

Youth Treatment Orders: the alcohol and other drug sector seeks meaningful engagement

The South Australian Network of Drug and Alcohol Services (SANDAS) is the peak body for non-government alcohol and other drug treatment services in South Australia. We represent over 35 organisations employing over 400 staff in metropolitan, rural and remote South Australia.

SANDAS and our members have a number of significant concerns about the **CONTROLLED SUBSTANCES (YOUTH TREATMENT ORDERS) AMENDMENT BILL 2018** presented to Parliament on the 21st of June 2018. These concerns are consistent with those we expressed in a submission to the previous government on the mandatory treatment of seriously drug dependent people.

These concerns include:

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 2011*, 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 participations in their care.
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 as a primarily 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 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.



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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 for place 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). 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.
8. 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, self-esteem issues. The young person needs to be treated holistically and not for one issue in isolation.

SANDAS welcomes the government's good intentions to deal with a difficult and intractable problem but would have preferred that consultations on the implementation of the system occurred prior to the introduction of the Bill. With some changes, such as moving away from mandatory treatment to a coercive model that includes the engagement of young people in decisions about their lives, a revised model could provide a good basis for addressing seriously dependent young people's issues with alcohol and other drugs. There exists a significant body of research that has been developed over decades to support the development of such a model.

This 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 this legislation is intended to help prior to enacting legislation.

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