

30 July 2018

P: (08) 8202 5880  
E: [adriann@unitingcommunities.org](mailto:adriann@unitingcommunities.org)Hon Stephen Wade MLC  
Minister for Health and Wellbeing  
Legislative Council[Stephen.Wade@parliament.sa.gov.au](mailto:Stephen.Wade@parliament.sa.gov.au)

Dear Minister Wade

**RE: Controlled Substances (Youth Treatment Orders) Amendment Bill 2016**

Uniting Communities has concerns about the above Bill currently before the Parliament which attempts to mandate treatment from non-compliant drug addicted young people.

Uniting Communities is an organisation with a long history of providing drug and alcohol treatment services that date back to the 1930's when we opened a retreat for men seeking support with alcohol dependence (at Kuitpo Colony). This gradually developed and our expertise grew to the point where we became founding members of the Australian Therapeutic Communities Association (ATCA) and most recently in the treatment of problematic substance use via our New ROADS service. New ROADS is an innovative specialist drug and alcohol service that provides treatment to over 1,000 people per year across a continuum of care. New ROADS offers a range of treatment options including residential rehabilitation for nine people in the metropolitan Adelaide area (funded by SA Health) and 18 beds in the regional areas of Whyalla, Mt Gambier and Riverland (six beds in each regional centre and also funded by SA Health from Ice Task Force funding). Uniting Communities also has significant expertise in providing drug and alcohol treatment specifically for Aboriginal people with our Aboriginal Community Connect (ACC) service. We have, in addition, provided an integrated health service for young people aged up to 25 years which includes medical support and drug and alcohol treatment for many years via our Streetlink Youth Health service.

This wealth of expertise in direct service delivery for people with drug and alcohol issues over many years informs our response to this proposed Bill.

Our response mirrors and supports the recent public submission by Mr Michael White, Executive Officer of SANDAS (the peak Drug and Alcohol body), which identified the following concerns with the proposed legislation:

1. The Bill specifically singles out young people and stigmatises them as a group. The Bill as drafted does not appear to have been drafted with a consideration of the *Children and Young People (Safety) Act 2017*, the National Framework for Protecting Australia's Children, the United Nations Convention on the Rights of the Child or the Convention on Human Rights. It breaches these treaties by specifically treating young people in a more restrictive way than the general population. It does not establish clear guidelines for ensuring that any intervention in a young person's life is the least intrusive to achieve the intent of the intervention or ensure young people to be active participants in their own care or treatment.

2. Dependence on alcohol and other drugs is a chronic relapsing health condition. The act defines dependence according to the definition laid out in the World Health Organisation ICD 10. However, the Bill then fails to treat the condition primarily as a health condition but rather imposes a judicial process to manage the young person's treatment.
3. This legislation enables the State to detain or put on an order a young person who has not been charged with or committed of a crime. Detention has been shown to cause considerable harm to young people. There is no evidence presented in the justification of this legislation as to how the harms associated with detention (stigma, recidivism, breakdown of relationships etc.) will be mitigated. Engagement with the justice system can have very negative consequences for young people. This can include disengagement from family, education, social networks and employment. One of the most significant predictors of engagement with the adult justice system is engagement with the juvenile justice system.
4. The Bill is based on the premise that the person most likely to bring a young person to the attention of the court is that young person's parent(s). Whilst a parent is responsible for guiding a young person, their primary role should be to support the young person and maintain a relationship with them based on love and trust. The 'tough love' approach that underpins this Bill has been shown in many cases to cause irreparable harm to the young person and their relationships with their family.
5. The Bill is silent on the right of a young person or their parents (if they are not the instigators of the order) to appeal against, challenge or seek to have an order revoked or terminated. It is also silent on the responsibility of the court to regularly review orders and modify them considering changed behaviour or circumstances.
6. If treatments are to be provided by the State or non-government alcohol and drug treatment sector, the government needs to make a commitment to increasing funding to expand treatment services. Currently the sector cannot meet the demand by voluntary clients. Research shows that involuntary clients require greater resources in terms of time and staffing to provide effective treatment.
7. Mandatory detention of alcohol and drug dependent young people (or anyone) is an expensive and ineffective approach to drug and alcohol issues. Research on mandatory drug treatment indicates that the empirical evidence for the effectiveness of mandatory treatment is inadequate and inconclusive. (See [http://www.atoda.org.au/wp-content/uploads/Mandatory\\_Treatment.pdf](http://www.atoda.org.au/wp-content/uploads/Mandatory_Treatment.pdf)).
8. As an alternative the use of *coerced* treatment (e.g. get help or go to prison) has been shown to be effective in encouraging people to seek treatment. Once in treatment evidence shows they respond to treatment well, in contrast to those sent to mandated treatment. Coerced and voluntary treatment is cheaper, more effective and leads to better outcomes when compared to mandated treatment.
9. The Bill does not consider that most young people with significant alcohol and other drug issues also have co-occurring mental health and social issues such as family breakdown, family violence, poverty, housing and employment insecurity and self-esteem issues. The young person needs to be treated holistically and not for one issue in isolation.

Uniting Communities' welcomes the government's good intentions to deal with a difficult problem of concern to a small but significant group of families. However, given the complexity of the issue it is imperative that there is prior consultation with those directly involved in the delivery of services in the drug and alcohol treatment sector. Such a consultative approach would require the government to meaningfully engage with the treatment sector and our colleagues with expertise in youth mental health, family relationships, child welfare, education and child wellbeing to design a system that meets the needs of the young people, families and communities, that this Bill is intended to help prior to enacting legislation. Furthermore it is imperative that before any legislation is to be considered that young people themselves are engaged in shaping the final product.

Of immediate concern to Uniting Communities' is that only about 60 per cent of people in South Australia seeking treatment for drug and alcohol-related problems are able to secure a place in treatment programs. Therefore, freeing up funding to ensure there are more places available for those voluntarily seeking assistance (often at a lower level of dependency which is more cost effective to treat) would be of greater benefit to the community and the families of the young people affected rather than introducing a punitive approach which will be more resource intensive.

In addition to extra resources for voluntary treatment, rather than legislation requiring mandatory treatment, we support SANDAS' call for the consideration of an alternative model that includes the engagement of young people in decisions about their lives which has been proven to be far more effective in retaining them in treatment programs.

In closing, it is interesting to note that data from the *National Drug Strategy Household Survey 2016* shows illicit drug use among 14 to 19-year-olds between 2001 and 2016 has declined considerably. Specifically, I am informed the data suggests the use of cannabis among young people halved, use of ecstasy and cocaine declined by one-third and the use of meth/amphetamines considerably dropped from 6.2 to 0.8 per cent.

You may care to contact Mr Adrian Nippres, Advocacy Project Co-ordinator, Uniting Communities on 0401 714130 to clarify our position on this matter. Otherwise, we look forward to your response to our concerns and your stated position on this Bill.

Yours sincerely



Simon Schrapel AM

Chief Executive

