

**Submission
No 36**

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

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**Submission to the Health and Community Services Inquiry
into the provision of drug rehabilitation services in regional,
rural and remote New South Wales**

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Introduction

Thank you for the opportunity to contribute a submission to the Inquiry.

This Submission focuses on the following Terms of Reference:

- 1. The range and types of services including the number of treatment beds currently available.**
- 6. The waiting lists and waiting times for gaining entry into 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.**
- 12. Current and potential threats to existing rehabilitation services.**
- 14. Any other related matters.**

Rather than addressing each Term of Reference separately, I have ordered this submission in four chapters, with each chapter making reference to relevant issues.

These chapters are:

- Evidence and Characteristics of Successful Rehabilitation Outcomes;
- Existing Rehabilitation Services;
- Aboriginal-Specific Rehabilitation Services; and
- Other Programs.

My Background and Expertise

I am a criminal lawyer with my own private practice in Lismore engaged on a regular basis by the Aboriginal Legal Services and Legal Aid Commission. My experience as a duty lawyer working a busy court list is that in the past three years almost every single individual I have represented was facing charges related to their substance abuse disorder and/or mental health issue.

I am a Councillor on Lismore City Council. Through the Council, I am also establishing a Social Justice and Crime Committee to identify the local needs and explore opportunities for a drug court, and to consider partnership opportunities to establish further residential rehabilitation centres and other social infrastructure and services which addresses the high rate of substance abuse issues in our community.

I am also in recovery myself. I have personal experience as someone who has had a substance abuse disorder who came into contact with the criminal justice system and progressed through residential rehabilitation into recovery from addiction.

There is a large amount of criminological literature demonstrating a strong association between drug use and crime. Offenders report a much higher prevalence of drug use than the general population and a large proportion of these offenders attribute their criminal behaviour to their substance misuse.¹

Substance misuse is also of concern because it is an important risk factor for recidivism and returning to gaol. Alcohol and substance abuse are significant independent predictors of self-reported criminal activity and reincarceration of parolees.² Substance misuse is particularly problematic in prisoners with a comorbid mental health disorder.³

Of course, not every individual in our community will have contact with the criminal justice system, though it is certainly likely given we have laws that prohibit drug possession and given the increase in methamphetamine (ice) abuse which often leads to violent behaviour against others, damage to property and engaging in dangerous conduct due to being under the influence of such substances.

In this region we are kicking goals in terms of leading the state in the number of drug offences committed. The NSW State average is 754.5 per 100,000 people. Our region's average is almost three times that at 2,183.70 per 100,000 people.⁴ As such, it is submitted that our region must be an important focus point for this Inquiry.

The cost to the government and tax-payer of drug-related crime does not just come as a huge economical cost to the government and taxpayer, but also comes at a social cost to our families and communities - a cost that is difficult to quantify but easy to see. If we all agree that community safety is the priority then effective, adequate treatment services must be provided to meet the very high need in our region.

The war on drugs approach has failed, but whilst there exists the criminalisation of drugs it is important to make the most of opportunities within the criminal justice system that can enable individuals to access treatment that they may not normally

¹Coghlan, S., Gannoni, A., Goldsmid, S., Patterson, E., & Willis, M. (2015). *Drug use monitoring in Australia: 2013-14 report on drug use among police detainees* (Monitoring Report No. 27). Retrieved from Australian Institute of Criminology website:

<http://www.aic.gov.au/publications/current%20series/mr/21-40/mr27.html>

² <http://www.bocsar.nsw.gov.au/Documents/CJB/Report-2016-NSW-Intensive-Drug-and-Alcohol-Treatment-Program-cjb192.pdf> (e.g. Ferguson, 2015; Kinner, 2006; MacKenzie et al., 1999).

³ <http://www.bocsar.nsw.gov.au/Documents/CJB/Report-2016-NSW-Intensive-Drug-and-Alcohol-Treatment-Program-cjb192.pdf> (Smith & Trimboli, 2010).

⁴ BOCSAR. We are also leading the State in the following offence categories that are often related to substance abuse – theft, DV and non-DV assault, Malicious damage to property, disorderly conduct, Intimidation, alcohol-related offences.

be able to due to a number of barriers, such as geographical location and most importantly, due to the stigma attached to having a drug and/or alcohol 'problem.'

The stigma was a barrier for me in accessing treatment. I spent 15 years as an alcoholic and using illicit substances. 15 years of feeling marginalised and ashamed, fearful of being judged and not feeling comfortable to ask for the help I desperately needed.

It was a brush with the law that led to me accessing treatment. I am extremely grateful for the family support and services that helped put me back together and put me back on my feet, with enough self-confidence to go on and obtain a law degree, with honours, become a lawyer, councillor and life-long advocate for drug law reform and rehabilitation services in our community.

But, not everyone has what I had - strong family support, funds or adequate mental health to do what is required to access treatment. Not everyone has the capacity to wait and not fall off or die whilst on the long waiting lists to rehabilitation centres. Not everyone has a service near where they live. In regards to those barriers and, sadly, 'not everyone' is 'almost everyone' in our region.

Yours sincerely,

EDWINA LLOYD

Executive Summary

The Northern Rivers and the North Coast regions of NSW are experiencing comparatively high levels of drug addiction and associated crime. Residential rehabilitation services are proven to be the most effective way of tackling drug addiction however access to these services is limited by a number of factors. In order to tackle drug addiction in the Northern River and North Coast, there must be:

- 1. Significantly increased funding for both existing and new residential rehabilitation services (including detox facilities) in the region.**
- 2. An expansion of the Magistrates Early Referral Into Treatment (MERIT) Program.**
- 3. The establishment of a Drug Court and a Koori court for the region.**

List of Recommendations

This submission makes the following recommendations:

- *Adequate funding of Riverlands to cater to individuals under 18 years of age.*
- *Increase funding to local residential rehabilitations centres to expand or new facilities to be built to meet the demand and ensure there can be an immediate transition from the detox facility straight into the residential rehabilitation centre.*
- *Increase funding to current residential rehabilitation services to include a specialist domestic violence and men's behaviour program to be delivered through the rehabilitation centre to assist in reducing the prevalence of domestic violence in the community.*
- *Establish a women and children rehabilitation centre that is culturally sensitive to the needs of Aboriginal women.*
- *Amend the NSW Corrective Services policy to facilitate and enable individuals in custody access to free phones to access rehabilitation services so they are able undertake the assessment process whilst in custody;*
- *Increase funding to MERIT to enable more staff and resources to cater to the demand including enough resources to manage clients with drug/alcohol and mental health issues;*
- *Expand MERIT so it can be made available to individuals facing charges in the District Court;*
- *Expand MERIT to include individuals with alcohol abuse issues;*
- *Reinstate the MERIT policy enabling individuals in custody to apply for the program; and*
- *Establish a drug court for this region and expand the eligibility of drug court criteria to include local court matters.*

- *Establish a Koori court for both youth and adult Aboriginal persons that has jurisdiction over children and adult local and district court matters.*

Evidence and Characteristics of Successful Rehabilitation Outcomes

Substance abuse disorder is a cunning and baffling condition. Relapse is a normal part of recovery. About 50% of individuals who receive treatment will relapse after one year. Motivation is an important factor contributing to the success of drug treatment. In this region there exists long waiting lists for residential rehabilitation centres and less of a demand for non-residential treatment. This objective evidence makes it clear that individuals are motivated to enter a residential rehabilitation centre over and above outpatient treatment programs.

The term 'Therapeutic Community' (TC) is generally used to describe small, cohesive communities where patients (sometimes referred to as 'residents') have a significant involvement in decision-making and the practicalities of running the unit. Key principles include collective responsibility, citizenship and empowerment, and TCs are structured in a way that deliberately encourages personal responsibility and discourages unhelpful dependency on professionals.⁵

Individuals with substance abuse disorders are usually medicating a past trauma. A therapeutic community is a safe space which enables participants to let their guard down and share these experiences which leads to gaining insight into how substance abuse is often a coping mechanism to deal with the pain that may ordinarily feel unbearable. The sharing of ones experiences in this setting leads others to feel comfortable sharing their own pain.

A significant reason attributed to the success of residential rehabilitation in reducing relapse events is that the setting allows individuals to work solely on themselves without the disturbance and interference of life stressors such as family, financial and legal issues, which are usually the triggers for relapse. Residential rehabilitation centres teach individuals how to manage these triggers without resorting to relapse. This is a weakness/risk of relapse which exists in outpatient, community based rehabilitation programs.

There is also significant evidence that drug addiction treatment can be an effective crime control measure and therapeutic communities are an effective model to adopt.⁶

⁵ Julian Stern, Core Psychiatry (Third Edition), 2012
<https://www.sciencedirect.com/topics/nursing-and-health-professions/therapeutic-community>

⁶ Wouter Vanderplasschen, Kathy Colpaert, Mieke Autrique, Richard Charles Rapp, Steve Pearce, Eric Broekaert, and Stijn Vandavelde Therapeutic Communities for Addictions: A Review of Their

It is important that the Inquiry takes note of the long waiting lists in the residential rehabilitation sector. It is hoped that this results in a recommendation of increased funding to the residential rehabilitation sector in our region as this is the type of treatment that the individuals who need help are asking for.

Existing Rehabilitation Services

Riverlands Drug and Alcohol Centre

Riverlands is a 16-bed detoxification unit, pharmacotherapy clinic (methadone & buprenorphine), clinical liaison and outpatient services and an educational and training facility.⁷

Riverlands, as a detoxification unit is not a drug and alcohol rehabilitation unit. Riverlands allows people to safely detox under medical supervision as a first phase in the drug/alcohol rehabilitation process.

Gaps & Shortages

This service is not available for people under 18 years of age.

There is no easy transition from the detox straight to a residential rehabilitation centre.

Often there is only a narrow window of opportunity where an individual (after detoxing) accepts that they need help. Unless rehabilitation assistance can be provided whilst the person is within this moment, the opportunity is often lost.

The Buttery

The Buttery is a residential rehabilitation centre in Binna Burra about half an hour from Lismore and has 34 beds. The Buttery is a therapeutic community (a 'TC') and is a long-term residential rehabilitation program for adults addicted to drugs, alcohol or both.⁸

Effectiveness from a Recovery-Oriented Perspective -
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562581/>

⁷ NSW Health website <http://nswlhd.health.nsw.gov.au/about/drug-alcohol-services/riverlands-drug-alcohol-centre/>, accessed 25 March 2018

⁸ "In the Therapeutic Community model of treatment, the community itself, through self-help and mutual support, is the principal means for promoting personal change. In a therapeutic community residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur. In a therapeutic community there is a focus on social, psychological and behavioural dimensions of substance use, with the use of the community to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living." (*Definition provided by Australasian Therapeutic Communities Association.*)

The program is evidence-based and best-practice and informed by the latest research into addiction treatment.

Most people undertake The Buttery's residential rehabilitation program at no direct cost to themselves and contribute 80% of their Centrelink benefits (e.g. pension or sickness benefits) to cover food and accommodation.

Waiting Lists & Waiting Times

The waiting list for men is currently five months and for women, 3 months. The discrepancy is due to there being more men seeking rehab and the need to achieve gender balance in the therapeutic community as this is more effective for treatment.

This waiting period can be longer at different times. The sad reality is that individuals die whilst others sink further into substance abuse whilst on the waiting list. Waiting lists are not unique to the Buttery but across the entire NSW residential rehabilitation sector.

Gaps & Shortages:

The Buttery does not take people directly from custody. Part of the process of gaining entry to the Buttery and many rehabs is the requirement that the individual call the rehab once a week (and for some up to three times a week) to check in. If the individual does not call weekly they are taken off the waiting list. A client in custody is not permitted to make these calls. This puts the offender on remand in an impossible situation in terms of accessing the program.

Courts will often only grant bail for offenders who have a bed in a facility. The only way for offenders who are in custody to get a bed is by asking the court to request an Alcohol and Other Drug Order be prepared by Corrective Services. This process takes six weeks and the offender must remain in custody for that time. If the offender is eligible, then Corrective Services will try and arrange a bed in a facility locally and prepare a report for the court which then determines if the offender is permitted to be granted bail to the rehab.

The Buttery's recurrent funding is through NSW Health and is renewed year-to-year. NSW Health funding covers approximately 50% of the budget and the balance is made up by residents' contributions and charitable donations.

Other Matters

A significant barrier to the Buttery expansion is the 'NIMBYism' of some members of the community. Some community members are fearful of having a residential rehabilitation facility 'in their backyard.' This opposition is a barrier to the building and expansion of successful residential rehabilitation centres such as the Buttery.

Such was the case in 2016 when The Buttery had the intention of purchasing an existing retreat at Lindendale for use as a user-pays facility. It was intended as an early intervention for employed people in need of treatment for non-acute mental health issues such as anxiety, burn-out and early stage substance misuse. The vendor submitted a Development Application (a 'DA') to Lismore City Council for a change of use.

Lismore City Council staff recommended to Council that consent be granted to the application. Unfortunately, due to a high number of community members opposing the project the application was refused.

Some of the concerns raised by community members included safety, security, traffic generation, impact on amenity and well-being of surrounding local residents, downturn in property values.⁹

The refusal of the DA was unfortunate, especially given that such fears had not ever been realised at the current Buttery facility – which is located closer to residents and just outside of Bangalow and has been in existence as a residential rehabilitation centre since 1973. Indeed the neighbours to the current Buttery facility provided testimonials to Council of this fact.¹⁰

The Buttery Community Based Rehabilitation Program (CORE)

Last year the Buttery received funding from the North Coast Primary Health Network to pilot the CORE program.

CORE is a short-term mid-intensity rehabilitation program delivered in the local community. It is a 6 week non-residential structured program for people who are unable to attend residential rehabilitation programs due to personal circumstances such as their caring roles as parents.

The program, when it is running, caters to up to 15 people and runs 5 days a week during school hours and rotates between Byron Bay, Lismore and Tweed Heads. The program is funded for the next 4 years.

The program is designed to meet the needs of people who wish to undertake a rehab program but who, due to career, parental or employment responsibilities are unable to take part in a long-term residential program.

⁹ Business Agenda - Lismore City Council, 12 April 2016, https://www.lismore.nsw.gov.au/infocouncil2/Open/2016/04/OC_12042016_AGN_AT_WEB.htm

¹⁰ Business Agenda - Lismore City Council, 12 April 2016, staff comment to submission: https://www.lismore.nsw.gov.au/infocouncil2/Open/2016/04/OC_12042016_AGN_AT_WEB.htm

Waiting Lists & Waiting Times

The CORE program is fully subscribed and demand for a place exceeds the number of available places. Initial feedback from participants in the past three programs has been very positive.

The Buttery Private

The Buttery Private is The Buttery's new social enterprise. Surplus funds from the program are applied to The Buttery's charitable works. It is a new residential rehabilitation initiative whose focus is on a 'Wellbeing Program' designed to complement medical in-patient (28 day) programs for people who are (prior to entry) physically detoxed and psychologically stabilised.

The service is designed for people who may need to take time-out to address the issues underlying their conditions. This is undertaken in a small, confidential residential setting.

The Buttery Private is an evidence-based program for people experiencing:

- Workplace burnout
- Exhaustion
- Stress
- Anxiety
- Depression
- Trauma
- Substance abuse¹¹

Waiting Lists & Waiting Times

There are no waiting lists. Fees for treatment are not covered by private health insurance. The cost is less than but comparable to other private facilities. The cost is a barrier for many in participating in this program.

¹¹ Buttery Private website, <https://www.butteryprivate.org.au/for-referrers/>, accessed 25 March 2018.

Byron Private

The Byron Private is a privately-funded 12-bed residential facility that provides a 6-week treatment program for drug addiction, alcoholism, eating disorders, PTSD, anxiety and depression.

Entrance into Byron Private costs around \$40,000 for the six-week program. The facility qualifies as a Private Health Facility under the Private Health Facilities Act 2007, therefore the cost of treatment at Byron Private is prohibitive to the overwhelming majority of individuals with substance abuse disorders in our region.¹²

Aboriginal-Specific Rehabilitation Services

Aboriginal and Torres Strait Islander people make up 6.1 per cent of the Lismore LGA population. This is significantly higher than the national and state averages of 2.9 per cent.¹³

Unfortunately this also means that a disproportionate number of Indigenous and Torres Strait Islander people from our community are imprisoned.

A 2017 crime report by BOCSAR indicates there has been a State average increase of 25% in Indigenous imprisonment since 2013.

It has also been reported that the statistics reveal that in our region of Northern NSW there has been a 50% increase in the number of Indigenous people imprisoned since 2013.¹⁴

Aboriginal lawyer and academic Noel Pearson has argued that Indigenous drug and alcohol abuse are far more important causes of Indigenous incarceration than economic and social disadvantage.¹⁵

There is a clear need for drug rehabilitation services in our region to address the high rates of substance abuse among Aboriginal people, particularly young Aboriginal people who unfortunately frequently come into contact with the courts. Funding of services to address the substance abuse issues is paramount to reducing the disproportionate incarceration rates and to address the ongoing inter-generational impact of substance abuse and incarceration on the Aboriginal community.

My experience as a duty lawyer for Aboriginal Legal Service is consistent with the statistics of drug and alcohol-related crime and I can count on one hand the number

¹² Byron Private submission to the Inquiry into the Provision of Drug Rehabilitation Services in Regional, Rural and Remote NSW, December 2017, p2

¹³ 2016 Census QuickStats, Lismore (NSW)

http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC12344

¹⁴ <https://www.northernstar.com.au/news/solution-to-reduce-indigenous-prisoners-in-jails/3199773/>

¹⁵ Don Weatherburn, Disadvantage, Drugs & Gaol: Re-thinking Indigenous Over-representation in Prison - Keynote address, Conference of the Australasian Society on Alcohol and other Drugs, Cairns Convention Centre, 5th-8th November, 2006.

of Aboriginal people I have represented who have not been charged with a crime related to a substance abuse disorder.

Namatjira Haven

Namatjira Haven is an Aboriginal community controlled organisation providing residential programs for Aboriginal men requiring assistance in dealing with substance misuse, abuse and domestic violence issues. The centre currently has 14 beds and is located on NSW North Coast 2.5kms from Alstonville, 25 minutes or so from Lismore. It also provides outreach family health and wellbeing support services to family members of residents.¹⁶

Balund-a

The Balund-a Program is a residential diversionary program established in 2015 operated by Corrective Services NSW, for male offenders over 18 years of age.¹⁷ Located at Tabulam (almost 2 hours from Lismore), the program can house up to 70 residents and its aim is to reduce re-offending and enhance skills within a cultural and supportive community environment. Offenders enter the program as a condition of a Section 11 Bond for an initial assessment period of two weeks.

Offenders can also be referred to the program by Community Corrections staff when revocation of parole or community-based order is being considered, or when factors emerge in the course of supervision, and are assessed as requiring intensive residential intervention.

Following acceptance into the program offenders participate in structured programs within a culturally sensitive framework. Programs address specific areas of risk to assist on improving life skills and reintegration into the community, for example, cognitive based programs, drug and alcohol, anger management, education and employability, domestic violence, parenting skills and living skills. Cultural activities include excursions to sacred sites, music, dance and art. Elders employed by the program provide support and assist resident to recognise, restore and value cultural links with their land and history.

The property is situated on 534 hectares and also operates as a farming and beef cattle property giving the residents the opportunity to develop agricultural skills. The length of stay at the program varies according to individual needs however a minimum period of 6 months is required.¹⁸

¹⁶ Namatjira Haven website, <https://namatjirahaven.com.au/about-us/> accessed 25 March 2018.

¹⁷ The impetus for the establishment of Balunda was the Royal Commission into Aboriginal Deaths In Custody, 1987.

¹⁸ Department of Justice website, http://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/Community%20Correctio ns/offender-management-in-the-community/balund-a_tabulam.aspx, accessed 25 March 2018

Waiting Lists & Waiting Times

My experience of Balund-a is that the waiting list is usually only a few weeks but the reason for this is that individuals are not staying at the program for the duration so beds become available.

My experience with Namitjira Haven is the waiting list is months long.

Gaps & Shortages

There is a desperate need for a specialised Koori court. There is only one youth Koori court, operating one day a week in Parramatta that has just completed the first 12 month trial. I note that more than 60 young Aboriginal people have taken part in the Youth Koori Court since 2015, when it began operating one day a week at Parramatta Children's Court. There are certainly enough adult and young Aboriginal persons before the court in this region to support a Koori court that operates one day a week. NSW Justice note that the Youth Koori Court increases Aboriginal involvement in the delivery of justice, ensuring outcomes are culturally relevant and have more impact on the offender.¹⁹

There has not yet been a formal evaluation carried out on the youth Koori court but initial reports suggest its success in reducing recidivism rates and increasing employment and stable accommodation. In addition, the cost of the Youth Koori court has led to a net saving to NSW of \$36,540.²⁰

The involvement of elders, who sit alongside the Magistrate and the individual is far less intimidating than the regular westernised courts and is based on principles of therapeutic justice – focusing on the criminogenic needs of the participant. Participants are linked with support agencies and case managed plans which ensure compliance.

One only needs to look at the number of Aboriginal people disproportionately represented in our gaols as a result of drug and alcohol-related crimes to grasp the significant shortage of treatment opportunities in our region.

There is a high rate of drug (methamphetamine) and alcohol related violent offences among the Aboriginal communities in our region. Domestic violence is sadly too prevalent and it is this offending that often results in incarceration. There is also no facility for Aboriginal women and children.

¹⁹ [http://www.justice.nsw.gov.au/Pages/media-news/media-releases/2017/\\$220000-funding-boost-for-Youth-Koori-Court.aspx](http://www.justice.nsw.gov.au/Pages/media-news/media-releases/2017/$220000-funding-boost-for-Youth-Koori-Court.aspx)

²⁰ <https://crimlawcommittee.wordpress.com/2017/03/05/trial-of-the-new-nsw-youth-koori-court-success/>

Other Programs

The Magistrates Early Referral Into Treatment (*The MERIT Program*)

The *MERIT* program is available at the Local Courts in our region.

Eligible individuals are able to have their matter adjourned to allow them to focus on treating their substance abuse problem. The treatment program is tailored for the individual's needs and can include detoxification, methadone, residential rehabilitation, individual and group counselling, case management and welfare support.

It is usually planned as a 12-week intensive program. Successful engagement in the program can be taken into account in sentence proceedings.²¹ An evaluation found that completion of the program reduces the risk of recidivism of any type of offence in the next two years by 12 per cent.²²

Waiting Lists & Waiting Times

As a duty lawyer in court on most days, I make referrals to MERIT. There have been a few occasions where the MERIT office has notified us that their 'books are full' and they cannot take on any more clients. I am aware of instances where MERIT has closed their books for almost two months.

Gaps & Shortages

There are a number of gaps and shortages in the MERIT program. These include:

- Inability to access MERIT due to their 'books being full';
- MERIT is only available to persons charged with matters that can be finalised in the local court;
- MERIT cannot be applied for if in custody, as an individual must be granted bail before they can apply. I understand this fairly recent policy change was brought about to limit the numbers of individuals applying due to lack of staff and resources at the MERIT office;
- The Buttery rehab has four MERIT beds only and these beds are infrequently available due to the long waiting list and the length of the program;

²¹ Local Court Practice Note Crim 1: Case management of criminal proceedings in the Local Court [12.1].

²² Submission to this Inquiry by NSW Legal Aid - Rohan Lulham *The Magistrates Early Referral Into Treatment Program – Impact of program participation on re-offending by defendants with a drug use problem* (2009) NSW Bureau of Crime Statistics and Research. Lulham also noted that the literature strongly suggests that small changes in the rate of convictions are associated with much larger changes in actual offending: at 9.

- An individual who is “self-medicating” a mental health issue with illicit substances may not be eligible, due to the lack of resources in the MERIT office to cater for clients with specialised and complex needs;
- The Lismore MERIT program only accepts individuals with drug abuse issues. Individuals who have *alcohol abuse* issues are not eligible for the MERIT program. This eligibility restriction means that many individuals are missing out on the valuable assistance offered by MERIT and an opportunity to address their criminal behaviours.

The Compulsory Drug Treatment Prison

In 2006 in North-West Sydney, Parklea Correctional Centre houses the Compulsory Drug Treatment Program for offenders with substance abuse issues and who have been sentenced to 18 months – 6 years. The prison has 70 beds and is only available to offenders in the Sydney metro area.

The impetus from the NSW State Government for commencing the program arose from a perception that, despite a comprehensive array of supply, demand and harm reduction strategies aimed at reducing drug-related crime and deaths, there remained a persistent group of drug-related offenders who kept returning to the courts.²³

The program includes an emphasis on rewards and sanctions. The objectives of the legislation provide the blueprint for the service delivery model: (1) to provide a comprehensive program of compulsory treatment and rehabilitation under judicial supervision for drug dependent persons who repeatedly resort to criminal activity to support that dependency, (2) to effectively treat those persons for drug dependency, eliminating their illicit drug use while in the program and reducing the likelihood of relapse on release, (3) to promote the re- integration of those persons into the community, and (4) to prevent and reduce crime by reducing those persons’ need to resort to criminal activity to support their dependency.

Once a CDTO is made, a multidisciplinary team develops the Compulsory Drug Treatment Personal Plan (the Personal Plan) with participants for approval by the Drug Court.²⁴

²³ Astrid Birgden (Director of the Compulsory Drug Treatment Correctional Centre) and Luke Grant (Assistant Commissioner, Offender Services and Programs, Corrective Services, NSW), *Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation*, 2010, Australasian Journal of Correctional Staff Development: <https://pdfs.semanticscholar.org/d2b7/b98d72a0fc431464c9ecf9c368f277249f4d.pdf>

²⁴ Once a CDTO is made, a multidisciplinary team develops the Compulsory Drug Treatment Personal Plan (the Personal Plan) with participants for approval by the Drug Court. The Personal Plan is a treatment plan, a case management plan, and a contingency contract combined. The Personal Plan identifies dynamic risk factors for re-offending as well as human needs, identifies the conditions for drug treatment and rehabilitation, and specifies the rewards for meeting the specified conditions and the sanctions for not meeting the specified conditions. Success in meeting the conditions of the Personal Plan is rewarded with progression toward community

In terms of exit, participants can be reluctant to leave the support of the CDTCC participants are increasingly requesting that they not be granted parole but remain on the CDTO for a few further months in order to receive ongoing support in the community.

Significant improvements were found in outcome measures of mental and physical health, high scores on treatment readiness and therapeutic alliance, and largely positive comments about the Program.²⁵

A review of the Program by the BOCSAR found evidence that the program was successful in meeting its objectives. The review found that:

- The proportion of participants who felt 'sure' that they needed help to keep from relapsing to drug use; and
- The proportion of participants who felt 'sure' that they needed help to keep from taking part in further criminal acts or behaviour

both fell over the course of the treatment.²⁶

At August 2009, preliminary CDTCC psychometric data analysis indicated that positive changes were occurring for treatment readiness, impulse control, criminal thinking, problem solving skills, perceived quality of life, and so on.²⁷

In other words, the program was successful in enabling participant to kick their drug habits and break the cycle of drugs and crime.²⁸

Addressing the core reason for using alcohol or drugs is the beginning of the rehabilitative process. This the core reason why such a process is unlikely to work in a normal prison setting, where prisoners have to keep their guard up at all times to

reintegration. Failure to meet the conditions of the Personal Plan can result in sanctions of increased management, regression, or ultimately revocation (with a return to mainstream prison to complete the non-parole period of the sentence.

²⁵Astrid Birgden (Director of the Compulsory Drug Treatment Correctional Centre) and Luke Grant (Assistant Commissioner, Offender Services and Programs, Corrective Services, NSW), *Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation*, 2010, Australasian Journal of Correctional Staff Development:

<http://www.bfcsa.nsw.gov.au/journal/ajcsd>

<https://pdfs.semanticscholar.org/d2b7/b98d72a0fc431464c9ecf9c368f277249f4d.pdf>

²⁶Joula Dekker, Kate O'Brien and Nadine Smith AN EVALUATION OF THE COMPULSORY DRUG TREATMENT PROGRAM (CDTP) NSW Bureau of Crime Statistics and Research (2010)

<http://www.bocsar.nsw.gov.au/Documents/l20.pdf>

²⁷Astrid Birgden (Director of the Compulsory Drug Treatment Correctional Centre) and Luke Grant (Assistant Commissioner, Offender Services and Programs, Corrective Services, NSW), *Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation*, 2010, Australasian Journal of Correctional Staff Development:

<http://www.bfcsa.nsw.gov.au/journal/ajcsd>

<https://pdfs.semanticscholar.org/d2b7/b98d72a0fc431464c9ecf9c368f277249f4d.pdf>

²⁸*Compulsory Drug Treatment Correctional Centre Evaluation, BOCSAR,

http://www.bocsar.nsw.gov.au/Pages/bocsar_publication/bocsar_mr_L20.aspx accessed 25 March 2018.)

avoid violence. In other words, being vulnerable in a prison setting is not safe, unless of course the prison setting is a therapeutic setting established for the purpose of rehabilitation from substance abuse disorder, such as the Compulsory Drug Treatment Correctional Centre.

The Drug Court

The experience in courts of therapeutic jurisprudence in the United States, the United Kingdom and Canada strongly influenced the establishment of a Drug Court in Parramatta in 1999. The Drug Court now sits in the Sydney CBD and the Hunter Region. The Drug Court was evaluated in 2002 and 2008 by the Bureau of Crime Statistics and its success has ensured it continues today.

The 2008 re-evaluation of the NSW Drug Court revealed it to be more cost-effective than prison in reducing the rate of re-offending among offenders whose crime is drug/alcohol related. Individuals who progress through the NSW Drug Court are significantly less likely to be reconvicted than offenders given conventional sanctions (mostly imprisonment).²⁹

The current findings estimate that the Drug Court program provides a net saving of \$1.758 million per year when compared with conventional sanctions. The long term savings are even greater because of the reduction in recidivism of offenders who complete the program. In other words it is cheaper and produces better outcomes than the alternative custodial sanction.³⁰

This conclusion means that the NSW Drug Court is likely to be a cost-effective approach.³¹

Gaps and Shortages

There is no drug court for our region despite the obvious need borne out from the recent and long term BOCSAR statistics which has our region tripling the State average in drug offending and significantly surpassing the State average in other drug and alcohol related offending;

²⁹ Stephen Goodall, Richard Norman & Marion Haas, The costs of NSW Drug court, (September 2008) Centre for Health Economics Research and Evaluation, <http://www.bocsar.nsw.gov.au/Documents/CJB/cjb122.pdf> - The economic analysis conducted by CHERE showed that the total cost of the Drug Court program is \$16.376 million per annum. The largest drivers of this final cost are the cost of final imprisonment (for those who do not complete the program successfully) and the cost of staffing and running the court.

³⁰ Stephen Goodall, Richard Norman & Marion Haas, The costs of NSW Drug court, (September 2008) Centre for Health Economics Research and Evaluation, <http://www.bocsar.nsw.gov.au/Documents/CJB/cjb122.pdf> - The economic analysis conducted by CHERE showed that the total cost of the Drug Court program is \$16.376 million per annum. The largest drivers of this final cost are the cost of final imprisonment (for those who do not complete the program successfully) and the cost of staffing and running the court.

³¹ http://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2008/bocsar_mr_cjb121.aspx

92% (127,227) of the NSW criminal matters are finalised in the Local Court yet the eligibility for the drug court is district court matters only.³²

³² BOCSAR, *Criminal Court Statistics May 2017*:
http://www.bocsar.nsw.gov.au/Pages/bocsar_court_stats/bocsar_court_stats.aspx 3% in higher courts, 5% in Children's Court.