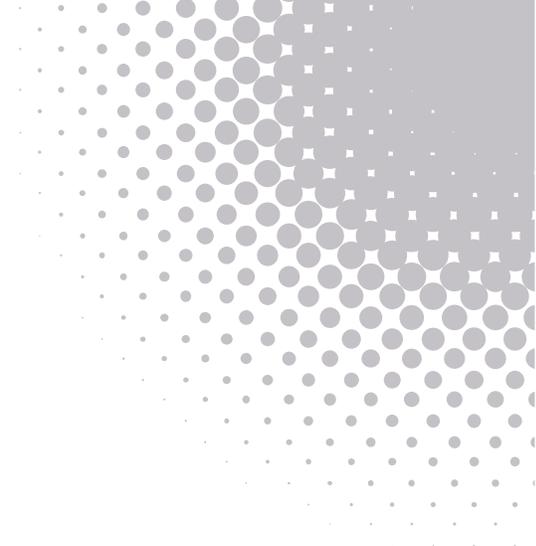




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Submission responding to:

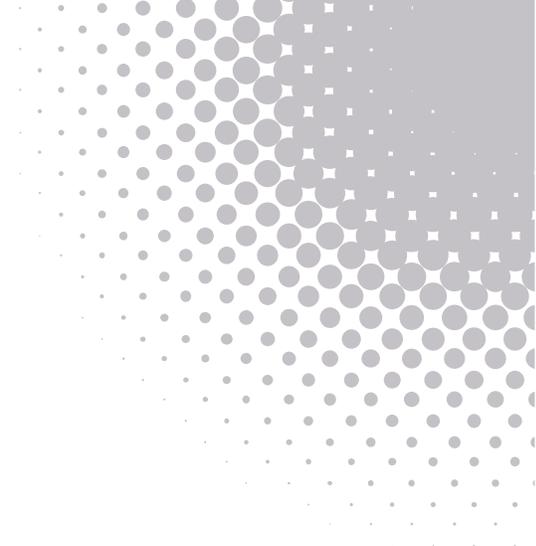
Draft Research Paper No 2:

Mandatory Treatment for Alcohol and Drug
Affected Offenders

May 2017



Alcohol, Tobacco and other
Drugs Council Tasmania Inc.



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The Alcohol, Tobacco and other Drugs Council of Tasmania

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance use issues in Tasmania. The ATDC is a membership based, independent, not for profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

When considering alcohol and other drugs (AOD) issues, our members come from a health perspective and as such, this response will not comment in depth about the relative merits of legal and justice interventions and issues raised in this paper. However the intersection between the justice and health sectors is of keen interest and will be addressed below. Our members often note the unintended consequences of criminal sanctions on the health of people with AOD issues, the largest of which, is the stigmatisation and resulting discrimination afforded to those people who use drugs. It is important to note that the 'health' of the person who uses drugs extends beyond the physical effects of drug use into mental health and behavioural aspects.

Our key points:

- An individual's drug use is primarily a health issue, and therefore any extension in access to treatment is supported, however, the ATDC has concerns around the adequacy and effectiveness of mandatory treatment.
- People with AOD issues who have come into contact with the criminal justice system, usually present with complex issues that require access to an array of services including: mental health, income support, housing among others. For this group, AOD treatment must be anchored in 'whole of person' approaches.
- The complexity of 'offender' presentations encompasses depth of a particular issue (such as degree of dependency) alongside interconnectedness to other issues mentioned above.
- Investment in existing structures (expansion of counselling, pharmacotherapy to name two) that address AOD issues may be a better investment of resources.
- Community sector organisations (CSOs) have distinct advantages when providing AOD treatment. CSOs are more connected to the communities that they serve, usually provide a 'less siloed' type of service delivery and have greater flexibility to be innovative.

Understanding the complexity of offenders in AOD treatment

From the outset it is important to note and recognise the complexity of offenders when determining what treatment and/or programs should be introduced, expanded or invested in. The starting point, or question, needs to look at WHY are these offenders in the positions they are in?

It is well known and recognised that a large proportion of offenders have some degree of trauma in their pasts, often stemming from childhood which makes them complex in terms of their behaviour and health issues. Whether mandated, coerced or voluntary, treatment plans or programs need to recognise this – for treatment to be effective, and get to the root of the issues, offenders will require a more intense level of treatment, including 1:1 counselling as well as group programs.

This paper talks about the causal link between drug use and offending and whether one leads to the other or vice versa – we also need to look beyond that – what started the life of crime in the first place? What led to harmful drug use in the first place? The answer is often childhood trauma, lack of education, homelessness, poor family support. To fully understand the complexities of this cohort of people, we need to address the root of the issue before we can work on what has occurred since.

As we know, recidivism is high because it's a cycle – often passed down through generations. Again, because the background to criminal behaviour is often not addressed adequately when managing

offenders, the cycle continues. Similarly, their problematic drug use continues because the cause is not addressed.

Investment in offender AOD treatment – where are the opportunities?

The capacity of the current AOD treatment workforce to respond to increased demand must be considered, both while offenders are undergoing mandated or coerced treatment and once an order has been completed and participants move into “after care”. There is already an enormous demand on the AOD clinicians working within the prison system and in Community Corrections, so to increase their workloads with new “mandated clients” who have not chosen to participate must be evaluated carefully.

Similarly, the ongoing development of the skills and capacity of workers to be effective in treatment roles must be adequately resourced. Workforce development within the AOD sector is a continuous process of improving the quality of care provided and the responsiveness of the service systems.

The paper identifies that there is currently an overwhelming demand for AOD treatment among offenders in the Tasmanian prison system. Having two AOD counsellors at Risdon Prison, for approximately 500 inmates is very concerning and further investment, arguably, into existing programs is worth considering.

The Tasmanian Prison Service is currently only running AOD programs in the medium security area of the prison – consideration should be given to expand programs to maximum security where the most complex offenders are housed. We understand and appreciate the security and logistical difficulties this poses, but it should still be considered, especially given some offenders do not reach a medium security classification during their sentence so are not eligible to attend AOD programs.

In recent years the pharmacotherapy program at the Prison has had approximately 20 places available to inmates and there are strict eligibility criteria to receive a place, yet anecdotal evidence suggests 120+ people should be on pharmacotherapy treatment. If more inmates had access to pharmacotherapy and that program was expanded, there would be less illicit drug trade inside the prison and we would have accurate data on levels of opioid dependence so that proper treatment can be provided to these people. Again, we understand the complexities around the logistics of a program like this in a prison environment, as well as the obvious cost restraints, but consideration should be given to extra funding to expand this program due to the therapeutic benefit and the ultimate aim of addressing the cycle of dependence.

Another issue which is identified and is important to consider is in relation to incarcerating young offenders, or those who have committed minor offences, especially those with AOD issues. This is very problematic in Tasmania because of the structure of our prison system having only one main facility. Young offenders can end up being housed and exposed to the long term hardened criminals who ‘teach’ them

the tricks of the trade, or stand over them. Keeping young people out of prison, and in the community with structure of family, education, work, variety of treatment options is, as we know, far more beneficial and needs to be considered when looking at potential new AOD treatment options specific to young people.

Following release from prison or upon finalising a DTO, reports are that it is not easily accessible for offenders to get into a community based AOD treatment program. Because there is no smooth transition from correctional programs to community service organisations there is a real interruption to the continuity of treatment for offenders as they progress through the system. Some investment should be made to look at whether a better model can be implemented to assist with this transition.

The paper examines the drug treatment model in NSW of offenders being mandated to attend a Drug Treatment Correctional Centre. While we acknowledge there would clearly be some benefits of this model, based on the commentary above, we see investment would be better spent, expanding our existing programs both within the prison, community corrections and community service organisations.

The ATDC would have the following concerns if a compulsory drug treatment correctional centre model was to be considered or introduced:

- Potentially too restrictive in terms of eligibility criteria which would restrict the client group,
- Aimed at long term/serious drug offenders which overlooks the principles of, and policies around putting resources into early intervention and prevention strategies,
- Too expensive to establish for the number of people who would benefit – should do a comprehensive cost/benefit analysis
- Potential stigma/discrimination attached to offenders being placed in the program.

Other general points to consider:

Coercive or mandatory treatment may get the offenders into programs, but does not guarantee they will engage or benefit. Reasons being, they may not recognise they have an AOD issue – they are merely attending as an alternative to a prison sentence. They may not engage because of not wanting to face their realities – they have, more often than not, let down family, friends, loved ones and themselves, as well as deeper issues around why they have AOD issues – severe trauma in childhood for many. Many of these people do not want to open “Pandora’s box” especially in a prison environment where they feel isolated from supports, and need to maintain a brave stance for the duration of their sentences.

In saying that, we agree that legal coercion to attend treatment can be beneficial as it can get an offender into treatment who otherwise would not have engaged. A percentage of offenders mandated to attend, would take on board some of the information given and get some benefits from the treatment, even if it’s

just awareness of harm to self and/or others, and consequently learning some harm reduction strategies. However, it is very important to recognise that the benefits of mandated treatment should not be overstated in terms of its ability to reduce offending or lead to improved health outcomes for offenders.

Currently engaging in treatment and courses is a big motivator for being granted parole as the Parole Board takes this participation into consideration when making its determinations. Again, this doesn't mean the offenders are fully engaged and wanting to change, but they are being exposed to treatment and are being educated on harms. Many offenders will find AOD treatment very confronting as they realise the impact their behaviour has had on others – this needs to be recognised and supports need to be put in place and adequately resourced.

Role of ATDC members in this:

ATDC Member organisations could play a role in the 'after care' when offenders are released from prison, or when they are no longer subject to orders through Community Corrections. ATDC member organisations are geared to deal with complex presentations and have a rich track record of providing successful AOD treatment.

With a capacity to provide interventions along the continuum of intensity from education and brief intervention to long term residential and clinical treatment, the community AOD sector is supportive of any sentencing reform that leads to increased resources for assessment, treatment, and relapse prevention of substance use problems.

When substance dependence is combined with offending it is essential that the balance between criminogenic risk assessment and the role of AOD use recognises the positive impact engagement in AOD treatment will have. Addressing the underlying causes of substance use can be fundamental to changing offending behaviour.

Summary:

- Any increased AOD treatment services for offenders are welcomed by the ATDC but any treatment model(s) need to be evidence based, adequately resourced, have a holistic health approach with a focus on harm minimisation and improved health outcomes.
- Mandatory alcohol and drug treatment for adult offenders is problematic. It is without doubt that treatment can work, if provided correctly - however it must be adequately resourced and linked to



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aftercare and wrap around framework looking at all the other factors mentioned throughout this submission.

- Any programs or treatments that are introduced or expanded need to take into account the aforementioned complexities of offenders – otherwise they are going to be set up to fail. AOD treatment needs to be holistic, and there must be a considered aftercare plan for when people are released.
- Due to the complexities around the prison population, a pilot program may be an option to evaluate the effectiveness and the outcomes achieved before significant financial investment is made.