#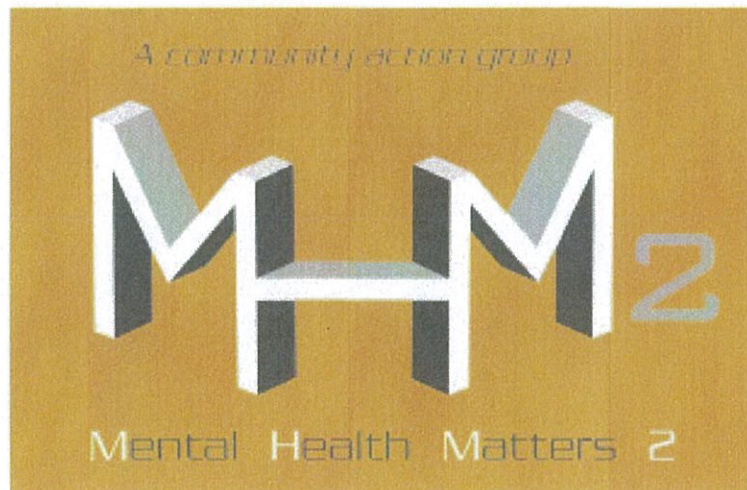 Submission to the Select Committee Inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community

Introduction:

Mental Health Matters 2 (MHM2) is a community action and advocacy group which was convened in February 2010 in Perth, Western Australia (WA). It began in response to concerns by a number of family and community members about the experiences of their loved ones with diagnoses of serious mental illness, most often with co-occurring alcohol and other drug use, who were falling between the gaps of siloed service delivery and into the criminal justice system. These families saw the need for systemic advocacy and action to address these often tragic situations.

The membership of 1300+ supporters and members is an alliance of:
- individuals with a personal experience of mental distress and/or drug and alcohol use, some of whom have had involvement with police, courts or prison;
- families, friends and supporters of individuals with these experiences and
- individual practitioners who provide services to people with mental ill-health and alcohol and other drug issues across a range of public, private and community-managed organisations.
- General community members with an interest in this area.

There is no current facility for an agency to become a member of MHM2 however, MHM2 works in partnership with a number of agencies on various advocacy issues or specific relevant projects.

Mental Health Matters 2 is guided by a Steering Group of up to eight volunteers whose backgrounds reflect the composition of the broader membership and who bring both living experience and professional skills and backgrounds to the work. MHM2 is founded on 5 core values and they are: To advocate in ways that are Gracious, Informed, Just, Resolute and Hopeful.

The group particularly advocates for those individuals and families experiencing multiple unmet needs. These unmet needs include, but are not limited to, ongoing mental distress, alcohol and other drug use, compromised physical health; lack of safe and stable accommodation, poverty and involvement in the criminal justice system.

MHM2 does not receive any private or public funding to run its core operations and appreciates the support and expertise of dedicated volunteers to undertake activities such as the preparation of submissions.

MHM2 was the proud recipient of the 2015 *Equal Opportunity Commission Award for human rights, equity and diversity in mental health* in WA.

MHM2 appreciates the opportunity to submit this brief submission to the Select Committee into Alternate Approaches to Reducing Illicit Drug Use and Its Effects on the Community.

Background:

This submission will focus on the group of people with multiple, unmet needs as described above and their families and supporters. It is this group who are often put in the 'too hard basket' as the delivery of person-centred care and individualised responses require a level of collaboration and inter-agency responsiveness from agencies whose focus is often only on addressing one part of the 'problem'. This may be due to funding issues or due to a traditional view of viewing the person and their family through only one lens. This siloed approach is in stark contrast to the holistic wraparound approach needed for people with multiple, unmet needs whose needs do not arise in isolation, nor can be supported effectively in this way.

While the preference is that people who use illicit drugs would be supported in the general community and diverted from more expensive custodial settings into treatment and support, this submission will look at the opportunities provided for reducing illicit drug use while someone is in detention.

Often prisons fall out of the definition of 'community' as historically such institutions have been built in places some distance from the general community in an 'out of sight, out of mind' approach.

We would argue that prisons form an intrinsic part of the community as well as being community within themselves. Most adults and young people in prison or detention will return to the general community at some stage. It is well established that Western Australia has a high rate of imprisonment per capita (340 per 100,000 adult population) and a shameful record of the over-representation of Aboriginal peoples in the prison population making up 40% of adults in prison. According to the 2017/2018 Annual Report of the Office of the Inspector of Custodial Services, there were 7,024 people in custody as at the 30th June 2018 and the number of people 'churning through custody is also rising'.[i] In 2017/18, 14,567 distinct people were held in custody at some point during the financial year.

While, as previously stated, MHM2 advocates for more programs and services to reduce the prison population and address the social/welfare needs that often lead to imprisonment, there is a very real opportunity to effectively address health issues, such as illicit drug use, while people are in detention. There is an assumption by general community members that this already happens. New family members and supporters often share with us that "at least now 'the person' is in the justice system, they'll get the help they need". This appears to be the weak ray of light in an otherwise distressing situation. Unfortunately, this is too often not the case given the growth in the prison population and the resultant lack of access to services and programs.

> *"The mental health of prisoners is not just the concern of prisons – it is a community health issue. Each year many prisoners are released back into the community, and their mental health problems impact not only on them, but on their families and their communities. Prisoners' treatment needs are often not well met, either in the health system or the prison system, and prisoners may frequently move back and forth between the two."* (p.9 Davison et al. 2015)[ii]

The key findings of this report entitled 'Mental Health and Substance Use problems in Western Australian prisons' were:

- There is a very high prevalence of mental disorder, substance use problems and complex unmet needs of people coming into prison.
- 52.9 % women & 37.9 % of men experienced co-occurring mental health issues (current mood disorder, anxiety disorder, PTSD or eating disorder) and substance use issues (alcohol & other drugs)
- 62.1% of women & 60.8 % of men had used methamphetamines or amphetamines in the last 12 months.
- Reception prisoners had **significantly** higher rates of substance use disorders compared to the greater community- 74 % of women (not broken down in terms of actual substance) compared to 3.3%; & 77% of men compared to 7%.

These findings are congruent with key findings from the Australian Institute of Health and Welfare 'Alcohol, Tobacco and Other Drugs in Australia' 2018 report[iii] that the Drug Use Monitoring in Australia program (DUMA) found an increase in detainees testing positive to amphetamines (50% in 2015/2016 up from 37% in 2013/2014). The DUMA program collects information on criminal activity and drug use from people recently arrested and due to be charged.

If then we know that there are greater rates of substance use in people coming into prison than there are in the greater community, it makes sense to ensure that resourcing is provided to effectively address this health issue while people are in detention either on remand or as sentenced prisoners. By doing so and by ensuring that people are connected into suitable accommodation, treatment and care when leaving prison, there is a greater likelihood of reduced harm to the community.

Understanding why people use illicit drugs is also fundamental to providing the right treatments and supports and thereby reducing harm to the community. These issues can face people in prison as well as in the general community.

Among the reasons for use are:
- To manage mental health issues and trauma[iv]
- To forget or cope with unmet social issues such as unstable housing; financial challenges; unemployment; lack of social supports[v]

A 2012 European Monitoring Centre for Drugs and Drug Addiction report contains a useful table which we would suggest is as relevant in Western Australia as it is in Europe. Addressing these barriers in culturally appropriate ways would do much to stem the use of illicit drugs in Western Australia and the harms caused to individuals, families and communities here.

Overview of barriers faced by problem drug users and activities to remove barriers

Barriers to social reintegration	Activities to address barriers
• Access to treatment not compatible with employment • Physical and mental ill health • Complex personal needs, low expectations towards self and others. • Criminal records	• Drug treatment • Criminal justice interventions
• Insecure housing circumstances	• Housing support (short- and long-term solutions)
• Limited skills, limited or no qualifications	• Education and (vocational) training (including life skills training, work placements
• Poor employment histories, shortage of suitable employment opportunities	• Employment support (on the intermediate and open job market; as part of treatment)
• Perceived 'benefit trap' Practical difficulties (e.g. lack of childcare, lack of driving licence) Criminal record checks	• General policy (e.g. antidiscrimination acts, benefit system, welfare-to-work programmes)
• Stigma and discrimination	• Advocacy (targeted at the general public and professionals
(p45, EMCDDA; 2012)	

Many of the points contained in the table are congruent with the principles underpinning Recovery in mental health. These include Connectedness, Hope, Identity, Meaning and Empowerment. This is particularly important for individuals and families seeking to address co-occurring mental health and alcohol and other drug use.

Portugal is a jurisdiction which has taken a progressive, health-based approach to drug use. It is worth noting some of its key features (Roy, 2018)[vi].

- No drug user goes to jail - all drugs were decriminalised in 2001.
- People possessing illicit drugs are not prosecuted (within certain thresholds) but referred to the 'Dissuasion Commission'.
- A multi-disciplinary, public health approach is adopted which allows for ease of referral and individually tailored treatment plans.
- Harm reduction strategies were adopted across the country (i.e. syringe exchange programs; health services; clothing; jobs).

- Reduction in stigma for recovering and current drug users (appropriate language within services and in the general community- language matters!) i.e.' junkie' vs 'person who uses'
- Policy strongly guided by the AOD experts

Some of the reported key outcomes are:

- Drug-related HIV infections have decreased by 95%.
- Overdose fatalities have dropped from 80 in 2001 to only 16 in 2012.
- The uptake of meth/amphetamine use in 15 – 34 age bracket has decreased from 0.4 % in 2007 to 0% in 2016 in the last 12 months (self-reported).
- Since 2001, Portugal has reported a reduction in
  - Problematic drug use
  - Drug-related harms
  - Burden on the criminal justice system
  - Social costs of responding to drugs (Pricolo, 2018)[vii].

While Western Australia is not Portugal, it seems obvious that there is much to be learned from its approach.

Recommendations:

MHM2 supports the following recommendations to help reduce harms from illicit drug use:

1. Develop strategic relationships and agreements between key agencies such as Health, Mental Health, Drug and Alcohol, Housing, Child Protection and Justice to ensure policy and practice alignment and wraparound when working with a person or family with identified multiple unmet needs.

2. Address the high level of imprisonment due to illicit drug use by providing increased access to diversion and rehabilitation opportunities;

3. Improve access to meaningful and effective mental health and alcohol and other drug programs to adults and young people in detention.

4. Provide co-ordinated support to people exiting prison to access general community services before they leave detention.

5. Increase the amount of safe and stable accommodation available to people with criminal histories or histories of mental health and alcohol and other drugs who are often discriminated against when seeking accommodation and support.

3. Support services to develop co-occurring mental health and drug and alcohol capability and competency in working with people with multiple unmet needs and their families and supporters.

Thank you for the opportunity to provide this submission. It is unfortunately brief due to the limited capacity of our volunteer energy and time at this time of year. We would be happy to meet with members of the Select Committee if they would find that useful.

Kind regards

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[i] Annual Report 2017/2018 of the Office of the Inspector of Custodial Services.
https://www.oics.wa.gov.au/reports/annual-report-2017-18/

[ii] Davison S.; Fleming, J., Butler, T., Morgan, V., Petch, E., Morgan, F., Rock, D., Jones, J., Wright, M., Mitchell, M., & Jancaet., J. (2015). *Mental health and substance use problems in Western Australian prisons. Report from the Health and Emotional Wellbeing Survey of Western Australian Reception Prisoners, 2013. WA Department of Health*, 2015.

[iii] Australian Institute of Health and Welfare. Alcohol, tobacco and other drugs in Australia, 2018. Retrieved 13 November 2018 from
https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

[iv] Cracks in the Ice (2018). *Why do people use ice?* Retrieved 19 November 2018 from
https://cracksintheice.org.au/why-do-people-use-ice

[v] EMCDDA (2012), *Social reintegration and employment: evidence and interventions for drugs users in treatment. EMCDDA Insights, Sumnall, H. and Brotherhood, A. (authors)*, Publications Office of the European Union, Luxembourg.

[vi] Roy, L. (31.08.2018). 'It Starts With Mindset': What Portugal's Drug Policy Experts Taught Me About Addiction Treatment. Article. Forbes online.

[vii] Pricolo, A. (9.6.2018). Drug policy reform: The Portuguese Decriminalisation model. Australian Journal of Pharmacy