

ACSO's response to the National Drug Strategy 2010-2015

***This is the text that was submitted online, & to be published on website.
It was co-written by Bernard Hanson & David Rose December 2010.***

Introductory Section

Australian Community Support Organisation (ACSO) commends the Ministerial Council on Drug Strategy on the development of the draft National Drug Strategy 2010-2015 and strongly supports the overall direction of the Strategy. In particular ACSO supports the stronger focus on linkages between the drug treatment sector and the wider health/community sectors and the greater recognition of the impact of substance use on families that are key elements of the Strategy.

Pillar 2- Demand Reduction

ACSO supports the general direction of all the proposed objectives and associated actions under the demand reduction pillar. As an organisation specialising in providing services to people within, and transiting from, the criminal justice system ACSO also commends the actions related to addressing the substance use needs of people involved with the criminal justice system. ACSO provides various transitional programs for offenders to assist with reintegration back into the community in an endeavour to improve client's self-efficacy and to prevent reoffending.

Some points for consideration include:

- Under the final action under Objective 2 (p. 22), we suggest to add developing opportunities within the criminal justice system *and through the interface with the broader community*. While provision of effective drug treatment services to people involved in the criminal justice system through imprisonment or community orders is crucial, this needs to be followed-up by sufficient transitional support as a person moves from the criminal justice system.
- Similarly, under the final action under Objective 3 (p. 23) ACSO suggests consideration to include the criminal justice support sector as another crucial sector requiring linkage and coordination with other sectors.
- Under Objective 4, ACSO strongly supports the third action (p. 24) relating to taking a preventative approach to high risk life transition points such as moving from prison.

Smooth transition from prison-based settings to the community are required for achieving positive outcomes for clients particularly when considering the increasing complexity of multiple issues such as substance use, homelessness, unemployment and mental health. This transitional phase is equally crucial in rebuilding relationships with families, partners and the community.

Pillar 3- Harm Reduction

ACSO supports the general direction of all the proposed objectives and associated actions under the harm reduction pillar. In particular, the focus in the Strategy on diversion from the criminal justice system is commended. Diverting individuals away from the criminal justice system is a pivotal part of minimising or preventing cross contamination for many people who are experimenting or recreationally using substances. By exposing people to the criminal justice system it may introduce them to increased criminogenic behaviours and higher risk taking with substance use. ACSO have been responsible for coordinating numerous drug diversion programs

over a ten year period including; police cautioning, court-based integrated programs, rural outreach and Indigenous programs. Underpinning these services is a harm minimisation framework and health and justice stakeholders work collaboratively to reduce the relationship between criminal activity and substance use issues as they are not necessarily mutually exclusive. Education can be a key component of a therapeutic intervention or may be beneficial to clients in a formal educational setting such as Caution with Cannabis or 'First Offenders Court Intervention Service' (FOCIS). Diversion programs have proven to be effective and ACSO have received 32088 referral cases over the ten year history of the programs and 56382 treatment episodes have been brokered for these cases to reduce their substance use and criminal activity without becoming absorbed in the forensic system.

Workforce

The specific focus on workforce development within the Strategy is supported. Priority needs to be given to workforce development within the AOD sector as a critical issue to attract and maintain staff and increase expertise in the sector. Some key issues for consideration include:

- Development of staff qualifications and expertise in providing varied therapeutic interventions to the client group. This focus would maximise potential behaviour change in substance use and criminal activity for the client population as opposed to brief interventions, case management or pure education that keep clients in a 'holding pattern'. These types of interventions can be effective however do not necessarily transfer to long term positive changes for individuals.
- Attention needs to be given to attracting staff with relevant health related qualifications as opposed to generalist qualifications however this would also need to encompass higher funding for staff wages to attract appropriate staff and be competitive with other sectors.
- Support needs to be given to existing staff within the AOD sector for increased professional development and training in health related disciplines which allow for accreditation and opportunities for staff across the sectors.
- The mental and psychological well being of staff needs to be an important component of any workforce development. Increasingly high caseloads are a constant challenge for organisations in maintaining employees as staff leave the AOD sector to work in other welfare or health related fields.