REHAB

the central solution

for

Australia's Ice epidemic

Drug Free Australia

Introduction

The Australian ice epidemic, like any other epidemic, requires a firm resolve by Government to reduce the number of ice users, not only for the sake of the health of the individuals involved but also for the safety of the community.

Drug Free Australia submits that rehabilitation must be *the* central strategy and solution for the current Ice epidemic. While police and customs can do much regarding precursor controls to reduce supply, demand can only be reduced via rehabilitation in regards to ice, given that there are no pharmacotherapy solutions to compete.

The success of Sweden, which had the highest levels of drug use in the late 1960s but which now has among the lowest levels in the developed world, has been attributed to its concerted efforts to educate its young people about the problems caused by drug use and to facilitate the best in interdiction, but more so its commitment to mandatory rehabilitation of all drug users who come before the courts a number of times.

If Australia seeks to significantly reduce ice use, it best follows the demonstrated success of Sweden's mandatory rehab drug policy as an alternative to prison terms.

Drug Free Australia believes that the Australian public would strongly support mandatory rehab as a more compassionate and effective answer to jail terms.

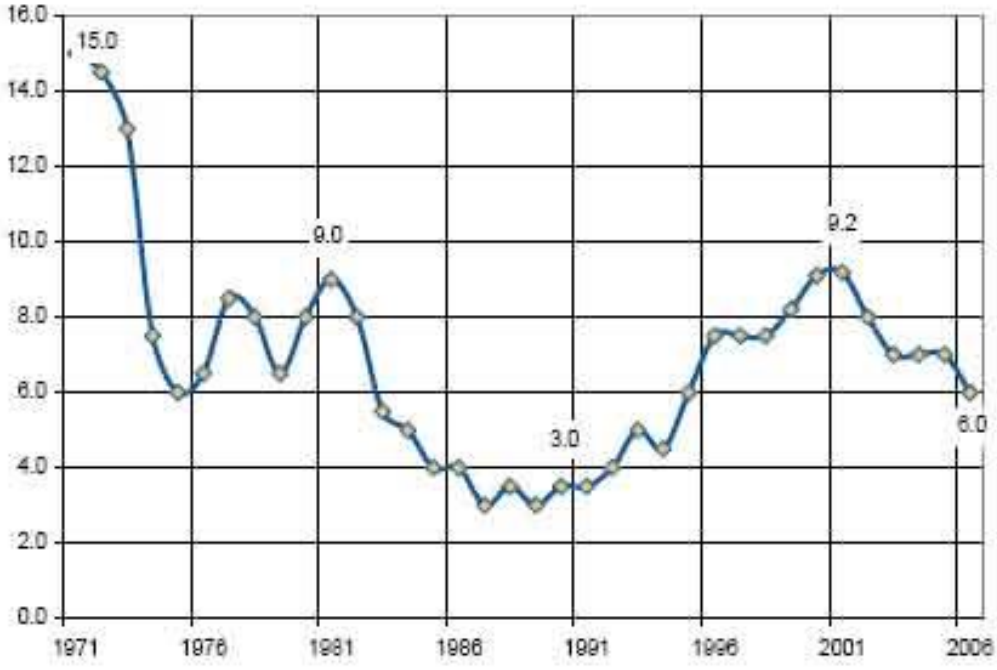
The Salvation Army rehab centres report that they have no greater difficulty rehabilitating ice users than heroin users, with no higher drop-out rates. All addictions are at base the same.

Sweden's drug policy success

In the 1960s Sweden, with its liberal attitudes to drug use, had the highest levels of drug use in Europe. In 1967-68 Sweden trialled prescription of morphine and amphetamines to users, but abandoned the program when diversion to young people who were not part of the program caused a fatality.

The following graph taken from the United Nations Office on Drugs and Crime's 2007 publication *Sweden's Successful Drug Policy – A Review of the Evidence,* shows the sharp decreases in school student drug use as the result of their commitment to mandatory rehab of all problem drug users.

Figure 5: Life-time prevalence of drug use among 15-16 year old students in Sweden, 1971-2006

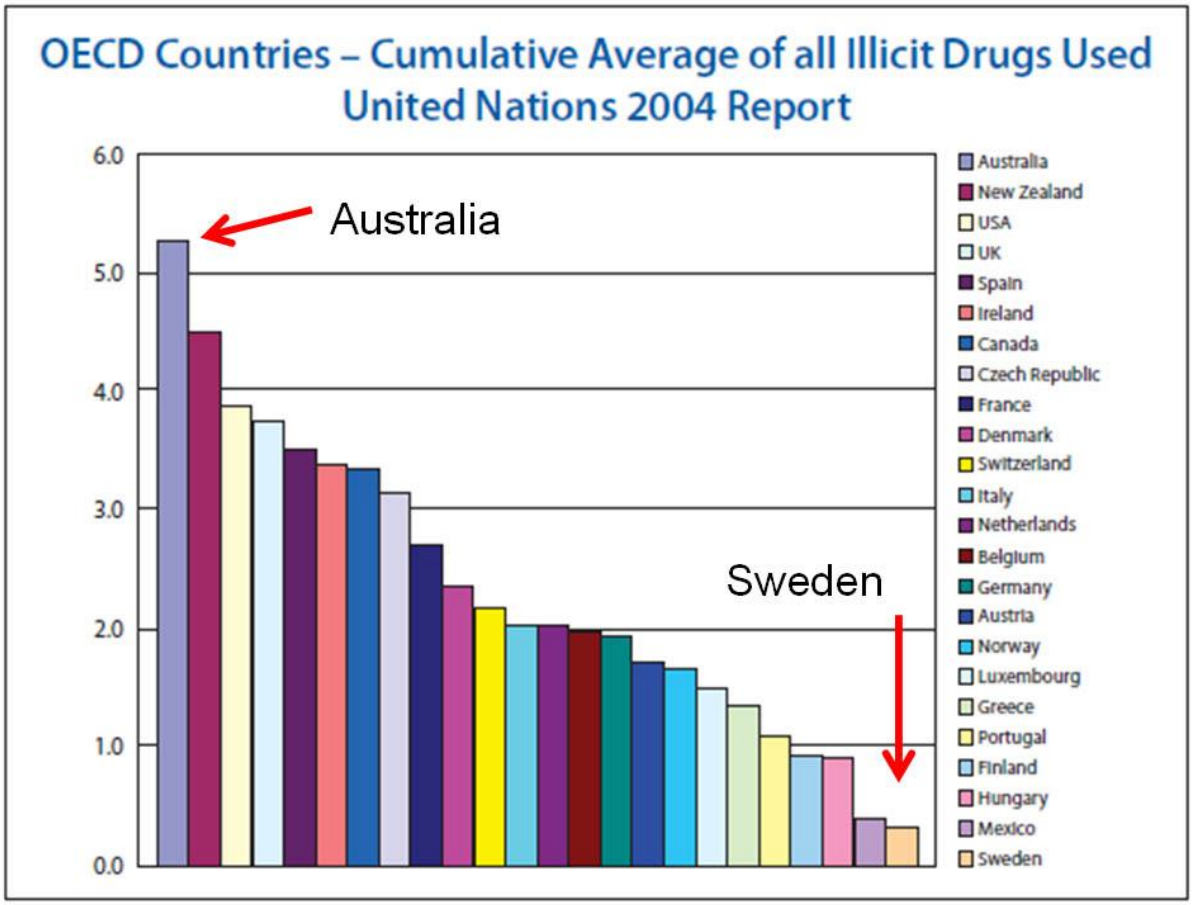


Source: CAN

Note that when Sweden reduced spending on mandatory rehab in the 1990s due to a recession, drug use increased indicating also an increase in criminal supply, and when spending resumed in 2001, drug use again reduced,

indicating the effectiveness of mandatory rehab within the Swedish drug policy.

Australia, by contrast, has made harm minimisation its central plank of drug policy, with an emphasis on harm reduction which is disinterested in drug-free outcomes, but which rather seeks to alleviate the harms of drugs while they continue to be used. As a result Australia's drug policy approach delivered it the highest levels of drug use in the developed world, in contrast to Sweden's reduced levels.



Better resourced rehab centres

Drug Free Australia has had a representative with extensive rehab and welfare centre management experience study and tour the best rehabs in Europe and the United States, who noted that while the USA has little from which to learn, European rehabs such as Sweden's Hassela centres and Italy's San Patrignano have much to teach us. In common is that these rehab centres are longer term, offering rehabilitation for at least 12 months and more, and are consequently far better resourced than Australian rehabs. Both the Swedish Hasselas (Hudiksvaal and Gotland Island) and San Patrignano have recorded 70% drug free outcomes or better from clients measured at more than 12 months after leaving rehab. Some rehabs in Australia are reportedly happy with 8% positive outcomes at the 12 month mark.

Hassela centres - Sweden

The Hassela centre at Hudiksvaal is the original rehab unit 4 hours drive north of Stockholm. The centre is set in a large acreage and includes a working golf course which is serviced by clients in rehab. The rehab is scrupulously clean and well-ordered, warm and highly professional, using the psycho-social dynamics of a functional family to overcome any dysfunctions deriving from the isolating nature of drug abuse. This is the guiding principle of all Hassela treatment.

The Hassela Collective on Gotland Island is set in the CBD of a small village, with various businesses such as bakery and haberdashery operated by rehab clients who live in rooms above the shops they work in. Satellite farms are dotted across the island where related skills can be learnt. The Gotland Hassela has a strong Marxist orientation, with the word Solidarity emblazoned on the wall of the Collective's dining room, in a large house edging the last shop on the street of the village. Like the northern Hassela, the dynamic of family is the central treatment for recovering users, which in Sweden is mainly amphetamine and cannabis users, often in their teens because local police detect drug problems early.

A Hassela teen rehab was commenced in Australia by the founders of the Gotland Hassela centre between 2000 and 2002 but failed to locate any funding from the State government to continue its operation.

Below is an aerial shot of the Hudiksvaal site.


HASSELA
HEADQUARTERS

San Patrignano - Italy

San Patrigano is an entire village rehab of 1,700 people adjacent to the country of San Marino in Italy. It is spread across a hill-top, where 70 different businesses, such as a world-class horse stud, luxury boat fit-out industry and honey production are housed. Products from this village are highly sought-after throughout Italy, such is their quality. It has onsite accommodation for all 1,000 clients who are in rehab, with staff being almost entirely ex-clients of the rehab who live either on-site or near the village. San Patrignano has its own state-of-the-art 70 bed hospital onsite, along with a full competition-size arena for horse events. The businesses subsidise the rehabilitation of many of the clients who cannot afford rehab.

The aerial shot below shows the village, its farming land, horse arena and dining room which seats 1,000 people at any time.

The dominant psycho-social dynamic is community living, along with counselling and employment skills. The study by the Department of Forensic Medicine and Public Health of the University of Pavia which was to determine drug-free outcomes at two, three and four year follow-up is found at: http://www.sanpatrignano.org/pdf/oltre_comunita_eng.pdf.

Australian rehabs under-resourced for success

Rehab centres in Australia are more typically funded for 3 month placements, with government funding typically providing half the funding that otherwise would be needed to keep the same person in jail for 12 months. This makes it difficult for rehabs to provide the 12-18 months of rehab treatment that the European rehabs provide which is needed to get the high outcomes.

Due to the lack of funding and tenure of placement, clients are unable to get the recreational and work opportunities offered by the European rehab centres, resulting in our generally poor outcomes.

Coerced rehab as alternative to jail

As discussed at the response to the Terms of Reference 6, Sweden has made mandatory rehabilitation a central plank of its national drug policy for more than 30 years and has moved Sweden from the highest level of drug use in Europe to the lowest levels amongst OECD countries over that same period. The rationale of rehabilitating drug users before they recruit new users is intuitively sensible. However the key issue is whether mandatory treatment is as, less or more effective than voluntary treatment. Drug Free Australia acknowledges the Queensland Crime and Misconduct Commission's Research and Issue Paper 7 from October 2008 'Mandatory treatment and perception of treatment effectiveness', a review of recent reviews from which material here has been drawn.

Civil liberties and mandatory treatment

One of the arguments used against mandatory treatment is that human rights or civil liberties are trampled when treatment is coerced. However Drug Free Australia supports mandatory treatment where it is an alternative to incarceration, allowing a more humane rehabilitation within the community rather than separated from it. Given that a prison sentence is mandatory, there is no change in the status of civil liberties where treatment is coerced as an alternative.

The other issue, that coerced treatment of offenders will open the way to enforced treatment of non-offenders, while not an issue for any Western countries, has been an issue of concern for various United Nations bodies regarding developing countries.

Personal motivation not necessary for successful treatment

One of the main contentions against mandatory treatment is the belief that a drug user must hit 'rock-bottom' before they are motivated enough to make lasting changes to their drug use. Alternately there is the view that unless a drug user has invested considerable personal motivation in seeking help with their drug problem, a successful outcome cannot be expected. These concerns are proposed as arguments against coerced treatment.

Neither of the above concerns is practically verified. For instance, the Queensland 2007 OPAL study of non-custodial offenders found that 'respondents with severe drug abuse problems are more likely than those with less severe drug abuse problems to recognise that they have drug abuse problems*, but they are not more likely to seek treatment voluntarily or perform better in treatment*.' Further, 'Our findings do not support the current treatment philosophy of waiting for people with drug and/or alcohol abuse problems to get themselves psychologically motivated and prove their readiness to receive treatment. On the contrary, the findings indicate that mandatory treatment seems a promising option to help offenders with drug and alcohol abuse problems.'[1] The same study found rates of satisfaction with treatment to be roughly the same for those undertaking voluntary treatment or mandatory treatment.

A major objection to mandatory treatment has been the 1982 Prochaska and DiClemente's trans-theoretical model whereby a person moves through five stages of behavioural change. Various studies use this model to argue against mandatory treatment, suggesting that a person must move naturally through the early stages before they will be motivated enough to seek help, but it is important to recognise that the model does not suggest that people in the earliest stages will not benefit from treatment, but rather that different treatment options may need to be available to change their motivation at any given stage.

While a literature review indicates that the severity of drug dependence is positively related to motivation for change, it is not related to treatment involvement or post-program success. Some studies indicated that while some clients may have been ambivalent about treatment objectives, an ambivalence which would be used by many services to debar them from involvement, their motivations can and do change once entering a program where they have learned more about their problem. Drug and alcohol users can be helped by programs to move to later stages of behavioural change, rather than awaiting the peak in motivation assumed to come after 'hitting rock-bottom.'

Positive outcomes under mandatory treatment

The suggestion that legal coercion as an external motivation which undermines an all-important personal sense of autonomy and motivation is found to not necessarily be the case in the literature. Offenders under mandatory treatment may report perceived pressure but this does not

[1] Queensland Crime and Misconduct Commission; 'Mandatory treatment and perception of treatment effectiveness, 'Research and Issue Paper 7 October 2008 p 2

correspond to lower motivational levels.[2] Two studies found that a third of their study group reported no feeling of legal pressure under mandatory treatment.[3]

While some have suggested that family pressure is a superior motivation to legal coercion, the literature indicates that family pressure, rather, fluctuates more than legal pressure.[4]

Where it is assumed that positive treatment motivation will correlate with positive treatment outcomes, some studies have found that although mandatory treatment is associated with lower motivation, motivation does not significantly impact treatment outcomes.
Ryan et al. (1995) found that legal coercion is positively related to external motivation but negatively linked to internal motivation. However, the best treatment outcomes are achieved by respondents who are high in both internal and external motivation. Maxwell (2000) also observed that people who are high in both perceived legal pressure and treatment needs are less likely to drop out. This study also found that offenders' treatment retention rates are related to the uncertainty and severity of the sanction. People entering treatment before sentencing or for minor offences are more likely to drop out.

Similar results have been reported in an Australian study, which found that the length of suspended sentence is a significant predictor of the participants' retention (Freeman 2002). Freeman has suggested that the prospect of having a significant custodial sentence may motivate offenders to remain in the treatment program. A recent study conducted by Perron and Bright (2007) into persons under short-term residential (*n* = 756), long-term residential (*n* = 757) and outpatient treatment (*n* = 1181) also showed that those under legal coercion have lower dropout rates than other treatment groups. It also found that the outpatient group demonstrated the lowest rate of treatment effects (Perron & Bright 2007).[5]

Moving to the three recent literature reviews, it is observed that the findings from non-English literature were not as positive as those in the English literature.

Some German studies reported negative effects of legal coercion on treatment retention, and results from Dutch research generally indicated that QCT did not significantly decrease the crime rate. However, QCT residential treatment in both Holland and Switzerland generally produced more positive

[2] Stevens, A, Berto, D, Frick, U & Hunt, N 2006, 'The relationship between legal status, perceived pressure and motivation in treatment for drug dependence: Results from a European study of quasi-compulsory treatment', *European Addiction Research, 12*, pp. 197–209.
[3] Queensland Crime and Misconduct Commission; 'Mandatory treatment and perception of treatment effectiveness, 'Research and Issue Paper 7 October 2008 p 7

[4] Ibid.
[5] Ibid

results. The researchers concluded that their review of both English and non-English literature suggested that offenders under QCT did not perform worse in treatment than those under voluntary treatment.[6]

Drug Free Australia notes that the US' NIDA review of mandatory treatment had this to say:
A large percentage of those admitted to drug abuse treatment cite legal pressure as an important reason for seeking treatment. Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Those under legal pressure also tend to have higher attendance rates and to remain in treatment for longer periods, which can also have a positive impact on treatment outcomes.[7]

We see nothing within Australian culture which would preclude the success of mandatory treatment. It is used already as an alternative to prison with the consent of the detainee. We would however recommend to the NSW Government that it commission a NSW-wide or Australia-wide Galaxy/News/Morgan poll asking a question along these lines, 'Do you support mandatory rehabilitation for repeat illicit drug offenders as an alternative to prison?', in order that the government ascertain Australian views to mandatory treatment.

[6] Ibid p 8
[7] National Institute of Drug Abuse, Principles of Drug Abuse Treatment for Criminal Justice Populations 2006 p 18

Australian Attitudes to Drug Use

Every three years the Australian Federal Government surveys 25-26,000 Australians on their attitudes to illicit drug use and illicit drug policy. In 2010, as with 2013 where results were little changed but not so well presented graphically, it is very evident that the vast majority of Australians do not approve of the regular use of illicit drugs such as heroin, cocaine, speed, ice, ecstasy or cannabis, as seen in Table 12.2, p 157 of the 2010 National Drug Strategy Household Survey.

Table 12.2: Approval of regular drug use, drug thought to be of most serious concern and drugs thought to cause most deaths, people aged 14 years or older, 2007 to 2010 (per cent)

	Approval of regular drug use by adults			Most serious concern for community			Drug thought to cause most deaths		
Drug	2007	2010		2007	2010		2007	2010	
Tobacco	14.3	15.3	↑	17.2	15.4	↓	40.6	36.5	↓
Alcohol[a]	45.2	45.1		32.3	42.1	↑	29.4	29.4	
Cannabis	6.6	8.1	↑	5.7	4.5	↓	1.3	1.0	↓
Ecstasy	2.0	2.3		6.0	5.5		5.2	3.9	↓
Meth/amphetamines[b]	1.2	1.2		16.4	9.4	↓	5.3	4.6	↓
Cocaine/crack	1.4	1.7		8.3	6.1	↓	6.8	5.0	↓
Hallucinogens	1.7	2.4	↑	0.5	0.9	↑	0.6	0.4	
Inhalants	0.8	1.0		1.4	1.3		n.a.	0.7	
Heroin	1.0	1.2		10.5	11.4	↑	9.8[c]	15.9[c]	↑
Pharmaceuticals[d]	13.4	22.4	n.a.	1.4	2.2	n.a.	1.1	1.5	n.a.
None of these	n.a.	n.a.		0.3	0.4		n.a.	n.a.	
Other	n.a.	n.a.		n.a.	n.a.		n.a.	0.3	

(a) Question asked as 'excessive drinking of alcohol' for 'most serious concern for community'.
(b) For non-medical purposes.
(c) Other opiates are included with heroin for 'drug thought to cause most deaths'.
(d) Additional pharmaceuticals were included in the 2010 survey, so 2007 and 2010 data are not directly comparable. For this reason, significance testing was not done for these variables.

Reasonable Inference – Australians want drug users drug-free

If the legislature is entrusted with legally and practically shaping the community according to what Australians approve or disapprove, it appears quite clear that the overwhelming majority of Australians:

a. Do not accept or approve of illicit drug use in their community

b. Would want the legislature, by reasonable inference, not to decriminalise or legalise drug use or to imply that they condone the use of illicit drugs
c. Would want the legislature, by reasonable inference, to prioritise facilitating drug users becoming drug-free and to reduce that level of illicit drug use in the community.

What are Australian attitudes to drug interventions?

The 2010 National Drug Strategy Household Survey asks Australians what their attitudes are towards the various illicit drug interventions available in the community.

Table 13.10: Support[a] for measures to reduce the problems associated with heroin, people aged 14 years or older, by sex, 2004 to 2010 (per cent)

	Males			Females			Persons		
Measure	2004	2007	2010	2004	2007	2010	2004	2007	2010
Needle and syringe programs	52.9	63.7	65.2	56.2	70.2	71.8	54.6	67.0	68.5 ↑
Methadone maintenance programs	55.9	64.9	66.2	60.1	70.5	72.3 ↑	58.0	67.7	69.3 ↑
Treatment with drugs other than methadone	58.4	66.2	67.5	59.9	70.9	71.3	59.1	68.5	69.4
Regulated injecting rooms	39.4	47.7	49.7	40.3	52.1	53.3	39.8	49.9	51.5 ↑
Trial of prescribed heroin	27.6	32.2	34.6 ↑	24.0	33.6	35.0	25.8	32.9	34.8 ↑
Rapid detoxification therapy	72.7	76.8	75.9	74.1	80.9	80.0	73.4	78.8	77.9
Use of Naltrexone	69.2	73.5	75.1	66.8	76.0	75.8	68.0	74.7	75.5

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

It is clear that while Australians compassionately support harm reduction interventions, there is greater support for the two interventions, detox and Naltrexone, which seek to get drug users drug-free.

Reasonable Inference – Australians support harm reduction but give higher support to interventions which get drug users drug-free

a. It is clear that Australians are compassionate toward drug users. While clearly not wanting illicit drug use in their community as indicated above, up to 70% support harm reduction measures aimed at reducing the harms of heroin use
b. In giving greater support for detox and Naltrexone, there is further confirmation that Australians prefer users to be drug-free
c. Any support for harm reduction interventions should not be construed as Australian support for that approach to harm reduction which maintains that drug users be maintained for life, with no goal of becoming drug-free
d. Drug Free Australia will contend that community support for the harm reduction measures as indicated in the above table would be significantly lower if it were not for the fact, as can be demonstrated by Drug Free Australia, that Australians have been consistently misinformed about thesupposed success of these various harm reduction measures – See

http://www.drugfree.org.au/fileadmin/Media/Global/NeedleSyringePrograms.pdf, http://www.drugfree.org.au/fileadmin/library/Policies__Legislation_and_law/DFA_Analysis_Injecting_Room_2010.pdf, http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/13991552d52aef57ca257b2d0014b24b/$FILE/0030%20Drug%20Free%20Australia.pdf pp 8-10 for the long-standing claims made for methadone claiming reduced criminality and mortality which are not supported by rigorous scientific studies, as per the 2009 Cochrane Review.

Australia's harm reduction ideology at odds with Australians

As seen above, the vast majority of Australians do not approve of the regular use of illicit drugs, and yet Australia's policy of harm reduction, operative since 1985, is premised on the notion that drug use should be accepted by Australians, nor does it focus on getting users off drugs. 'Harm reduction' is defined by the International Harm Reduction Association as,

. . .efforts to reduce the health, social and economic costs of mood altering drugs without necessarily reducing drug consumption'.

The Australian community, in its disapproval of illicit drug use, has the right to shape its community how it wishes, democratically of course through the legislature, however harm reduction has been working against their desire for a drug free community with its opposed ideology. Drug Free Australia expresses the concern that the legislature has allowed itself to be unduly influenced by self-promoting 'experts' in drug policy who work against the community's desires re drug policy, but who gain their inordinate influence via overstating and misrepresenting the value of harm reduction interventions to the public and legislature.

As previously discussed, Australians are compassionate and want to ensure that drug users will remain safe from drug harms until they become drug free, but Drug Free Australia believes most Australians would be disturbed by the current Australian harm reduction emphasis that puts no real emphasis on recovery.

Sources of funding for rehabs

Given that Drug Free Australia has been advised by the Salvation Army rehab centres that ice users in rehab present no greater problems than for any other drug use, rehabilitation of ice users is imperative and will be successful. However, as previously detailed, Australian rehabs are under-funded and must be adequately resourced if Australia is to reduce demand for ice.

The cost of prison internment has been estimated at $75,000 per person (Turning Point's Drug Policy Modelling Project Monograph 1 – What is Australia's Drug Budget? p 49), allowing residential rehab as an alternative to jail to be well resourced at that cost per year. Juvenile Justice departments reportedly spend over $100,000 to intern teenage offenders, which if diverted to rehab centres for offenders with a drug problem would provide better rehab funding for teens. Of course, Drug Free Australia accepts that the nature of some crimes will require prison instead of residential rehab, but New Zealand has a successful prison rehabilitation program which could be adopted in Australia.

DFA notes that some Australian residential rehabilitation centres may already have the skills to attain 60% outcomes with better funding, however government would do well, we believe, to also tender to new organisations that can demonstrate that they are importing the expertise of some of the world's best overseas rehab centres.

Some offenders may not require residential rehab, but may respond best to the successful model of Shay Louise House in Adelaide, now closed, whereby day programs of psycho-social supports, counselling, living skills and employment are provided on a day-centre approach for an extended period of time.

All of these approaches could be scoped and costed with Drug Free Australia's experienced personnel working with appropriate government bureaucracies.