



**The Value of *Doors Wide Open* in Reducing Illicit Drug Use
and Its Effects on the Community**

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Doors Wide Open, November 30, 2018.**

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Reducing Illicit Drug Use and Its Effects on the Community
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Preface

Doors Wide Open (DWO) is a peer-led community support service that assists individuals and families impacted mostly by methamphetamine and to a lesser extent other illicit drugs. DWO offers a range of inhouse services and networks strongly with agencies, business, industry, and service organisations in Greater Bunbury to address the challenge of illicit drugs.

At DWO, we encourage and support service users to take ownership and give input to finding ways to reduce illicit drug use,² leading to healthier and happier lives. By drawing on the courage of service users and the goodwill of community members much is being done to repair wide-ranging damage resulting from illicit drugs in our community.

Gap in the AOD Sector

DWO recognises that conventional or “treatment” approaches for attending heavy users³ of illicit drugs are limited. Such treatment is commonly made available through Alcohol and Drug (AOD) services and rehabilitation facilities, which offer counselling, group therapy, education, art and recreation activities. But such approaches carry with them the assumption that heavy users will want to access treatment or initiate entry. Evidence shows that propelling one’s self towards this goal is commonly perplexing.⁴

There are multiple barriers that keep heavy users of illicit drugs in the borderlands of our communities and isolated from conventional service providers. Firstly, where self-motivation to “get clean” does exist, the decision is usually tenuous. They soon return to their previous position, believing that they do not require treatment or assert

that treatment does not work for them. Others are embarrassed, burdened by stigma or concerned about privacy and confidentiality. They, too, soon return to the comfort of being drugged-up, alone, or in the company of friends who similarly use illicit drugs.⁵

Secondly, the personal, familial, economic, legal and social situations of those who use illicit drugs can hinder access to conventional service providers. Such drug use often has negative consequences in reduced mental health, distance from family and non-drug using friends, the loss of employment, engagement in criminal activity, being incarcerated and/or homeless.⁶ They become so bound up by the demands and consequences of illicit drugs, that they exist perceptually and physically beyond what is accepted as normal.

Thirdly, most heavy users of illicit drugs distrust authority figures, including health professionals. Such suspicion can result from bad prior experiences. It can also arise from the understanding that their knowledge is regarded by "experts" to be inferior. Hence, their tendency to shy away from "anything to do with book-learning."

Each of these perceptions and situations are a road block to accessing helping relationships that might otherwise support them to move on from the consumption and consequences of illicit drugs. But when these situations are combined, they work to create an almost insurmountable barricade to conventional treatment approaches.

History of DWO

DWO is a community response to the gap in the AOD sector. DWO was first established in 2016, beginning life as a Facebook based support group aimed at families living with a loved one experiencing methamphetamine dependency. (NB: In 2016, Bunbury recorded the highest rate of methamphetamine in Western Australia.⁷ In 2017, Bunbury's situation was not much improved.⁸)

The group was born from the lived experience of the two original proponents, Lina Pugh and Julie Kent, both mothers who were struggling to support children through the devastating health and social impacts of their illicit drug use. Courtney Coyne, daughter of Lina and sister to the young man, was the third member who worked to develop a community action group.

The trio's experience of seeking and subsequently advocating for an accommodating community service demonstrated that there was a great need for a more relational-based service that included giving support to both individuals seeking recovery and family and friends impacted by their loved one's use. DWO was incorporated in August 2016.

Requests for assistance from DWO continued to grow to the point that a full-time service was needed. With assistance from the Greater Bunbury community and the State Government, the organisation evolved into a fully-fledged community support service with its own dedicated premises in August 2017.

In September 2017, DWO moved to a Management Board and the original proponents plus an additional worker have been employed as staff. DWO also has a strong contingent of volunteers – most of whom have lived experience of illicit drugs. Volunteers assist with providing on-site hospitality, development and maintenance to buildings and grounds, distribution of goods to those requiring essential items, programming content and some administrative tasks.

Attending the Gap

Conventional AOD treatment services aim to manage clients' needs through the provision of set routines and learning opportunities, mostly through counselling and programming.⁹ They offer a clear pathway to the client. A client makes an appointment. They are attended, and perhaps after repeat appointments, exit the service. There is a rational route underpinned by the empirical evidence that bolsters this singular or exclusivist approach.

However, heavy users of illicit drugs tend to be cautious about these services. In the case where they have fronted up to AOD agencies, they often report that these services are incapable of dealing with their spontaneous demands and are indifferent to their usually chaotic and complex circumstances. They feel frustrated by established practices and boxed in by structural expectations. Most are struggling with difficulties that do not fit within the parameters of the treatment approach.

As for family members of heavy users of illicit drugs, they commonly feel shame over what is happening to their loved ones, tending to hide their dilemma and pain from the public glare. (NB: family members of heavy users of illicit drugs are commonly abused, assaulted, and/or have had their property damaged or stolen.) In effect, they continue to shoulder the burden of stigma, even though illicit drugs have widespread impacts on communities. Meantime, if they do find the courage to make an appointment at a conventional service, and receive the support that is offered, they can still feel powerless and lonely.

DWO, on the other hand, goes about attending service users, referred to not as "clients" but as "recoverees" or "visitors," differently. Our organisation operates a drop-in Centre that provides a spontaneous and flexible service. Once recoverees or

visitors (e.g., family members) enter the personable space of the Centre, they are responded to immediately. One of the MLA (Meet, Listen, Assist) volunteers is ready. There is no waiting in the "waiting room" at DWO. Introductions are on first names' basis, and because staff and volunteers have personal or family experience of illicit drugs, they respond empathetically and intuitively to what is being presented. They speak a familiar "language," which is not simply rational but heartfelt and instinctive.

Internal Services

At DWO, staff and volunteers are at hand to,

- supply, where needed, basic needs (e.g., food, toiletries, clothing, bedding)
- facilitate a safe environment and a sense of belonging.
 - Recoverees gain protection from: one's own urges "to get on"; friends who want company "to get on"; the dangers of dealers and homelessness; the fear of arrest, courts and prison. The Centre provides a safe place for them to recuperate and get relief from loneliness, rejection and dread (otherwise alleviated by illicit drug use).
 - Family members find support and comfort in this welcoming space. We have quite a few Mums and Dads who enjoy the good company of peers and share in the wisdom they collectively hold. They also find purpose and meaning in tending recoverees at the Centre.
- offer hospitality. DWO fosters a homely environment characterised by informality, empathy, care, humour, lots of warm cuppas and food. These qualities and provisions lift service users' spirits and keeps them motivated. For some, DWO provides a surrogate home complete with a surrogate family.
- provide personal encouragement and support.
 - NB: Many heavy users of illicit drugs have low levels of confidence and poor self-image. They may experience guilt and shame. They may also fear their parents' disappointment.
 - NB: Family members often feel trapped between the judgements of their drug-abusing children and public expectations. They often feel as though they failed as parents.

At DWO, hope, encouragement and reassurance are given liberally.

NB: DWO provides mediation to families wanting to reunite.

- foster personal, relational and social growth and development. DWO encourages recoverees to participate in constructive activities (i.e., alternatives to illicit drug use and related criminal behaviours). Meantime, all who congregate at the Centre are encouraged to become

engaged, either informally or via planned events, e.g., programming, Healing and Talking Circles and social activities.

Recoverees and visitors often experience a personal freedom at the DWO Centre. They find safety from stigma and other perceived and actual dangers. Having a surrogate home matters to those who are lonely, vulnerable and distressed. It is here at the heart centre, where blaming and shaming are suspended, that the work of repairing the individual and relationship building happens.

At DWO, recoverees and visitors can interact with friends and strangers, share views, track down information and gain support from each other needed for exploring possibilities that these alternative arrangements can offer.

Networks

Conventional treatment services are staffed by professionals. They have the required standard of education and training to deliver AOD knowledge for the general good of the client. These services can be likened to a "one-stop shop."

DWO, in contrast, is staffed by those who have lived experienced, and with their focus being on fostering relationships. Illicit drug use erodes the ties that bind relationships and communities. DWO seeks to repair that damage. In cultivating "bridge-building" connections, trust is gradually restored and built. These pre-requisites prepare recoverees and visitors to eventually transition to engaging in "normal" or community interactions. Our service is, essentially, a hub, which provides a focal point for those impacted by illicit drugs and a facility to foster greater local community activity to address consequences and improve quality of life.

Our community support service understands recoverees and visitors have complex lives and multiple needs. For these reasons, our community support service has fostered an extensive network in Greater Bunbury. DWO brings together an unprecedented range of connections and potential solutions to advance the needs of those who seek support and help.

DWO's capacity to network is evidenced in,

- assisting with referrals to clinical and other key services as needed. We connect with multiple Doctors, mental health agencies, rehabilitation facilities, housing services and employment/financial agencies
- delivering an education service based on "real life experience" to reduce demand for illicit drugs to schools, business and industry

- working with the various enforcement agencies (e.g., police, community corrections (CJS), prison) to reduce relapse and recidivism. This includes participating in inprison restorative justice processes, thus, making mutually beneficial connections across the prison community and wider community¹⁰
- restoring unity in the community. DWO brings together many who want to extend a helping hand to
 - donate goods and services
 - assist in overcoming the effects of stigma and stereotyping which accompanies illicit drug use. For example, DWO holds regular “family and friends” gatherings which are open to the public
 - increase the inclusion of recoverees and family members in civic life through various events and activities.

DWO can point to many examples of kindness and benevolence in the community. Charitable organisations assist with improving leased buildings and grounds and providing essential goods. Members of the public have sponsored materials for programs and amenities. Business, industry and community service organisations regularly donate big and small items and services. These demonstrations of kindness and friendliness bolster the resolve of recoverees to overcome illicit drug use and buoy up family members.

Over time, we see recoverees find the strength to step out, sometimes with assistance, other times on their own. They either access other helping agencies or take advantage of the opportunities that a compassionate community such as Greater Bunbury is willing to offer.

As for family members who frequent DWO, they have the benefit of a stable surrogate home wherein they experience the company of peers. Anecdotal evidence suggests that, as a result, they have reduced fear, an increased understanding of illicit drugs, growth in confidence and personal power and more control of their lives.

Potential Rehabilitation Developments

DWO is an evolving organisation. Our community support service recognises the need for and is working towards providing appropriate pre-rehabilitation, post-rehabilitation and home rehabilitation services. Some heavy drug users need preparation for entry to residential rehabilitation facilities; most need post-release support; some are looking for rehabilitation within our community to remain close to parents and children.

At DWO, we know that rehabilitation is no quick fix and that recovery takes time and requires considerable support from community member who care.

Concluding Remarks

DWO has made rapid inroads to providing an alternative approach to reducing illicit drug use in our community. The community support service has implemented care-giving interventions and established a network hub to facilitate a broad range of possibilities for attending the immediate and longer-term needs of recoverees and families. These endeavours have worked to heal the wide-ranging damage that illicit drugs do to individuals, families and communities. Such efforts have provided pathways to empower vulnerable, marginal and hidden drug users, recoverees and family members to realise greater well-being and hope for the future.

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² In this submission, "illicit drugs" is synonymous with Methamphetamine, the primary drug of concern presented at DWO.

³ In this submission, "drug users" (practice model) is the preferred term in that it is considered the most benign description, and in contrast to "drug addicts" (disease model), "drug criminals" (punitive model), "drug consumers" (market model). "Heavy" denotes problematic drug use to the extent that it has multiple chronic consequences for the user and family.

⁴ Herbeck, D., Brecht, M-L., Christou, D. & Lovinger, K. (2014). A qualitative study of methamphetamine users' perspectives on barriers and facilitators of drug abstinence. *Journal of Psychoactive Drugs*, 46(3), 214-225; Lambkin, F., Baker, A., Lee, N., Jenner, L., & Lewin, T. (2011). The influence of depression on treatment for methamphetamine use. *The Medical Journal of Australia*, 195(3), S38-S43; Newton, T., De La Garza, R., Kalechstein, A., Tziortzis, M., & Jacobson, C. (2009). Theories of Addiction: Methamphetamine Users' Explanations for Continuing Drug Use and Relapse. *The American Journal on Addictions*, 18(4), 294-300.

⁵ See also Cumming, C., Troeung, L., Young, J., Kelly, E. & Preen, D. (2016). Barriers to accessing methamphetamine treatment: A system at review and meta-analysis. *Drug and Alcohol Dependence*, 168, 263-273.

⁶ Kushel, M., Hahn, J., Evans, J., Bangsberg, D., & Moss, A. (2005). Revolving doors: Imprisonment among the homeless and marginally housed population. *American Journal of Public Health*, 95(10), 1747-52; Hkansson, A. & Berglund, M., (2012). Risk factors for criminal recidivism -- a prospective follow-up study in prisoners with substance abuse. *BMC Psychiatry*, 12(1), 111-118.

⁷ Roman, H. (2016). WA's \$2b-a-year meth problem revealed by sewerage tests, ABC News. Available: <<https://www.abc.net.au/news/2016-08-01/sewage-tests-reveal-wa-drug-problem/7677296>>.

⁸ Philipps, M. 2018. Bunbury has highest rate of meth use. *South Western Times*. Available: <<https://thewest.com.au/news/south-western-times/bunbury-has-highest-rate-of-meth-use-ng-b88691544z>>.

⁹ Lennox, R., Sternquist, M. & Paredes, A. (2013). A Simplified Method for Routine Outcome Monitoring after Drug Abuse Treatment, *Substance Abuse: Research and Treatment*, 7, 155-169.

¹⁰ Please note, I have also submitted a submission to this Senate Inquiry, *The Case of Imprisonment, Restorative Justice Processes for Reducing Illicit Drug Use and Addressing Harm to the Community*, which refers to how Doors Wide Open connects this activity.