Parliamentary Committee – Health and Disabilities Committee, December 2011 'Inquiry into severe substance dependence: a model for involuntary detoxification and rehabilitation'

Micah Projects notes the current inquiry will not continue but look forward to meeting with relevant Parliamentarians to discuss substance dependence treatment models in Queensland, in the near future. Micah Projects stress that any new inquiry under the new Parliament should consider substance misuse in Queensland as a broader issue.

This submission offers a general statement outlining possible opportunities and concerns with Queensland Health's proposed model for involuntary detoxification and rehabilitation.

Micah Projects is a community organisation delivering a range of support services to vulnerable people in their homes and community. Micah Projects includes the following service areas:

- Mental Health and Disability services
- Homelessness to Home support services
- Family, Women and Children support services
- Forgotten Australian support services
- Innovation, Research and Evaluation.

In 2010-2011 Micah Projects provided support and advocacy services to 3,401 adults and 1,609 children. Services were provided to 790 families with children and the organisation recorded 35,907 casual contacts for people with information, referral, transport and financial assistance.

In this submission Micah Projects argue that to ensure a model for involuntary detoxification and rehabilitation operates in the best interests of the individual, their families and the community it needs to:

- be informed by a broader inquiry into the current service environment and how people engage with services, and be based on evidence and learnings from other states;
- provide formal avenues to ensure vulnerable adults are protected and not further exposed to harm or marginalisation;
- have a long-term treatment focus, providing a continuum of support with an integrated services approach at its core;
- have a strong focus on the individual and a much greater emphasis on rehabilitation and community reintegration;
- ensure treatment is provided in the least restrictive environment possible;
- ensure funds are not diverted from other services; and
- clearly identify how families will be supported and how current service gaps in this area will be addressed.

Evidence base and the Queensland environment

Micah Projects argues that there is a great need in Queensland for an inquiry into the substance misuse service environment in general. An inquiry into only involuntary detoxification and rehabilitation is short sighted given the state's fragmented system. In the proposed model there is an emphasis on episodic intervention rather than continuity of care. Individuals with complex needs are falling through the gaps and current support and service availability is inadequate to help break the cycle of severe substance dependence. Micah Project's experience with vulnerable individuals with complex needs who access our support and the organisation's innovative approaches to holistic care means the organisation is well placed to provide learnings and we again stress the importance of a broader inquiry in which individuals, organisations and the community is consulted. The organisation has recently proposed an integrated healthcare model to provide coordinated treatment and care planning to recently homeless clients with complex health presentations and, if an inquiry into treatment models for severe substance dependence is resumed, would value the opportunity to meet with the Committee to discuss the relevance and implications of this approach. The Executive Summary for this proposal is **attached;** the full proposal can be forwarded if the inquiry is resumed.

The newly established Queensland Mental Health Commission provides a further opportunity to investigate the current service environment, drive innovative service reform and improve health outcomes for individuals with complex service needs. Albeit Micah Projects would like to express its concern that the Mental Health Commission has been confused with a government Department – at odds with the Queensland Government's commitment to the establishment of an independent commission.

There are crucial areas of service provision in Queensland that need to be investigated. There is little consensus and the lack of a consistent framework to tackle substance abuse across the justice, health and community sectors. New policy and interventions should be grounded in evidence and based on an in-depth understanding of the drug use environment in Queensland and how individuals currently engage with the service system. There is an opportunity for Queensland to look more closely at the current National Drug Strategy and identify how its priorities could inform a broader Queensland inquiry. There is also an opportunity to learn from other states.

The new *Victorian blueprint for alcohol and other drug treatment services 2009-2013-client centred*, *service focused* is a good example of working towards stronger continuity of care of vulnerable individuals and the provision of appropriate, timely and high quality integrated services.

Safeguarding vulnerable adults

Micah Projects agrees that the proposed model does raise significant ethical and human rights issues. It is crucial that any model for involuntary detoxification and rehabilitation does

not expose vulnerable adults to a violation of their human rights or put them at further risk of vulnerability or marginalisation. Micah Projects notes that a Queensland model for involuntary detoxification and rehabilitation will need to take into account international human rights standards. Micah Projects has an unswerving commitment to human rights, the personal dignity of individuals and ensuring just processes for conflict resolution.

A model for involuntary treatment should outline formal avenues available to individuals to seek legal representation and ensure the individual is aware of their right to nominate an advocate or have access to assistance. The model must recognise informal arrangements for making decisions on behalf of an individual to ensure involvement in decision making is maximised.

Integrated services approach – a continuum of care

The organisation recognises that involuntary care may be justified in some cases for the purpose of reducing serious harm in the case of substance dependence. The proposed model does provide an opportunity to reach those people on the fringes, who may never have sought the help they may desperately need. It provides an opportunity to make much needed strategic linkages for people with impaired capacity or those in the correction system. This is only a small component of the greater response needed to help treat substance misuse; particularly as those exposed to involuntary treatment may be at further risk of legal consequences if they violate a treatment program or quickly return to a substance misuse environment.

Micah Projects is concerned that the features of the proposed model indicate a strong emphasis on initial detoxification with limited information on rehabilitation, long term recovery options and coordination of services, meaning the proposed exit plan for individuals will be inadequate. The government must be prepared to provide an environment where people who are vulnerable or harmed can get timely, adequate and continued support and that the entry point for initial detoxification provides an integrated service approach. Micah Projects argues that to help break the cycle of substance misuse there must be just as much focus on rehabilitation and support as initial detoxification. Models of care need to work towards sustainable change in people's lives. In particular, providing access to housing is a critical component of community reintegration and sustainable recovery. Those who may be subject to involuntary care will most likely be long term substance users with entrenched issues that require much more than 28 days in a hospital bed. *(Feedback received from members of the 'Homeless to Home Healthcare network' – an initiative of Micah Projects and Mater Health Services).*

Substance use and misuse is an incredibly complex issue and can be both cause and effect of other issues in individuals lives and can complicate attempts to address other issues. There is increasing evidence that substance misuse is linked to mental health issues, housing issues, domestic and family violence. A single issues service aimed at detoxification will not be adequate to address the needs of individuals and help to restore their capacity to

make informed decisions, reduce harm and decrease the vulnerability of themselves and their families.

Issues must be simultaneously addressed and there must be a focus on collaboration and coordination in the best interests of the individual and their families.

It is also **important that the proposed model does not create an institutional environment.** It is noted that treatment facilities will be secure and possibly located in secure units in hospitals or mental health facilities. Micah prefers the features of the Victorian treatment model in which voluntary treatment is promoted over detention and treatment is provided in the least restrictive environment possible and in the least intrusive manner. If secure treatment is essential to ensure harm to the individual, family and community is minimised, working with family and friends should be an important part of this approach. When removing individuals from these facilities it also becomes crucially important that they are adequately supported in the community and that basic needs, such as housing, are a priority.

The National Institute on Drug Abuse (*cited in 'Discussion Paper on the Forensic Drug Treatment System' – Victorian Government, 2009*) has published principles of effective treatment which have been widely endorsed and provide some key issues to be considered in developing any treatment model:

- No single treatment is appropriate for all individuals.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counselling (individual and/or group) and other behavioural therapies are critical components of effective treatment for addiction.
- Treatment does not need to be voluntary to be effective. This means that entry into treatment via the criminal justice system can be as effective as voluntary treatment.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.
- Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.

Investment

Micah Projects would like to stress that to be successful in helping to break the cycle of substance misuse, a new model for involuntary detoxification and rehabilitation **requires a significant additional investment in a holistic range of services and must not divert capital expenditure from other much needed and successful program**s; for example in housing, domestic violence and mental health. There is a role to play for local governments and community organisations, also, to help people back in to employment, education or

training. Primary prevention also remains critically important and drug education needs to involve families.

Vulnerable families

Substance use is particularly problematic for vulnerable families. The identity of those misusing substances, as parents, can be overlooked. There is a risk that a model for involuntary detoxification and rehabilitation exposes vulnerable parents to intervention from child protection authorities. **How will families be supported through this?** There is a current service gap for vulnerable families with limited counselling and rehabilitation services available. Many families may have avoided seeking help prior to involuntary treatment because of a fear of intervention from child protection. This service gap and the risk to families must be addressed.

Attachment

Integrated Healthcare: Homeless to Home Community Prevention, Treatment & Recovery, Team Proposal
September 2011

"Supporting a Housing First approach to prevent and respond to homelessness with people who have mental illness, substance abuse problems and chronic health conditions"

Executive Summary

The integrated Community Health, Prevention, Treatment and Recovery Team (CHPTR) will provide assertive community based health care that is integrated with Micah Projects, Street to Home team and social housing properties (Appendix 1). It will adopt an evidenced based multi-disciplinary team approach founded on an integrated health care model that includes medical, nursing, allied health, recovery specialists, peer support specialists and an employment/ education specialist. It will provide coordinated treatment and care planning to recently homeless clients with complex health presentations, now housed in long term social housing, or those who are homeless but currently staying in temporary or unstable forms of housing while waiting to access long term housing. The team will have capacity to provide case management as well as act as a community based health triage in responding to presenting crisis for a person in their housing or homelessness situation 7 days a week.

Key outcomes of the program are to actively prevent poor health and treatment outcomes, a reoccurrence of primary homelessness through loss of tenure of social housing and the associated overuse of acute care settings and crisis services. In order to achieve such outcomes the program will provide timely intervention, support and health care treatment to address the broad range of presenting physical, mental and substance use health problems. The CHPTR Team will fill current service gaps by providing medium to long term interventions, not defined by geographical catchments or other limiting service entry criteria.

While this proposed model of care will be innovative to Brisbane, it is based on over twenty years of international evidence from the U.S. (www.pathwaystohousing.org) and Europe. This model of care is often referred to as the Housing First Pathways Model. It aims to end homelessness for people with a mental illness, substance use addiction and chronic physical health conditions. Housing is provided as the key platform for achieving stability and is strongly integrated into primary health care teams that do not exclude the most complex and hard to manage clients.

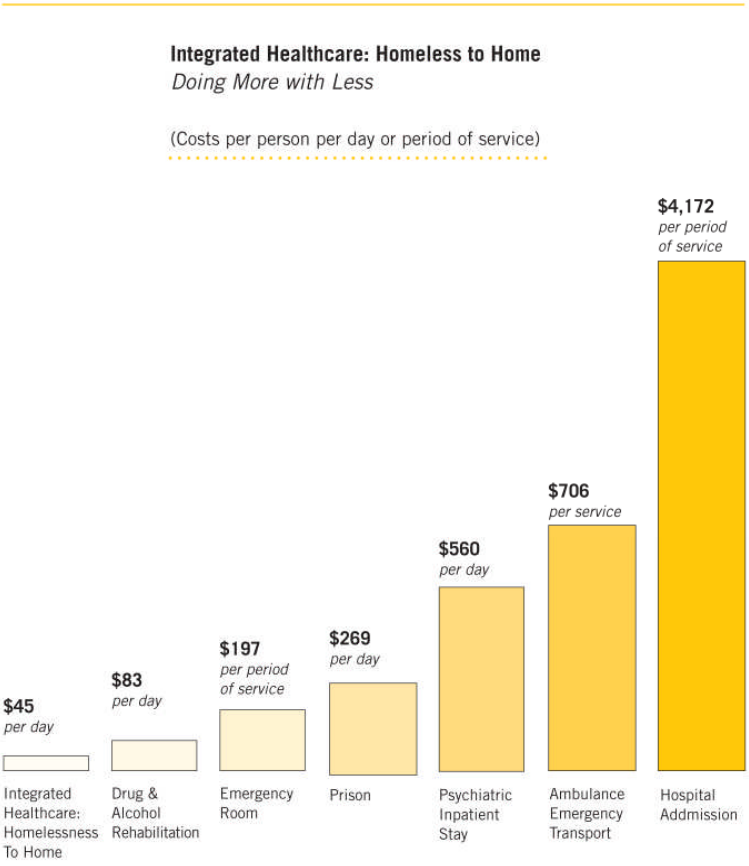
In adapting the program to Brisbane, the intention is to integrate the healthcare team with existing outreach and housing prior to increasing through additional funding the money to lease properties. Currently in Brisbane there exists a gap in services to provide people with home based healthcare during the transition from homelessness to being housed.

Additionally, there is a growing number of people in social or community housing tenure that are not adequately supported by the healthcare system; even through they have significant health issues. This is having a direct impact on achieving real and long term improved health and housing stability. It is also creating significant issues for both public and private housing management. The proposed initiative aims to bridge the gaps created by funding methods between the Commonwealth and State in relation to prevention and treatment, as well as the limited eligibility and silo's within state health systems such as primary care, substance abuse and mental illness which create major barriers and gaps, leaving many homeless people unable to access appropriate care.

Cost Benefits

Key cost benefit studies conducted overseas (Moore, 2006;Rosenheck, 2000; Coldwell, & Bender 2007) have shown the cost effectiveness when a model of assertive community treatment is accessible to homeless clients who are mentally ill, dually diagnosed and/or experiencing chronic health conditions.

Below is an illustrative example of the cost benefits of the proposed program when you compare the programs daily cost ($45 per person) to that of acute health care and criminal justice settings. Such services are often frequented several times in the course of a year/s while a person is homeless. This has been clearly identified in the Vulnerability Index data reported on in the target groups profile and use of health care services
(Page 8).



The reported daily or period of service costs are taken from the Productivity Commission Report (2010) National Hospital Cost Data Collection – Cost, Australian Government Health and Ageing Productivity Commission Report 2010, The NSW Alcohol and Drug Residential Rehabilitation Study; Health Policy Analysis Pty Ltd, Ambulance Service Regulation 1991 Queensland Legislation.

Recent deaths and the continual reporting of poor physical health, mental health crisis', chaotic substance use and the lack of integrated specialist services in Brisbane to address not one issue or diagnoses but several among this highly vulnerable population has compelled Micah Projects to move forward in its commitment to addressing these problems and service system gaps. In doing so, they have visited and investigated international and national evidence based models that have demonstrated long term outcomes for homeless clients with complex health and social problems. The Housing First: Pathways Model represents such a model as attested to and implemented by multiple agencies around the world.