

Submission to

Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

This Submission is in response to the terms of reference of the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours. It specifically attempts to address:

- (1) Best practice, humanitarian approaches that effectively reduce the damage caused by illicit drug-use through effective harm reduction policies and legislation; and
- (2) Identify best practice strategies that have a coordinated treatment approach to deal with the broad-range of addictive behaviours; including, but not limited to, alcohol, tobacco and gambling.

The Author:

I have a long history in the Northern Territory having moved to Bathurst Island in 1977 as a child. After completing schooling in Darwin, spending a year in Sydney at the NSW Institute of Technology I eventually spent 14 years as an owner and manager of private commercial business. In 2002 I accepted a position at St Vincent de Paul NT's (SVPNT) Bakhita Centre. In my 14 years with SVP, I expanded our homeless services, was instrumental in greatly increasing our service capacity, securing funding to build an additional 20 apartments, and developing income sources to reduce the organisations reliance on government funding. My team and I designed and implemented programs that focused on an individual's abilities and their needs to overcome homelessness and sustain mainstream tenancies. I joined the NT Shelter team in 2017. I believe that programs and services offered to the Northern Territory's most vulnerable should be evidence based, outcomes focused and developed around the needs of the individual.

I humbly believe my long connection homeless services, my connection to Aboriginal people and the local community qualifies me to make this submission.

Disclaimer:

The views contained herein are my own and no suggestion is made that they reflect the views of my current or previous employers.

Wet Shelters and Intervention Programs

Recommendations:

Recommendation 1. That the NT Government funds a pilot development of Wet Shelters including funding of comprehensive external evaluation in Darwin and Alice Springs as a health-based approach to dealing with the drivers of substance abuse among long term hard core drinkers living on the streets.

Recommendation 2. That the NT Government funds the implementation of harm reduction programs for people who do not wish to follow the abstinence only response to problematic alcohol consumption.

Recommendation 3. That the NT Government funds the implementation of Personal Leadership and Effectiveness Development Programs such as the Chrysalis Programme in rehabilitation and correctional facilities to deal with the issues that often result in substance abuse, offending and recidivism.

Background and Context

The Northern Territory has a history of taking a total abstinence approach to substance abuse. In recent times this has manifested itself in creating:

- Total alcohol bans, dry areas,
- Alcohol Protected Areas
- Alcohol Restricted Areas
- Mandatory rehabilitation approaches to chronic alcohol abuse,
- Banned Drinker Register (BDR)
- Restricting the consumption of alcohol by introducing “restricted premises” for private properties and public housing

Public health policy has also been one of abstinence, such policy does not take into account the reasons people seek to self-medicate with alcohol, it seeks to treat the symptom and not the cause. 14 years working in and developing front line homeless services for SVPNT has shown that focusing on total abstinence while not considering other factors in a person’s life leads to an inordinate amount of resources being devoted to a cause that ultimately makes little difference to the individual or the community in the long run.

While promoting abstinence has its place in the continuum and restrictive alcohol policies can help some communities, we equally need services that promote harm reduction for those with little intent or reason to abstain. Given the high numbers of Aboriginal men incarcerated and forced into compulsory abstinence by the Corrections system we would expect to see an improvement in the overall health of this demographic. Many of these men have been abstaining from alcohol consumption for years but on release fall back into harmful consumption of drugs and alcohol. Harm reduction programs support people until they choose to make a change in their abuse patterns. Good harm reduction programs should engage people who do not wish to abstain with the intent of working with them, where they are to approach change, consume responsibly and possibly consider abstinence later in life.

The focus of this submission is specifically alcohol harm reduction and how we as a community engage homeless people who have a chronic alcohol addiction but also homeless people abusing alcohol who have no intention of obtaining or maintaining abstinence. My expertise is in working with homeless people I am not an expert in mental health, alcohol and drugs or trauma however in working with people suffering with these issues over the past 16 years, I have developed understanding and knowledge based on front line experience.

The Scene: Recent Darwin,

CBD retailers and shoppers fed up with alcohol-fuelled epidemic of crime and anti-social behaviour

Maria Billias, NT News
March 18, 2016 1:18pm

NT Government announces plan to tackle 'anti-social itinerant behaviour' on Darwin streets

By [Stephanie Zillman](#)

Posted 27 Sep 2017, 4:19pm

Police to step up war on drunks

By FRED McCUE, NT News
February 4, 2015 6:00pm

Rowdy drinkers should 'piss off' to home communities, NT Chief Minister Adam Giles says

By [James Oaten](#)

Updated 22 Mar 2016, 6:29pm

Video of Indigenous man being hosed from Darwin footpath 'shocking', NT Chief Minister says

Updated 12 Sep 2017, 6:06pm

NT police auxiliaries to stand outside liquor stores as part of new role

By [Rosanna Kingsun](#) • Journalist

10:45pm Jun 1, 2018



More than one solution to problematic use of alcohol.

For those working in the homeless sector, punitive measures to combat alcohol use can seem to be more of a reactionary response to public outcry than for a genuine concern for the people involved. We continue to see a lot of resources invested by successive Governments in an effort to control the negative images of people living on our streets whether they be drunk or just noisy. More rehabilitation beds supplied, calls for more visitor housing, more “paperless” arrests more Return to Country and yet there are still the headlines of drunk and anti-social “itinerants” causing a nuisance in our neighbourhoods, these headlines inevitably result in law and order approaches to what is a significant health issue.

NT Police confirm that there are a core group of people living on our streets that are chronic drinkers causing a significant amount of the problematic behaviour they deal with. These are people who will not willingly attend rehab programs and will not be welcome to live in a hostel. Many have rotated through mandatory rehabilitation. Often, they would attend SVDP Ozanam House each day and are the few that would take up a majority of Ozanam House resources. These are the beggars, the ill and the unkempt, the smelly that would inspire headlines and YouTube videos. Inevitably these are the guys that we would eventually find bleeding on our doorstep or worse, dead in the park.

A harm reduction program that engages with this cohort would have a real and visible effect on what we see on our streets each day.

Assertive outreach teams from Government, City of Darwin and NGO’s engage with this cohort daily, they are a great consumer of services that meet their immediate needs however they are difficult to meaningfully engage on chronic health issues or to convince that they should abstain from alcohol. Those that occasionally complete a rehabilitation program often find themselves right back where they started; all be it a little healthier and wealthier for the exercise.

There are many underlying issues with this group, alcohol is often a medication for them.

As a chronic drug addict told me “mate, reality is crap, I’d much rather be stoned” Ask the question; what reasons have we given these men to abstain? Many suffer intergenerational trauma, childhood abuse, physical ailments, disabilities, no job, no prospects for a job, no family, no kids that care and no home to go to, they have been dispossessed of their land and culture over generations and many are excluded from their communities. Why would they want to see life through clear sober eyes? Why would they want to sit in the park bored, in pain, alone with their thoughts? Being drunk is their way of medicating and it’s when they are sober that they are in pain.

This cohort need somewhere to live, public housing is not an option and the shelters and hostels all require abstinence. There is nowhere for services to connect with this group beyond an assertive response. Living this lifestyle does not provide for consistency of service or for trust to be built to address the underlying issues that are the cause of self-medicating with drugs and alcohol.

A Wet Shelter response for the Northern Territory.

Wet Shelter: *Supported accommodation where tenants are not expected to abstain from using alcohol, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and get to decide if and when they use these services. Wet Shelter programs follow a harm reduction philosophy. Wet shelters do not supply alcohol, wet shelters do charge rent.*

Dublin, Ireland has had similar experiences to Darwin with its homeless drinkers, follow the “Sundial House report” link¹, apart from the obvious differences they could be talking about the same people. The Wet Shelter was opened in response to the number of street drinkers congregating in the city centre. There are a number of reasons that this was an issue for those sleeping rough, but there was also the impact on local emergency and law enforcement agencies as well as the negative image that was presented to tourists and shoppers. Sound familiar?

Wet Shelters are not new, but they are on the rise around the world. A well-resourced and run Wet Shelter in Darwin would have an impact on the long-term homeless alcoholic, it would offer them an option, somewhere safe that wouldn't demand that they give up the grog. However, it will enable the alcohol to be controlled, it will also enable trust to develop and for health professionals to engage with this cohort. For some it could result in a healing process and a sensible use of alcohol, perhaps abstinence and a return to traditional lands. For many it will offer a dignified existence and the possibility of dealing with the demons that lead to substance abuse.

But other tangible benefits include a reduction in health and policing resources being devoured by this group. A reduced presence on the streets; people living, begging, defecating, fighting and dying in shop fronts. Additionally, the community's perception of the country's oldest living culture would be improved by removing hardcore drinkers from the streets.

This is not a homelessness or a Dept of Housing and Community Development response; such a service has more in common with a nursing home or a rehabilitation service and should be a Dept of Health response located under the Mental Health, Alcohol and Other Drugs Branch.

Rather than spend pages detailing the successful Wet Shelters operating around the world included below² are links to several online sites and articles.

Innovative programs for personal change

Given that not every person that has alcohol dominating their life has a desire to abstain from drinking, a more concerted effort is required to assist people control their consumption. Consuming alcohol is not necessarily a bad thing, it's in allowing alcohol to negatively affect your life, health, employment and relationships where it gets problematic. In past years SVDP trialled the Chrysalis Programme. The Chrysalis Programme has been designed to provide a guide for change that goes beyond rehabilitation, and into engagement and re-integration. It focuses on positive reinforcement and creating a protected stage of development which enables participants to own and drive sustainable change in their lives. Its philosophy

¹ Sundial House <https://www.drugsandalcohol.ie/18223/1/sundial-house-review-final-digital-copy.pdf>

² <http://healthland.time.com/2012/01/20/the-wet-house-homeless-people-with-alcoholism-drink-less-when-booze-is-allowed/>
<https://www.rehabs.com/heres-how-wet-homeless-shelters-are-changing-lives/>
http://www.jedc.org/forms/wet_shelters_BCstudy.pdf

is all about learning, development and growth that acts as a catalyst for positive, sustainable, personal, change.

Normally undertaken by people in the UK prison system, SVDP offered it to residents of the Bakhita Centre who's tenancies were at risk due to difficult behaviours, lack of engagement, substance use and failure to adhere to hostel rules. Each participant was given a lifeline the day they were to be evicted "*attend the first day of a 5-day course, in return have an additional 30 nights extension of stay*". The offer was willingly taken up by 3 men who attended the Chrysalis programme along with staff members, St John's Catholic College boarding school students and others from the community sector. All stayed for the full 5 days of the program, I've briefly outlined case notes of the 3 homeless men who attended below:

- 1) Client 1, middle aged, was not engaging with staff, was disruptive, sometimes abusive and showed no willingness to work on a case plan as per requirements of his tenancy at the Bakhita Hostel. He reluctantly attended the Chrysalis Programme for the first day but made his own decision to attend the remaining 4 days of the program. He stated that it didn't help him, but it was interesting, and the presenter was "a good bloke". Client 1 was given an additional 30 days at Bakhita to plan his exit. Staff noted a change in behaviour in that he wasn't as aggressive and was more helpful around the hostel. He moved out after two weeks, found his own place to stay and left on good terms with hostel staff.
- 2) Client 2 approx. 25yo had been living at Bakhita for over 12 months, he wouldn't commit to a plan, was lazy, didn't help out around the place, he didn't complete his rostered chores without staff harassing him. In the last months of his stay he would get out of bed at lunchtime, play computer games and generally frustrate staff who considered him to have potential and the capacity to work. He was required to attend the 1st day of the Chrysalis Programme, he voluntarily attended all 5 days. On Monday of the week after he completed the program he got up, had a shave, dressed up, jumped on a bus to Berrimah and returned to Bakhita later in the day after securing a job at JB HiFi. He states that the program had no influence on his decision that day, however staff commented that something changed in him.
- 3) Client 3, middle aged, a multiple user of the Bakhita centre for over 10 years, in and out of jobs, in and out of abusive relationships (he was the victim), heavy drinker, multiple visits to rehab centres, had a history of self-destructing when things looked good. Was to be evicted for his continued drinking, poor behaviour and rent owing. He was advised that he wouldn't be welcome back as he had finally burnt all his bridges with the Bakhita Centre. He begrudgingly attended day 1 of the Chrysalis Programme, he voluntarily completed the full 5 days. On completing the program, he stated to his case worker "I don't know why you've never told me this stuff before". His behaviour improved immediately, he was more cooperative and helpful around the hostel. He started work with a sign writing company and has continued to progress up the tree and remains employed, he owns a car, he has reclaimed his mother's name – "dad was a bastard". He entered into a safe relationship, he got a passport and travelled overseas with his partner. His partner died of cancer, he relied on Staff for support during this time, but he maintained his employment and his accommodation. However, he still drinks but he manages when he drinks, he chooses not to let his drinking affect his life like it once did, staff believe he has dealt with his demons and his drinking is no longer about self-sabotaging. He too denies that the Chrysalis Programme had anything to do with his changes, despite his praise of the program. Staff however have another belief, these changes started in the weeks following his attendance and have been maintained for the past 5 or 6 years. This person was a serial user of homeless accommodation services, now he only interacts with staff for emotional support from time to time.

The Chrysalis Programme was developed by the manager of UK Mail's training programs and facilities. He as a magistrate in the UK, was dismayed at the revolving prison door and was determined to offer these young men the skills needed to break the cycle. Having personally attended Chrysalis sessions it is obvious that he has brought together elements of training programs offered in the corporate world.

These brief case studies are not necessary a play for just the Chrysalis Programme to be rolled out across the NT. There may be other programs boasting equal success but the Chrysalis Programme is one I'm familiar with and one that inspired change in a small group of homeless men.

They are an example of what can be achieved when the focus isn't exclusively on abstinence. People need a reason to practice responsible drinking or abstinence; by not focusing on the trauma a person may be suffering or has suffered we are doomed to continue our massive investment in revolving door alcohol and drug policies.

The Chrysalis Programme³ has been evaluated in a Drug and Alcohol Rehabilitation setting,⁴ and a Correctional setting,⁵

Eryl Doust, Head of Reducing Reoffending HMP Oakwood, said

"It is important to recognise this is not the soft option but does make demands on the men. This is accepted by them as they recognise that the Chrysalis Programme has the potential to support them in changing their lives

Staff commented that participants appeared to deal with difficult situations in a more mature manner.

One senior member of staff observed that this programme appeared to have had far more impact than the range of accredited programmes normally offered in custody. He was clear that this course had a more demonstrable beneficial effect and we already have a large number of prisoners requesting this opportunity."

³ <http://www.chrysalisprogramme.com/>

⁴ <http://www.chrysalisprogramme.com/pdf/worth-shouting/Chrysalis%20Lite%20Report%20-%20First%20Steps.pdf>

⁵ <http://www.chrysalisprogramme.com/pdf/worth-shouting/Chrysalis%20final%20Plymouth%20Uni%202011.pdf>

Appendix 1: The Chrysalis Program Total Impact 2012 - 2017



The Chrysalis Programme Total Impact 2012 to 2017



Chrysalis BIG Project Outcomes 2016 to 2017 HMP Featherstone (F1 to F8)				
		Target		Achieved
80	Places available on Chrysalis Programmes			
75	Engaged - Starters	90%	☺	94%
72	Finishers/Completers of starters	85%	☺	96%
61	of 'completers' taking Qualification	70%	☺	85%
58	of 'completers' gained C&G L2 Qualification	60%	☺	81%
38	of those 'completers' - Released	50%	☺	53%
34	of those 'completers' - NOT Released (including 2 Absconders)	<	☹	47%
6	of the 38 'Released' Reoffended	50%	☹	15.8%
32	of the 38 'Released' DID NOT Reoffend	50%	☺	84.2%

NOTE: Data extracted from C-Nomis Wednesday 25th April 2018

Chrysalis BIG Project Outcomes 2016 to 2017 HMP Hewell & The Grange (H1 to HG8)				
		Target		Achieved
90	Places available on Chrysalis Programmes			
88	Engaged - Starters	90%	☺	98%
78	Finishers/Completers of starters	85%	☺	89%
70	of 'completers' taking Qualification	70%	☺	90%
67	of 'completers' gained C&G L2 Qualification	60%	☺	86%
50	of those 'completers' - Released	50%	☺	64%
28	of those 'completers' - NOT Released	<	☹	36%
12	of the 50 'Released' Reoffended	50%	☹	24%
38	of the 50 'Released' DID NOT Reoffend	50%	☺	76%

NOTE: Data extracted from C-Nomis Wednesday 2nd May 2018

Summary - Chrysalis BIG Project Outcomes 2016 to 2017 HMP Featherstone and Hewell				
		Target		Achieved
170	Places available on Chrysalis Programmes			
163	Engaged - Starters	90%	☺	96%
150	Finishers/Completers of starters	85%	☺	92%
131	of 'completers' taking Qualification	70%	☺	87%
125	of 'completers' gained C&G L2 Qualification	60%	☺	83%
88	of those 'completers' - Released	50%	☺	67%
62	of those 'completers' - NOT Released (including 2 Absconders)	<	☹	41%
18	of the 88 'Released' Reoffended	50%	☹	20%
70	of the 88 'Released' DID NOT Reoffend	50%	☺	80%

NOTE: Data extracted from C-Nomis Wednesday 2nd May 2018

Chrysalis BIG Lottery Project Year 1 & 2
January 2016 to December 2017

Chrysalis Programme Outcomes - HMP Oakwood - 1 to 45 (Sept 2012 to Dec 2017) - Mains and VPs				
		Target		Achieved
765	Places available on Chrysalis Programmes			
814	Engaged - Starters	90%	☺	106%
781	Finishers/Completers of starters	85%	☺	96%
721	of 'completers' taking Qualification	70%	☺	92%
628	of those taking qualification paper gained C&G L2 Qualification	60%	☺	87%
521	of those 'completers' - Released	50%	☺	67%
261	of those 'completers' - NOT Released	<	☹	33%
76	of Chrysalis 'completers' NOT Released yet and moved to Open Conditions	20%	☺	29%
132	of the 521 'Released' Reoffended	50%	☹	25%
389	of the 521 'Released' DID NOT Reoffend	50%	☺	75%

NOTE: Data extracted from C-Nomis Wednesday 9th May 2018

Chrysalis Programmes
HMP Oakwood
Sept 2012 to Dec 2017

Summary - Chrysalis Programme Outcomes HMP Oakwood, Featherstone & Hewell - Sept 2012 to Dec 2018				
		Target		Achieved
935	Places available on Chrysalis Programmes			
977	Engaged - Starters	90%	☺	104%
931	Finishers/Completers of starters	85%	☺	95%
852	of 'completers' taking Qualification	70%	☺	92%
753	of 'completers' gained C&G L2 Qualification	60%	☺	88%
609	of those 'completers' - Released	70%	☺	65%
323	of those 'completers' - NOT Released (including 2 Absconders)	<	☹	35%
150	of the 609 'Released' Reoffended (including 5 Absconders)	50%	☹	24.6%
459	of the 609 'Released' DID NOT Reoffend	50%	☺	75.4%

NOTE: Data extracted from C-Nomis Wednesday 9th May 2018

Grand Totals
Chrysalis Programmes
2012 to 2017

NOTE: If just two Chrysalis participants per year complete the Chrysalis Programme, leave prison and do not reoffend this would equate to a public purse saving (Prison Cost for one year) that would cover the delivery costs for 60 participants for a whole year in that prison.