



Jesuit Social Services is a social change organisation. We work with the most disadvantaged members of the community, providing services and advocacy in the areas of justice and crime prevention; mental health and well-being; settlement and community building; education, training and employment; gender and ecological justice.

Senator Helen Polley
Chair, Parliamentary Joint Committee on Law Enforcement
Via: le.committee@aph.gov.au

25 January 2023

Dear Senator Polley,

Jesuit Social Services welcomes the opportunity to respond to the Joint Committee on Law Enforcement's *Inquiry into the challenges and opportunities for law enforcement in addressing Australia's illicit drug problem* (the Inquiry).

In this submission, we emphasise the importance of a holistic, trauma-informed, person-centred and community-based approach to addressing the harms associated with substance misuse. In particular, we highlight the need for governments to:

1. Fund place-based solutions that address entrenched disadvantage and the root causes of substance misuse;
2. Prioritise health promotion and harm minimisation approaches to prevent contact with the justice system;
3. Increase the use of restorative justice, diversion and the use of cautioning to prevent ongoing contact with the justice system.

As an organisation, we understand health promotion as the process of enabling people to increase control over their health and its determinants, thereby improving their health.¹ We support harm minimisation as a policy approach that 'recognises drug use may carry substantial risks, and that people who use alcohol and other drugs require a range of supports to progressively reduce drug-related harm to themselves and the general community'.²

Ultimately, we outline that ensuring a law enforcement approach founded on a health promotion and harm minimisation framework is essential to support people who misuse substances or are at risk of misusing substances. This will have positive benefits for the wider community.

Working with people who face substance misuse issues

Jesuit Social Services has 45 years of experience supporting individuals facing the nexus of substance misuse challenges, mental ill-health, criminal justice involvement, and entrenched disadvantage. Our focus is on treating drug and alcohol misuse as a health and wellbeing issue that requires innovative

¹ Vic Health (2022). What is health promotion?. ([Weblink](#))

² NCETA Flinders University (2021). Harm Minimisation. ([Weblink](#))



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models of support. This is consistent with research³ that shows that a punitive approach fails to deter substance misuse and instead prevents people from seeking treatment.

In 1996, Jesuit Social Services established the Connexions program for marginalised young people aged 16-28 years experiencing high and complex needs. Connexions was the first program in Victoria for young people to employ a dual diagnosis approach, providing counselling and therapeutic case management support to marginalised young people exhibiting substance misuse and mental health concerns. Through this program, we continue to engage young people experiencing mental health and substance misuse issues, building trust and providing a professional service of counselling, casework and advocacy.

In 1998, alongside St Vincent's Hospital, Turning Point Drug and Alcohol Centre, and The Royal Children's Hospital Melbourne, Jesuit Social Services began Victoria's flagship youth alcohol and other drug service, the Youth Substance Abuse Service – now the Youth Support and Advocacy Service (YSAS). This was in response to many young people with drug or alcohol problems who were not accessing or being serviced by the drug and alcohol treatment system. The initiative recognised that youth-specific responses were required to effectively engage and treat young people with problematic drug issues.

It is from our service delivery and support experience that we respond to this Inquiry.

Disadvantage, substance misuse and justice involvement

Many of the participants we work alongside rarely face substance misuse issues as an isolated problem. In our programs, we see substance misuse issues commonly intersect with mental illness and trauma; intergenerational disadvantage; involvement in the criminal justice system; family violence; and homelessness and housing insecurity. Many of these can be bi-directional and complex, requiring individualised and restorative, wrap-around support.

Locational disadvantage

A small number of communities across the country continue to bear the brunt of multilayered disadvantage. People in these communities can experience disproportionate levels of involvement with the criminal justice system alongside other challenges, including housing stress and unemployment. This has been explored in our series of research reports conducted over the past 25 years titled Dropping off the Edge (DOTE). Our DOTE 2021 research found that those living in the three per cent most disadvantaged areas in Victoria (13 communities) were nearly three times more likely to have high levels of prison admissions than people living in the remaining 97 per cent of communities.⁴ People living in these communities were also:

³ Hurley, R. Illicit drug use should not be a crime, says Royal College of Physicians. *BMJ*. (2018). 361. ([Weblink](#))

⁴ Tanton, R., Dare, L., Miranti, R., Vidyattama, Y., Yule, A. and McCabe, M. (2021), Dropping Off the Edge 2021: Persistent and multilayered disadvantage in Australia, Jesuit Social Services: Melbourne.

- More than three times more likely to be living in public housing (3.1 times).
- Nearly three times more likely to have families with jobless parents (2.9 times).
- Nearly three times more likely to experience child maltreatment (2.7 times).
- More than twice as likely (2.5 times) to experience overcrowding and 2.4 times more likely to be exposed to family violence.

People experiencing disadvantage are also more vulnerable to problematic drug use,⁵ with research showing clear links between drug use and offending.⁶ Recent data depicts that two-thirds of individuals entering prison reported experiencing substance misuse in the 12-months before incarceration.⁷

Further, we know that coupled with locational disadvantage – factors such as discriminatory legislation and policy, trauma and poverty, can all contribute to drug-related incarceration. This is disproportionately common for Aboriginal and Torres Strait Islander communities, who are facing a crisis of mass incarceration⁸ and who are more likely to be charged with drug-related offences than non-Aboriginal people.⁹

We therefore strongly support Change the Record’s call on all Governments to divert funds away from the extremely costly, and ineffective, criminal justice system and instead to invest in evidence-based and place-based solutions that address the root causes of offending.

Recommendation 1: We recommend that state and territory governments should divert funding away from the criminal justice system towards evidence-based and place-based solutions that address the root causes of substance misuse.

Health promotion and harm minimisation

“At its root, drug use is a public health problem, not a criminal justice problem.”¹⁰

Jesuit Social Services strongly believes that a trauma-informed health and wellbeing approach must be used to provide wrap-around supports for people experiencing substance misuse challenges. This

⁵ Spooner, S. & Hetherington, K. (2004). Social Determinants of Drug Use – Technical Report 228. National Drug and Alcohol Research Centre, UNSW, Sydney, 2004, <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.228.pdf>

⁶ Payne, J. & Gaffney, A. (2012). How much crime is drug or alcohol related? Self-reported attributions of police detainees - Trends & issues in crime and criminal justice no. 439, Australian Institute of Criminology, Canberra.

⁷ Australian Institute of Health and Welfare. (2022). Illicit drug use. ([Weblink](#)).

⁸ Change the Record. (2022). Justice Reinvestment. ([Weblink](#)).

⁹ Victorian Aboriginal Legal Service (2022). Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession. p11-12. ([Weblink](#)); Crime Statistics Agency, (2022). Alleged offender incidents by Aboriginal and Torres Strait Islander Status – Tabular Visualisation, Victoria – Principal offence. ([Weblink](#)).

¹⁰ Victorian Aboriginal Legal Service (2022). Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession. p4. ([Weblink](#)).



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is premised on a health promotion model of support that enables people to enhance control over and improve their own health, and the related determinants.

Prevention and health promotion

One example of a health promotion model of support is embedding a Bolton Clarke Community Health Nurse (CHN) in Jesuit Social Services' ReConnect program.

ReConnect, a program which is delivered across Melbourne's north and western regions, supports high risk and high-profile adult men and gender diverse individuals who are transitioning out of prison. Through the provision of wrap-around, case management and support across critical domains, ReConnect assists participants to address the challenges they may face in reintegrating back into the community, post-incarceration.

Of participants in our ReConnect program in 2018 (n=449) when the CHN was piloted, more than half of participants had a record of mental health issues (n=171, 57%) and almost one in four had a record of engaging in problematic substance use (n=65, 22%).¹¹ Participants commonly reported experiencing other complex health issues, including blood-borne viruses and cardiovascular disease, as well as asthma and diabetes.

Whilst addressing the immediate health needs of participants, the CHN helped both participants and staff navigate the difficulties of the health system. For those exiting custody, this has ultimately empowered them and delivered various positive flow-on effects from better health. For ReConnect staff, the CHN assisted in providing clinical insight and a medical lens to some of the complexities faced by participants. Positive examples of this include the CHN successfully getting access to medical information where caseworkers have previously been denied, and also facilitating access to detox and methadone programs.

As evidenced in the findings of a preliminary evaluation of the ReConnect CHN,¹² integrating health promotion and allied-health services within service delivery can allow for health issues to be addressed effectively in a supportive environment. Both staff and stakeholders reported that the embedded CHN supported the health and wellbeing of participants in five crucial domains: help in navigating the health system; health and medical knowledge translation and transfer; empowerment; more timely healthcare; and flow-on effects from better health.

We emphasise the need for further resourcing of health promotion initiatives such as these to prevent substance misuse.

¹¹ Janca, E., Keen, C., Feldman, P., Young, J., Kinner, S., (2017). Evaluation of Embedding a Community Health Nurse as Part of the Jesuit Social Services ReConnect Programme: Interim Report. University of Melbourne.

¹² Ibid.

Early intervention using soft entry points and outreach

Investment in integrated, dual-diagnosis programs is also needed to provide soft-entry points to alcohol and other drugs (AOD) and mental health services for vulnerable and disadvantaged groups. Jesuit Social Services' Connexions program is founded on strengths-based, trauma-informed perspectives combined with models of mental health and drug and alcohol treatment. Focussing on an assertive outreach model, Connexions is able to engage vulnerable people who are significantly disengaged from mainstream AOD support services. This particular approach places a high value on human relationships and therapeutic alliances, and emphasises the importance of being able to understand and work with each young person in their particular familial, social and economic context.

We believe it is crucial that co-occurring issues experienced by people are not treated in isolation, and that there should be a 'no wrong door' approach and 'soft entry' points for engaging vulnerable people in services that can assist them. We also believe that specialist expertise and integrated care (e.g. through multi-disciplinary teams) are needed to concurrently address both substance misuse challenges and mental health issues, in recognition of the way in which this co-morbidity impacts upon a person's health.

Further, stigma when accessing mainstream services is also an issue for those who have substance misuse challenges. We welcome the announcement of a National Stigma and Discrimination Reduction Strategy as part of Australia's mental health reform agenda. As part of this, we call for funding for more assertive outreach services for those who may not attend office-based appointments.

Harm reduction

Jesuit Social Services supports the expansion and duplication of programs that evidence the success of an integrated, health-based approach to substance misuse that address co-occurring issues – such as the Medically Supervised Injecting Centre (MSIC). The success of this program also illustrates how law enforcement, health and AOD sectors can work together to bring about harm minimisation. This policy and program approach address both health, social and economic harms that can arise out of substance misuse challenges.

There is extensive evidence to suggest that supervised drug consumption rooms reduce the likelihood of fatal overdose, reduce public substance use and publicly discarded injecting equipment, enhance linkages between necessary services and an often service-averse cohort, and do not impact upon crime or increase drug trafficking or use.¹³

¹³ Victorian Alcohol and Drug Association, (2017). Submission to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017. Victorian Alcohol and Drug Association, Melbourne, https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Injecting_Centres/Submissions/S12-VAADA-ATT_1.pdf

Service collaboration and integration

Due to restricted resourcing, our staff commonly see that sector collaboration and service integration are limited.

The Royal Commission into Victoria’s Mental Health System and Royal Commission into Family Violence both made recommendations to improve and increase collaboration between services, sectors and government in Victoria.¹⁴ Providing flexible, sustainable and adequate funding would enable greater collaboration across services, increase information sharing and reduce unnecessary duplication of service delivery. Further, the funding of longer-term interventions would reduce the number of individuals who cycle in and out of short-term interventions across multiple services, leading to more sustainable recoveries.

In addition to this, Jesuit Social Services believes that adopting a person-centred approach to sector collaboration and service delivery is crucial. This is particularly important to ensure that multiple and complex needs can be addressed through holistic wraparound supports.

Recommendation 2: We recommend the Federal Government partner with State and Territory Governments to invest in innovative, evidence-informed health promotion, dual diagnosis programs and harm reduction strategies as a means of substance misuse prevention and early intervention.

Law enforcement: Prioritising restorative justice and diversion

A humane and effective justice and service system is critical, and must meet the needs of, and be responsive, to everyone. We believe that prevention, early intervention and diversion are critical in facilitating pathways away from being entrenched in, and cycling through the criminal justice system – particularly when this intersects with substance misuse issues and other co-occurring issues. We see incarceration as an option of last resort and, when it is used, rehabilitation must be the priority.

Consultation with our program staff who work directly with participants affected by the nuance of substance misuse issues and criminal justice involvement identified the impact that law enforcement has had on participants in addressing challenges with substance misuse. The overwhelming number of examples provided showed significant room for improvement.

Some participants have faced the ‘crime-focused’ and sometimes ‘punitive’ approach from policing of drug possession and use. Charges and convictions relating to low-level drug offences have acted as the ‘on-ramp’ for many into the criminal justice system. Further, many minority cohorts that participants are part of face a higher risk of policing and conviction for these offences, such as

¹⁴ State of Victoria, Royal Commission into Victoria’s Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6); State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol IV, Parl Paper No 132 (2014–16).

Aboriginal and Torres Strait Islander communities – as illustrated in the Victorian Aboriginal Legal Services' (VALS) recent Policy Paper.¹⁵ Staff also identified the difficulties that participants can face in meeting strict bail conditions and other statutory orders when they relate to the use of substance misuse issues.

When approaches that aim to divert people away from the criminal justice system are utilised, or prevent them from becoming further involved, participants have the opportunity of a second chance. Program staff noted the positive impact that prevention, diversion and early intervention approaches can have on participants - particularly when coupled with wrap-around support from adjacent services, such as Connexions.

Restorative justice and alternative sentencing approaches

Jesuit Social Services works with a number of key cohorts through different program areas, who can be particularly vulnerable to experiencing the nexus of substance misuse issues, disadvantage or marginalisation, and criminal justice involvement – these groups include:

- Young people who have disengaged with systems/services;
- Adults with a history of long-term involvement in the criminal justice system;
- Aboriginal and Torres Strait Islander communities;
- Culturally and linguistically diverse (CALD) and newly arrived communities.

The cyclical nature of these issues can often mean that some individuals cycle in and out of addiction – and in and out of the criminal justice system – if they're not provided with the right supports and structures to recover. The cycle of re-offending is often further entrenched due to the lack of transitional support available to those exiting prison. People leaving custody often experience homelessness, poor mental health and high rates of substance misuse issues;¹⁶ thus, recidivism and premature death are significant risks in the months following release.¹⁷

Jesuit Social Services calls for nation-wide implementation and Federal funding of the following restorative approaches to sustainably address the intersection of these issues.

- i. Implementing restorative justice approaches: Restorative justice practices may help individuals engaging in drug use and drug-related offending to develop a better understanding of the impact of their actions on their family and community. Restorative justice practices, such as group conferencing, work to restore the harm that has occurred as a result of crime and increase the person's understanding of the impact of their behaviour on other people.

¹⁵ Victorian Aboriginal Legal Service (2022). Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession. ([Weblink](#)).

¹⁶ AIHW (2022). The Health of Prisoners 2018. ([Weblink](#)); Jesuit Social Services (2018). All Alone: Young adults in the Victorian justice system. ([Weblink](#)); Victorian Ombudsman (2015). Investigation into the Rehabilitation and Reintegration of Prisoners in Victoria. ([Weblink](#)).

¹⁷ Hobbs, M., Krazlan, K., Ridout, S., Mai, Q., Knuiman, M., & Chapman, R., (2006). Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003. Trends & issues in crime and criminal justice, No. 320. ([Weblink](#)).

Research shows this to be a highly effective process with positive outcomes in the justice system context, including reduced recidivism rates and high rates of victim satisfaction.¹⁸

- ii. Alternative sentencing methods: As highlighted by the Victorian Ombudsman, alternative sentencing approaches – which assist people involved in the court system who are experiencing a range of issues, including disability, substance abuse, cognitive impairment or mental illness – are achieving positive results by reducing reoffending and helping address the underlying drivers of crime.¹⁹ These include the Court Integrated Services Program (CISP) and Drug Court (imposing Drug and Alcohol Treatment Orders), located across Victoria.

Cautioning and diversion

The following examples are cautioning and diversion programs in Victoria, that are commonly underutilised by law enforcement.²⁰ Jesuit Social Services supports the expansion of the below programs, and similar programs, across State and Territory law enforcement. We also endorse VALS' calls for cautioning and diversion programs to be designed and implemented in a more culturally appropriate manner.²¹

- i. Cannabis Cautioning Program: Alternatives to court involvement and criminal conviction are essential to ensuring that individuals facing a multitude of complex issues remain on the 'off-ramp', away from cyclical involvement in the criminal justice system. The Cannabis Cautioning Program is a positive example of this, which aims to provide a short-term, harm-reduction approach to low-level cannabis use.
- ii. Drug Diversion Program: Pre-court and court-ordered diversion are crucial measures to prevent ongoing contact with the justice system. This was a key finding of the *Inquiry into Victoria's Justice System* which highlighted the importance of diversion in connecting people with the supports needed to address factors contributing to their offending.²²

Recommendation 3: We recommend State and Territory Governments prioritise the use of restorative justice, cautioning, diversion and other preventative approaches to ensure people who have substance misuse challenges do not become caught up in the justice system.

¹⁸ Larsen, J. 2014, Restorative justice in the Australian criminal justice system, AIC Reports, Research and Public Policy Series 127, Australian Institute of Criminology.

¹⁹ Victorian Ombudsman (2015) *Investigation into the rehabilitation and reintegration of prisoners in Victoria*; Department of Justice (2009) Economic Evaluation of the Court Integrated Services Program (CISP): Final report on economic impacts of CISP, https://www.magistratescourt.vic.gov.au/sites/default/files/Default/cisp_economic_evaluation_final_report.pdf.

²⁰ Victorian Aboriginal Legal Service (2022). Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession. p15. ([Weblink](#)).

²¹ Victorian Aboriginal Legal Service (2022). Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession. p16. ([Weblink](#)).

²² Parliament of Victoria. (2022). *Inquiry into Victoria's criminal justice system*. Legal and Social Issues Committee. FINDING 18, page xxxix. ([Weblink](#))



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We thank you for the opportunity to respond to this Inquiry and welcome further discussion with the Joint Committee regarding the feedback detailed in this submission.

Yours sincerely,

A handwritten signature in blue ink that reads 'Julie M. Edwards'.

Julie Edwards – CEO, Jesuit Social Services