SUBMISSION

TO | **DASSA**

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TOPIC | **Consultation Paper**

Considering a model for mandatory assessment and/or treatment for those at extreme and immediate risk, based on the *Victorian Severe Substance Dependency Treatment Act 2010*

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Introduction

We are pleased to provide a submission to Drug and Alcohol Services South Australia's (DASSA) consultation paper on 'Considering a model for mandatory assessment and/or treatment for those at extreme and immediate risk, based on the *Victorian Severe Substance Dependency Treatment Act 2010*'. Input and guidance has been provided by Uniting Communities' (UC) relevant alcohol and other drug (AOD) services and a peer advisory group associated with UC's New ROADS AOD service.

UC provides our feedback on the feasibility, costs and impacts of trialing a model for mandatory assessment and/or treatment for those at extreme and immediate risk, based on the *Victorian Severe Substance Dependency Treatment Act 2010* (the Victorian Act). Our comments are made in the context of providing non-government AOD treatment and as a key community organisation advocating for and addressing the needs of vulnerable people in South Australia.

UC recognises that involuntary detention and treatment encroaches on human rights such as the right to liberty and security of person and the right not to be subjected to medical treatment without full, free and informed consent. However, in our experience there are occasions when an individual needs to be detained for treatment in order to prevent them (and sometimes others) from serious harm, including death.

Key Messages:

1. We support the *option* of mandatory assessment and/or treatment of people with severe substance dependence to provide for their immediate safety as well as the safety of their loved ones.
2. Any further treatment should be voluntary, but there *must be* follow-up options for individuals detained under the proposed Act with a particular focus on streamlining referrals and access to step-down support to remove barriers to engagement.
3. Funding *must not* be redirected away from existing services.

Uniting Communities (UC)

UC is a not-for-profit organisation working with South Australians across metropolitan and regional South Australia through more than 104 community service programs. At UC we work to create a compassionate, respectful and just community in which all people participate and flourish. We are made up of a team of more than 1,500 staff and volunteers who support and engage with more than 20,000 South Australians each year.

Established in 1901, UC recognises that people of all ages and backgrounds will encounter challenges in their lives. We offer professional and non-judgmental support for individuals and families around alcohol and other drugs interventions, housing and crises, mental health and wellbeing, individuals with disabilities, respite for carers, counselling and rehabilitation, medical issues, and financial and legal services.

UC Drug and Alcohol Services

UC has significant experience in providing AOD-related assistance to a broad cohort of vulnerable South Australians. Detailed below are the AOD specific services delivered by UC.

New ROADS is an AOD treatment service for people experiencing problematic substance use that began operating in 2013. New ROADS aims to improve client outcomes by eliminating wait times for treatment, improving client retention in the program, and connecting clients with ongoing supports to sustain change. To deliver on these aims, the New ROADS service is offered as a community based model that emphasises a holistic approach to support. New ROADS focusses on providing long-term support for sustainable change, harm reduction and is based on the belief that relapse is common and presents a learning experience. New ROADS also works from a strengths-based perspective and is a dual diagnosis (AOD and mental health) and trauma informed service.

Aboriginal Community Connect (ACC) provides a 'one-stop' support for people needing help with multiple issues. As well as AOD treatments to address substance misuse, ACC offers support for problems associated with social isolation, poverty and disadvantage, housing, the effects of trauma and social and emotional wellbeing. ACC has a 'No Wrong Door' policy and offers a range of services. ACC recognises the integral role that cultural connection activities play in relapse prevention and rehabilitation. Therefore ACC offers group work and linkages to Aboriginal art and craft activities, cultural tours, bush tucker gardens, yarning circles, traditional healing and other cultural activities.

Streetlink Youth Health Service is a clinical health service for young people aged 12-25 years (and their children) who are homeless or at-risk of homelessness. Young people who access Streetlink may be pregnant, seeking assistance with parenting and experiencing problematic substance use, including those with mental health co-morbidity. Streetlink is also accessed by young Aboriginal and Torres Strait Islander people, those who are culturally and linguistically diverse, and young people with the inability to engage with health care in the community due to multiple psychosocial complexities.

Consultation Questions

Do you support the proposed trial's objectives, as set out in this paper? Should amendments be made?

We support the development of an *option* that provides for mandatory assessment and/or treatment of people with severe substance dependence to provide for their immediate safety as well as the safety of their loved ones. We support this option as a starting point for the individuals it may apply to (based on the definition of 'a person at extreme or immediate risk') that would allow them to regain some clarity and decision-making capacity.

Although the option of mandatory assessment and/or treatment of people with severe substance dependence is supported by UC AOD services and an associated client advisory group, it has been stressed by these stakeholders that follow-up treatment (following the mandatory assessment and/or treatment period) should be voluntary.

The individuals to whom this option may apply have most likely been AOD clients who have had periods of abstinence but when they relapse they drink to such a level that they are incapable of stopping because the withdrawal symptoms would be life threatening. They usually must wait to get into medical detox and as they cannot manage that wait, these individuals disengage from services. Having the opportunity to receive immediate assessment and treatment, even via a coercive framework initially, may well have both immediate and longer-term benefits for the individual and their families.

Mandatory assessment and/or treatment and treatment should only be used as a last resort but, as such, comes at a point at which there is little that can be done to improve people's health, welfare and safety other than placing them in mandatory treatment. Mandatory assessment and/or treatment should only be one aspect of a fully funded AOD support service in the State in order to be effective.

UC's Aboriginal service (ACC) provides AOD services and consults widely in Aboriginal communities in the Riverland, the South East and the Murraylands (many of which are the worst affected by ice). Whilst the proposed trial may seem like a drastic piece of legislation in dealing with substance abuse, and particularly the insidious drug that is ice, it is contended that a drastic measure is required to deal with what Aboriginal communities are experiencing as an 'ice epidemic', which is destroying Aboriginal people and their families. Aboriginal people and their families are crying out for robust support in assisting family members who are living the daily struggle of ice addiction. Ice treatment needs a strong and thorough treatment plan to work with those worst affected. If the basis of the proposed mandatory assessment and/or treatment trial is to protect individuals from themselves and other family members, then the trial is supported as a good starting point in getting appropriate care and treatment for that individual.

Should the current Victorian Act's definition 'of a person at extreme or immediate risk' (sections 5 and 8) apply?

The Victorian Act's definition does not go far enough to adequately describe a 'person at extreme of immediate risk'. The definition of a 'person at extreme of immediate risk' should also include:

- The level of the person's substance use and impaired ability to make decisions directly places their life at risk of overdose, accident, organ failure, brain injury etc.
- The level of the person's substance use and impaired ability to make decisions directly places others' lives at risk.

Additionally, section 8 of the Victorian Act does not state that a person can only be held for a maximum of 14 days. The maximum mandatory assessment and/or treatment period of 14 days should be explicitly stated in South Australian legislation.

Are the four criteria under which a detention and treatment order may be made under the Victorian Act:

- **Sufficient to capture those who might be 'at extreme or immediate risk'?**
- **Clear enough to ensure that any limitations on peoples' rights are reasonable and are the minimum necessary in the circumstances?**

Having no experience of the Act in practice, we refer to the experiences of Uniting Care's Victorian AOD service ReGen. ReGen's view is that the Victorian Act (in its current form) is not achieving its objectives nor the treatment needs of people whose AOD use (in combination with other factors) places them at extreme, immediate and ongoing risk. The view of ReGen is that the Victorian Act only provides the capacity to admit people to brief treatment well after they have lost the capacity to make informed choices about their care or be responsible for their own safety. In ReGen's view, a brief residential withdrawal will have little-to-no impact on the ongoing threat to the client's health and safety, especially if they are returned to unsafe environments following mandatory assessment and/or treatment.

The experience of ReGen was that the process of applying under the Victorian Act is bureaucratic and time-consuming. The benchmark for admission under their Act is too high and prevents interventions by service providers at a point in the progression of an individual's dependence where sustainable change (and improvements to their safety) is possible. ReGen's discussions with other service providers reflect similar concerns about the difficulty for service providers to make successful applications under the Victorian Act and the capacity of treatment under the Act to have any significant impact on people's health, welfare or safety. There is a clear need for a greater capacity to provide access to step-down interventions following mandatory assessment and/or treatment under the Act, along with a capacity to intervene at an earlier stage in people's AOD use to create realistic opportunities to reduce risk and support behaviour change.

In ReGen's experience, the people who are potentially eligible for treatment under the Act typically present with an extremely complex array of physical and mental health concerns (in addition to their AOD dependence) and are living in chronically unsafe circumstances, posing immediate and ongoing risk to themselves and others.

Requirements for a trial in South Australia

Were a trial to proceed, enabling legislation would be required, which would allow a trial to be conducted by SA Health for a defined period.

Are there other legislative and legal requirements or protections which might need to be put in place to ensure adequate safeguards of patients' rights and interests?

The exceptional mandatory elements appear to be a good balance between human rights and the communities' desire to preserve the lives of the people captured in the definition of section 5 of the Victorian Act.

Are the processes for legal review and oversight appropriate?
We additionally propose that mandatory treatment episodes be periodically reviewed by a group that is independent of DASSA.

Does the model provide for the best possible treatment in the least restrictive environment and in the least intrusive manner possible?
Consideration must be given to the location of mandatory assessment and/or treatment facilities as people living in regional and remote areas of South Australia would likely experience removal to metropolitan Adelaide for treatment as exceptionally intrusive and disruptive. Mandatory assessment and/or treatment of Aboriginal and Torres Strait Islander peoples from remote communities to a metropolitan treatment facility would additionally create conditions for culture shock. Consideration should be given to how the proposed trial will support indigenous people from remote communities immediately following discharge (so that people are not exited into homelessness or unsafe circumstances) as well as into safe recovery in the long-term.

What elements should be included in any Model of Care for Involuntary Clients under the trial?
Uniting Communities' AOD New Roads Peer Advisory Group believe that any follow up treatment should be voluntary after the mandatory assessment. Specifically, the Group expressed the view that after the assessment a structured follow up treatment and support plan needs to be in place to provide best outcomes clients. UnitingCare ReGen contend that the treatment period is too short and that clear options should be provided following completion of the mandatory assessment and/or treatment period. It is fundamental that any mandatory assessment and/or treatment and detox include long-term, step-down support, especially given that there is no evidence that mandatory assessment and/or treatment (as proposed) is effective but there is evidence that program retention (of at least 3 months) results in more favourable outcomes. Options for individuals following completion of mandatory assessment and/or treatment may include the Woolshed, New ROADS, or other intensive residential support services, particularly culturally appropriate services.

Appropriate follow-up support must also be provided for people with Acquired Brain Injuries or significant cognitive damage that inhibits their ability to make changes to their substance use and engage with AOD services for long term support.

What other evidence should be taken into consideration?
Aboriginal and Torres Strait Islander peoples and services should be consulted regarding cultural considerations and appropriate treatment settings.

What practical limitations may need to be considered for the operation of a trial if it were to proceed? What is the feasibility and likely cost impact of transporting severely dependent people to Adelaide for court-ordered assessment and treatment?

There is no information at all in the briefing paper about how much a trial would cost and about where this money would come from. We would be particularly concerned if money were to be pulled from current community-based treatment as these services struggle to cope with demand at present. Additionally, evidence shows that the effectiveness of AOD services (at supporting abstinence and substance reduction and a holistic range of client outcomes) is greater than the positive outcomes reported in the Victorian trial. If the trial were to go ahead in SA, it would presumably be fairly expensive (in comparison to the costs of other forms of AOD treatment), so a cost-benefit analysis of different forms of AOD treatment would be a worthwhile step before SA commits to a trial.

What additional administrative measures and arrangements might need to be considered?

ReGen advised that the complexity of the application process meant that each attempt to have a client admitted required approximately one week of a ReGen staff member's time. ReGen was successful in having only one client admitted under the Victorian Act. In the case of this client, the first application was rejected for administrative (not clinical) reasons, as ReGen staff were unable to meet process requirements. These administrative difficulties for service providers (and family members) to undertake the application process under the Victorian Act are a significant barrier to the Act's effectiveness. ReGen was of the opinion that it is currently too difficult to have people admitted to treatment under the Victorian Act and as a consequence, the number of possible admissions per year is too low.

The New ROADS Peer Advisory Group that provided feedback to this submission advised of the difficulty of getting into medical detox when needed owing to waitlists. It is of concern that this trial will not affect waitlists for detox and may in fact increase wait times if beds were held for mandatory treatment (rather than new beds created for the trial). A major concern with the proposed trial is related to the resources required to run the trial. We would like greater clarity around where the funding and beds to resource this trial are coming from, in particular whether new bed places will be created from a new pool of funding. The lingering questions remains of whether people with severe and life threatening AOD dependence be better served by increasing capacity of the medical detox units.

Finally, it is important that there be an educational program for Magistrates likely to be involved in considering applications to ensure that the administrative processes do not unnecessarily delay the benefits of an urgent intervention for a customer at serious risk (as defined under the Act).

What components of the trial will need to be essential parts of the evaluation at its conclusion?

It is suggested that DASSA adopt a theory of change approach to evaluating the proposed project. The theory of change should be informed by participatory consultative processes. These processes and activities would enable DASSA, in consultation with stakeholders, to determine what success would like and thus direct the focus of the evaluation.

In the first instance, the indicators used to assess the outcomes of the Victorian Act are certainly apt and we offer further preliminary indicators, including:

- Alive
- Free from 'serious' (TBD) negative health consequences
- Interactions with the justice system
- Attendance at emergency departments
- Engagement and retention in a step-down program e.g. the Woolshed, New ROADS etc.
- Individual and family satisfaction and subjective wellbeing