

The Good News

Below are summaries of three successful programs that are diverting Indigenous Australians away from the criminal justice system and into treatment for drug and alcohol problems.

Benelong's Haven

Benelong's Haven Family Drug and Alcohol Rehabilitation Centre was established in 1974 by Dr Val Bryant-Carroll, OAM. For over 30 years, it has offered a residential alcohol and drug treatment service for Aboriginal and Torres Strait Islander people. The program is based on the principles of Alcoholics Anonymous (AA) and reconnecting with spiritual relationships - treatment is delivered by AA-modelled personal sharing of life stories, psychotherapeutic and psycho-educational groups held daily, and personal counselling. Benelong's Haven provides a dual service through the provision of a mental health service for clients alongside the alcohol and drug treatment program. The majority of its funding, similar to other Aboriginal and Torres Strait Islander residential treatment services around Australia, comes from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and Aboriginal Hostels. For the past 10 years, Benelong's Haven has accepted clients through the justice system, mainly in the form of pre-trial admissions.

An upcoming study of psychological change in clients at Benelong's Haven compares 40 mandated and 40 voluntary clients through 75 days of treatment. The research documents a range of psychological changes through treatment, and demonstrates that mandated clients stay in treatment for as long as voluntary clients, with just over 50 per cent of clients in each category completing at least 75 days of treatment. The study assessed clients using a range of established psychological measures at three stages of their treatment (10-15 days, 35-40 days, 70-75 days).

All clients who completed 75 days of treatment significantly improved on the psychological indexes, indicating lower levels of depression, anxiety and stress, and improvements in various psychological and physiological markers. Interestingly, the clients who completed treatment had higher initial levels of psychological distress than those clients who dropped out of treatment in the early phases. It seems that those with higher levels of distress tend to get reward from staying in treatment no matter whether they are voluntary or on mandated admission. Those clients who did not complete treatment often had higher levels of hostility and anger than those who stayed, accompanied by lower levels of anxiety and distress.¹

1. Nolan, J. (2006, *forthcoming*). Repeated Measure of Psychological Change in Residential Clients of an Alcohol and Drug Treatment Program. Unpublished Masters Thesis. Charles Stuart University.

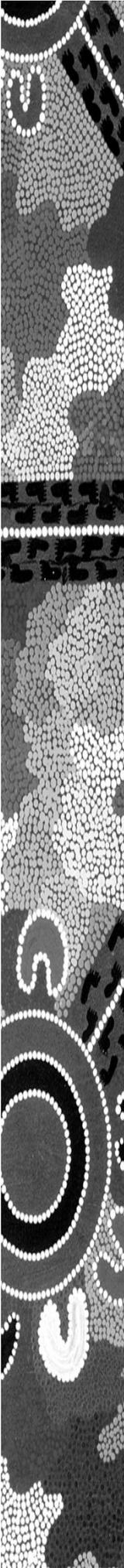
Milliya Rumurra

Established in 1978, Milliya Rumurra Alcohol and Drug Rehabilitation Centre is located in Broome, on the northwest coast of Western Australia. As well as a rehabilitation program, Milliya Rumurra also runs a sobering-up shelter. The Centre can house up to 25 people, including clients and their immediate families. The three-month treatment program follows a harm minimisation approach, providing various individual and group programs including individual case management, health education, anger management, and social learning sessions. In 2001-2002, the Centre reported that out of 93 clients admitted to the program, 25 (27 per cent) completed 9-12 weeks, 17 (18 per cent) completed 13-16 weeks, and three (3 per cent) stayed for 17-20 weeks. Before leaving, clients complete a discharge plan which outlines follow-up support.

Since March 2005, the Indigenous Diversion Program (IDP) has funded Milliya Rumurra for the provision of residential alcohol and drug treatment services for people diverted out of the criminal justice system.



AMA



This program aims to facilitate access to diversion by Aboriginal and Torres Strait Islander people and involves an Aboriginal worker liaising closely with the regional magistrate to provide assessment and treatment to offenders prior to sentencing. Milliya Rumurra is part of a steering committee with local magistrates, Aboriginal legal services and an IDP project officer to co-ordinate their involvement in the IDP program. Eligible clients are referred by Aboriginal legal services to the IDP project officer and, if suitable, are recommended for treatment at the court hearing. Milliya Rumurra and the IDP officer provide a client assessment once the client has completed his or her treatment, and they then return to the court for sentencing. Since March 2005, 22 individuals have been accepted into treatment through this diversionary program. Twenty one people have completed the program, none of whom has re-offended, leaving one person who did not complete. One other person was readmitted after completion.²

2. Strempele, P., Sagggers, S., Gray, D. & Stearne, A. (2004) *Elements of best practice – five Indigenous drug and alcohol projects*. Canberra: Australian National Council on Drugs.

Magistrates Early Referral Into Treatment (MERIT) program (not Indigenous specific)

The MERIT program is a Local Court based diversion program funded through the National Illicit Drug Diversion Initiative funding agreement. Beginning in Lismore in 2000, it has since expanded to 55 sites across NSW.³ The scheme refers eligible people facing Court with drug-related offences to treatment and rehabilitation services. Offenders need to be suitable for release on bail and be motivated to engage in treatment and rehabilitation for their illicit drug problems. Offenders are ineligible if they have outstanding violent or sexual offences; are charged with a wholly indictable offence; reside in an area where they are unable to participate in treatment; or are on another court-ordered treatment program.

Preliminary evaluations of the MERIT program have demonstrated some positive outcomes. Between 2000 and 2002, the Council of Australian Governments (COAG) evaluation found that 645 offenders were referred to MERIT, mainly by a magistrate or solicitor,⁴ 428 offenders were deemed eligible and entered the MERIT program; 121 people completed the program; and 151 failed to complete. Of the 159 cases in the six months prior to March 2002, 26 people were of Aboriginal and Torres Strait Islander origin. Another 2002 evaluation notes that Aboriginal offenders tended to be disproportionately excluded from entry into programs associated with the Illicit Drugs Initiative because of their 'circumstances' or having committed a 'violent' offence in the past.⁵ In the evaluation of the Lismore pilot of the MERIT program, findings suggested that recidivism was greatly reduced for offenders who completed the program.⁶

3. MERIT (2006). *Magistrates Early Referral Into Treatment*. Lawlink: NSW; 4. Health Outcomes. (2002). *Evaluation of Council of Australian Governments' Initiatives on Illicit Drugs*. Health Outcomes; International Pty Ltd in association with Catherine Spooner Consulting. National Drug and Alcohol Research Centre & Turning Point Alcohol and Drug Centre. Australia; 5. Taplin, S. (2002). *The New South Wales drug court evaluation: A process evaluation*. NSW Bureau of Crime Statistics and Research: Sydney; 6. Passey, M (ed.). (2003). *Evaluation of the Lismore Pilot MERIT Program. Final Report*. Northern Rivers. University Department of Rural Health. NSW Attorney General's Department: NSW.

Effectiveness of diversion

It is very difficult to assess the effectiveness of diversionary programs for Aboriginal and Torres Strait Islander people due to the lack of published evaluations in this area.

Anecdotal evidence from centres such as Benelong's Haven and Milliya Rumurra indicate that they enjoy a high level of success, although the long-term effectiveness of the programs has not been established. Funds must be allocated in the 2006/07 evaluation of **COAG's Illicit Drug Diversion Initiative** for studies that examine diversionary programs specifically for Aboriginal and Torres Strait Islander people. However, in designing any evaluation, it is imperative that Indigenous success measures - both process and outcome - are developed which accurately portray the achievements of these programs and the health and social outcomes of clients.⁷

7. Chenhall, R. D., Sagggers, S., & Gray, D. (2005) Appropriate measures for the monitoring and evaluation of Indigenous Australian residential rehabilitation programs, in Sansoni, J. and Tilley, L. (Eds) *Conference Proceedings: Health Outcomes 2005: Making a Difference* (17-18 August 2005). Canberra: Australian Health Outcomes Collaboration.