



The Association of Participating Service Users

FORCED TREATMENT: The Severe Substance Dependence Treatment Bill 2009

The Association of Participating Service Users (APSU) is a state wide advocacy service for people who use alcohol and other drug services. Our mission is to bring the voice of AOD service users to service provision, policy and research. We are a service arm of the Self Help Addiction Resource Centre. SHARC is a peer-based organisation.

As a representative body, APSU is responding to the replacement of the Alcoholics and Drug Dependent Persons Act 1968 with a new legislative framework, The Severe Substance Dependence Treatment Bill 2009. This Bill sets up the possibility for a person with a severe addiction to be involuntarily detained for up to fourteen days. Involuntary detention is regressive. It grossly undermines the Rights of people who use Alcohol and other Drug Services. It circumnavigates the much touted definition of addiction as 'a chronic and relapsing condition'. APSU is concerned regarding the lack of consultation with service users and family members around the implications of such legislation.

Consultation Process with Service Users

It is fair enough to demand that AOD service users be consulted if legislative framework overrides the Rights listed in the Charter of Rights and Responsibilities (2006) particularly the Right to Liberty and Security, Equal Recognition Before the Law, Protection from Torture and Cruel, Inhuman or Degrading Treatment, Medical or Scientific Experimentation or Treatment without Consent and Humane Treatment when Deprived of Liberty. After sending out information to our membership, we obtained six responses. Five respondents were appalled by this erosion of our civil liberties. Conversely, one respondent did state that she wished that she was forced into treatment. A choice comment amplifies that concern regarding civil liberties: 'You may as well stick 'em in Guantameno Bay and throw away the key'.

As an advocacy service, we have delivered seven rounds of training to AOD service-users, 70 people in all, of which very few had an understanding of the implications of the erosion of Rights. The comments received chiefly come from those who completed this training. APSU is concerned that the lack of response from our usually responsive membership maybe because they don't fully understand the implications.

Based upon this concern, the responses from our email and our experience with teaching people

about Rights, APSU calls for the democratic process of consulting and educating service users regarding the repercussions of such a Bill prior to accepting this as legislation. We would hope that the opinions from people who use AOD services are taken into account, especially as they have expertise regarding the experience of severe addiction.

Consultation with Families

Education and consultation is just as necessary for families as it is for service users. The Manager of Family Drug Help(FDH) and creator of the Action for Recovery Course, running 40 courses in all, is certain that families would lock up their addicted member to stop them using. Her work steers them away from this response as her experience is that the addicted person runs away the first opportunity they can get when faced with this reaction from their family. It is this type of conflict regarding alcohol and other drug addiction in families that prevents all concerned from undertaking change that will lead to a quality life. The manager describes the family response as an irresistible force on an immovable object where the 'immovable object' is the family's addicted member. According to FDH, The Severe Substance Dependence Bill further stigmatises the experience of addiction and allows the family to enact a process that further isolates them from their loved one. **APSU recommends that Families are consulted regarding this legalisation ensuring they understand the implications of reducing civil liberties. It is hoped that the ideas from family members be taken into account**

Waiting for Services

For the past three years, APSU has been advocating for the reduction of waiting times for withdrawal services. We have conducted two surveys of withdrawal service regarding waiting times, the last of which was conducted during the spring of 2008. We found that the range of waiting times was between 6 days to 6 weeks.¹ It makes sense to work out how to reduce waiting time before putting into place such a legislative framework as The Severe Substance Dependence Treatment Bill 2009. . How can it be supported by a system that is already stressed? **APSU recommends that we eliminate waiting times for withdrawal services so that people who are chronically dependent can get help with withdrawal when they ask for it.**

Addiction is a Chronic and Relapsing Condition that Requires a Fair Go.

The Victorian Government's New Blueprint of Alcohol and Drug Treatment Services 2009-2013 states 'some groups and individuals are more vulnerable than others. Our service system needs to reach out to these people and persevere with the most marginalised groups to effect positive and lasting behaviour change.'² The response from APSU members mirrors this view stating that treatment of addiction needs to be holistic. As one service user states:

It's about time government departments realise that people need more than detoxification from their drug of choice. The majority of people that I come across suffer from low self

¹ Muldoon, K. (2008). You wait 6 days or 6 weeks. *Flipside*, (23), The Association of Participating Service Users, Melbourne. P.P.11

² Department of Human Services, 2007, *Towards a new blueprint for alcohol and other drug treatment services: a discussion paper*, State Government of Victoria, Melbourne. (P.P.9)

esteem, a deep sense of hopelessness, and a very poor outlook towards society. If a good outcome is desired then a totally holistic approach to their rehabilitation is required.

Compulsory treatment does not equate well with 'reaching out to marginalised groups'. It is more likely that a person will avoid treatment or contact with services if they fear that they are in danger of being locked up. It is our continual contact with service users that has led us to the conclusion that people need a sense liberty and fairness when undergoing a transition such as a alcohol or other drug withdrawal.

It is stated in The Human Rights Law Resource Centre Response 'Human Rights principles require that people are allowed to refuse treatment that they need, even when they place themselves at risk as a result.'³ They go on to cite Article 12 of the Convention of Right of the Persons with Disabilities which states that 'that persons with disabilities have the right to recognition everywhere as persons before the law' and 'to enjoy legal capacity on an equal basis with others in all aspects of life'⁴ It is unfair or unequal treatment that service users claim as gravely affecting them over a long period of time. Whilst conducting training, APSU trainers are mindful to avoid people raising personal examples of unfair treatment to avoid re-traumatising the participants. **APSU recommends that government cease actions that bring about the damaging experience of inequality.**

Speaking of Rights

Two of the main themes that came out of the focus group conducted for the AOD Charter of Rights were the importance of respect and physical abuse experienced whilst in custody. Service users stated that lack of respect had them leaving a service in a worse state than when they had commenced treatment. All of the 11 people we interviewed regarding their experience of service provision when seeking treatment for co-occurring alcohol and other drug and mental health issues spoke of the importance of respect and dignity to their overall wellbeing. When implementing legislative system that supersedes these values, then one would expect irrefutable evidence for compulsory treatment. This is especially the case when distressingly the Bill states that people may be sedated and restrained during transport⁵. The evidence sighted in the Statement of Compatibility is from the literature review conducted by Turning Point in 2004, the 2007 Turning Point Alcohol and Drug Centre Report on compulsory treatment and 2008 literature review of the effectiveness of compulsory residential treatment prepared for the NZ Ministry of Health.⁶ We assert that this is grossly inadequate for such a compromise to civil liberty. **We recommend further evidence to verify that compulsory treatment is an effective option.**

A Severe Substance Dependence

This is defined by the act as

³ Ball, R. and Prabha, Nandagopal(2010). Severe Substance Dependence Treatment Bill 2009. Submission to the Scrutiny of Acts and Regulations Committee Human Rights Law Resource Centre Melbourne(p.p.5)

⁴ Convention on the Rights of People with Disabilities, opened for signature 30 March 2007, 993 UNTS 3 (entered into force 3 May 2008). In Ball, R. and Prabha, Nandagopal(2010). Severe Substance Dependence Treatment Bill 2009. Submission to the Scrutiny of Acts and Regulations Committee Human Rights Law Resource Centre Melbourne(p.p.5)

⁵ Parliament of Victoria (2009) Severe Substance Dependence Treatment Bill 2009. Melbourne (p.p.38)

⁶ Statement of Compatibility in Hansard, Thursday 10 December 2009. (p.p.4579)

(a) the person has a tolerance to a substance; and the person shows withdrawal symptoms when the person stops using,(b) or reduces the level of use of, the substance; (c) and the person is incapable of making decisions about his or her substance use and personal health, welfare and safety due primarily to the person's dependence on the substance.’⁷

Two service users stated that this definition is too broad. Both of these service-users are smokers and argue that as smokers they are addicted to a substance; when they stop smoking they experience withdrawal symptoms; because of their addiction they are impeded when making decisions regarding their health safety and welfare and that they harm others because of their addiction. This example demonstrated that it is problematic to define a health issue such as addiction so loosely when it encompasses variations in bio-chemical responses to different drugs along with the further complexity of psychological, sociological, cultural and economic factors. **APSU recommends that the government response to chronic drug dependence always takes into account its multifactor complexity.**

⁷ Parliament of Victoria (2009 Severe Substance Dependence Treatment Bill. Melbourne.(p.p.4-5)