

HELPING YOU CHOOSE A BETTER LIFE

ALCOHOL & DRUG FOUNDATION ACT INC.  
ABN 88 061 551 715

PO Box 2230

Tuggeranong ACT 2901

Telephone 02 6292 2733

Facsimile 02 6292 7073

adfact@adfact.org

www.adfact.org



COPY

25 September 2007

Mr Jon Stanhope MLA  
Chief Minister  
ACT Legislative Assembly  
GPO Box 1020  
Canberra ACT 2601

Dear Mr Stanhope

Thank you for the opportunity to provide input into the ACT Government's 2008-09 Budget. I appreciate the chance to comment on strategies, directions and priorities for the wider Canberra community in relation to alcohol and other drug and mental health issues.

The ACT has much to be proud of in terms of its commitment to substance use treatment. However, there are particular needs in relation to residential services, which are currently unmet in the ACT.

These include:

- The need for short-term residential beds for adults. The Karralika Program offers medium to long term residential treatment. While this is particularly applicable for long-term substance users with entrenched and complex behaviours, this treatment model does not suit people with less entrenched substance use problems.
  - ADFACT would therefore welcome the opportunity to establish a short-term (three months) residential program of 40 beds. This would serve as both a complete treatment program for those in need of short-term rehabilitation, and an "entry-in" program to Karralika, for those clients needing more focused and deeper treatment opportunities. Karralika would then provide an additional six to nine months residential program.
  - This option of staged treatment provides a throughcare model that is particularly applicable for those clients diverted from the criminal justice system, or completing a period of rehabilitation post-release from gaol.
- Residential program for clients wishing to withdraw from or stabilize on pharmacotherapies.
  - This would ideally be a short-term (3-6 months) residential pharmacotherapy-to-abstinence residential program of 10-15 beds. This model is particularly applicable for offenders who are re-entering the community after a period of remand or incarceration, or are being diverted from the justice system into drug treatment. Currently clients

on pharmacotherapies who wish to withdraw within a supported environment need to journey to NSW to undergo treatment as there are no facilities in the ACT, other than five beds for men provided by ADFACT's Nexus Program.

- This new service would provide targeted interventions for clients with complex needs, and assist those clients wishing to reduce off pharmacotherapy treatments within a supported modified therapeutic community environment. Clients would be interfaced with other residential and non-residential ADFACT and community services.
- This service is particularly needed by the courts to provide a sentencing option. Currently clients and offenders who are placed on pharmacotherapies prior to sentencing or during a period of remand, cannot then be provided with a residential treatment option within the ACT, necessitating placement interstate, and making supervision of ACT offenders more difficult.
- Additional treatment places for families - both in detoxification and rehabilitation services.
  - As you would be aware, ADFACT has operated the Karralika Family Program since 1989. It is a best-practice model, the first of its kind nationally and internationally, which continually assesses and evaluates its practices. Beds at the Karralika Family Program are in high demand, with more than 120 children and their families on our waiting list in a recent six month period, most of whom could not be offered a treatment place.
  - With the continual and growing concerns relating to the needs and the safety of children of drug using parents, there is a real urgency to provide treatment opportunities to address the needs of the whole family, and to intervene to help these vulnerable children.
  - The Karralika Family Program urgently requires another 40 beds to address these societal concerns. These beds would provide a staged treatment approach, with 10 family detoxification and 30 treatment beds. Families would be able to enter treatment together, with the children accommodated as part of the Early Childhood Centre, allowing them to settle and progress through treatment from the earliest stage with their parents.
- Step-up, step-down services for adults with co-morbidity of substance use and mental health disorders.
  - Comorbidity of mental health and substance use disorders is widespread and often associated with poor treatment outcome, severe illness course and high service use. Estimates of the proportion of people with co-morbid mental health and substance use disorders range from 50% to 90%.<sup>1</sup> Australian data show that substance use problems are evident for

---

<sup>1</sup> Baigent, M., Holme, G. & Hafner, R.J. (1995). Self reports of the interaction between substance abuse and schizophrenia. *Australian and New Zealand Journal of Psychiatry*, 29(1), 69-74.

28% of men and 14% of women with anxiety disorders, and for 34% of men and 16% of women with affective disorders.<sup>2</sup> For people with psychotic disorders, 60% use tobacco, 21.5% are daily alcohol users and another 22.6% use alcohol weekly, 9.2% have used psycho-stimulants and 5.1% used opiates in the past year.<sup>3</sup> Comparing these figures to those for the general population highlight the high rate of substance use problems for people with mental health disorders.

- Statistical evidence gathered by ADFACT supports these figures. ADFACT would welcome the opportunity to work at greater depth in a step-up, step-down service, supported by assertive outreach in partnership with MHACT and other mental health services in the community.

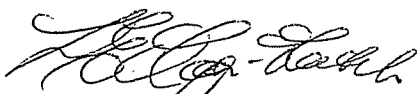
Finally, ADFACT has already approached the Government in relation to the need for new facilities, following the decision not to refurbish or extend the Fadden premises. As you are aware, this decision has resulted in fewer treatment places being available in the ACT. This situation will become critical with the opening of the Alexander Maconochie Centre, as treatment beds will not be available either as a sentencing option, or to support a throughcare model of treatment.

We would at this time like to repeat the request for new premises, either a purpose-built facility which could be established as a series of inter-related treatment services on the one site, or an existing facility, such as the Weston Campus of CIT, which would provide an ideal treatment setting for the many services provided by ADFACT now and in the future.

There are opportunities for a creative response to these social issues, which encompass substance use and mental health, within the context of family treatment and the justice system.

ADFACT looks forward to the opportunity to work with Government to address these needs.

Yours sincerely



Lynne Magor-Blatch MAPS, MCFP, MACCP  
A/g CEO & Clinical Director Client Services

cc. Ms Katy Gallagher, MLA  
Minister for Health, Minister for Children and Young People

---

<sup>2</sup> Teeson, M. (2000). *Comorbidity in mental health and substance use: Causes, prevention and treatment*. Paper presented at the National Workshop on Comorbidity, Canberra, March 2000.

<sup>3</sup> Degenhardt, L. & Hall, W. (2000). *The association between psychosis and problematic drug use amongst Australian adults: Findings from the National Survey of mental Health and Well-Being*. Technical Report No.93. Sydney: NDARC.