St Vincent de Paul Society NSW
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St Vincent de Paul Society NSW

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24 October 2024

Dr Mike Freelander, MP
Committee Chair
House of Representatives Standing Committee on Health, Aged Care and Sport
Parliament House
Canberra ACT 2600
Health.Reps@aph.gov.au

Dear Committee Chair,

The St Vincent de Paul Society NSW (the Society NSW) welcomes the opportunity to make a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport on the health impacts of alcohol and other drug use in Australia. The Society believes that people with alcohol and/or drug (AOD) use issues should receive dignifying health-focused responses. They must have access to a breadth of person-centred end-to-end services that meet their needs at different stages of recovery.

The Society NSW works in partnership with people experiencing AOD use issues to help them achieve and sustain security and stability. Realising better health outcomes involves recognising the impact of broader social, psychological and physical health issues that must be addressed through the availability of holistic wrap-around support. The Society NSW seeks to contribute to a reduction in the number of people experiencing AOD use issues, and to reduce the level of associated harm in the community.

As an AOD service provider, the Society NSW believes in the fundamental role of treatment in reducing the health impacts of problematic AOD use. The *National Drug Strategy 2017-2026* and *National Alcohol Strategy 2019-2028* both recognise the benefits of access to AOD treatment services.[1] Adequate resourcing and appropriate funding models of services and providers offering integrated care is critical to ensuring that people experiencing AOD use issues have access to supports that are tailored to meet their needs. The specialisation and expertise of the AOD workforce needs to be acknowledged in practice and sustainably supported in the future. This requires ongoing consultation with the sector, providers, people with lived and living experience and frontline staff.

As a member of the Network of Alcohol and Other Drugs Agencies (NADA), the Society NSW broadly supports NADA's submission to this Inquiry, and we offer additional commentary related to the term of reference below.

C) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia.

To achieve better health outcomes for people experiencing AOD use issues requires action to address the interconnectedness of AOD use and other social issues. These include homelessness, domestic and family violence, previous trauma, social isolation, unemployment, and other mental and physical health

[1] Commonwealth of Australia, *National Drug Strategy 2017*-2026 (2017) pg. 9; Commonwealth of Australia, *National Alcohol Strategy 2019-2028* (2019) pg. 23.

conditions.[2] As a Specialist Homelessness Services Provider, the Society NSW witnesses daily this interconnection with 1 in 4 people experiencing homelessness identifying as having an AOD use issue.[3]

The NSW Health Ministry's *Strategic Framework for Integrating Care* and the *National Drug Strategy* already recognise the role of these social determinants and how AOD use may intensify their impact.[4] People with lived and living experience have also described how achieving positive outcomes from treatment requires simultaneously addressing these issues.[5]

Further, these social determinants often serve as barriers to treatment due to fears around deeply rooted stigmatisation of AOD users; geographical, social or cultural inequity of access to treatment services or due to a lack of awareness of services.[6]

In addition to AOD treatment, the Society NSW provides a diverse range of services and programs to assist people experiencing homelessness, domestic and family violence, primary healthcare issues, financial pressures, social isolation, people living with a disability, or supports for people in need of emergency relief. As more and more people we assist present with multiple concerns, the Society NSW provides an integrated response to care to allow people to embark on their recovery journey with holistic wrap-around supports.

The physical co-location of services and drop-in support available at many of the Society NSW's homelessness services allows for soft entry for people we assist as trust develops over time through in-person engagement. Research has found that this is particularly beneficial for people with AOD use issues living in regional and rural areas and for First Nations communities.[7]

The following sections briefly discuss examples of integrated models of care and outreach and discusses the benefits of a national governance structure to facilitate virtual integration across different levels of government and across different sectors.

Continuing Coordinated Care Program (CCCP)

The Society NSW's AOD Model of Care recognises that achieving stability and security involves providing wrap-around support to the people we assist to set goals around their AOD use *as well as* education/employment, physical and mental health, housing, income, social and peer relationships, family/interpersonal and cultural/other identity.

The Society NSW is the largest provider of the NSW Government's Continuing Coordinated Care Program (CCCP). The program provides individualised case management, outreach and aftercare supports to coordinate care for people whose AOD use issues cannot be addressed through AOD treatment alone. The program's objectives include:

- Retention in and access to AOD treatment,
- Access to and coordination of health and psychosocial services,
- Reduction in AOD use and related harm, and

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[2] Commonwealth of Australia, *National Drug Strategy 2017-2026* (2017) pg. 5, 15.

[3] Australian Institute of Health and Welfare, 'Health of people experiencing homelessness' (June 2024) < https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness>.

[4] *National Drug Strategy 2017-2026* (2017) pg. 39; NSW Ministry of Health, *Strategic Framework for Integrating Care* (2018) pg. 19.

[5] R. Stirling, 'Performance measurement in alcohol and other drug treatment services', chp. 4 <doi.org/10.26190/unsworks/24682.

[6] D. Howard, *Report – Volume 2*, Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants, pg. 270.

[7] J. Allan and M. Campbell, 'Improving access to hard-to-reach services: a soft entry approach to drug and alcohol services for rural Australian and Aboriginal communities' (2011) *Social Work in Health Care*, vol. 50(6), pg. 443-465.

- Addressing barriers to service through individual and systemic advocacy.[8]

CCCP provides long-term holistic care with a single episode of care lasting six months. The continuity of care, person-centred and holistic approach offered by CCCP allows people with AOD use issues to connect with other supports and can also involve consultation with friends and family when consented to. In addition, the Society NSW's CCCP Care Coordinators are also trained to facilitate SMART (self-management and recovery training) sessions, an evidence-based recovery method integrating peer engagement. The method seeks to assist people with AOD use issues build and maintain motivation; cope with urges and cravings; manage thoughts, feelings and behaviours; and lead a balanced life.

Feedback from CCCP Care Coordinator-led sessions has been positive with one attendee reflecting:

> *Everyone who attends has a different challenge that they are confronting and this forum is in my opinion priceless in what it gives to those who attend them. Being able to hear what another person is confronting and hear their vulnerability is quite helpful for me knowing however different my challenge is from theirs we are all ultimately facing problems in the form of one addiction or another. No two people are the same...[I feel] better for just being able to share in a safe environment and to also be given some tools and advice from [the facilitators].*

In its interim program evaluation, the NSW Government found preliminary evidence that CCCP clients experienced improvement in quality of life/wellbeing, reduced severity of dependence, reduced rates of homelessness/risk of homelessness and reduced rates of domestic violence.[9] The evaluation also found that staff from relevant Local Health Districts found CCCP highly valuable.

The range of outcomes from the CCCP beyond maintaining engagement with AOD treatment cannot be understated. Qualitative case studies reflect the intersectional impact of the program on people's health, wellbeing, attainment of personal goals and their connections to family and the wider community. The incidence of self-referrals following a single episode of care also reflects the sense of trust in the program among participants.

Attached to this submission is a collection of recent case studies *that chart the journeys taken by people experiencing AOD use issues in addition to other social issues including engagement with the criminal justice system, domestic and family violence, trauma*.

These stories illustrate the positive effects of:
- Soft entry approach to engagement through co-location of services,
- Collaboration between agencies through successful referral pathways,
- Addressing complexity in presentation holistically,
- Complementary harm reduction measures including pharmacotherapies, and
- Aftercare supports in the treatment journey.

The New England Alcohol and Other Drug Outreach Program (NEOP)
Outreach programs allow for flexible, proactive, community-based engagement with people with AOD use issues who may be hard to reach or who have more difficulty engaging with treatment. The Society NSW's NEOP outreach program provides support to people living within the New England Northwest Region of NSW; First Nations communities; pregnant people and/or those with young children; young people aged 16 to 24 years; people exiting or involved with the criminal justice system and people

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[8] NSW Government, *Continuing Coordinated Care Program (CCCP)* (2023) < https://www.health.nsw.gov.au/aod/resources/Publications/continuing-coordinated-care-program.pdf>.
[9] NSW Government, *AOD Continuing Coordinated Care: Interim Program Evaluation Executive Summary* (July 2020) pg. 2 < https://www.health.nsw.gov.au/aod/Documents/cccp-interim-eval-exec-summary.pdf>.

with co-occurring AOD use issues and mental health issues. The NEOP also provides aftercare supports for people who have completed AOD treatment.

The impact of outreach programs in improving access to AOD health services has been acknowledged by people with lived and living experience, service providers and through research.[10] It is an important step in the continuum of care that increases the engagement of priority populations in health support and/or AOD treatment, harm reduction, successful referral pathways and improvement in wellbeing and quality of life. To reinforce successful referral pathways and the impact of outreach, coordination and communication across stakeholders from different sectors is vital.

Virtual integration across the sector

Programs such as CCCP and NEOP can benefit from a sector-inclusive national governance structure as it would facilitate virtual integration of care, across and between sectors, between providers and agencies, for people experiencing AOD use issues and their families. The partnerships, networks and alliances that can be strengthened via this structure will allow providers to meaningfully adopt a 'no wrong door' approach and provide a flexible model of care across the sector.[11] Australian government agencies have already endorsed this principle, and researchers have long recognised the significance of meeting people where they are at in adopting a 'flexible fit' in service provision.[12]

Nevertheless, without coordination and integration across services, some people with lived and living experience have expressed frustration that a 'wrong door' and 'flexible fit' approach has not been meaningfully implemented in practice.[13] This gap may be filled by a national governance structure that facilitates information sharing and referral pathways across the sector and between government agencies.

Conclusion

The Society NSW appreciates the discussion raised by the Standing Committee and acknowledges the need to prioritise the health and wellbeing of people with AOD issues, their families and the wider community. People with substance use concerns often have past experiences of trauma, chronic health issues or other psychological concern and their recovery is not always a linear process. Meeting people where they are at, without judgment, welcoming them in all their diversity, and ensuring they have access to support that reduces harm, gives people a far better chance of recovery and having good health and wellbeing.

Thank you for the opportunity to make a submission on the health impacts of alcohol and other drug use in Australia. If you have any questions relating to this submission, please contact Megan Bingham, Senior Policy and Advocacy Adviser, at megan.bingham@vinnies.org.au.

Yours sincerely,

Niamh Mannion
Executive Director, Vinnies Services

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[10] Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants, pg. 536; R. Wells, C. Lemak, T. D'Aunno 'Insights from a national survey into why substance abuse treatment units add prevention and outreach services' (2006) *Substance Abuse: Treatment, Prevention, and Policy,* vol. 1(21).

[11] Australian Institute of Primary Care, 'Discussion' in *Comorbidity treatment service model evaluation* (August 2019) La Trobe University <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-cotreat-toc>.

[12] M. Merkes, V. Lewis and R. Canaway, 'Supporting good practice in the provision of services to people with comorbid mental health and alcohol and other drug problems in Australia: describing key elements of good service models' (2010) 10(325) *BMC Health Services Research* pg. 1-2.

[13] Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants, pg. 558.

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NSW
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About the St Vincent de Paul Society NSW

The St Vincent de Paul Society NSW is a member and volunteer-based organisation that has been assisting people experiencing disadvantage and hardship in NSW for 140 years.

The St Vincent de Paul Society NSW currently has close to 12,000 members and volunteers across the state, giving tirelessly of their time. In total, we have 368 local member networks, referred to as conferences, present in communities across NSW.

Our members, volunteers and staff assist people experiencing disadvantage with resources including food parcels and vouchers, financial assistance, help with energy bills and other expenses, budget counselling, school items for children, and the provision of other material items such as furniture, clothing, bedding and any other household items.

The St Vincent de Paul Society NSW is also a leading provider of frontline services, with 100 local services across the state. These deal with a range of issues including homelessness, domestic and family violence, disability, disaster relief, youth wellbeing, refugee and migrant inclusion, rehabilitation and addiction.

ATTACHMENT 1: CCCP Case Studies[14]

Sam

Sam was referred by Domestic Violence Court Advocacy Service in mid-2023. They were recently assaulted and still in the process of considering leaving the perpetrator.

Sam has a long history of alcohol use, PTSD, Borderline Personality Disorder that was untreated, as well as physical health issues such as major dental work that had been untreated for a significant amount of time.

They had been engaged with many different services over many years, although, had difficulty maintaining consistent engagement with services and trusting new organisations. At commencement of CCCP, Sam was uncertain and not at the point of considering change.

The Care Coordinator had advocated for her at a DV Safety Action Meeting with a variety of services in the area and focused on making sure that they felt safe in the place where they are residing.

Initially Sam did not want to discuss long term goals and did not believe they would be able to manage engagement with multiple services.

Sam has now been engaged with CCCP for 6+ months and has now left their long-term partner who had been physically violent towards them over the course of many years. They consistently engage in AOD counselling and have implemented harm reduction strategies on a regular basis. Sam is also engaged in Employment and Training Services and has been offered full time work. They also participate in Trauma Counselling on a fortnightly basis. Sam's longstanding dental needs have also been addressed and they continue to attend GP appointments to address other physical health needs.

Allan

First 6-month support period – Allan completed 3 months of a long-term residential program, he stated he had left that program as it was not in line with his support needs. Allan was then referred to that same rehabs day program at which point he was referred to CCCP. Allan had a long-term alcohol misuse issue and was previously drinking on average 20 STD/day, GP diagnosed anxiety and depression, 18-month Community Corrections Order and a current ADVO with reporting conditions at Police Station 4 days/week.

At time of referral, he had had a few lapses with alcohol drinking less than his previously. During support period Allan was supported by way of referral to AOD service for 1 on 1 counselling and groups, he attended our CCCP office for support sessions and SMART Groups facilitated by CCCP, he was also supported through his legal matters, and he was able to vary the conditions of his ADVO to be able to have contact with his partner but not reside at her address. Allan's lapses with alcohol continued during his support period however he was drinking less frequently and less alcohol in each sitting. Allan picked up some casual work and eventually disengaged with CCCP and his support with CCCP was closed.

Second support period – Received a call a couple of months later from community corrections worker asking us to take Allan back on, community corrections worker was told to get Allan to call us if he wanted support. A few weeks later Allan called, and we completed a self-referral. He attended our office and completed comprehensive assessment. At that time Allan reported he was drinking twice a week approximately 10 STD and wished to cease drinking. Allan wanted to be re-referred for AOD counselling and groups.

[14] All names in these case studies have been changed.

Allan has currently been supported by CCCP for approximately 8 weeks and at time of writing this he has: been attending weekly AOD groups and fortnightly AOD counselling and stated he is finding these helpful. Following this, Allan has been proactive in other areas in his life and recently found full-time employment, has enrolled in studies through TAFE, adhered to his legal conditions, is slowly repairing relationships with his family and started doing things he enjoys such as playing basketball again. For the past few weeks Allan has also been able to stop his drinking and has been showing positive skill building to maintain this.

Melanie

Melanie is in her early 40s and identifies as Aboriginal. Melanie was initially referred to CCCP through the Local Health District (LHD) Community Mental Health D&A outreach regional NSW in mid-2023. Melanie's referral indicated a long history of struggle with maintaining support and participation through the mainstream services and decided to try a different service approach. Melanie's referral also indicated intermittent service support provided in the last decade which led to further deterioration of mental health and physical health, including alcohol use.

Melanie disclosed during her intake assessment, that she has a formal diagnosis of Eating Disorder, Borderline Personality Disorder (BPD), Complex Post Traumatic Stress Disorder (PTSD), Generalised Anxiety Disorder (including panic and social anxiety) and Adult ADHD disorder. Melanie reported long history of domestic and family and intimate violence, admitted growing up in a family where alcohol and illicit substance use, and intoxication was normalised. Melanie disclosed later in support, she was given up by her biological mother and was raised by her maternal grandmother.

Melanie's drug of concern was alcohol. Melanie was intermittently hospitalised in the last decade with deterioration of physical health problems which included malnutrition due to consistent purging, and aggravated mental health which has fuelled continued use of excessive alcohol thereafter. At the time of intake assessment, Melanie stated attendance and support with Community Mental Health and Drugs and Alcohol was ineffective and decided to decline support. Melanie felt support was ineffective and experiences distrust with health team. Melanie described her experience as: "Services tried to fix me as though I don't already know my drinking and purging isn't problematic". Melanie described her experience with services as "pushy – with their own agenda. Tokenistic".

By the end of 8 months of support through the program, Melanie has ceased alcohol drinks altogether in replacement of non-alcoholic beverages and reinforced with positive and enjoyable behavioural activities.

CCCP provided Melanie with ongoing advocacy and support in bridging the relationship with her current health team, in addressing long term concern with physical and mental health needs. Coordinated regular meetings (where possible) with all services involved in clarifying each role and responsibilities with Melanie.

Melanie has been maintaining nil alcohol use in the last 12 weeks with nil reported purging. Melanie continues to attend follow up reviews with current medical (GP) and allied health team (psychiatrist, psychologist and eating disorder dietitian) to ensure she can sustain current gains without major setbacks.

Melanie and health allied team has requested continued support from CCCP in ensuring progress is sustainable and continued to be effective prior to exit from support.

Gary

First CCCP 5-month support period - CCCP workers attend a local homelessness hub every month setting up a table with other services for a couple of hours. Gary approached our table he stated he wanted help with his primary drug of concern Methamphetamine. The Care Coordinator begun by completing a referral with him. Gary's main presenting issues included his methamphetamine use and a diagnosis of PTSD,

which had been exacerbated after having a serious scooter accident. Gary had previously completed a long-term residential rehab and prior to his accident had been abstinent from all drugs for two years, he stated his main goal was to re-enter that treatment centre.

During the support period Gary attended weekly case management meetings and was supported with referrals to community based AOD programs for counselling and groups to address his issues. He was also supported in accessing food assistance.

CCCP Care Coordinator contacted the rehab and organised a phone assessment. Gary completed the phone assessment, and his referral accepted. The rehab uses a home detox program, this was attempted several times however it was unsuccessful. The Care Coordinator then organised for Gary to attend LHD detox and organised admission, networked with the LHD detox and the rehab to organise transport from the detox to the rehab. The date was changed a couple of times as the client did not attend the first scheduled admission date. CCCP Care Coordinator continued to network with the detox and rehab to re-organise these dates.

Second support period – Gary contacted us 2 weeks prior to completing the residential rehab and self-referred to CCCP. He attended our office a couple of days after leaving the rehab and completed comprehensive assessment. His main goals this support period include counselling, support with attending Narcotics Anonymous meetings, check-ins and case management support. Gary is currently abstinent from all substance use and still supported by CCCP and he is also currently still abstinent after completing rehab.

John

John is a 37 year old First Nations man who presented to a Vinnies regional Refuge, following a recent release from an NSW Correctional facility. A referral was made to Vinnies CCCP by a Case Worker and following a comprehensive needs assessment, a Support Plan was developed.

John was supported to access primary health care through a local Aboriginal Medical Service. John was referred to a local Methadone program and accessed a reducing dose of Buprenorphine over a 6-month period.

John was supported to transition into stable accommodation, as well as to continue to develop his vocational skills, through attendance at several work development courses. As a result, John completed his White Card and Forklift Operator's certificate.

John experienced a significant relapse, following a relationship breakdown and was re-arrested and incarcerated for a 3- month period. Upon his release, John self -referred to CCCP for additional support. During this time, John disclosed that he had been sexually abused, as a child, while in foster care. John was supported with a referral to a Sexual Assault Counsellor and agreed to attend a local service. As a result of being able to address these past issues, John was able to understand the link between his traumatic past, his offending behaviour and his drug use.

John reports being drug-free and no longer requires any Opiate replacement medication. He continues to reside in stable accommodation, access community-based treatment and has commenced part-time employment. John has been very appreciative of the support he received from Vinnies and continues to recommend our services to his friends.