

Mandatory detention of young people affected by drug use is not the answer

In response to today's article in the Advertiser on the mandatory treatment of young people experiencing problems with drugs the South Australian Network of Drug and Alcohol Services would make the following comments:

South Australia has an issue of people of all ages who use alcohol and other drugs in ways that cause them, their families and the community harm. This is not something new, every generation has experienced these issues.

Governments and non-government organisations have been working for decades to assist people to stop using alcohol and drugs in harmful ways and to get their lives back together. Currently, there are government services through the Department of Health and about 30 non-government services working in this field. These organisations and related government policies have made some great gains in recent years as noted in the SA Government's Alcohol and Drug Strategy Consultation paper;

- Since 2010-11, there has been a decline in the level of alcohol-related crime in licensed premises¹
- The percentage of South Australian school students aged 12 to 17 who had consumed any alcohol in the past week decreased significantly from 15% in 2011 to 10.4% in 2014²
- The percentage of South Australians aged 15 to 29 who reported use of cannabis in the last 12 months decreased from 22.5% in 2010 to 19.7% in 2013³
- The percentage of South Australians aged 14 to 29 who reported use of any illicit drug (including cannabis) in the last 12 months decreased from 26% in 2010 to 24.7% in 2013⁴
- The estimated total number of alcohol-related hospitalisations among the South Australian Aboriginal population decreased from 1,029 in 2009-10 to 786 in 2014-15⁵

However, at any one time, there are nearly twice as many people seeking treatment for alcohol and other drug issues as there are treatment places available. If we want to help more people address their drug and alcohol issues we need more treatment services.

Most people who get treatment for their alcohol and other drug use do get better. They may relapse a number of times, and that is usual. Think about how many times people who give up smoking relapse before getting it under control or quitting. This means people not only need short-term intensive help to manage withdrawal and cravings, they also need longer term support to change their lifestyle, develop new ways of interacting, and address their underlying issues (e.g., grief, trauma, loss, depression and other mental health issues, poverty, homelessness).

If people are able to access good quality treatment and support they typically get better, the burden on our health, justice/welfare systems is decreased. For every dollar spent on evidence-based alcohol and other drug treatment, there is an approximately \$7 return⁶.

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 inconclusive⁷. Rather than locking young people up against their will, we should be providing more places for them to access by investing in services that provide evidence based treatment, to provide better access for young people, adults and families.

As far as practical, services should be made available in or near their own community. Mt Gambier is a great example of a region being proactive about its drug and alcohol issues but is lacking the funding to develop and maintain dedicated treatment facilities and services that meet the needs of the community.

We agree with Opposition Deputy Leader Vickie Chapman that there is a dire shortage of places at existing treatment facilities. Purpose-built treatment centres would be good but are not necessarily the answer. The most effective drug treatments can be delivered in ordinary clinics or health settings in the community. Counselling and talking therapies assist most people to change their behaviour. Where medically assisted treatment is required (drug based treatments) these can often be delivered in the home with the support of qualified drug and alcohol nurse. A small



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SANDAS is the Peak Body supporting NGOs delivering services in the Alcohol and Other Drugs field in South Australia

number of people do require residential rehabilitation and we need more of these services but they can be delivered by existing services by providing increases funding for the employment of extra staff or for premises with minor modifications. These services and modifications need to be funded by the government. We know, however, that non-government organisations can run these services at lower costs than the government sector.⁶

The non-government sector has decades of experience working with young people with alcohol and other drug issues and their families. Services delivered to South Australians by the non-government treatment services are free or require only a small co-contribution usually within the amount of an individual's welfare benefit, as opposed to expensive private treatment centres. The \$30,000 quoted by the article in the Advertiser 22/9/16 is akin to the cost of staying in a private clinic.

SANDAS calls on all parties to commit to:

- The implementation of sufficient, evidence based treatment for all South Australians who need alcohol and other drug treatment.
- Treatment should remain voluntary. Where courts decide to detain a person for an alcohol or drug-related offence there should be treatment available to that person to assist them to deal with their substance use issues whilst they are in detention.
- A move away from incarcerating people for less serious drug-related offences and provide them with treatment. The use of coerced treatment (get help or go to prison) has been shown to be effective in encouraging people to seek treatment and these people respond to treatment well, in contrast to those sent to mandated treatment. Coerced treatment is also cheaper, more effective and leads to better outcomes when compared to just imprisonment. The cost savings which result from lower incarceration rates should be re-invested in treatment services.

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Footnotes:

- 1 SAPOL Annual Reports, 2006-07 to 2014-15. http://www.sapolice.sa.gov.au/sapol/about_us/publications.jsp
- 2 Australian Secondary Students' Alcohol and Drug Survey (ASSADS)
- 3 National Drug Strategy Household Survey 2010, 2013. <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>
- 4 National Drug Strategy Household Survey 2010, 2013. <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>
- 5 Integrated South Australian Activity Collection (ISAAC), SA Health
- 6 [New Horizons: The review of alcohol and other drug treatment services in Australia Final Report, 2014, Ritter et al., Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW](#)
- 7 http://www.atoda.org.au/wp-content/uploads/Mandatory_Treatment.pdf