Mission Australia

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SUBMISSION FOR INQUIRY INTO SEVERE SUBSTANCE DEPENDENCE: A MODEL FOR INVOLUNTARY DETOXIFICATION AND REHABILITATION

INTRODUCTION

Mission Australia is supportive of all efforts to reduce alcohol and substance use in Individuals where that use results in severe harm to the individual or others. However, detaining a person involuntarily is a serious breach of their basic human rights and any programs that propose to reduce, or remove, a person's rights need to be considered carefully. Infringing on people's human rights should never be an action taken lightly.

A legal system exists, with associated checks and balances, to incarcerate those people with substance misuse issues whose actions cause harm to the community. Drug and alcohol interventions are provided for prisoners, and there is no reason to duplicate that model. As the model proposed is not for responding to people who have committed a crime that attracts a custodial sentence the focus of the proposed model must be primarily about protecting the individual.

Mission Australia strongly believes that if a proposed intervention will reduce, or remove, a person's basic human rights then there must be compelling evidence that demonstrates the effectiveness of the proposed intervention. As the Health and Disabilities Committee's own information paper notes, the NHMRC has found little evidence regarding the effectiveness of compulsorily residential treatment. Therefore, as there is insufficient evidence to support the proposed model Mission Australia advises against limiting a person's basic human right to freedom for the sake of an untested intervention.

Further, Mission Australia would contend that creating an involuntary detoxification and rehabilitation service is a flawed decision while there are insufficient detoxification and rehabilitation services available for those people who would voluntarily undertake these services. Mission Australia would advise that drug and alcohol treatment funds would be better directed to providing services for people seeking to address their substance misuse issues rather than uses these resources to compel people who are unwilling to change their substance usage.

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ISSUES FOR COMMENT AS PER INFORMATION PAPER

What practical approaches to involuntary detoxification and rehabilitation are considered most effective?

- Mission Australia is not aware of any scientific evidence to support involuntary detoxification and rehabilitation.

What should be the criteria to require a person to undergo involuntary detoxification and rehabilitation?

- There should be a proven, serious risk to self, be that a physical risk from substance use or the ramifications from substance use, such as, being financially or sexually vulnerable, consistent and unwilling homelessness relating directly to substance misuse, impulsive, serious self-harming while intoxicated.

What purpose should a model of involuntary detoxification and rehabilitation have?

- Involuntary detoxification and rehabilitation should be an absolute last resort for people at significant risk who have been unable to voluntarily address their issues of severe substance use. The purpose should always be to minimise harm and to address people's substance misuse issues; it should never be used to address social of community problems.

Should the objectives include restoring decision making capacity and encouraging people to voluntarily participate in rehabilitation?

- Wherever possible the objectives of any treatment plan should include restoring decision making capacity and encouraging people to voluntarily participate in rehabilitation. Many people who severely misuse substances have impaired judgement while using. There would need to be a formalised pathway after detox for discussion about access to ongoing treatment and support, as well as access to accommodation options.

- It must be noted that Queensland's existing rehabilitation services and accommodation services for people seeking to address their substance misuse issues are currently at full capacity. Additional funding for these services will be required if people are to capitalise on their newly-found desire for sobriety. Without addressing these issues the proposal is critically flawed and the long-term outcomes (including an increased risk of overdosing) are likely to be worse, rather than better.

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Are there other objectives that should be considered in developing a model for involuntary detoxification and rehabilitation?

- In addition to short-term risk reduction, long-term rehabilitation and the adoption of safe substance use practices should be an objective of the intervention. As such, the provision of involuntary detoxification and rehabilitation over a 28 day period must be considered within the context of a treatment pathway. This service cannot be provided as a standalone service, it must be part of a structured and formalised treatment pathway that leads to the fulfilment of this objective.

What is the appropriate maximum period for involuntary detoxification and rehabilitation? Should an extension be possible and if so in what circumstances?

- This must be balanced between considerations regarding:
  - "how long is it appropriate to detain a person against their will in situations where the person has not committed a crime?" and
  - "how long does it take to detox someone and get them to a point where upon release they aren't going to go straight out and start using again?"
- 28 days may be appropriate for involuntary detoxification and the beginnings of rehabilitation; however, it is inadequate to address a person's on-going rehabilitation needs and it is unlikely that a 28 day involuntary intervention delivered to a person with severe substance dependence issues will have any long-term effect. A treatment period of up to three months, after the initial 28 day intervention, would be more suitable to address issues leading to substance use and objective, shared goal setting.
- It would be physically dangerous to detox anyone and then return them 28 days later to where they came from; there would be a significant risk of post-release overdosing inherent in such a model. To support an involuntary detox and rehab service there would need to be a post-release, extended care facility available for any real chance of successful rehabilitation. Long term, intensive counselling is required to address the reasons for substance use in the first place, this isn't something that can be achieved in 28 days. For example, grief and loss issues from DV or CSA, removal from family, bullying etc. These services are currently at full capacity in Queensland and there is no guarantee that on exit people would be able to access these services.
- Each applicant would need a detailed treatment plan (at a minimum) to be provided with the initial application to detain and treat them that extends well beyond the 28 days mandatory treatment. For the sector to have any confidence in this proposal

the costings for the proposed model must include a minimum of two months post release rehabilitation and counselling.

- 28 days would seem to be approaching the upper limit at which it was reasonable to involuntarily detain a person for reason other than having committed a criminal offence. However, if a person had been involuntarily detained for the purpose of providing detoxification and rehabilitation it would be incumbent on the State to provide an ongoing support service beyond the initial 28 days.

Who should make the decision that a person is detained for involuntary detoxification and rehabilitation?

- The lack of an accepted definition of 'severe substance dependence' makes the assessment of this condition problematic. The term 'authorised medical practitioner' also needs more clarification; Mission Australia would argue that this should be a doctor working in the ATODS sector, not a general practitioner. Opening it up to any medical practitioner would be complicated by values and pressures from third parties affected by the individual.

- Service providers should be able to refer their clients to this service as practitioners working in the ATODS sector are likely to have a better idea of those who would most benefit from this type of intervention. The constabulary and family, while well-intentioned, may have inherent biases that would cloud their judgement.

- A working group drawn from practitioners working in the alcohol and drug sector should be established to ascertain the best definition of 'severe substance dependence'.

- The training that would be provided to Magistrates to enable them to make informed decisions needs to be considered and clearly articulated.

What treatment should be provided for involuntary detoxification and rehabilitation?

- There needs to be appropriate, long term and intensive counselling for everyone under the involuntary order to address issues which led to the substance misuse. Also, access to dual diagnosis (substance and mental health) specific practitioners is essential.

- There needs to be a recognition that even with the benefit of detoxification some people may never achieve full decision making capacity, either due to a pre-existing condition (mental illness or intellectual disability) or due to their substance abuse (substance-related brain damage and dementia). This needs to be considered in the treatment regime.

- Social and living skills will also need to be addressed if rehabilitation, the longer-term goal of the intervention, is to be realised.

OTHER ISSUES

- Mission Australia's primary critique of the proposed intervention is that involuntary detoxification and rehabilitation have been presented as standalone services. The 28 day detoxification must be considered within the context of a comprehensive treatment pathway. The risks associated with involuntarily detoxifying a person and then releasing them back into the community without significant support are of the highest magnitude. Before Mission Australia could support a proposal for involuntary detoxification and rehabilitation the model must address the following three phases:

    1. Pre-entry: how prospective clients will be identified, the reasons for detention, and the process for admission. The human rights issues associated with involuntary detention need to be comprehensively addressed and safeguards installed to ensure the system is not abused. A complete case plan that covers both treatments to be provided during detention and services to be provided post-release needs to be provided to the decision maker so that they can make an informed decision regarding the likely benefits of the proposed detention. The providers of post-release services need to be pre-engaged to provide the proposed services; it is not acceptable to suppose that an already over-subscribed service system will have capacity where and when it is required.

    2. Detention: the nature of the detention, the services that will be provided during detention and how the success of the program will be determined have to be articulated. How cultural appropriateness of the model will be ensured must be addressed. The consequences of non-participation or absconding from custody would also need to be resolved.

    3. Post-release: the guaranteed supports, services and interventions that will be provided on release need to be formalised. The State must accept that when it involuntarily detoxifies a person it assumes a Duty of Care. A step-down suite of services are required for all detainees on release. These services would include ongoing rehabilitation, counselling services to address the issues that lead to the person's substance misuse issues, and appropriate accommodation in a facility that provided an environment suitable for people undertaking substance misuse rehabilitation.

  This level of detail has not been provided and it is impossible to recommend the intervention without this information.

- Townsville has a limited number of rehabilitation and post-detoxification treatment services and Mission Australia therefore questions the choice of Townsville for a trial. Brisbane, which has existing post-care services and effective residential facilities for people undertaking substance misuse rehabilitation (such as Roma House), would be a more logical location to trial involuntary detoxification and rehabilitation.

- The very public discussion of Townsville's long-running issues regarding alcohol and substance use in public spaces makes the choice of Townsville as a trail location appear to be a response to a social issue. This is absolutely inconsistent with the purpose of the proposed intervention. To ensure the integrity of the proposal is beyond question Mission Australia would require that Townsville was not considered as a site for a trial intervention of this nature.

- Mission Australia seeks reassurances that the legislation would only be used to help individuals to overcome severe substance use problems and never used to address social problems such as homelessness or public drinking.

- There are insufficient services for people with substance use issues now; increasing the number of people receiving detoxification services without a corresponding increase to the post-detoxification treatment and rehabilitation services would be disastrous. Significant increases in funding will be required if these clients are going to be managed within existing services or if new services created.

- The consequences of non-participation or absconding from custody would also need to be resolved. It would be a poor outcome if people involuntarily detained by the State for the purpose of addressing substance misuse became involved in the criminal justice system because they absconded or refused to participate in their involuntarily treatment.

- Hospitals and prisons are inappropriate facilities due to cultural inappropriateness.

- The units would have to be extremely secure to prevent substances being taken in or procured while in there.

- There is a high Indigenous prevalence in substance, particularly alcohol, misuse so any treatment offered would need to be culturally appropriate. Funding to offer high end training for Indigenous workers to enable them to offer the treatment must be considered. Even with the availability of training there are doubts as to whether there would there be enough Indigenous workers prepared to work with their community in such a coercive manner.

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CONCLUSION

- As the NHMRC has found little evidence regarding the effectiveness of compulsorily residential treatment there appears to be no justification to support the removal of a person's right to freedom. Mission Australia's final position is that as the intervention is not supported by evidence it would be inappropriate to involuntarily incarcerate a person for the purpose of conducting an experimental trial.