



**Submission to the Parliamentary Standing  
Committee Family and Community Affairs**

**Inquiry into Substance Abuse**

**Submission Prepared by  
Odyssey House Victoria**

**Melbourne  
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## Executive Summary

- Drugs are having a devastating impact on the Australian community.
- Demand for treatment places exceeds supply and organisations such as Odyssey House Victoria regularly deny services to people with very real needs.
- Government funding for treatment services is inadequate.
- Governments are often inflexible in their approach to funding service provision in the drugs area which results in many people not being able to access appropriate services.
- If governments are serious about improving the quality of service provision in the drug treatment area, they need to provide the tools, time, training and resources for workers and agencies to improve their practice. Expecting more for less will not achieve better outcomes.
- Community agencies such as Odyssey have the ability and are well placed to conduct more evaluation and research into program effectiveness and other emerging drug issues, but are very rarely given an opportunity to conduct such research and evaluation.
- The development of national drug policy seems to be primarily focused on developing a safe set of words that senior bureaucrats in each jurisdiction can agree to, without the policy impacting on their practice.
- Public drug policy debates tend to be full of sound and fury but often signify very little. In practice most people agree about most of the strategies that need to be implemented (e.g. more detoxification and treatment)
- Drug problems are actually people problems, and we need to invest in responses that acknowledge the underlying issues behind problematic drug use rather than focusing primarily on drug taking.
- Drug treatment does work at least as well as our treatments for high blood pressure, diabetes or asthma, and should be supported both as a way of saving the community economic and health costs, and as a social entitlement to appropriate health care.
- Building communities of people committed to changing their drug use is an effective response, just as strengthening involvement and participation in the broader community is likely to be effective in reducing crime, drug use and other risk taking behaviour.
- If we want to change the way people use drugs in Australia, we should listen more to the views of users, their families and the workers who try and meet their needs.

## Recommendations

1. There is a desperate need to provide more detoxification, counselling and residential treatment programs for those users committed to addressing their drug problems.
2. Governments need to listen more to the views of service providers and allow some flexibility in the models of treatment and other interventions.
3. Community agencies need to be provided with additional training and resources if they are to improve the quality and effectiveness of the services they provide.
4. Research and program evaluation funding should be made available to community agencies to enable them to better document, evaluate and research both the effectiveness of current services and ways to address emerging drug issues.
5. There is a need for increased government accountability in the drug policy area, and much greater emphasis on policy as a course of action rather than a safe set of words. To this end all national policy structures, committees and decision making bodies should be open to public scrutiny.
6. Greater emphasis needs to be placed on promoting the success stories of people who have overcome drug problems. A national success story publication should be produced every year and publicly launched with appropriate promotional activities etc.
7. All governments should be required to regularly document and publish a report detailing how many drug users and their families are waiting to access appropriate drug treatment places.
8. All governments should be required to publish an annual expenditure statement about the they have funding specifically allocated to drug and alcohol programs and services.
9. Building communities of people seeking to change their drug use should be encouraged. Strengthening participation and involvement of the young and other marginalised members of society in the broader community should also be encouraged.
10. Drug users, their families, former drug users and people who work directly with these groups, should be given much greater input into decision-making about funding, models of service delivery and drug policy.

## **Introduction**

This submission has been prepared primarily to provide the Inquiry with the perspective of a community based counselling, support and residential service provider. While it may not be a summary of literature or a presentation of new research, it does highlight some fundamental and very real issues that are often not given significance in contemporary debates about drug policy.

In preparing this submission, Odyssey House Victoria are seeking for a greater voice to be given to those directly involved in drug use – drug users, their families and the people who work with them.

Odyssey would welcome the opportunity to discuss any aspect of this submission in more detail, or to present at any hearings that are to be conducted as part of the inquiry.

## **Background**

### **Drug use in Australia**

While there have been some remarkable successes in the last ten years in terms of reducing drug related harm, the reality is that the pattern of drug use has changed and Australia is now facing a situation in which there are significantly more people experiencing illicit drug-related harm.

The triumph of the early nineties was the introduction of Random Breath Testing and differential taxation rates on low alcohol beer which combined to significantly reduce the toll of alcohol related harm and particularly alcohol related road fatalities.

The last fifteen years has seen young women catch up with young men on the drugs front, initially in the area of tobacco smoking, then alcohol binge drinking, more recently cannabis use and now heroin use.

The age of first use of drugs such as cannabis and heroin has declined, the numbers of people dying from opiate related overdose has escalated dramatically and there is some evidence that this trend will continue as a new larger cohort of heroin users moves into their late twenties and early thirties, the age at which overdoses seems to peak.

At a treatment level there has been a shift in the profile of the typical client in drug treatment. People in treatment are now younger on average, are more likely to be poly-drug users and less likely to identify alcohol as their major drug of abuse. There is some evidence that people seeking treatment for opiate dependence may have pushed some of the people seeking treatment for alcohol use out of treatment places.

All these changes (which are well documented in Australian surveys of drug use and other research literature) indicate that the nature of drug problems may be changing, but the impact on the community continues at an unacceptably high level, and there is no sign that this impact is likely to diminish in the near future.

### **Odyssey House Victoria**

Odyssey House Victoria is a major provider of specialist drug counselling, support and residential programs in Victoria. It currently operates from two premises, one in Greville Street Prahran (Odyssey Community Services) and one at a former monastery in Lower Plenty where 80 residents live in a drug free therapeutic community.

The Community Services program includes individual and family counselling, youth outreach services, support groups for current users (harm reduction), skills acquisition groups focusing on the development of personal skills such as anger management and relapse prevention, parent support groups for parents of adolescent and adult users, aftercare groups for former users, and other special programs.

Odyssey House residential program provides medium to longer term treatment with an initial six week assessment program followed by a three to five month action program in which residents address their underlying issues through working with therapists and others in the community. The final phase of the program involves residents accepting significant responsibility within Odyssey and beginning to plan their return to the broader community. In this phase residents often live at Odyssey as they return to the workforce or move into their own residences and attend Odyssey during the day. An aftercare support program is provided to residents once they move back into the community.

Odyssey is the only state-wide provider of family residential programs in which children can live with their parents, and has a specialist crèche and other children's services.

Odyssey is funded primarily through State government funding, with Health Regions, ACSO COATS (offenders treatment services) and the Department of Human Services (Statewide) purchasing residential beds and other services for their clients.

Odyssey operates with an annual budget of around two and a half million dollars.

Odyssey also raises approximately \$500,000 per year from its own fundraising and uses this money to extend the services provided to those in need.

Odyssey is administered by a Chief Executive Officer, Mr David Crosbie, who is responsible to a Board of Directors. The Chairman of the Board is Mr Nigel Dick AM.

## Key Issues

### **There are not enough treatment places to meet demand**

Currently, Odyssey House Victoria is funded to provide 65 residential treatment beds, including some family and children's beds. Over the last few months, Odyssey has consistently had 80 beds occupied. This is the maximum possible capacity before there are residents sleeping in corridors. At the same time, Odyssey has 20 people in our preparation group awaiting a treatment place. This is also the maximum we can reasonably hold in this group.

On average, Odyssey receives over 80 phone calls per day from people seeking support. Odyssey does not have the resources to respond to these calls appropriately and all too often we fail to provide the support people seek.

Aside from phone calls, Odyssey also receives many professional referrals from other community and government services, and has people presenting at our community services office desperately seeking treatment. Everyday, the staff at Odyssey turn away people seeking help.

As one resident at Odyssey House residential program said about his visit to a preparation groups (people waiting for a residential treatment place at Odyssey) *'I can see how scared they are to leave Odyssey offices and walk back out on the street where anything might happen. I just want to bring them back to Odyssey House with me and let them feel what it is like to be safe.'*

When we try and get people into other services, more often than not we find that other services are in a similar position to Odyssey.

Regardless of what politicians, policy makers, academics and media commentators might say, there is no doubt that demand for treatment services is much higher than supply.

As a front line counselling, support and residential treatment service provider, Odyssey is continually frustrated that those who have made the decision to try and change their lives cannot access the services they want and need.

### **There is an inflexibility in government funding and provision of services**

In Victoria there are specific models of treatment services that are approved and funded by the government. While the models provided may suit many people's needs, there is still a large number of people whose needs are not met through these models. When agencies, such as Odyssey, seek government support for a more flexible approach, the response is usually that if the proposal does not comply with the appropriate model, it will not be supported.

For example, all the research about the effectiveness of residential drug treatment programs has highlighted that the transition from residential treatment back into the community has a very significant impact on treatment outcomes. The more energy and resources that can be channeled into this area, the more likely the treatment will have a positive outcome. Yet residential programs in Victoria fund treatment beds at a set \$84 per day, an amount that ceases as soon as the resident moves back into the community. This means that at the point where most resources should be provided to help the transition back into the community, government funding ends. While Odyssey and other residential programs have developed as much transition and aftercare support as possible within the limited resources available, this area is grossly under-funded and suffers as a consequence.

Another example of this inflexibility is Odyssey's attempt to provide a small detoxification service for parents entering the Odyssey Family Residential program. Drug using parents have often had negative experiences of authorities becoming involved in the way they parent their children and are therefore reluctant to part with their children during the time it takes for them to complete a residential detoxification program. There are few detoxification places where parents can enter treatment and retain custody of their children.

Odyssey is the only statewide provider of residential family treatment programs where children can live with their parents while the parents are in treatment. Unfortunately, parents seeking to enter this program need to be detoxified prior to admission. Given the difficulty of accessing appropriate detoxification services, this becomes a huge barrier to participation in treatment.

Odyssey sought approval and some government support (less than 25% of the costs of providing a full detoxification facility) to allow these parents to enter the Odyssey residential program with their children and receive detoxification during the first week of their treatment. The government response to this request was that the model being proposed was not the preferred model of detoxification and government support would not be provided.

The end result is that we continue to lose parents and children who otherwise would be in treatment because the one size fits most approach is too inflexible to allow for variations that would meet established or emerging need.

As a final example, it is interesting to note that offenders who are brokered into treatment with resources attached to them will logically have better access to treatment than non-offenders who do not come with funding attached. Similarly, if a particular health region has purchased a particular treatment service (say a residential bed at Odyssey) and another region has not purchased the same treatment, individual clients will have very different levels of access to these services, regardless of their individual needs.

### **More for less does not produce better outcomes**

Too often in the non-government service sector, agencies are told by government that to continue receiving the same level of funding they will be required to comply with new requirements to provide better information, more outcome measures, and in some cases, more services. While no-one opposes better measures of effectiveness and higher quality services, governments need to acknowledge that to achieve better outcomes may require additional resources.

Given the tools, the time, the training and resources required, services can be improved. Without provision of such support, it is absurd to continually expect more for less from under-resourced and over stressed community service organisations.

### **Agency research and program evaluation needs to be actively supported**

Community service agencies are often in a very good position to identify emerging trends in areas such as drug problems. They are also ideally positioned to research the effectiveness of different approaches to prevention, early intervention and service provision. Similarly, agencies need to be encouraged to evaluate and review their practices in terms of real impact on clients and the broader community. Rarely, however, are community agencies given the opportunity to obtain funding for research into such issues. This situation impedes the development of better services and discourages active reflection and evaluation of existing services.

Given an opportunity, agencies such as Odyssey have well qualified staff who are capable of producing quality research on issues that can make a difference to the lives of drug users and the level of harm experienced by the broader community.

### **Australian drug policy is often an exercise in bureaucratic rhetoric**

The current national drug policy structures are dominated by State and Territory bureaucrats committed to ensuring their own Minister can and will determine drug policy in their jurisdiction. Policy documents such as the National Drug Strategic Framework, seem to be written solely to achieve the objective of creating a safe set of words that everyone can agree to.

From a community agency perspective, the issues of government funding, accountability, and what is happening to real people in real situations all seem so far removed from what passes as national drug policy.

The recent exception to this approach has been the Prime Minister's *Tough on Drugs* program which provided significant new money for real services. Unfortunately the whole process of distributing these moneys has been captured by Commonwealth / State bureaucratic policy structures, and it has taken over a year or more in some cases for any of the money to get to where it was announced it would be spent.



## **Public drug policy debates are often no more than side shows**

It seems incredible to people working at a community service level that so much public debate in the drugs area is focused on issues such as Safe Injecting Facilities, when everyday people in need are being denied appropriate services.

Public debate is often built around creating controversy over a particular response to drug problems, usually a response that has not been tried. Yet most people (users, other experts and the broader community) already agree about most of what needs to be done. We desperately need more treatment services, more prevention and early intervention programs, more detoxification places, and a community that does more to include rather than exclude the young and those members of our community who do not comply with normal expectations.

By all means, let us try Safe Injecting Rooms, Heroin Trials, pharmaceutical treatments, etc., but the discussion about the need to collect evidence on such new initiatives should not exclude directing resources and support to those areas that people already know desperately need to be improved.

Perhaps the lack of attention to areas we agree about is more to do with media and political values than the need to develop effective responses to the level of drug related harm in Australia.

## **Drug problems are actually people problems**

There are no drug problems, only people problems. We need to recognise that it is the way we use drugs that causes problems, and that most people who develop drug dependency also experience other problems and issues that need to be addressed. Focusing upon the drug can diminish the degree to which we develop effective treatment and other services in which the needs of individuals to work through the issues behind their drug use is acknowledged and promoted.

It is for this reason that longer term residential treatment programs have a central place in dealing with drug users who have developed a dependent lifestyle. Such programs allow scope for the individual to identify and address the issues that have informed the creation of a destructive pattern of drug misuse.

## **Drug treatment does work**

All too often there are claims that treatment does not work because not everyone is cured the first time they receive treatment. This narrow approach to drug treatment is ridiculous, particularly when compared to the way our community provides medical services to people who have asthma, high blood pressure or diabetes. These diseases are also generally not cured by treatment, but we have learnt to be able to cure some people, treat the symptoms in others and keep people alive despite these conditions as long as they comply with treatment requirements. Similarly, we know that treating drug users sometimes does cure, generally alleviates the symptoms, and is able to keep people alive for as long as they comply with the treatment.

At Odyssey we can demonstrate the effectiveness of our treatment programs through research involving comprehensive pre and post testing of client drug use and associated behaviours. We know that for over 60% of our clients, treatment makes a very significant difference in their lives, not only in terms of reducing their drug use, but also significantly reducing the level of affective disorders such as depression and anxiety. These results are achieved with a cohort in the residential program that has a very long history of chronic drug use and high levels of offending.

Studies around the world have shown that one of the best possible investments for any community seeking to reduce the cost and the harm associated with drug misuse, is to increase spending on treatment programs. Economic analysis conducted in California shows that for every one dollar spent on treatment programs, the community receives a benefit of seven dollars in reduced crime and health costs.

### **Real community does work**

Odyssey House Residential Program is actually about creating a therapeutic community where residents support each other in addressing the underlying issues behind their drug use.

In practice this means bringing together a group of drug users committed to overcoming their dependency. This group of former users encourage each other to achieve real change in their lives.

This model of using the community draws upon similar principles to those that are now informing new research into at-risk behaviour of youth and the need to strengthen community participation and involvement as a means to reducing minor crime and drug use.

Clearly most of us are social animals and we require a meaningful place of value within a social environment if we are to achieve our potential.

The Odyssey experience is that communities do work and consequently Odyssey is a supporter of real attempts to both strengthen existing communities and create special communities to support people who are struggling to find a meaningful role in the broader community.

### **Users views must be listened to if we are to reduce harms**

All too often in public debates and policy development, drug users views are either not considered or given only token attention. Common sense would suggest that if we are to achieve a change in patterns of drug use, it is drug users who we need to be working with.

The stigma attached to having been an illicit drug user impedes people telling their stories, particularly where they have been successful and now have careers and families. The success stories are rarely promoted.

Similarly, the community does not necessarily value the views of current users or users seeking to overcome their problems. Policy makers may involve user representatives in a token way, but rarely are a range of users given an opportunity to talk and discuss the best way of responding to particular drug problems and issues.

At Odyssey we have learned to listen to users, former users and their families. The experience of these people has informed our programs and services, and we believe their views and experiences should be promoted to the broader community (see attached booklet: *Our Turn - Voices from Odyssey*).

## **Conclusion**

This brief submission has presented a range of issues that are particularly important from the perspective of a community based drug treatment agency trying to make a real difference in people's lives.

The key message is that we are failing too many people by not adequately resourcing users, their families or the people trying to meet their needs.

If we are to reduce the level of drug-related harm in Australia, it is clear that governments must look beyond immediate concerns about short term costs and recognise the tremendous benefits that could be achieved if all those seeking help were able to access appropriate services.

Drug problems are not going to go away in the near future, but we can reduce the toll of drugs on our community if we are prepared to move beyond the rhetoric and support those community agencies who can show that their programs and services are making a real difference in real people's lives.