Mission Australia

31 July 2009

Health & Education Standing Committee
Parliament of Western Australia

Dear Sir/Madam

Re: Submission to the Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia

Please find enclosed Mission Australia's written submission to the Health & Education Committee's above Inquiry.

We are pleased to be able to present this contribution to the Committee's important work and look forward to the publication of the findings in due course.

For any enquiries regarding this submission please do not hesitate to contact me on (08) 9225 0404 or at oakleyl@missionaustralia.com.au.

Yours sincerely

Ross Kyrwood
WA State Director
Mission Australia

Mission Australia

WA Parliament Education & Health Standing Committee

Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia

Mission Australia

Mission Australia is a national non-profit organisation that works within the community, employment and training sectors. Our vision is to see a fairer Australia by enabling people in need to find pathways to a better life. We work with children, young people and adults in each state and territory of Australia. This submission will particularly focus on our work with young people. In 2007-08 Mission Australia supported close to 28,000 young people through close to 100 youth-specific services spread throughout all states and territories.

In Western Australia, Mission Australia is a leading agency in the youth field, operating drug and alcohol withdrawal and rehabilitation services for young people. These operate as part of DAYS (Drug and Alcohol Youth Service) which is an innovative model of collaboration between government and Mission Australia, providing integrated drug and alcohol services for young people.

Mission Australia welcomes this Inquiry and will respond to each Terms of Reference based on our experience and expertise in Alcohol and Other Drugs (AOD) services for young people in WA.

Recommendations:

(a) The evidence base, content, implementation and resourcing (including teacher training) for health education and other interventions on alcohol and illicit drugs for school-aged students;

- Review AOD education strategies to ensure a focus on resilience and harm minimisation within a social influence approach, with particular attention to younger students.
- Ensure AOD education is interactive, evidence based and timed at appropriate developmental stages.
- Include AOD education as part of schools' core curriculum.

- Include AOD training within teacher training curriculum.
- Consult with schools and community agencies to develop a community approach to target the hardest to reach young people.
- Research changing drug trends, and regularly review AOD education to ensure it follows trends accurately.

(b) The evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care.

- Ensure AOD services for young people are funded to levels which enable a developmental and holistic response to be taken and include funding for longer term support for those young people who require it.
- Scope service options to cover young people in rural and remote WA.
- Research the differing needs of Indigenous young people experiencing AOD issues, and the appropriate and effective program and service developments needed to support these. Develop funding to support the introduction of these measures.
- Support the development of new and enhanced outcome measures which better reflect young people's journey through AOD treatment.
- Include external evaluations within funding agreements for AOD services.
- Research changing drug trends and regularly review AOD training for all relevant professions to ensure it follows trends accurately.
- Sustained support of the DAYS integration, recognising it as a long-term process.
- Support early intervention and prevention programs for young people experiencing family AOD issues, in both regional and metro WA.

(c) The adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.

- Medical and allied health professionals must have AOD as part of their core training.
- Universities consult with sector around necessary training for AOD and course development.
- Consult around remuneration disparity between AOD government and non-government agencies.

(a) The evidence base, content, implementation and resourcing (including teacher training) for health education and other interventions on alcohol and illicit drugs for school-aged students;

Young people's concerns about alcohol and drugs

In 2008 Mission Australia conducted its seventh consecutive annual survey of young Australians. The primary purpose of the survey was to identify both the values and issues of concern to young people. 45,558 people aged 11 to 24 participated in the 2008 survey, including over 3,200 in Western Australia.

Drugs was identified in the survey as one of the top three issues of concern, identified by one in four young people. This increased from one in five in 2007. In WA the proportion of young people who were concerned about drugs was slightly higher than the national figure. Alcohol was also an issue of significant concern, with 20.9% of young people surveyed identifying it. Both drugs and alcohol were major concerns for higher proportions of male respondents than female respondents.

Respondents made a range of different comments about the concern they feel about drug and alcohol use and its effects on individuals and families, including:

> *'I am mostly concerned about the amount of drugs people take in their lives… drugs affect everyday life, not to just the person taking them but the people surrounding them.' (female, 12 years)*
>
> *'Alcohol and drug abuse has affected my family and I don't want it to happen to anyone else.' (female, 17 years)*
>
> *'I also have a concern about how much youth drink, many of my age go out partying every week and don't seems to care that they are doing damage to themselves.'(female, 17 years)*

The concerns around drugs and alcohol varied considerably by age. Drugs was clearly the top issue of concern for 11 to 14 year olds who were much more likely to identify it as a significant concern than respondents aged 15 to 24. The proportion of 11 to 14 year olds identifying drugs as an important issue also rose considerably from 22.9% in 2007 to 31.2% in 2008. The 11 to 14 year olds were also more concerned about alcohol than those aged 15 to 24. These results are at odds with the figures on actual drug and alcohol use, which increase with age. In 2007, of the population aged 12 to 15 years an estimated 4.6% had used an illicit drug in the previous year, whilst this figure was 18.9% for 16 to 17 year olds, 23.4% for 18 to 19 year olds and 32.4% for the oldest cohort, aged 20 to 24 years (AIHW, 2008).

Therefore we need to question why the youngest group are so concerned about AOD when they are much less likely to be using them. This increased level of concern could be attributed to an increased awareness of the dangers of drug and alcohol use generated by awareness or education programs. Whilst increased awareness is

certainly positive, the nature of this awareness needs to be examined. The level of fear and concern indicates that while young people are aware of the issues and dangers associated with drugs and alcohol, however qualitative data from the 2008 youth survey indicated that some young people do not feel confident about their ability to cope with the issue if it arises. This suggests that drug and alcohol education may not be equipping them sufficiently with resilience skills and strategies to address their concerns.

Key elements of AOD education

Research points to a number of key elements to consider in an effective AOD education strategy. These include using a social influence and harm minimization approach, timing, interactive activities, and ensuring appropriateness and relevancy to the local community.

Social influence approach

A social influence approach includes three key elements: basic information, normative information and harm minimisation training. Young people are highly sensitive to perceptions of what is 'normal' amongst their peers, and they often overestimate the amount of alcohol and drugs consumed by those around them. Studies have shown that young people's perceptions of the drinking habits of their peers are important predictors of their own drinking behaviour (Haines & Spear, 1996). The current high profile of young people and binge drinking in the media can also further compound the existing problem by normalising the practice. Normative education can help to address this, and needs to be based on the local culture and context.

Harm minimisation

Harm minimisation is an approach to drug and alcohol education focusing on the reduction of any harm arising from drug use, without necessarily eliminating use. This approach realistically recognises that young people will try and use alcohol and drugs but aims to minimise the risks involved for them through providing accurate information about possible harm (NZ Ministry of Youth Development, 2003). Through treating young people as adults and preparing them to take responsibility for their own actions, they are less likely to use alcohol and drugs as an act of rebellion. This view was echoed by some respondents to the Survey of Young Australians:

> *'Alcohol and drugs are important issues in my generation. However, each person has the responsibility of taking care of themself and they must bear the consequences if they are irresponsible' (female, 16 years)*

> *'Not as much emphasis needs to be put on underage drinking because no matter how much the government tries it will never stop. Just the fact that there is a drinking age of 18 will encourage more underage drinkers purely because kids are going to want to break rules and drinking is one of the easiest' (female, 17 years)*

Harm minimisation skills training includes providing students with skills to reduce the potential for harm to occur and, if it did occur, with the skills to reduce the likely impact of the harm. This is a different approach to the traditional resistance skills training which only focuses on abstinence. A recent harm-minimisation study was found to achieve its main effects using an alternative to resistance skills training (McBride, 2003).

Harm minimisation therefore focuses on developing resiliency, and such an approach during the 11 to 14 year stage should enable this younger group to feel more equipped to realistically cope with AOD issues as they arise. Locating this within a broader life skills approach, relevant to a range of health related behaviours rather than focusing specifically on AOD is advisable at this young age (DEST, 2004) to encourage resilience rather than create fear. Education strategies which rely on generating fear need to be aware that once fear is overcome, young people may see no reason to avoid AOD. Instead, through focusing on building capacity, confidence, emotion regulation, communication skills, and life skills, young people are given the strength and strategies to cope in a range of situations.

Mission Australia recognises that a harm minimisation approach is generally accepted in education strategies today. However, the results of the Survey of Young Australians question whether it is being universally adopted in practice, especially with the youngest group.

Timing

McBride (2003) suggests that the timing of AOD education be carefully considered, and research highlights three periods in students' behavioural development when interventions are most likely to be effective:

- *Inoculation phase* when initial knowledge and skills about drug use and related issues are initiated. This time has the potential to play an important part in modifying behavioural patterns.
- *Early relevancy phase* is when most students are experiencing initial exposure to alcohol and drugs and is when information and skills are most likely to have meaning and practical application.
- *Later relevancy stage* when prevalence of use increases and context of use changes, such as young people drinking who are now able to drive. It is important to provide new knowledge and skills appropriate to these new situations, and that these are tailored to the local culture and context. (McBride, 2003)

It is also important that there are regular 'booster' sessions to ensure continuity of knowledge.

A greater focus on the content and provision of education during the inoculation phase could begin to address the concerns expressed by 11 to 14 year olds in the Survey of Young Australians.

Evidence based
AOD education is generally heavily formatted. Whilst this ensures access to appropriate core information for all students, it is also important that modules are targeted appropriately towards the young people involved. The vulnerability to risk factors associated with drug use is greater amongst socio-economically disadvantaged families, and patterns of and attitudes towards drug use vary among cultures (DEST, 2004). Therefore programs need to recognise local AOD use and attitudes, and be sensitive to the backgrounds of all students involved.

Interactive approach
Another important component of effective drug and alcohol education includes interactive activities which are based on the experiences of the young people who they are trying to have an impact on. This includes involving the students in identifying their needs and what skills they feel would enable them to reduce or cope with harmful situations. It also allows students to test out and exchange ideas on how to handle certain situations and gain peer feedback in a safe environment.

Recommendations:
- Review AOD education strategies to ensure a focus on resilience and harm minimisation within a social influence approach, with particular attention to younger students.
- Ensure AOD education is interactive, evidence based and timed at appropriate developmental stages.

AOD education provision in WA

AOD education is available to WA schools through the School Drug Education and Road Aware Strategy (SDERA), and the material does contain a focus on resilience building and social and emotional competencies. However it is not uniformly implemented across schools, in particular private schools often do not adopt it. Mission Australia's Community Drug Service Team (CDST) provide information to schools on request about AOD issues and young people, and they notice a clear difference in schools who have provided the AOD education program. They note that these students are more grounded, have more balanced notions of harms involved with AOD, and are less likely to mythologise drugs. CDST believe this also contributes to a delay in trying AOD, which is a key factor in reducing long-term harm and usage levels. Early use of drugs is predictive of continued and progressive use (DEST, 2004). AOD education needs to be built into schools' core curriculum to ensure it is available to all students.

Recommendation:
- Include AOD education as part of schools' core curriculum.

Teacher training

Students' learning depends on the quality of their personal relationship with the teacher (NZ Ministry of Youth Development, 2004). Tobler (Tobler, 1992 in McBride 2003) found that drug education is best taught by classroom teachers as they have already established relationships with the students. They also have first-hand knowledge of students' needs and developmental level, are best placed to integrate drug education at an appropriate time, and to modify it to suit their class needs. However not all classroom teachers feel equally skilled and comfortable to take on this role.

The most effective teacher training for AOD education is interactive training. This involves taking teachers step by step through an evidence based program - discussing aims, demonstrating activities, and considering how to make it appropriate for the students involved.

Currently attendance at AOD teacher training workshops is optional, and time restraints often prevent schools from releasing teachers to attend. If a teachers does attend, the knowledge gained often is not formally shared with the rest of the staff, so can easily be lost if a teacher moves on. There is currently no AOD training in the teacher training framework which would address these issues.

Recommendation:

- Include AOD training within teacher training curriculum.

Reaching the most vulnerable young people

Many young people who are most at risk of the dangers of AOD will not be accessible through the school system and how to target them is an important consideration. Students who regularly truant and become involved in various risky behaviours are the most vulnerable to drug and alcohol misuse. A holistic community approach is needed between schools, families, and community agencies to address this. For example, community arts programs have proved successful in reaching and working with at risk young people, and reengaging them into education.

Recommendation:

- Consult with schools and community agencies to develop a community approach to target the hardest to reach young people.

Education and drug trends

Current drug and alcohol education does not appear to adequately follow changing trends in drug use. There is a predominant focus on cannabis and alcohol, and little information presented on ecstasy and amphetamine based drugs. Whilst alcohol is

the most widely used drug by young people and causes the most harm (DEST, 2004), it is important to note the increase in use of other drugs, particularly ecstasy, by young people. Ecstasy is the second most used illicit drug in Australia, after cannabis, and 23% of Australians aged 20 to 29 have taken ecstasy (AIHW, 2008).

There is a concern that distributing information about certain drugs may alert non-users to them and actually increase their usage. However, there is also a need for drug education to be realistic about the current availability and usage of ecstasy and amphetamine based drugs amongst young people. Young people accessing help at DAYS are predominantly using amphetamine based drugs. Education strategies need to be tailored according to drug use within the local context, and regularly reviewed to ensure relevancy.

Recommendation:

- Research changing drug trends, and regularly review AOD education to ensure it follows trends accurately.

(b) The evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care.

Rural and remote

Western Australia only has one withdrawal unit and one rehabilitation unit for young people. Given the size of the state, this is clearly inadequate. Whilst DAYS provides support to young people from outside the metro area, this requires that they travel to the city which can be a considerable distance. Being away from family and significant others during this vulnerable period adds significant strain on the young people involved.

Recommendation:

- Scope service options to cover young people in rural and remote WA.

Indigenous young people

In the 2008 Survey of Young Australians alcohol was found to be an issue of major concern to significantly more Indigenous than non-Indigenous young people, 31.2% compared to 20.1%. DAYS is currently supporting high numbers of Indigenous young people to deal with AOD issues- up to 25% of clients. However, Indigenous young people have different needs, and we recognise that we aren't currently able to cater for these as effectively as possible. More Aboriginal workers are needed to effectively support and attract Indigenous young people. Program development is also needed to ensure it is more appropriate for Indigenous young people. The

service environment also needs reviewing to be more conducive to Aboriginal young people, for example with greater provision of space, trees, and grass. Research into this area is required to determine appropriate developments, and this requires resourcing.

Recommendation:

- Research the differing needs of Indigenous young people experiencing AOD issues, and the appropriate and effective program and service developments needed to support these. Develop funding to support the introduction of these measures.

Evidence based practice

There is a very poor evidence base of treatment outcomes within the AOD field, including the most appropriate ways to measure progress for young people going through AOD services. Mission Australia and Edith Cowen University recently undertook an exploratory study of the most appropriate means of assessing the impact of treatment (encompassing physical, behavioural, psychological and social components) on the clients of Mission Australia's withdrawal and residential rehabilitation services for young people in WA. We are currently looking to secure funding to develop this into a broader, long-term research project.

Creating this much needed evidence base requires a commitment from funding partners. In addition external evaluations need to be included as part of funding agreements, as is common practice in other fields.

Recommendation:

- Support the development of new and enhanced outcome measures which better reflect young people's journey through AOD treatment.
- Include external evaluations within funding agreements for AOD services.

Drug trends

It is challenging for the sector to keep abreast of the trends and changes in drug use. There has been an increase in the use of amphetamine based drugs since around 2000, and these require significantly different treatment options and approaches to heroin which dominated previously. For example, far more mental health issues are now involved. However, nine years on and the sector is still not responding appropriately to these changes. This requires research into drug trends, and regular review of training of all professionals involved to ensure relevancy. Ongoing professional development following graduation is also important to ensure currency of knowledge and skills.

Recommendation:

- Research changing drug trends and regularly review AOD training for all relevant professions to ensure it follows trends accurately.

Integrated care

The move towards integrated care for young people through the co-location of DAYS has resulted in many positive effects, including one single point of entry, greater sharing of information, better use of resources and less duplication between services. However, there have also been a number of challenges at both the policy and service level and there are still some areas which require attention. It is important to recognise that integration is a very long-term process and should not be rushed. In the UK similar integration processes took ten years. More training is required to allow staff to work within an integrated approach, and greater role definition is required between roles. This will require resources, energy and knowledgeable support.

Recommendation:

- Sustained support of the DAYS integration, recognising it as a long-term process.

Family AOD issues

AOD misuse not only affects individuals but can have an impact on whole families. Growing up with parents and other family members facing AOD issues can impact heavily on young people's emotional and physical wellbeing, and increase their risk of misusing AOD themselves. Mission Australia's FACE program (Family & Friends, Alcohol & Other Drugs, Community & Counselling, Empowerment & Education) is an early intervention and prevention program that supports at risk young people aged 10 to 15 years, who have a parent, caregiver or family member who misuses AOD. A strengths based, pro-active approach is adopted to altering attitudes and beliefs about AOD. The program also includes increasing involvement in social and recreational activities, developing positive interpersonal relationships, and assisting in the development of confidence and self-esteem. FACE is located in Bunbury, providing support to young people, families and communities who are directly disadvantaged by the geographical distance from larger regional centres where community support services are more readily available.

Recommendation:

- Support early intervention and prevention programs for young people experiencing family AOD issues, in both regional and metro WA.

(c) The adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.

Doctors and other health professionals

AOD is currently a voluntary component of professional medical training. This results in many GPs and other professionals lacking adequate knowledge of illicit drug use. However GPs are predominantly the first point of contact for someone with concerns about misuse, including family members. Therefore it is essential that they are able to identify and address the early signs of AOD issues, to encourage early intervention and prevention.

A change of attitude towards AOD issues is also needed, as misuse can be judgementally categorised as self-induced. If a patient is sensitive to such attitudes it might prevent them from seeking further help for their problems. Fears of doctor shopping for drugs also prevents some practices from accepting drug users as patients.

Recommendation:

- Medical and allied health professionals must have AOD as part of their core training.

AOD workers

AOD workers entering Mission Australia services from tertiary education generally have an excellent theory base of knowledge. However they often lack practical placement experience to prepare them for the intensity of the work involved. DAYS has developed minimum competencies required to work in the service, and this often involves some training for new graduates in tools to work at the ground level. Discussion is needed with tertiary education providers around how this skill deficit can be met most effectively. This could involve AOD becoming a core subject in social work and other relevant fields. Alternatively, this could mean recognising that DAYS and other services can effectively provide AOD training, and ensuring that this is adequately resourced and appropriately recognised.

Many workers who join Mission Australia or other community services end up moving into government, largely due to the disparity in remuneration. The NGO sector is therefore often funding training for government sector employees. The disparity has become even more evident in the integrated service, and needs consultation to explore possible solutions.

Recommendation:

- Universities consult with sector around necessary training for AOD and course development.

- Consult around remuneration disparity between AOD government and non-government agencies.

References

Australian Institute of Health and Welfare 2008. '2007 National Drug Strategy Household Survey: Detailed Findings'. *Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW.*

Australian Institute of Family Studies, 2008(b). 'Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do'. *National Child Protection Clearinghouse Issues, No.29, 2008*

Department of Education, Science and Training, 2004. 'Principles for School Drug Education'. Canberra.

Dodd, J & Saggers, S, 2006. 'Current Policies and Practices addressing the impact of drug and alcohol misuse on children and families'. Australian Research Alliance for Children and Youth.

Haines, M., Spear, S, 1996. 'Changing the perception of the norm: A strategy to decrease binge drinking among college students.' *Journal of American College Health*; November 1996, Vol. 45 Issue 3, p134

McBride, N, 2003. 'A Systematic Review of School Drug Education'. *Health Education Research Theory & Practice, Vol.18, no. 2, 2003*

McBride et al, 2006. 'The School Health and Alcohol Harm Reduction Project. Details of Intervention Development and Research Procedures'. *National Drug Research Institute, Monograph*. Perth.

Mission Australia, 2008. National survey of young Australians 2008: Key and emerging issues. Sydney

New Zealand Ministry of Youth Development, 2003. 'Effective Drug Education for Young People: Literature Review and Analysis'. Wellington.

New Zealand Ministry of Youth Development, 2004. 'Strengthening drug education in school communities: Best practice handbook for design, delivery and evaluation, Years 7-13'. Wellington.

Wells et al, 2007. 'Reasons why young adults do or so not seek help for alcohol problems'. *Australian and New Zealand Journal of Psychiatry 2007; 41:12, 1005-1012*