Commissioner for Children and Young People
Western Australia

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Dr David Worth
Principal Research Officer
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Dear Dr Worth

Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

In my capacity as Western Australia's Commissioner for Children and Young People, I am pleased to provide the attached submission to the above Inquiry for the Committee's consideration.

Thank you for the opportunity to contribute to this important Inquiry. I would be pleased to discuss any of the issues further and I look forward to learning of the Committee's findings.

Yours sincerely

Michelle Scott

MICHELLE SCOTT

Commissioner for Children and Young People WA

19 August 2009

Commissioner for Children and Young People
Western Australia

21 August 2009

Submission to the Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

Introduction

Thank you for the opportunity to submit comment to this important inquiry. The negative impact of alcohol and illicit drug use on children, young people and their families is of serious concern. This inquiry offers an opportunity for State Parliament to conduct a thorough assessment of the strategies and services needed to prevent and reduce problem alcohol and illicit drug use, and to inform the further development of the State's strategic approach to this issue. I am pleased to offer comment in my capacity as Western Australia's Commissioner for Children and Young People, and would be happy to provide further information as required.

Role of the Commissioner for Children and Young People

I was appointed as Western Australia's inaugural Commissioner for Children and Young People in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act).

The role of the Western Australian Commissioner for Children and Young People is one of broad advocacy—under the Act, I have responsibility for advocating for the half a million Western Australian citizens under the age of 18 and for promoting and monitoring their wellbeing. I must always observe and promote the right of children and young people to live in a caring and nurturing environment and to be protected from harm and exploitation. One of the guiding principles of the Act is the recognition that parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in that role.

In performing all functions under the Act, I am required to have regard to the *United Nations Convention on the Rights of the Child,* and the best interests of children and young people must be my paramount consideration. I must also give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

Summary of key issues

I have addressed the Inquiry's terms of reference (a) and (b) in some detail and made some broad comment on term (c) below. I have also provided a series of recommendations at the end. In summary I believe the following to be critical in ensuring that Western Australia respond to alcohol and drug issues in the best interests of its youngest citizens:

- Strategies and services across the spectrum of prevention, early intervention and treatment are clearly based on evidence of what works.

- Services are child-centred and supported to identify and respond to the needs of children in the care of adults seeking treatment.
- The views of children and young people should be included in the development, delivery and evaluation of strategies, programs and services.
- Services are provided in an accessible and integrated way to deal holistically with the needs of children, young people and their families.
- Services are adequately resourced to meet the objectives for which they are designed.

Response to the Inquiry's terms of reference

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

Recently the National Drug Strategy Household Survey [i] reported an increase of 8% in the percentage of 14 – 19 year olds drinking at levels associated with a high risk of short term harm with more than half (52.1%) of females in this age bracket reporting consuming alcohol at this level. This trend is worrying and increased action to redress this situation is required as a matter of priority. However the development of problematic drug use is impacted by a complex array of issues that need to be understood in the development of a strategic response. In addressing alcohol and other drug use problems a 'developmental pathways approach' that, "*aims to direct evidence-based investment to modify the early developmental pathways that lead to later problems*"[ii] is required. Such an approach is based on a clear understanding of the harms that we are trying to prevent and the factors that contribute to the uptake of risky behaviours across the life course.

The context then in which prevention and education activities occur can be best demonstrated through a public health model. This model is a concept that has application across a range of disciplines, including education, health and welfare. It spans the service continuum from wellbeing promotion, through prevention, to therapeutic intervention:

- Universal (or primary) strategies target whole communities promoting wellness and mitigating social factors which may contribute to the development of problems.
- Secondary strategies target families and individuals who are identified as being at risk.
- Tertiary strategies target families and individuals where problems are already occurring and remedial or therapeutic services are required.

The importance of evidence-based health education programs

School drug education programs generally operate as a universal strategy. The impact of health education and other interventions for school aged students is becoming increasingly clear. Properly done, drug education does have an impact on young people's knowledge about alcohol and drugs and the consequences of use. However, "*Information alone appears to be insufficient to change intention to use drugs or actual use, although it remains an important element of prevention.*"[iii] Studies conducted by the National Drug Research Institute[iii] identify clear principles that can guide development of effective school drug education programs. These principles include; programs being evidenced-based, developmentally appropriate, sequential and contextual, initiated before drug use

commences, address the social context of use, and provide social and resistance skills training, in addition to information on the different drugs and the harms they can cause. These principles should clearly underpin any school drug education programs on offer in Western Australia. Currently there are no restrictions on who can deliver drug education, or, the content of programs in schools in WA. Strategies to ensure quality of content and delivery of these programs should be implemented.

Including the views of children and young people

The School Health and Alcohol Harm Reduction Project (SHAHRP)[iv] program is a good example of a program that incorporates the best-practice principles and has been demonstrated to be an effective measure in achieving its aims. The evidence-base[v] of this program highlights the importance of tailoring the program to be relevant to the young people involved, *"it is very important that the content, scenarios and style of an intervention be based on the experiences and interest of the young people that it is trying to influence."*

Children and young people today have access to information via media and technology at unprecedented levels. Their perception and interpretation of information is highly sophisticated, a 2006 study[vi], *Young People and Alcohol: Taste Perceptions, Attitudes and Experiences,* which tested response to various ready-to-drink (RTDs) alcoholic premixed drinks concluded, *"different alcohol and non-alcoholic combinations and their packaging are perceived by adolescents in very different ways."* Overly simplistic, one-size-fits-all, 'fear' or harm focused, ad hoc type programs, will lack credibility with the target audience and will not be successful.

Supporting the emerging autonomy of young people

Importantly when trying to influence behaviour change the autonomy of the individual needs to be recognised. Supporting the emerging autonomy of young people, appropriate to their age and development, is a critical factor in the success of programs in changing behaviour. In regards to sexual health a recent report[vii] that surveyed secondary school students across Australia concluded, *"School programs which are currently in place are working well and valued by students; support given to young people to make their own decision is well rewarded."* The report highlighted that while there were obviously some negative aspects to the findings, such as the relationship between alcohol intoxication and unwanted sexual activity, *"they (young people) generally make good decisions about their sexual behaviour"*, and that their experiences are positive and well informed.

Teacher training and resourcing

The SHAHRP program also emphasises the importance of teacher training in the delivery of drug education programs, acknowledging that teachers often lack confidence and adequate training in teaching about drug education and other controversial health topics. Schools are under increasing pressure to deliver a range of programs in response to 'social' issues. Bullying, mental health, sexual health, road safety, body image, healthy eating and drug education compete for curriculum time with academic and other 'traditional' school activities. The evidence base argues however that, *"teachers are best placed to know their students needs and developmental level and are best placed to incorporate drug education at an appropriate time and level for the students."*[iv] Teacher training in these areas should be embedded in the pre-service teacher training curricular, to be built on, post graduation, by specialist, advanced training, such as that currently offered by the School Drug Education and Road Aware (SDERA) project.

The SDERA offer many good drug education and risk reduction programs for uptake by schools across WA, supported by professional development and follow up services. SDERAs approach to embed drug education training in the curricular, rather than offering separate, discreet programs is supported by the evidence and is effective in assisting schools to meet the multiple demands on classroom time. This approach should be supported and SDERAs role in providing these programs should not be overlooked.

Greater uptake of these programs by schools requires both active leadership from government and education authorities to champion their use in schools and also provision of adequate resourcing to schools to provide the teaching time to facilitate teacher training and program delivery. Particular attention and resourcing needs to be provided to address issues facing our regional and remote communities in accessing and providing these programs in the context relevant to the community.

Consideration needs to be given to boosting the level of health service provision available in schools. Integration of adjunct health and welfare services to better support schools in these endeavours and provide greater access to early intervention where a need is identified is also critical. This has been shown to be effective in reproductive health and should be evaluated for its effectiveness in reducing alcohol and drug use.

The context of broader community

Young people's alcohol consumption does need to be seen in the context of drinking patterns more broadly in Australia. The Australian Alcohol Indicators[VIII] report states, "*A conservative estimate is that at least 80% of all alcohol consumed in Australia in 2001 put the health and safety of drinkers at risk of acute and/or chronic harm.*" Efforts to prevent the uptake by young people of hazardous or harmful patterns of drinking will not succeed if we do not address the culture of drinking existing in the broader community and improve efforts to reduce overall alcohol consumption.

Prevention strategies directed at young people need to be complemented by other strategies that support broader efforts to reduce excessive alcohol consumption across the community. For example, price is an important influence on the alcohol consumption of a population. Price changes have been demonstrated to influence consumption and harms among specific high-risk populations including young people, heavy drinkers and Aboriginal people. The most effective taxation strategy to prevent and reduce alcohol related problems is one where all alcoholic beverages are taxed according to their alcohol content. The Western Australian government should support efforts to introduce volumetric tax on alcohol at a Federal level as a comprehensive, strategic plan to reduce alcohol consumption across the community.

Similarly, the impact of alcohol marketing on young people is operating to counter the efforts of the State Government at a school based level. Efforts to further improve on recent announcements to reduce the impact on children and young people of the marketing of alcohol, should be considered at both a State and Federal level.

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(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.

Early intervention

Increasingly research[ix] has improved our understanding of the factors that increase the risk of individuals developing problems with alcohol and drug use and the factors that act as protectors. Addressing these risks and increasing protective factors is required in both a broad sense and in a more targeted fashion is critical.

At a broader level the importance of the early years of a child's life and building a positive attachment to family are significant in preventing against later drug use problems. The National Drug and Alcohol Research Centre report [ii] states, *"There is good evidence that investing in early life-stage programs to encourage healthy child development can prevent and delay drug use by children and prevent the progression to heavy and harmful use."*

I have repeatedly[x] called on the Western Australian government to invest in child and maternal health services to both redress the shortfall created by the lack of investment over the last decades and the increased growth in the population in WA and to further invest to improve the level of service delivery to at least be comparable with other States. Provision of universal services that support child and maternal health are therefore also significant if we are to reduce the problems of drug use in our community.

Targeted strategies for families identified as at increased risk, such as families with mental health problems and Indigenous families need further support through intensive intervention and home visiting services.

> *Family home visiting is well supported by the research evidence as a strategy for reducing infant exposure to harmful drug use, the family's harmful drug use and early risk factors for the child's later involvement in drug abuse. One review found savings of $5 for every $1 spent on the program over the first 15 years of the child's life but these programs are most cost-effective when they are provided to women and families most at risk.*[ii]

Other risk factors such as early school failure and adolescent family conflict need to be mediated by relevant programs to address these factors. Particularly strategies to maintain young people's engagement with school are crucial. Young people who are not attending school are at significantly increased risk of developing drug and alcohol problems, having poor mental health and engaging in criminal and antisocial behaviour. Every effort must be made to keep these young people engaged with the community rather than allowing them to become further marginalised and at risk of increased harm. The earlier we identify and provide effective responses to emerging problems the greater the outcomes will be for both the child and the broader community, *"concentrating drug prevention efforts in adolescents is providing too little too late. There is growing evidence that early childhood interventions are cost-effective ways to reduce drug abuse, criminal behaviour and [un]employment when they are adequately implemented in high-risk populations."*[xi]

Protective factors such as engagement in positive sporting and community activities are also important to provide. I have been calling for better planning and coordination of services, programs and activities for young people as a matter of priority. This planning needs to occur at a local level, include the views of young people and be effectively resourced to meet local needs. The report on the *Structural Determinants of Youth Drug Use* [IX] drew attention to the importance of public open space relevant to the needs of young people, "*In the context of the global trend towards zero tolerance, current research has indicated that many young people are being positioned as 'intruders' and 'illegitimate users of public spaces.*" We must reverse this trend and reengage with young people as an existing part of the community with much to contribute and whose needs and opinions should be central to decisions that affect them.

Child-centred services

Significant numbers of children are living with parents who have alcohol or drug problems. It is conservatively estimated[XII] that 10% of children live with parents who have a problem with alcohol or drug abuse. In Western Australia, that would equate to approximately 50,000 children under the age of 18 of which 30,000 would be under the age of 12. The State Government are to be congratulated on the priority given to children and young people articulated in the Western Australian Drug & Alcohol Strategy 2005 – 2009[XIII] and it is recommended that this be carried forward in the development of a strategy beyond 2009. The absence of such a priority in the National Drug Strategy 2004 – 2009[XIV] is a serious omission that should be rectified in that strategy's development for future years.

While drug use itself is not sufficient to initiate child protection intervention, the link between family alcohol and drug abuse and child protection substantiations is well documented. Best practice principles indicate that evidence-based, family centred interventions need to be provided to clients of alcohol and drug treatment services. Identifying the needs of children should be recognised as a core business of these services and they should be supported to undertake such work. The best practice principles for services and clinicians have been clearly articulated in the ANCD report[XII], *Drug Use in Families: impacts and implications for children*. These principles should form the basis of service requirements and be resourced and monitored to ensure effective implementation. Importantly this report recommends, "*Staff involved in the delivery of intensive family-focused interventions need to be supported by the provision of adequate models of practice, supervision and sufficient time to ensure that treatments have a realistic chance of improving outcomes in children of problem substance users.*"

Integrated service delivery

The interrelationship of problems such as mental health, family violence, homelessness, and poverty with drug and alcohol problems cannot be ignored. The overlap between mental health and drug and alcohol problems particularly, has long been recognised and the need for improved service delivery models is long overdue. "*One of the strongest messages from the literature is the need for a coordinated service response in addressing substance misuse problems, particularly when children are involved, to address the broader issues associated with substance use.*"[XV]

The government and non-government sectors in Western Australian are to be congratulated on the recent integration of a number of different services to form the Drug and Alcohol Youth Service (DAYS). Also the piloting of the People with Exceptionally Complex Needs program (PECN) is to be supported and government must commit to resourcing the continuation of such programs if they are positively evaluated. The PECN project focuses on a very small group of highly complex people and does not negate the need for services generally to become more integrated in their service delivery for the much larger population of drug treatment clients who have multiple issues. Integration of service delivery for these issues in the main, must move beyond the rhetoric and become reality. The challenges faced by service delivery agencies and funding bodies in undertaking integrated service delivery are incomparable to the difficulties faced by the people in need who are faced with a frustrating myriad of agencies, personnel, policies and procedures.

Evidence–based services

All prevention and treatment services must be based on sound evidence. People with alcohol and drug problems and their families are often very vulnerable in their desperation to find relief. Effective standard controls to ensure quality of treatment and ethically approved research into new and improved services should be supported. The way ahead was clearly articulated in the report on the *Structural Determinants of Youth Drug Use, "Improve the link between research and practice: base policy and funding decisions on the research evidence we already have; monitor and evaluate policies and programs; and continually adjust policies and programs to reflect new information as it becomes available."* [ix]

Children affected by Fetal Alcohol Spectrum Disorder (FASD)

Increasingly, consumption of alcohol in pregnancy is being recognised as a significant contributor to child physical, mental, behavioural and learning disabilities. FASD is a descriptive term of the range of effects that can occur as a result of exposure to alcohol in pregnancy. Lack of clarity and information about FASD has resulted in an under diagnosis of the children effected by fetal exposure to alcohol and a consequent lack of treatment and support.

Investment in universal and targeted prevention strategies are crucial to reduce the numbers of children born with FASD. Additionally, we need to support current work to improve clinical knowledge, clarify diagnostic criteria and treatment approaches and provide the necessary resources to implement strategies to address the arising problems. Estimates[xvi] of the impact of FASD suggest that of those affected 60% will have major disruptions of their schooling, 60% will be charged or convicted of a crime and 80% will have major problems with employment. Investment in child development services, school support and other services to support families with a child with FASD are required urgently to reduce this impact for the individual, their family and the broader community.

I am aware of at least four government departments and multiple non government agencies who are currently involved in developing various responses and interventions for FASD related issues. I believe that the State Government needs to provide a mechanism for leadership to ensure that the development of strategies and services is done in a

coordinated and efficient way, ensuring that the services meet the needs of the children and families who require them.

Support for families where young people have developed drug and alcohol problems

Significant support services are needed for families of young people experiencing alcohol and drug problems. These services need to be aimed at both providing the family with their needs for information and support and also in providing family system interventions. There is good evidence that family-based interventions are effective, however they are also require the investment of resources. In reviewing these approaches the Australian National Council on Drugs reported, "*such approaches are well validated and have been associated with significant cost savings in the families with complex and multiple problems.*"[xvii]

Support for grandparents caring for their grandchildren

More frequently grandparents are undertaking full time care for their grandchildren where drug use impairs the parent's ability to provide appropriate care for the child. Further action is required to identify the needs of these families and provide appropriate levels of support to assist grandparents in this role[xviii]. It must be recognised that these grandparents are relieving the pressure on state child protection and other services who would, most likely, be required to intervene in their absence.

Rural and regional communities

The population of Western Australia continues to increase faster than that of any other Australian state and territory, growing by 2.3% (46,700 people) in 2006-07. Many parts of regional Western Australia have also experienced high increases in population; for example, the population in all local government areas in the Kimberley region increased in the 2006-07 year and the Pilbara population also experienced strong growth.[xviii]

The paucity of services in rural and regional areas is long acknowledged and yet many of the risks are the same if not increased. The additional difficulties of accessing help include, maintaining confidentiality in small towns, the need to travel in order to access treatment (incurring financial costs, difficulties with child care and separation from the support of families and friends), and limited opportunities to access follow up or ongoing support.

Access to treatment and support services that meet the needs of children, young people and their families who live in regional and rural areas must be improved. This includes improvements to the services available locally and improving ability to access services further afield when required.

Aboriginal children and young people

The serious disadvantage across all spectrums of health and wellbeing experienced by Aboriginal people has been well documented in the recently released Productivity Commission's, *Overcoming Indigenous Disadvantage* report.[xix]

While I have been supporting the introduction of alcohol restrictions in communities that have requested them, it is clear that the restrictions alone are not enough. I have been urging government and other service delivery agencies to provide the comprehensive, coordinated and sustained response needed to support these communities, both in the short term and in the longer term, to address the issues and rebuild. This includes the provision of safe houses, significant improvements in the maternal and child health services, mental health and healing services, improving youth services and activities, increased diversionary strategies for youth engaging in anti-social behaviour and low level crime.

There are many good models of initiatives that are operating in the communities and these models should be adequately resourced with secure funding that assists in attracting and retaining staff. The ANCD report into *Drug Use in the Family*[xii] identified factors that contribute to the success of alcohol and drug projects for Aboriginal people. These included; Indigenous community control, adequate funding, multi-strategy and collaborative approaches, appropriately trained staff, and realistic objectives aimed at the identified needs of the community. These factors highlight particularly the need for Aboriginal people to be predominantly involved in the design and development of intervention strategies and in the delivery of services aimed at their needs. Particular attention should be given to workforce development initiatives that increase the number of skilled Aboriginal health and welfare workers.

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

The role of medical and allied health professionals in the prevention, early intervention and treatment of alcohol and drug problems is crucial, particularly if services are to be integrated in any meaningful way. Bearing in mind the current overstretched nature of our health and primary care system, I do believe that there is particularly a role for GPs and hospital staff to meet the needs of service provision in rural areas.

GPs also have a significant role in the prevention and early identification of drug and alcohol problems in young people and families.[ii] In order to do this however they need to be trained and supported by accessible referral services and appropriate remuneration for the time involved. I am aware of a number of endeavours to improve the knowledge of GPs and other allied health professionals in relation to alcohol and drug use interventions, such as the Dr Yes program and The Divisions of General Practice initiatives. Further support for these initiatives and incentives for GPs to become involved should be considered.

Conclusion

In conclusion I believe that there is much good work being done to address the issues and impacts on alcohol and drug use in Western Australia, however more work needs to be done in; addressing the underlying factors that are at the root of these issues, better resourcing and integration of services and in supporting our most vulnerable communities: children of parents with alcohol and drug problems, Aboriginal children and young people and those in regional and remote areas.

Importantly though, it must be recognised that the majority of young people do not engage in ongoing problematic drug and alcohol use and we must improve our performance from representing our youth in a deficit model to a more positive focus.

"*Shift the focus from the negative to the positive. Work towards supporting young people to be happy, socially connected, and engaged in life, rather than focusing on negative outcomes such as drug use.*" [ix]

I submit that the Committee consider the following recommendations:

Recommendations

1. That all programs for school drug education be based on evidence-based principles for effective design and delivery and strategies be put in place to ensure that these activities are monitored and evaluated.
2. That the pre-service teacher training curricular include comprehensive, skills based training in delivering drug education and other health related curricular.
3. That clear support for the delivery of school drug education is provided by government and education authorities.
4. That broad strategies to reduce the overall consumption of alcohol in the community be strengthened at both a State and Federal level.
5. That investment in universal child and maternal health services be significantly improved as a matter of priority.
6. That an intensive family home visiting service be developed and resourced for families identified to be at greater risk.
7. That the State Government commit to developing and resourcing a mechanism for planning and coordinating services for young people at a local level.
8. That children of parents with alcohol and drug use problems continue to be identified as a priority in the State Drug and Alcohol Strategy beyond 2009.
9. That drug and alcohol treatment services for adults recognise the importance of, and have mechanisms for, identifying and responding to the needs of children in the care of the clients they see and that these are based on best practice principles.
10. That the needs of grandparents caring for grandchildren due to the impact of alcohol and drug related problems, be investigated and recommendations for action be resourced.
11. That prevention, diagnosis and treatment strategies for FASD be urgently resourced and implemented.
12. That the Government establish a mechanism for coordinating the development and implementation of strategies and services in response to FASD.

13. That interventions for the broader support of families of young people with alcohol and drug use problems be investigated and implemented.

14. The needs of rural and regional families access to drug and alcohol treatment and support be addressed.

15. That the alcohol restrictions imposed on Aboriginal communities be supported by a comprehensive, coordinated and sustained plan to address the issues underpinning alcohol abuse, and that this plan be centrally monitored to ensure compliance and effectiveness.

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