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Sylvia Engels
Manager, Policy Development
Mental Health, Alcohol and Drug Directorate
Department of Health

By email: director.mhadd@health.tas.gov.au

Dear Ms Engels

Re: Reform Agenda for Alcohol and Drug Services in Tasmania – Consultation Draft

Thank you for the opportunity to provide comment in response to the Consultation Draft of the Reform Agenda for Alcohol and Drug Services in Tasmania (the Reform Agenda).

Systematic reform of the alcohol and other drug (AOD) service system in Tasmania is essential to address the range of issues which have, as the Reform Agenda acknowledges, been consistently raised by clients/consumers, clinicians and service providers over many years.

I acknowledge the considerable amount of work that has been involved in the development of the Reform Agenda to date, and greatly value the opportunity to contribute to this important reform.

The role of the Commissioner for Children and Young People (Tas)

The office of Commissioner for Children and Young People is established under the *Commissioner for Children and Young People Act 2016* (CCYP Act). The Commissioner's functions include:

- (a) advocating for all children and young people in the State generally;
- (c) researching, investigating and influencing policy development into matters relating to children and young people generally;
- (d) promoting, monitoring and reviewing the wellbeing of children and young people generally; and
- (e) promoting and empowering the participation of children and young people in the making of decisions, or the expressing of opinions on matters, that may affect their lives.



In performing these and other functions under the CCYP Act, I am required to:

- do so according to the principle that the wellbeing and best interests of children and young people are paramount; and
- observe any relevant provisions of the United Nations *Convention on the Rights of the Child* (UNCRC).¹

Further, I must give special regard to the needs of children and young people who are vulnerable or disadvantaged.²

Consistent with my statutory functions, my comments (which are not intended to be exhaustive) are limited to those matters which, in my view, will affect or which have the potential to affect, the health and wellbeing of children and young people who have not yet attained the age of 18 years in Tasmania. Consequently, and while acknowledging that the reform directions outlined in the Reform Agenda are inextricably linked, I have largely focused my comments on Reform Direction 5: *Responding to specific population groups*, and particularly on Key Action 5.1 - *Work with the youth sector to review, develop and implement a Youth Framework for the AOD sector*.

Development of a Youth Framework for the AOD sector in Tasmania

I can indicate my strong support for the proposed action to develop and implement a specific Youth Framework for the AOD sector in Tasmania (Key Action 5.1).

It is, in my view, essential to have a specialised and discrete youth AOD policy and service system response for young people and their families. Victoria's Youth Support and Advocacy Service has identified five compelling reasons for a differentiated youth AOD service system:

1. AOD problems are more prevalent and dangerous during adolescence;
2. Adolescence is the key developmental period for the emergence of substance use problems;
3. Intervention at the earliest possible time produces better health outcomes;
4. Potential for exploitation and antisocial modelling in the adult AOD system;
5. Cost effectiveness.³

¹ Section 3(1) of the *Commissioner for Children and Young People Act 2016* (Tas)

² Section 3(2)(b) of the *Commissioner for Children and Young People Act 2016* (Tas)

³ Bruun, A (2015). *The Victorian Youth Alcohol and Other Drug Services System: A vision realised*. March 2015. Youth Support and Advocacy Service, Melbourne, Australia, 9-10. I note also, in terms of cost effectiveness, that a report prepared by Frontier Economics for the UK Department for Education on the costs and benefits associated with young people's drug and alcohol treatment found that 'the immediate and long-term benefits of specialist substance misuse treatment for young people are likely to significantly outweigh the cost of providing this treatment'. Frontier economics (2011). *Specialist drug and alcohol services for young people - a cost benefit analysis*. Department for Education, United Kingdom. Viewed 30 October at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/197952/DFE-RB087.pdf and <https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>



It is critical that the framework is underpinned by national and international research and evidence of best practice, is informed by the views of those who use, and work within, the service system and that its implementation is properly resourced.

The development and implementation of the framework should, at the very least, be undertaken in conjunction with a working group comprised of those with experience in the delivery of specialised AOD and related services to children and young people and their families, and others with relevant expertise (including those who are not direct service providers such as the Youth Network of Tasmania and the Alcohol Tobacco and other Drugs Council).

Furthermore, the development and implementation of the framework should be informed by the voices and participation of children and young people. Opportunities should also be provided for children and young people to have a say in informing service planning, delivery and the evaluation of proposed models.

Without wishing to be prescriptive, I take this opportunity to highlight the urgent need for the Youth Framework to consider and address the following:

1. *The need for a strengthened focus on prevention, early intervention and/or harm reduction*

The framework should identify and promote effective universal, indicated and targeted prevention strategies and early interventions to reduce the risk of AOD-related harm among children and young people in Tasmania.

Evidence indicates that investing in childhood prevention strategies can help to reduce harmful substance use later in life. As the National Drug Research Institute and the Centre for Adolescent Health explained in their comprehensive report for the Commonwealth Department of Health and Ageing in 2004:

Effective intervention to prevent drug use and harm starts at the earliest stages of development. There is good evidence that investing in early life-stage programs to encourage healthy child development can prevent or delay drug use by children, and prevent the progression to heavy and harmful use.⁴

There is also existing evidence for effective early intervention strategies including, for example, universal school-based drug programs, preventative screening and health promotion, brief interventions, and cognitive behaviour therapy for young people.⁵

⁴ Loxley, W and Toumbourou, JW and Stockwell, T and Haines, B and Scott, K and Godfrey, C and Waters, E and Patton, G and Fordham, R and Gray, D and Marshall, J and Ryder, D and Siggers, S and Sand, L and Williams, J (2004). *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*, ed. A Kirsner. Commonwealth of Australia. Accessed 31 October 2018 at http://webarchive.nla.gov.au/gov/20140801053539/http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm

⁵ Lubman D, Hides, L, Yucel, M and Toumbourou J (2007). *Intervening Early to Reduce Developmentally Harmful Substance Abuse Among Youth Populations*, Med J Aust 2007; 187 (7 Suppl): S22.



Implicit in the approaches outlined above is the need for strong collaboration with other sectors to identify and appropriately respond to the AOD-related needs of children and young people, particularly those children and young people who are vulnerable or disadvantaged for any reason. The framework should therefore take account of the need for all sectors to work together to prevent or limit the harmful impacts of AOD abuse for children and young people.

2. The importance of developmentally appropriate service provision across an integrated service system

Evidence indicates that the needs of adolescents with AOD and other psychosocial problems are best met by the provision of developmentally appropriate services.⁶ A developmentally appropriate AOD service system for young people will, for example:

- Have a multi-systemic focus and ensure strong linkages between AOD specific services and other services which support young people's health and wellbeing.
- Use young people specific assessment tools and treatment approaches which are family inclusive where appropriate.
- Have an appropriately skilled workforce that is equipped to not only address the needs of the young people, but take a holistic view including of the role of the family and the broader social contexts of young people.
- Have capacity to adapt to the changing needs of young people as they develop.
- Have capacity for flexible and responsive outreach at all points along the continuum, especially for those young people who are hard to reach and who are disengaged from mainstream services, including education.
- Be trauma-informed.
- Use innovative service delivery practices (eg young people may prefer web-based chat systems for contacting a counselling service rather than telephone contact)⁷.
- Support seamless transitions for young people into the adult AOD system.

3. The need to improve integration with related service systems

Children and young people with serious AOD use problems often experience co-occurring issues, including unaccompanied homelessness, conflict with the law, abuse and neglect, exposure to family violence, disengagement from formal education, and mental or physical health conditions. It is therefore important that service responses can address co-existing issues simultaneously,⁸ or, at the very least, collaboratively. The framework should identify mechanisms to combine and streamline efforts across

⁶ Bruun, A. (2018) *Youth Alcohol and Other Drug (AOD) Treatment in Victoria: A Ten Point Plan for improving the Lives of Victorian Young People and Families Experiencing AOD-Related Harm*. Melbourne, Australia. 19.

⁷ Lam, T, Lenton, S, Chikritzhs, T, Gilmore, W, Liang, W, Pandzic, I, Ogeil, R, Faulkner, A, Lloyd, B, Lubman, D, Aiken, A, Burns, L, Mattick, R, ACT Health, Olsen, A, Bruno, R, De Angelis, O, Roche, A, Fischer, J, Trifonoff, A, Midford, R, Salom, C, Alati, R, Allsop, S (2017) *Young Australians' Alcohol Reporting System (YAARS): National Report 2016/17*. National Drug Research Institute, Curtin University, Perth, Western Australia (3) <https://ndri.curtin.edu.au/NDRI/media/documents/yaars/yaars-2016-17-final-report.pdf>

⁸ Bruun, A. (2018) *Youth Alcohol and Other Drug (AOD) Treatment in Victoria: A Ten Point Plan for improving the Lives of Victorian Young People and Families Experiencing AOD-Related Harm*. Melbourne, Australia. 7.



government and non-government service systems to strengthen integration of supports and treatment options for children and young people with AOD use issues.

It will, for example, be vital to work closely with Youth Justice Services and Child Safety Services within the Department of Communities Tasmania, in order to strengthen responses to the needs of children and young people affected by substance use issues who are in contact with the youth justice and child safety systems. In this regard I note the imminent commencement of the Children's Advice and Referral Line.

I recommend these services be included as key collaborators under Reform Direction 5.3.

4. The current lack of residential rehabilitation for young people in Tasmania

In its final report on the Tasmanian AOD service system framework, Siggins Miller identified a shortage of residential rehabilitation beds in Tasmania, and in particular, a lack of appropriate services for young people who require residential rehabilitation.⁹ In its October 2016 report for the then Department of Health and Human Services on custodial youth justice options, Noetic Solutions also identified a lack of residential drug and alcohol treatment settings for youth and the inability of magistrates to mandate drug treatment for young people in the youth justice system as a rehabilitative sentencing option.¹⁰

Siggins Miller found that the quantum of services required to satisfy demand is not sufficient to warrant a standalone residential rehabilitation facility for young people. Suggestions presented in their report for residential rehabilitation for young people include:

- a) to explore the feasibility of extending current intake criteria and to adopt a more flexible approach to program delivery to provide appropriate residential rehabilitation services for youth; and
- b) to form partnerships with other service providers.

Whilst I understand that demand may not necessarily be sufficient to warrant a stand-alone residential facility for young people in Tasmania, placing young people in a drug treatment service targeted largely at adults can have a detrimental effect and may place them at risk of exposure to more entrenched drug use.¹¹ While I would certainly support steps to address the lack of a residential rehabilitation option for young people in Tasmania, serious consideration will need to be given to the unique supports, facilities and staffing skills necessary to provide safe, high quality and developmentally appropriate residential services to young people. Account must also be taken of the various legal issues which may arise in relation to duty of care and consent to medical treatment for young people within a residential care setting.

⁹ Siggins Miller (2017). *A single Tasmanian alcohol and other drugs (AOD) service system framework Final Report*, 11.

¹⁰ Noetic Solutions Pty Ltd (2016) *Custodial Youth Justice Options Paper – Report for the Tasmanian Government Department of Health and Human Services*
https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0018/268020/99010_Custodial_Youth_Justice_Options_Paper_October_2016_-_Report_for_the_Tasmanian_Government.pdf, 15.

¹¹ Bruun, A. (2018) *Youth Alcohol and Other Drug (AOD) Treatment in Victoria: A Ten Point Plan for improving the Lives of Victorian Young People and Families Experiencing AOD-Related Harm*. Melbourne, Australia.



Other matters

The principles identified by the Reform Agenda to guide the delivery of the proposed reformed AOD service system appear to me to be comprehensive and considered. However, I suggest that consideration be given to the inclusion of principles that also reflect the unique vulnerabilities and cultural supports that may be required to enhance the wellbeing of particular groups of children and young people, including those who identify as Aboriginal and Torres Strait Islander, who are from culturally and linguistically diverse backgrounds, or identify as lesbian, gay, bisexual, transgender or intersex (LGBTI).

The important role that families, carers and communities play in the care and recovery of young people from AOD issues is also an aspect that I believe could be considered as an underlying principle to guide policy and service delivery.

Although not a matter I have dealt with in detail in this submission, it is vitally important to ensure that our service system responds appropriately to those children whose parent(s) experience AOD-related issues. I also acknowledge there may be young people with AOD issues who are themselves parents. Consequently, the Reform Agenda should, in my respectful opinion, incorporate and provide guidance to service providers around their approach to the children of parents with AOD-related issues. How this is done will depend on the particular service being provided to the parent. Our approach to responding to this cohort should be informed by those with expertise and experience in providing child-aware services, particularly where an element of that service involves provision of residential support for the parent and the child.

Thank you again for the opportunity to provide comment in response to the Reform Agenda. I look forward to contributing further as opportunities arise.

Yours sincerely

David Clements

Interim Commissioner for Children and Young People

cc: *The Hon. Roger Jaensch, Minister for Human Services*
The Hon. Michael Ferguson, Minister for Health
Mike Pervan, Secretary, Department of Health
Ginna Webster, Secretary, Department of Communities Tasmania