detention/gaol was also identified as a specific area of concern.

*'...Waiting is too long... leading to a loss of opportunity when the person in need deteriorates to a condition where they avoid intervention or are less able to engage with it effectively.'*

*'When trying to find a bed we had to wait way too long several times and our son changed his mind in the waiting time ...'*

As the demand for beds in rehabilitation programs is so high, it is common practice to require people wanting to get into the programs to go on a waitlist and require them to call every day to 'prove' their perseverance and commitment to rehabilitation. This practice is disheartening for

members of the community trying to get into rehabilitation, and has a discriminatory impact on people who do not have ready access to a telephone or enough credit to make a call. If a person does not call for one day, they may drop off the waitlist and have to start all over again.

*'...There is a waiting list and people have to ring up every day to see if there is a vacancy. Before there is a vacancy they are back into their addiction.'*

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

Many rehabilitation services require inpatients to have undertaken a detoxification program as a condition of entry. This is a significant barrier for many ALS clients as detoxification programs are not readily available in many regional, rural and remote locations. For example, the only detoxification centre in Western NSW is in Orange. If they are able to get a place, ALS clients must travel significant distances to attend the detoxification centre and then often have to travel to another location for rehabilitation.

*'There is no specific youth program for detoxification and rehabilitation in Coffs Harbour – there used to be one but it was defunded.'*

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

### *Importance of culture*

It is widely acknowledged that connection to land, family and culture is fundamental to the wellbeing of Aboriginal people.<sup>6</sup> In particular, research has demonstrated the importance of culture in building resilience in Aboriginal and Torres Strait Islander children.<sup>7</sup> Providing for connection to culture is, therefore, critical in the successful delivery of services to Aboriginal people.

*'There needs to be culturally sensitive rehabs with the emphasis of returning people's identity...'*

The NSW Aboriginal Mental Health and Well Being Policy 2006-2010 cites research which indicates that many non-Aboriginal mental health clinicians believe that they lack the necessary knowledge and skills to work effectively with Aboriginal young people. This is a barrier to successful rehabilitation, and may lead workers to miss opportunities for early intervention and proactive outreach.<sup>8</sup> Additionally, some participants, particularly those in regional, rural and remote locations, stated that they lacked trust in non-Aboriginal service providers.

*'Most [services] are mainstream non-Indigenous entities that do not understand or reflect the cultural construct of Aboriginal organizations. This is critical, and a well governed high performing Aboriginal organization will always deliver a more targeted and culturally safe rehabilitation service than a non-Indigenous entity that may or may not employ Aboriginal people...'*

Aboriginal community-controlled and Aboriginal-specific services have a superior understanding of the multi-faceted issues community face, and the cultural competency required to respond

<sup>6</sup> *Closing the Gap Prime Minister's Report 2017*, Department of Prime Minister and Cabinet, page 6, available at <https://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf> accessed 18 December 2017

<sup>7</sup> Bamblett, Muriel., Harrison, Jane. and Lewis, Peter. (2010). 'Proving Culture and Voice Works: Towards Creating the Evidence Base for Resilient Aboriginal and Torres Strait Islander Children in Australia', *International Journal of Child and Family Welfare*, Vol. 13, Number 1-2, March-June 2010, 98-113.

<sup>8</sup> NSW Health, 2007 *Aboriginal Mental Health and Well Being Policy 2006-2010*, pg. 13 [http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2007\\_059](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2007_059) accessed 18 December 2017

appropriately to these issues. They are uniquely placed to provide holistic, culturally aware and responsive support and healing to participants and equip them to address the underlying causes of their drug dependency, as they allow communities to take charge and respond to their needs.<sup>9</sup>

Many participants noted a lack of culturally aware and responsive services and programs for Aboriginal people to access treatment – this is the case whether those people are in the community, in custody or post-release. The ALS submits that Aboriginal community-controlled organisations should be the preferred service provider to Aboriginal people. In the alternative, non-Aboriginal organisations delivering rehabilitation services should employ Aboriginal people to deliver services to any Aboriginal clients and provide regular cultural awareness and cultural competency training to non-Aboriginal staff to operate successfully in Aboriginal communities.

#### *Lack of services for prisoners on remand or serving short sentences*

Prisoners on remand or serving short sentences are often not eligible for rehabilitation programs. Some drug rehabilitation programs are not offered at all to those on remand, and others are only offered to those serving a sentence of a minimum duration. Approximately one-third of Aboriginal and Torres Strait Islander peoples in prison are held on remand, while awaiting trial or sentence.<sup>10</sup> In the 12 months to June 2016, approximately two-fifths (37.6%) of persons sentenced to prison in NSW for less than 6 months were Indigenous.<sup>11</sup>

The ALS submits that rehabilitation services and programs should be provided to offenders on remand or serving short sentences on a 'bridging' basis (i.e. partly whilst in custody and partly once released into the community). In the alternative, shorter services and programs should be developed and offered specifically to prisoners on remand and those serving short sentences.

#### *Lack of services post-release*

Successful rehabilitation is also hindered by a lack of services post release, which many participants found to be a barrier to the effectiveness of drug rehabilitation services as a whole.

*'... the biggest issue I find is that individuals return home to their community and same environment they came from, this is where the issue started in the first place and once they return they get back with their mates and peers and do the same thing...'*

*'what we need to do is fix the environment that they return to be it back to their community or other community...'*

*[the services help] Only while they are in the program... the real challenge comes when they go back to community. There are no support services...'*

### **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**

#### *Characteristics of successful services*

<sup>9</sup> Op cit 2, page 51.

<sup>10</sup> Australian Law Reform Commission, *Incarceration Rates of Aboriginal and Torres Strait Islander Peoples*, Discussion Paper No 84 (2017), p.34.

<sup>11</sup> Just Reinvest NSW, 2017 *Policy Paper #1: Smarter Sentencing and Parole Law Reform*, BOCSAR data request jh17-15161



The ALS identified the following three key characteristics of successful rehabilitation services for Aboriginal and Torres Strait Islander people, based on feedback from ALS staff and community:

1. Cultural appropriateness (preferably a Aboriginal community-controlled organisation)
2. Local community connection/engagement.
3. Provision of specific services to men, women and children.

There must also be availability across rural and regional areas to ensure the success of the system as a whole. It should be noted that many participants expressed concern at the 'low success rate' of rehabilitation services with Aboriginal and Torres Strait Islander people. This was often linked to the lack of cultural appropriateness of the service.

Note: **Appendix A** contains two case studies of referral pathways used by ALS Staff in regional/remote locations.

#### *Services identified by community*

Participants identified a range of services across NSW were they had observed good practice and positive outcomes. The ALS has provided a snapshot of some of those services identified by participants as providing culturally appropriate and successful rehabilitation services to Aboriginal and Torres Strait Islander people. The list is not exhaustive – the ALS may provide a full list of services identified by participants on request.

#### ***Marrin Weejali at Blackett***

The service has Aboriginal workers and workers who have previously struggled with addiction. The model of service delivery is based on spiritual and cultural healing.

*"I think if the people seeking help see a person of their descent completing the program and choosing to stay and work then it motivates them."*

#### ***Maayu Mali at Moree***

The centre is exclusively for Aboriginal people. It runs a 2 year post release program after the residential component.

*"Having the connection with our mob makes the job easier..."*

#### ***Orana Haven at Brewarrina***

The service has Aboriginal workers and a focus on re-engaging clients in cultural activities as part of their rehabilitation program, including fishing, hunting, painting, tool making and other types of art work.

*"...great Aboriginal leadership."*

### ***The Glen at Chittaway Point***

While not a specialised provider to Aboriginal people, The Glen is the only male specific 'Central Coast Drug and Alcohol Rehabilitation Centre'.

*"The Glen is very well known in most Aboriginal communities"*

### ***Mac River in Dubbo***

The service is specific to young people (aged 13 to 18 years). It offers individualised, culturally appropriate programs including counselling, life skills, education, case work, personal development and sport and recreation.

### **13. Potential and innovative rehabilitation services and initiatives including naltrexone**

Given the lack of culturally safe and appropriate rehabilitation services for Aboriginal men, women and juveniles, the ALS recommends that the NSW Government initially focus on increasing the number of Aboriginal community owned and controlled rehabilitation service providers.

*'we need Aboriginal rehabs run by Aboriginal people with the appropriate life skills...'*

*'Our community responds respectfully to those from our community, a known Aboriginal member of our community. We relate to those that have had similar experiences... It is hard to respect and listen to someone that has read a text book and now wants to stand up and preach "what we should do". We know what we should do; we just need a genuine person with the right language to guide us to begin our journey to recovery...'*

Participants identified some rehabilitation providers offering innovative services or initiatives. In particular, a number of participants referred to the Lakalinjeri Tumbetin Waal (LTW) service in South Australia as a holistic model of service delivery for Aboriginal people that may be replicated elsewhere. LTW is a non-medical 'dry' rehabilitation centre that addresses underlying grief as well as the disorder. The programs offered encompass traditional cultural methods of teaching and learning, which aim to increase the effectiveness of the recovery process.

Some participants also identified Triple Care Farm, operated by Mission Australia, as it provides detoxification and rehabilitation in one premises, as well as clinical supervision. Those participants suggested that this model might be replicated in Aboriginal community-controlled services.

### **14. Any other related matters.**

#### ***Pathway to incarceration***

Aboriginal people are the most disadvantaged group in Australia on a number of indicators.<sup>12</sup> It is widely accepted that there is a strong link between intergenerational disadvantage, poverty and incarceration. The ALS highlights the fact that improving access to high quality health and

---

<sup>12</sup> Op cit 7.

education services, including drug rehabilitation services, can directly influence rates of offending.<sup>13</sup>

### *Community education*

The ALS strongly supports the delivery of an education campaign to deepen community understanding of the facts and risks associated drug taking and addiction. This would include the direct and indirect impacts on people, their families and communities, and the potential inter-generational consequences.<sup>14</sup>

### *Co-ordinated approach and a roundtable*

The ALS submits, in light of the interconnected nature of these issues and in line with participant feedback, that a more co-ordinated approach is required in the areas of justice, education, mental health services, family services and community to break the cycle of dependency and tackle this pathway to incarceration. This approach must be controlled and driven by Aboriginal community-controlled organisations with expertise in health and community relations in order to implement solutions that are culturally appropriate to Aboriginal communities.

The ALS submits that this approach take the form of roundtable forums. The ALS urges the Inquiry to recommend bringing together senior members of local Aboriginal communities and peak Aboriginal community-controlled organisations with senior members of the NSW Government and service providers from the areas of law and justice, health, welfare, housing, education, and family and children's services. Roundtables would develop a holistic, community-led and controlled model of service delivery and plan for implementation across rural, regional and remote Aboriginal and Torres Strait Islander communities.

It is essential for this work to be done in true partnership with Aboriginal community-controlled organisations. This entails the facilitation roundtables at the local community level, and the collation of input into a model to be developed and implemented across NSW. This will assist to lift community confidence in NSW Government programs and services, which in turn will encourage demand and take up rates.

The ALS would be pleased to assist in facilitating the roundtable forums.

---

<sup>13</sup> Op cit 2, pages 6-7

<sup>14</sup> Op cit 2, page 8. The ALS also notes and endorses the *Principles of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* endorsed by the Australian Health Minister's Advisory Council in February 2017, and in particular:

*No 2) Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services*

*No 3) Culturally valid understandings must shape the provision of services and guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally and mental health problems in particular*

---

## Appendix A: Case studies of referral pathways

### Broken Hill

In Broken Hill the ALS refers many of its clients to the Wiimpatja Healing Centre, a male only service. This Centre is 70 km from Wentworth on a Station called Warrakoo. It is run by a Victorian Aboriginal Health Organisation called the Mallee District Aboriginal Services (**MDAS**). The Mildura community who run MDAS are the same language group as the ALS clients from Wentworth, Broken Hill and Wilcannia. MDAS are receptive to these clients and the rehabilitation services provided are culturally appropriate and have been successful. The ALS has not had any success in finding a similar service willing to take female Aboriginal clients.

ALS also refers clients to Maari Ma in Broken Hill, which provides health services to Aboriginal clients only. It currently has 3300 active clients. In 2016, 200 new clients were referred for AOD issues and about 200 new clients were referred for mental health issues. So far in 2017 it has had about 450 referrals for AOD issues.

The local Broken Hill rehabilitation service worked well until it ceased due to funding cuts. Services are now too far for a lot of people and their families. In addition, some rehabilitation service providers do not permit entry to clients based on their criminal record.

Magistrates in Broken Hill are increasingly asking for reports under s32 of the *Mental Health (Forensic Provisions) Act (NSW) 1990* in order to consider whether to divert persons with mental conditions away from the legal system and into treatment. However those specialist doctors are not available in Broken Hill.<sup>15</sup>

### Wagga Wagga

ALS staff are very complementary about the Magistrates Early Referral into Rehabilitation (**MERIT**) programs based on feedback from clients and evidence of a decrease in re-offending. However, MERIT is:

- not available in other areas that the ALS covers such as Albury, Cootamundra or Young etc.
- not available to everyone as a person has to have a criminal matter going through Court
- not available for persons under 18, thereby missing an opportunity to divert young people from the justice system at early stages
- not culturally appropriate for some clients.

The Aboriginal Medical Services (**AMS**) such as The Riverina Medical and Dental Aboriginal Corporation (**RivMed**) and Albury Wodonga Aboriginal Health Service (**AWAHS**) are both seen as having excellent drug and alcohol workers, being culturally appropriate and having other services such as counselling available, and the service is free for clients. The AMS' usually have great communication with ALS, and the ALS receives good results and feedback from clients together with evidence of a decrease in re-offending. However, the services are not available for juveniles or clients who live outside Albury or Wagga Wagga.

ALS staff also reported that SMART Recovery Australia is a free service that clients are referred to regularly, and is available for clients in Wagga Wagga and West Wyalong. However, the service is:

- not available for juveniles;
- only available to clients who live in Wagga Wagga or Albury;

---

<sup>15</sup> Diversion under s32 means people with mental difficulties are sent to compulsory treatment and avoid what would otherwise be highly punitive outcomes in the criminal justice system and the client avoids a conviction and sentence and any mandatory punishment that may apply, such as disqualification from driving. A discharge under s32 is not a finding of guilt.

- only available one day a week.

The ALS also refers clients to Galiamble Men's Recovery Centre<sup>16</sup> and Yitawudik Men's Recovery Rehabilitation Centre.<sup>17</sup> They are both part of Ngawla Willumbong Ltd based in Victoria which is culturally specific. Unfortunately because the centres are interstate, sometimes judicial officers are hesitant to bail a person/vary bail to an interstate rehabilitation.

### *Blacktown*

The *Deadly Thinking* program aimed at 13-28 year olds that covers the Katoomba, Nepean, Lithgow and Hawkesbury areas, and the *Youth on Track* program operating in the Blacktown LGA were very favourably mentioned at a Sydney community forum. The target age group for Youth on Track is 10-17 year olds. This program is attempting to increase Aboriginal participation rates. *Backtrack* is also viewed as a good program that takes kids out into the bush and motivates them.

---

<sup>16</sup> <http://www.ngwala.org.au/galiamble-mens-recovery-centre.html>

<sup>17</sup> <http://www.ngwala.org.au/yitjawudik-mens-recovery-centre.html>