

## Brotherhood of St Laurence

### Submission to the House of Representatives Standing Committee on Family and Community Affairs Parliamentary Inquiry into Substance Abuse June 2000

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#### Introduction

The Brotherhood of St Laurence is a major Melbourne-based welfare organisation whose focus is the prevention and alleviation of material poverty, and consequent hardship and lack of opportunity, and the improvement of the quality of lives of people on low incomes generally. Inspired by its Christian foundation and its commitment to social justice, the Brotherhood of St Laurence is working for an Australia free of poverty.

In the past the Brotherhood has not contributed to the debate around public policy responses to the harm associated with either legal or illegal drug use, knowing that there are others more qualified to do so and that some church-based agencies have given disproportionate attention to alcohol and other drug issues as social problems. The evidence from our services on the impacts of substance abuse on the people we serve, and on the communities we share, have prompted this submission.

The Brotherhood of St Laurence provides a diverse range of community services that support families, children and older people and provides employment and tenancy services. It does not provide any specialist services for people affected by substance abuse. The staff of these services work with people who survive on low incomes for long periods. They identify the links between poverty and drug taking. Their views and experiences were sought for this submission and are provided in Attachment 1. While all service staff were invited to contribute to this submission, the views of those known to be working with high proportions of people affected by substance use were actively sought.

Substance abuse is considered to be the habitual and heavy use of addictive, mood altering substances that result in substantial damage to a person, their life chances and their relationships with family, friends, victims of drug-related crime and other members of their community.

This submission also draws on the research work of the Brotherhood that includes the Ecumenical Migration Centre (EMC) which formally announced its union with the Brotherhood of St Laurence in July 1999. The primary task of the EMC is to work with and on behalf of ethnic groups and communities in Victoria, in a non-ethno specific way, towards equitable access to the benefits of living in Australian society. Diversity is an integral part of our community with more than 3,000 new arrivals in Victoria each year and some municipalities having almost half of their 6 plus years of age population, speaking a language other than English at home<sup>1</sup>.

The starting point for this submission is our observation that people who live in strong communities — people who experience strong relationships with other individuals, groups and institutions in those communities — are at less risk of developing problem behaviours and are more able to reduce the harm associated with those behaviours. These relationships are weakened when lack of income, lack of opportunity and cultural and linguistic barriers marginalise people.

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<sup>1</sup> Australian Bureau of Statistics, 1996

The Charter for a Culturally and Linguistically Diverse Australia, referred to in the EMC attachment (Attachment 2), demands departments of the Commonwealth to be responsive to diversity in their service delivery and development. Appropriate and timely responses need to be generated if the issues of drug overuse are to be addressed in new and emerging communities. In order for relevant responses to be developed there is a need to be able to determine and describe the issue. While substance abuse is not necessarily related to ethnicity, the way interventions are designed and implemented may be, and there is a need for relevant government departments and support services to attend to data collection to ensure cultural and linguistic diversity is identified and addressed.

The Brotherhood of St Laurence and the EMC take this opportunity to highlight some of the key issues and link our messages about the impact of substance abuse on low-income Australians, including recent arrivals and their emerging communities.

These issues are:

- the size of the problem,
- the impacts of substance abuse on Brotherhood services, and
- the links between substance abuse and poverty.

The submission then concludes with some recommendations.

### **The size of the problem**

The Brotherhood services consulted estimate that the lives of most of their service users are affected by their own, or others, current or past substance abuse. In some services, staff estimate between 60 per cent to 100 per cent of their clients are directly affected by their own substance abuse. Substances include alcohol and prescription drugs as well as illicit drugs—mainly heroin and to a lesser extent ecstasy amongst younger people.

Service users may themselves be addicts or heavy users, past heavy users with related injuries, people engaged in the supply of illicit substances or children of heavy users. They often live in areas of high public nuisance associated with substance abuse and the quality of their community has an impact on their lives and on any community development projects.

### **Impacts of the problem on:**

#### Family relationships

Substance abuse contributes to family breakdown, suicide and accidental deaths. Many of the Brotherhood's clients are isolated from their families due to issues around their or others substance abuse. The abuse may have caused the breakdown in family relationships or have been triggered by it. The past alcohol abuse of most of our older, single clients has contributed to their current isolation and reliance on community services. Most families are able to support their young adult children who abuse substances for a limited period only, as it drains their limited emotional and material resources. The example provided by an employment worker, of a middle-class couple who continued to support their adult, addict son by providing housing and maintaining his connections with Centrelink and employment services, suggests that families with resources may manage this crisis better.

Brotherhood staff described low-income households experiencing extreme poverty and children living in squalor as a result of substance abuse. They reported knowing of children growing up around violence associated with illicit drug use and related criminal activity, who live on junk food in households where there was no food preparation, and who have easy access to needles and syringes.

### Crime, violence and law enforcement

Our service staff express frustration with the current response to illicit substance abuse as a criminal matter. Resources consumed within the criminal justice system in response to crimes related to substance abuse could be better spent in the provision of preventative services.

There is a concern that the current response sends a contradictory message to people surviving on low incomes. It is very difficult to access an appropriate service to assist them with their addiction, but if they are convicted of a crime and sentenced to gaol, that same person will have access to a methadone program, access to detoxification facilities, to shelter, food and company.

### Community safety

The fear and the experience of drug related crime and violence is a major influence on how many of our service users live their lives. Staff reported that many individuals and families move away from areas where injecting drug use and dealing is highly visible and is not matched with adequate law enforcement. Others isolate themselves in their homes and are restricted from participating in their community.

### Workplace safety and productivity

None of the services provided by the Brotherhood of St Laurence aim to provide specialised services in response to the needs of people affected by substance abuse, but all services have clients affected by substances.

Workplace safety is affected as staff are daily confronted by the impacts of substance abuse. Our staff are not necessarily equipped with the skills required to work with people affected by substance abuse or to respond to the needs of communities living with the problem. This results in increasingly stressful workplaces and workloads.

Staff need to know how to identify which clients are affected by substance abuse in order to work effectively with them. Some clients will look for assistance with their addiction and are happy to be referred to a specialised agency, but not all are guaranteed of receiving an appropriate service in a reasonable time. Productivity in Brotherhood community services is reduced as staff attempt to respond to the specialised needs of these clients within a generalist context.

### **Substance abuse and poverty**

There are important links between inadequate employment opportunities, high rates of unemployment, poverty and substance abuse. While a person's substance abuse is considered to act as a barrier to employment, the current and future prospects of long-term unemployment and related poverty can act as a trigger for some people to begin or continue to heavily use mood altering substances, in response to their feelings of hopelessness and frustration.

Staff and service users report that substances are overused to reduce these negative feelings.

*Something has to be done to alleviate the poverty, to make any difference to substance abuse. (Housing worker)*

In addition, the Brotherhood of St Laurence wants to draw attention to the barriers unemployed and other low-income people face when they attempt to change their behaviour.

*An additional factor working against their sobriety is the sub culture that they become part of while using their drug of choice. To abstain from their drug use often leaves them without a community, and this is very difficult, especially when there is nothing offered in return. (Employment worker)*

*We are asking people that use, to give up the one source of relief, the one thing that stops their feelings . . . for what? What are we offering them? (Housing worker)*

These barriers include inadequate and inappropriate services aiming to respond to community demands.

*In this region people have to wait up to seven weeks for access to such services. Methadone is not highly regarded by many addicts and does not offer an alternative to them. It makes them feel bad, when they take other substances to make them feel better! Therefore, many addicts don't want to stop; there is little incentive when you do not have much else. And they feel further marginalised by a community that says they must, but is not seen to be prepared to guarantee them anything in return, for example, detox services or a job. (Housing worker)*

The authors of a Brotherhood report that explored Australians' attitudes towards and understandings of poverty (Johnson & Taylor 2000—attached) identified a community-held suspicion of a link between substance abuse and poverty. They reported that drug taking, along with street crime and begging, were seen by many Australians to be examples of the more visible aspects of poverty (p.7; p.13). They also identified a fear of poverty in the community and described the community held perception that drugs, violence and crime are impacts of poverty:

*Few claim to have a good understanding of the relationship between drug addictions and poverty although most suspect that a link exists. Perceptions here are based on the knowledge that higher and lower income people alike can and do become addicted to drugs. However, due to high visibility — as with homelessness— drugs could be an imagery point for poverty if it were not that drug use indicates a degree of self-indulgence or weakness to many people. **It is usually only those who are living closer to the problem, those on low incomes, who have seen the anguish and hopelessness of poverty leading to drug-taking.** (p.14) [emphasis added]*

While full employment was viewed by those consulted as the key to eliminating poverty (p.24), Johnson and Taylor proposed that a consequence of the connections made between poverty, drugs, violence and crime may be an increased fear and mistrust of the poor.

*What this is saying is that the poor today are somehow different from the 'innocent' poor of our imagining or of days gone by. (p.14)*

### **Conclusion and recommendations**

The impression given by Brotherhood services' staff consulted for this submission is one of alarm about what they identify to be a widespread increase in the problematic overuse of substances amongst the people and communities they serve. Many people who work in and use Brotherhood services perceive this distressing level of substance abuse to be partially a consequence of the hopelessness associated with poverty and long-term unemployment. Any attempt to minimise the harm associated with this overuse needs to be considered within this context with a whole of government approach.

*Recommendation 1: That the House of Representatives urges the current Government to respond to substance abuse as a social issue that may be exacerbated by other decisions taken at the federal level.*

Service staff reported heavy users of substances often do so as a result of a crisis, a tragedy or the grief associated with a significant loss, within a context of minimal income and access to limited resources. In this context, the current Federal Government's Tough on Drugs stance, with its focus on penalising those participating in the supply of illicit drugs, fails to address the reasons for the demand and the incentives to supply. This response also appears to be inadequate and to result in low-income drug users doing it tough. Contradictory messages insist that people stop their illicit drug use, especially injecting drug users who create a public nuisance, while assistance to do so is inadequate and services are difficult to access due to heavy demand. In addition, many services require some form of payment that put them out of the reach of people living on low incomes. If this current policy were considered within the context of mutual obligation, it would appear that the Federal Government has some responsibility to improve access to specialist services for drug-dependent people, in response to demand.

*Recommendation 2: That the House of Representatives urges the Federal Government to increase the provision of accessible and appropriate services that will meet the current disturbing level of need.*

While substance abuse acts as a barrier to employment in the mainstream economy, the easy access to income-producing opportunities in the black market of illicit drugs needs to be acknowledged and addressed. The costs to the criminal justice system need to be measured when considering this participation in the black market. Lack of action in response to the complex causes of substance abuse within an environment of minimal resources only further marginalises low-income people whose substance use is problematic and adds to any growing divide identified in our country.

*Recommendation 3: That the House of Representatives urges the Federal Government to identify and consider all costs associated with substance abuse in the context of current policy on employment and income support.*

If the social and economic impacts of substance abuse are to be addressed, policy reform must address equitable service delivery as an urgent priority and include a series of principles that can ensure equity of access in a culturally diverse Australia and that strengthen the capacity of communities to respond.

*Recommendation 4: That the House of Representatives urges the Federal Government to develop and implement policy in relation to the impacts of substance abuse that is responsive to the needs that are generated across age groups and life opportunities within our diverse communities.*

It is a tragedy that so many individuals and families living in poverty are touched by the harm associated with substance abuse. Most people recognise that poverty is caused by the lack of opportunity and insufficient income. They want an adequate response to poverty and to substance abuse. The focus of Government policies on control and punishment around both substance abuse and income support only reinforces unhelpful stereotypes of people living on low incomes. The importance of improving employment opportunities and social supports and providing positive alternatives to the overuse of legal and illegal drugs by those most at risk cannot be overstated.

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**Submission to the House of Representatives Standing Committee on Family and**  
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**June 2000**

Attachment 1

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Consultation with Brotherhood of St Laurence service providers

The staff of Brotherhood services work with people who survive on low incomes and they have identified links between poverty and substance abuse. Their views were sought for this submission. The issues discussed were about the impacts of substance abuse on:

- the people who use Brotherhood services and the communities in which they live, and
- the services the Brotherhood provides and the people who staff them.

Substance abuse was considered to mean the habitual and heavy consumption of addictive, mood altering substances that results immediately in a form of abuse of the consumer as well as of others, including their family, friends, victims of drug related crime and other members of their community.

Staff expressed concern that the service they provide is not resourced to work with people affected by substance abuse. In order to prevent extra work related stress, staff felt specialised training and access to support and supervision was necessary for work with addicts and other people affected by substance abuse. This has resource implications for the organisation as a whole. Staff wanted to know how to:

- work with people affected by addiction and substances;
- set up procedures in their workplace to reduce the harm associated with their client's substance abuse;
- deal with the impact of substance abuse on clients and staff; and
- take steps to reduce the harm associated with substance abuse.

**Coolibah Day Centre: Substance abuse as company**

Many of the older men and women who attend this centre have tragic life histories with more than one crisis that has left them damaged. Most clients have experienced family breakdown and remain isolated from their families, due in the main to the effects of heavy alcohol use. Most of the women, who comprise one-third of the 110 clients, have experienced domestic violence and most of the men were perpetrators of violence in their families. Clients often live in sub-standard housing, have poor diets and are isolated without friends or family.

The Coolibah Centre provides nutritional meals, companionship and access to health and other support services. The people who attend the centre also keep an eye on each other and make sure those on drinking binges get meals and are visited. This contact often reminds the drinker that others care about them and interrupts the binge.

Most clients still consume alcohol and nicotine and are seen to have little else in their lives other than their substance use and what the Coolibah offers. Most live in single rooms and, during the hours the centre is closed, clients tend to drink for companionship and to relax, either alone or at a hotel. The amount of money they spend on these substances has an impact on their health, as they are more likely to spend more of their

limited disposable income on these addictive substances than on food and health care. Most clients also suffer from a psychiatric or intellectual disability.

Coolibah clients often express distress when they come across people injecting drugs in public and have fears about drug use and dealing within rooming houses.

Working with people affected by alcohol, whether currently drinking or alcohol related brain injury (ARBI), can be frustrating. They can readily change their mind about a course of action after it has been set up or they may just forget to attend an appointment. This service attempts to accommodate the characteristics of its clients and provides a flexible service response. The service also identifies that many of their clients feel lonely and unloved and they take pride in demonstrating that someone does care. They argue that rather than creating dependence this in fact maintains many people in independent living circumstances.

### **Rental Housing Support Program: Substance abuse putting housing at risk**

The Rental Housing Support Program (RHSP) helps build a sense of community and provides independent advice, referral and access to services for public tenants and prospective tenants. RHSP is not funded to provide ongoing social supports or crisis intervention, but its Dandenong office is co-located with an agency (the Citizens Advice Bureau) that provides emergency relief and food parcels. Staff aim to maintain the tenancies of people who are either in public housing or on the waiting list. This includes homeless people, residents of private rooming houses and caravan parks.

Staff estimate that 60 percent to 70 per cent of RHSP clients and of the 4300 public tenant households in their region are affected by substance abuse. These substances include alcohol, prescription and illicit drugs as well as combinations of all three.

The Office of Housing is seen to be soft on personal drug use but hard on dealing. But this distinction is of little relevance as staff report that people living on low incomes and addicted to substances can easily become involved in drug dealing, not only to fund their drug use but also to assist with other expenses, for example food, clothing and utilities. These illegal activities puts their tenancy at risk.

One RHSP staff member expressed cynicism about the criminal response to substance abuse:

*Outside my window I watch police clean up the drug users. They are busted; arrested for having illegal drugs and fined. These fines could be seen as taxes — the state receives a tax from the illicit drug trade. But it's people on the lowest incomes, those least able to pay, who are being taxed. If they don't pay, they can expect to go to gaol. This has a greater cost — paying for the legal system, the many workers that get involved, the prison as well as any costs associated with the family left behind: the care of children, maintaining a dwelling or losing it.*

This housing worker was waiting on the result of a court case of a tenant who had been arrested with a small amount of heroin and was looking at a six-month sentence as they had previous charges.

### **Community Support Program: Substance abuse as a barrier to employment**

The Community Support Program (CSP) provides pre-vocational assistance to people experiencing multiple barriers to employment. Data collected for an evaluation of the CSP suggested at least 25 per cent of participants in the program provided by four agencies claimed their substance abuse acted as a barrier to employment (MacDonald,

forthcoming). According to Brotherhood staff, almost all CSP clients have been or are affected by substance abuse.

*Their drug use can be debilitating. It can consume everything you could expect from a responsible adult. These clients do not progress in the same way as those not affected and many remain emotionally immature.*

People who abuse alcohol and/or other drugs are still expected to look for and find work. While it may be easier to change this behaviour while unemployed, the lack of specialised services to assist this change and the lack of any guarantee of work as a result of this change can act as disincentives.

### **Job Placement and Employment Training: Substance abuse due to hopelessness**

Program guidelines promote a holistic response to the needs of young people who are homeless or at risk. While this is a generalist service, staff find they are having to provide specialist substance abuse advice and referrals to most of their clients. This requires skills, training and access to support services, all of which are not readily available.

The impact of substance abuse on JPET is massive according to one worker.

*The hardest bit of my job is spending time trying to find a service that I can refer a young person affected by substance abuse to. I spend time trying to find counselling, detox and/or rehab beds, attending court, talking with families. Trying to provide answers to parents about why their child takes drugs! What can I offer them?*

This state of affairs is exacerbated by the lack of appropriate services available for young people in the inner-city area of Melbourne. A waiting list of four months for a place at the youth-specific detox service makes them practically unhelpful and adult services are not appropriate for young people aged 12 to 21 years. Most of the young people who access JPET will require about 12 months' intensive support to change their substance abuse behaviour.

*Seven to 14 days in detox will not necessarily break the cycle. It's too hard to stop. People are able to exist while they are using. They can earn extra money and can block out their bad feelings.*

The contrast between the lack of available appropriate substance abuse services and the amount of resources consumed by the criminal justice system in its response to substance abuse was also a source of frustration to this worker.

*"In my view, 99.9 per cent of all young people in court are there for drug-related offences. Consider the cost to the community associated with this! The costs of arresting and laying the charges, the cost of a worker like myself spending time with the person before and on the day of the hearing. The cost of the solicitor! Imagine putting that money towards the provision of services instead. Increasing the number and variety of detox and rehabilitation places and counselling services.*

This worker stated the most effective method of reducing the costs of substance abuse is through encouraging of and enabling users to control their own use and minimise any harmful effects. Young people need to be better informed about the possible effects of all substances that are available, especially the effects of long-term use or bingeing (short term heavy use). She supports the harm minimisation approach to substance abuse and claimed that young people need more information and education about the harmful effects of all substances, in particular ecstasy. In comparison with heroin, this drug has a

softer image. It is called the party drug; it doesn't kill at the rate of heroin; it doesn't make you sick and stupid like alcohol, it is not a depressant and it makes you feel good. For adolescents going through the difficulties of transition from child to adult, from dependence to independence, with its insecurities and self-doubt, ecstasy offers fun, dispels inhibitions and is easy to take.

One worker voiced concern about a new breed of drug users, young people taking E's (ecstasy) and dealing at clubs and raves, and commented on the ease of being employed in the illicit drug economy compared with the difficulty of getting work in the mainstream. A client of the program had just spent 13 days on his feet, without sleep or adequate food.

*As a community we need to show these young people that we care, that we do not want to see them injured or die, but what incentive are we offering them to stop?*

Again, young people from families with more income were seen to manage better. Private detox and rehabilitation services are more readily available and parents are usually more willing and able to pay the price.

In terms of impacts on workers:

*It is frustrating. I often feel helpless, unable to stop the addiction. I ask myself, how can I stop this, what can I offer? I feel heartbroken daily at the lost potential of these young people and wonder what could've been done differently. And when I think that we are not able to provide for the basic needs of these young people, that often they take drugs as a form of self-medication, easing their pain, their depression, I get cynical. I've worked with young people for six years and in that time I haven't seen any indication from the Government that they are willing to try anything different that may work better. I see gaols provide access to methadone and detox places, offering what is not available in the community.*

### **The Cottage Centre for Families and Children: Informally supervised injecting facilities**

Located opposite the Atherton Gardens high rise housing estate in Fitzroy, staff of the Cottage often observe and experience the effects of people injecting publicly around the estate and in cars outside The Cottage. They frequently hear or see the Mobile Intensive Care Ambulance (MICA) attending to someone who has collapsed. Most people seem to inject with at least one other person and staff at the Cottage have had to respond to a number of requests for help. They occasionally see people who are drug-affected with children and they may watch them to ensure the adult is capable of caring for the child. Staff are also constantly picking up used syringes.

It is distressing for staff to have to work in this environment. To hear people yelling and arguing over drug deals, to watch paramedics attempting to resuscitate someone, aware that someone is close to death. For the families that attend the Cottage it is also a big issue, especially for the ones that live at the estate.

*Many of the families we work with speak of fear in relation to drug users and drug dealers.*

One woman reportedly identified the drug problem as the main reason that her family was leaving the area.

*She spoke with much agitation about drug users having broken into their car and used it to shoot up. Other families have spoken also about being woken by loud, frightening noises at night and being afraid to use the laundry as people often use*

*them as injecting rooms. They are especially worried about their children being exposed to drug affected people, syringes lying about and the presence of drug dealers.*

Most families on the estate seem to be socially isolated and the drug problem seems to be a big factor in this: people fear that their neighbours are either dealers or users and there are few opportunities to meet together in a safe place to discover otherwise.

**Strengthening Communities project: Substance abuse putting communities at risk**

Information gathered through the Brotherhood's Community Services Strengthening Communities Project supports the perception identified by the Cottage staff. Six focus groups were conducted and five of these consisted of people living in the City of Yarra.

The main purpose of the focus groups was to identify and discuss group member's concerns about life in their community (for themselves and others). They were also asked what they thought should be done about these issues, who should do it, and how stronger communities might be built up. They were free to define community in their own terms, but most based their comments on experience of life in the City of Yarra. Amongst the general findings were the need for specific responses firstly to the problems associated with injecting drug users and secondly to young people who get wasted (taking drugs) because they have nothing to do, have no hope and do not feel in control of their lives. (Salter unpublished)

Drug use was seen to be caused by frustration, unemployment, unhappiness and hopelessness, curiosity, peer influence, family breakdown, lack of education and failure at school. Lack of activities and jobs for young people was seen as a major cause, made worse by a lack of communication and consultation between all levels of government and the community.

Focus group members raised the effects of drug use. They identified the prevalence of drug users and dealers around their homes and in their community, break-ins, and syringes. They discussed their fears: of physical assault, of being approached for money, which led to a reluctance to go out, especially at night, a reluctance to use public toilets—all of which results in isolation and weakened communities.

Many members of the focus groups supported supervised injecting facilities. They also wanted increased efforts to prevent heroin importation, better information about drugs and improved access for young people to recreational opportunities and community-based work. They were reluctant to be seen to take any action on the issue of (illicit) drug use, as they feared retribution from drug dealers.

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Attachment 2

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Summary of issues from Ecumenical Migration Centre

There are many significant issues of drug overuse in diverse communities, whether these communities are diverse because of linguistics, culture, age or gender. There is evidence of a current inability of the Federal Government and support service system to respond adequately to the issue of drug over use in these communities.

The EMC currently works with young Cambodian, Vietnamese and Laotian young people exiting the juvenile justice system. It is note worthy that 28per cent of all young men currently in this system have a Cambodian, Vietnamese or Laotian background. One hundred per cent of all young people from Vietnamese, Cambodian or Laotian backgrounds currently in the system are there for drug-related crimes.

The Charter for a Culturally and Linguistically Diverse Australia demands of its public service that it is responsive to diversity, but data collection to identify this diversity according to ethnicity, remains inconsistent. The current data collection systems employed by Victorian Juvenile Justice and Protective Services means that at best there is only an ability to collect for those born overseas. There is no ability to collect for those who are born in Australia and come from a linguistically and culturally diverse background, and many Australian-born youth with a Vietnamese or Cambodian background cannot be identified.

The implication of this is that their needs cannot be addressed in any sort of strategic or planned way. What happens is that planning is done on perceptions of need and ethnic identity, or worse, communities are grouped together and referred to as Asian. Other divergent peoples are grouped together also, for example, all people arriving from Iraq whether they be Kurds, Shiites, Christian Assyrian or Chaldeans.

The Northern Metropolitan Ministerial Youth Committee as part of its local government consultations heard the following issues from workers trying to engage with young people with alcohol and drug needs:

- It is acknowledged that health promotion with pro-active preventative and early intervention programs is essential to combat the social impacts of drug overuse. The experience in the Sunbury, Gisborne, Macedon and Diggers Rest areas is that this is not possible because of the increasing demand for crisis intervention and counselling, which now accounts for approximately 75per cent of service delivery.
- The re-integration of students with known alcohol or other drug needs into school is a difficult process. If these young people with significant drug and alcohol-related needs are not able to be re-integrated they are forced to leave school early and run the risk of becoming marginalised older adolescents and adults.