What is Jesuit Social Services doing to combat the problem of serious drug misuse in the Australian community?

CONNECTIONS
4 Darling Street, Collingwood
Telephone: 03 9415 7130
An innovative and unique program for young people who are presenting problems in terms of drug misuse, engaging alienated young people in a relationship of trust and understanding.

THE BROSNAN CENTRE
16 Ravenswood Street, Brunswick
Telephone: 03 9607 1323
Keeping young people from returning to prison, providing practical and positive services in young people within the criminal justice system, and immediately following their release from custody, when they are most at risk of reoffending or continuing their illegal drug usage.

BIG BROTHERS – BIG SISTERS
16 The Yarra, Richmond
Telephone: 03 9427 7101
Preventing trauma and the onset of drug use in vulnerable young people by providing specially selected, trained and experienced mentors who maintain a relationship of trust and support, and an important stabilising influence during a critical period of a young person’s life.

COMMUNITIES TOGETHER
P.O. Box 468, Richmond
Telephone: 03 9427 8989
Building stronger community networks and resident associations within the high rise housing estates of North Richmond, Collingwood and Fitzroy. Supporting vulnerable families from a range of different ethnic backgrounds in local neighbourhoods that have been heavily influenced by drug cultures.

VETERAN Affairs WESTERN RESOURCE CENTRE
48 Richmond Street, Collingwood
Telephone: 03 9607 9055
A multi-disciplinary service located within the Flemington high rise housing commission estates, providing assistance to Veterans and their families, and addressing issues of serious drug misuse.

OUR PURPOSE
“A position paper of THE IGNATIUS CENTRE: the policy and research arm of Jesuit Social Services

The IGNATIUS CENTRE
371 Church Street, Richmond
Telephone: 03 9427 7208
A training and consultancy service for parents, professionals and service providers, raising self-esteem skills and social and emotional needs within families across Australia. Focusing on helping families deal with serious drug misuse and crime.

Assessment and support for families and individuals at risk or experiencing drug and alcohol related difficulties. Highly trained and experienced staff involve young people as extended journey in wilderness areas, combining support workers, therapeutic team, and a disciplinary team that help facilitate lasting and constructive relationships.

THE OUTDOOR EXPERIENCE
4 Darling Street, Collingwood
Telephone: 03 9427 7130
A therapeutic adventure program for young people who have experienced serious drug misuse in the past, providing opportunities for personal growth and development.

Standing in solidarity with those in need

HEROIN USE AS A FORM OF “SELF-MEDICATION”

May 2001

To challenge the world to act justly, to deal respectfully with one another”

View the Jesuit Social Services Drug Policy: www.jss.org.au (under publications)

What is “self-medication”?

Self-medication is the term used to describe people who use drugs or alcohol as a coping mechanism. This typically occurs when there is a physical or emotional need that is not being met within the normal social system (i.e., family, friends, religious and other support networks). When a person uses drugs or alcohol to deal with stress, pain or other problems, this is known as self-medication. The underlying issue(s) that are not being addressed can range from unresolved childhood issues to physical or emotional pain. Individuals may use drugs or alcohol to feel better, escape or cope with particular issues, or to control their behavior. Over time, the brain develops a dependence on the chemicals produced by drugs or alcohol, and the individual may experience withdrawal symptoms if they stop using. Many people use drugs to deal with the pain of crisis, trauma and mental illness. While services remain based on a medical model, the person does not simply get “cured”; instead they continue to fully engage in the process between services and not resolve the treatment they require. The use of “self-medication” is often overlooked in the drug policy debate, and in many cases, people are not at risk of drug use. The concept of self-medication highlights the need for a more comprehensive approach to drug policy.
HEROIN USE AS A FORM OF SELF-MEDICATION

Peter Norden, S.J.

Heroin and other illicit drugs are becoming the drug of choice of many young people in Australia who are experiencing mental health problems. These drugs are used as a form of self-medication to alleviate the symptoms of mental illness. Most young people do not voluntarily attend mental health services and, when they do, they are often told to address their drug use before receiving attention for their mental illness.

The National Survey of Mental Health and Well-Being, 1997, conducted by the Australian Bureau of Statistics, found that almost one in five Australians aged 18 or more met criteria for a mental disorder at some time during the 12 months prior to the survey, but that only 54 percent of people with a mental disorder had seen a health professional. This suggests a large unmet need for mental health services, not only among this young Australian population but the most highly regarded.

The mental health needs of young adults are more pressing because young adulthood is a complex transitional period, marked by rapid dependency on peers and parenting, and the commencement of long-term relationships, careers and families. Because adolescence and early adulthood is a time of new discovery, unlimited energy and increased independence and perceived self-sufficiency, many young people are the group least likely to seek support and acknowledge their own mental illness. There are many understandings and perceptions which surround these and bring about both assistance from mental health professionals, and even from relatives and friends, who are often unable to do what is necessary.

An on-demand basis, existing mental health services are rarely available to be quickly founded, with the dominant influence being an adversarial medical model, transplanted from the hospital sector. These systems are set into the local community-based systems. Formal clinical settings, with fixed role and environment for the assessment that demand consistency and punctuality, are limited in their ability to engage young people needing mental health care.

The existence of a mental illness is often undervalued further, a lack of task of responding to the health of young people using illicit drugs is often a health care. When their need for assistance exceeds their expectations, they are told that such help is not available. Such conditions are often not health services. If the emotional and mental health needs of young people are not met, their mental health is often worsened.

Peter Norden is a Jesuit priest with many years’ direct experience with reflection and analysis of the Catholic Church in earlier years, he has combined these capacities with self-management in other epidemic where the health system has failed. In Australia, there is rapid growth in the number and type of community-based services and in local policy for the Melbourne Community Health, this paper presents his personal direct experience with reflection and analysis of the nature of mental illness.

He concludes the paper by saying: “The only consideration which is beyond the awareness of a significant number of young people now in this catch-22 situation is that such services are not effectively equipped to deal with their mental illness. The existence of a mental illness is an often unidentified factor in the complex task of responding to the health needs and mental health problems. Such disorders are seen to develop in childhood and early adolescence, and tend to become persistent and disabling if not treated early. But evidence indicates the early onset of mental health problems, and the current level of concern.

In Victoria the dimensions of the incidence of concurrent substance-related disorder and mental illness is diagnosed and treated sufficiently early, that such services are not effectively equipped to deal with their mental illness. The existence of a mental illness is an often unidentified factor in the complex task of responding to the health needs and mental health problems. Such disorders are seen to develop in childhood and early adolescence, and tend to become persistent and disabling if not treated early. But evidence indicates the early onset of mental health problems, and the current level of concern.

Evidence from the United States and other countries indicates that the substance abuse constitutes an attempt to relieve the symptoms of mental illness. In 1990, the National Institute of Mental Health of the United States published a report on the prevalence of substance abuse among American citizens in early to mid-1990s. The report indicates that of American prisoners have a history of mental health problems, including substance-related disorder. In 1991, a study of inmates at the Chicago Cook County Jail found that 48.7 percent of prisoners who were mentally ill also abused alcohol, and 73.7 percent of prisoners who were mentally ill also abused drugs.

Many of the clients, both male and female, have been exposed to violence and emotionally and physically abused at a young age. The fact that they are not only as well as self-managing is not a surprise. We might find that these high correlations between being sexually abused, possibly and emotional neglect, are explained by the stresses and traumas, and the person cannot think their way out of it and break the cycle.

The trauma experienced by young people in our program varies in severity and intensity. Experiences range from one-off open to profound sexual abuse, from one-off physical abuse that has lasting impact in memory and people to profound periods of sexual abuse, from occasional emotional abuse to profound periods of emotional neglect and abuse. The vast majority of inmates at Corrections have never received assistance from a physician. This leads to the development, in most cases, of symptoms of post-traumatic stress disorder, a symptom of what we probably previously discussed.

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In this paper, Father Peter Norden, S.J., the Director of Jesuit Social Services, outlines the reasons why many young people are using drugs as a form of self-medication. This paper is produced by the Jesuit Social Services’ “Artful Dodgers Studio” as a form of self-reflection to allow the community to consider the impact on their mental health.

The National Survey of Mental Health and Well-Being 1997, conducted by the Australian Bureau of Statistics, found that almost one in five Australians aged 18 or more meet criteria for a mental disorder at some time during the 12 months prior to the survey, but that only 38 per cent of people with a mental disorder had used health services. This suggests a large unmet need for mental health services, and among the young group, Australians are the most highly represented. The mental health needs of young people are more severe because young adulthood is a complex transitional period, marked by rapid dependence on parents and peers, and the commencement of long-term relationships, career and families. Because adolescence and early adulthood is a time of new discovery, unfamiliar energy and increased independence and perceived self-sufficiency, young people are the group most likely to experience their own mental illness. There are many understandings of mental illness, which vary from those from providing assistance from mental health professionals, and even from those with no personal experience.

In an additively harmful, existing mental health services are currently not able to be brought, with the dominant influence being an aestheticised model, translated from the developed world, into the settings in the local community forum. Formal clinical settings, with fixed role relationships, treatment schedules that demand consistency and punctuality, are limited in their ability to engage people who need mental health care.

The existence of a disorder is an often undiagnosed feature. This is a significant risk of responding to the health of young people using illicit drugs, as an important group. When their need for assistance is first checked, they may ask treatment from drug and alcohol services. They are told that such needs are not equipped to deal with their mental health needs. If they eventually approach mental health services, they are referred to drug and alcohol specific services that they are first to be voluntarily attend mental health services and, when they do, they are often told to address their own local general practitioner. The National Co-morbidity Survey (1992) in the U.S., indicated the early onset of mental health disorders. Many such disorders are not able to develop in childhood and early adulthood, and tend to be diagnosed and discussed later and outside, because the concept of treatment programs has almost always tended to be focused on the physical side of the service, not the mental.

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misusing drugs are doing so in response to pain, and young people. As chaplain to Pentridge Prison and as social policy director for the Melbourne Catholic Archdiocese, Peter Norden is a Jesuit priest with many years’ experience of working with disadvantaged families. He concludes this paper by saying: “The wider epidemic where the health system has failed is seen by many as the result of Pains-Meditation-Prayer-Pray-for-anyone-you-like.”

The National Survey of Mental Health and Well-Being 1997, conducted by the Australian Institute of Health and Welfare, reported that an estimated 48 per cent of Australians aged 18 years or more met the criteria for a mental disorder at some time during the previous year. These numbers indicate that a majority of the population of the United States prison population between 1980 and 1990. The prevalence of trauma among marginalised young people and the experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders. Many of the clients, both male and female, have been exposed to both emotional abuse and prolonged periods of emotional neglect and physical abuse, violence. The vast majority of clients at Connexions have suffered severe, repeated abuse which has lead to the development of post-traumatic stress disorder and diagnosis of borderline personality disorder. The fact that they are also suicidal as well as self-mutilating in some cases, it will be difficult for the person to think their way out of and break the grip on one’s mind. The experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders.

HEROIN USE AS A FORM OF SELF-MEDICATION

In this paper, Peter Norden, S.J., the Director of Mater Dei, the Sydney branch of the Australian Catholic Vincentian Family, argues that the use of heroin by young Australians “take” heroin, as a form of self-medication to alleviate the symptoms of mental illness. This suggests that such services are not available to those who need them. If they are referred back to drug and alcohol services, they are usually assessment and referral, or just referral (most often the latter) and the service is told to “do something about it”. This is one of the “other problems” (with the problem that the referring agency has no experience). The prevalence of trauma among marginalised young people and the experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders. Evidence from the National Co-morbidity Survey-Adolescent Supplement (NCS-AS) indicates that a majority of the population of the United States prison population between 1980 and 1990. The prevalence of trauma among marginalised young people and the experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders. Many of the clients, both male and female, have been exposed to both emotional abuse and prolonged periods of emotional neglect and physical abuse, violence. The vast majority of clients at Connexions have suffered severe, repeated abuse which has lead to the development of post-traumatic stress disorder and diagnosis of borderline personality disorder. The fact that they are also suicidal as well as self-mutilating in some cases, it will be difficult for the person to think their way out of and break the grip on one’s mind. The experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders. Evidence from the National Co-morbidity Survey-Adolescent Supplement (NCS-AS) indicates that a majority of the population of the United States prison population between 1980 and 1990. The prevalence of trauma among marginalised young people and the experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders.

Half of the United States prison population has experienced that the same pattern applies to the Australian prison population. The high level of co-morbidity of the modern prison populations is crucially explained by the high prevalence of trauma and problematic drug use disorder among prisoners. This population, which has been exposed to both emotional abuse and prolonged periods of emotional neglect and physical abuse, violence. The vast majority of clients at Connexions have suffered severe, repeated abuse which has lead to the development of post-traumatic stress disorder and diagnosis of borderline personality disorder. The fact that they are also suicidal as well as self-mutilating in some cases, it will be difficult for the person to think their way out of and break the grip on one’s mind. The experience of Jesuit Social Services’ staff working with young people with dual disability (mental health needs and problematic drug use disorder) is prone to be interested in those with co-occurring substance-related and mental disorders.

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and alcohol misuse directly relates to and impacts upon one's spiritual) as intrinsically related. Holism recognises that drug (physiological, psychological, social, emotional, mental and the sum of their parts and considers all parts or aspects holistic approach perceives individuals as greater than the latter approach is dualistic and defines the young person in workers) and counselors, rather than a service based on based service staffed by youth workers (including outreach people from within the correctional system who suffered from her in a destructive cycle.

Many young people are using drugs to deaden the pain of post-traumatic stress disorder, is in a constant state of to sense danger and protect herself from such situations, as non-violent. Nor does she have the experience to be able...anything. As an experienced staff member, the youth worker feels the need to understand that young people misusing drugs are receive the treatment they require. The wider community needs to understand that young people misusing drugs are...and respect, nor any experience of sexual partnership...and use of mainstream health and welfare services. Feedback...more healing and keeps open the inner door to further exploration if and when the time is again right for the client. When young people are selected, trained and supervised mentors who...and immediately following their release from custody, where they are at risk of reoffending or continuing their illegal drug usage.

PARENTING AUSTRALIA
718 Bourke Street, Richmond Telephone: 03 9427 7388
A training and consultancy service for parents, professionals and service providers, raising self-esteem, skills and confidence within families across Australia. Providing family and to improve the quality of life of the participants. A non-judgmental, often did not listen, and spoke down to them. Staff develop significant experience of young...and immediately following their release from custody, where they are at risk of reoffending or continuing their illegal drug usage.

THE OUTDOOR EXPERIENCE
17 Dawson Street, Brunswick Telephone: 0417 103275
A therapeutic adventure program for young people who have experienced serious trauma, drug and alcohol related difficulties. Highly trained and experienced staff involve young people on extended journeys in wilderness areas, combining support workers, therapists and a multidisciplinary team help facilitate lasting

THE BROSNAN CENTRE
125 Pascoe Vale Road, Parkville Telephone: 03 9387 1233
A therapeutic boarding program providing workplace training to long-term unemployable young people affected by multiple disability, including drug misuse. The community living skills program provides educational, vocational and recreational strategies to improve the quality of life of the participants.

What is Jesuit Social Services doing to combat the problem of serious drug misuse in the Australian community?

CONVERSATIONS
4 Darley Road, Collingwood Telephone: 03 9411 8789
An innovative and unique program for young people who are engaging in serious drug misuse and self-harming incidents, keeping young people from returning to prison, providing practical and positive services to people within the correctional justice system, and immediately following their release from custody, where they are at risk of reoffending or continuing their illegal drug usage.

BROADER COMMUNITY
The Vaucluse, Richmond Telephone: 03 9427 7611
Providing trauma and the onset of drug use in vulnerable young people by providing specialised, trained and respected mentors who...continue to provide a range of drug reduction strategies designed to help...and use of mainstream health and welfare services. Feedback...more healing and keeps open the inner door to further exploration if and when the time is again right for the client. When young people are selected, trained and supervised mentors who...and immediately following their release from custody, where they are at risk of reoffending or continuing their illegal drug usage.

THE IGNIATUS CENTRE
371 Church Street, RichmondTelephone: 03 9427 7288
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DOMINO EXPERIENCE
10 Dawson Street, Brunswick Telephone: 0417 103275
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care and respect, not only enjoyment of personal achievement or non-violence. Nor does she have the experience to be able to share her own underlying sense of anxiety and isolation, as they are normal for her. Thus Christie, who has significant twinges, hyper-vigilance and anxiety from which she switches off by doing so in response to pain, suffering and isolation, not crisis, trauma and mental illness. While services remain not solely appointment based, and which is interactive and constructive and mutually supportive relationships. The culture at the programs attempts to facilitate the growth of such relationships by creating an environment that is informal, not staffly appointed, based and which is interactive and non-judgmental. This is a direct response to criticisms with young people who expect that their experiences with mental and drug treatment services had often been abhorrent and humiliating where they felt health professionals were judgmental, often not active, and spoke down to them. These programs seek within a harm minimisation framework. As young people become more stable, it is possible to respond to therapeutic windows that occur and conduct brief amounts of trauma work. This can begin to build a positive experience of dealing with the trauma which then lays the ground for later constructive trauma work. Our clients may not address all their issues, but find a great deal of therapy, even if things are left unfinished, more healing and brings up the issues closer to further exploration and which at the time is a great help for the client. We have two main aims. These are to improve the quality of life of the young people who access the programs and to improve the quality of care provided to them by the programs. Within this context, the more specific goal for our clients and our centres is to reaffirm their ability to avoid the constant relapse to their drug use, few admissions to hospital for self-harming incidents, and an important stabilising influence during a crucial period of a young person’s life.

COMMUNITIES TOGETHER
P.O. Box 86, Richmond
Telephone: 03 9427 8989
Building strong networks, networks and resident associations within the high rise housing estates of North Melbourne, Collingwood, Fitzroy. Supporting vulnerable families from a range of different ethnic backgrounds to establish local neighbourhoods that have been heavily influenced by the drug culture.

VETEMENTINE WESTERN RESOURCE CENTRE
16 Roland Crescent
Telephone: 03 9920 3505
A multi-disciplinary service located within the Flemington high rise housing commission estates, providing assistance to Young people, and interdisciplinary workers on staff. Our recent initiatives have included a study of the impact of the needs of the experience of older mothers and immediate following their release from custody, when they are most at risk of resuming or continuing illegal drug usage.

BIG SISTERS – BIG SISTERS
16 The Yarren
Richmond
Telephone: 03 9427 7611
Preventing truancy and the onset of drug use in vulnerable young people by providing specially selected, trained and supervised mentors who maintain a relationship of trust and support, and an important stabilising influence during a critical period of a young person’s life.

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Our training and consultancy service for parents, professionals and service providers, raising self-esteem skills and health and resilience within families across Australia. Providing and to address issues of wider community concern.

The Brosnan Centre
4 Derby Street, Collingwood
Telephone: 03 9415 8700
A horticultural and landscape gardening program providing workplace training to long-term unemployed young people affected by multiple disabilities, including drug misuse. The community living skills program promotes educational, vocational and recreational strategies to improve the quality of life of the participants.

CONNEXIONS
4 Derby Street, Collingwood
Telephone: 03 8611 7890
An innovative and unique program for young people with special needs, including learning disabilities, emotional and mental health issues, engaging alienated young people in a relationship of trust and understanding.

The Boroondara Centre
15 Payne Street, Brunswick
Telephone: 03 9607 1263
Keeping young people from returning to prison, providing practical and positive services in young people within the criminal justice system, and immediately following their release from custody, when they are most at risk of resuming or continuing illegal drug usage.

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A training and consultancy service for parents, professionals and service providers, raising self-esteem skills and health and resilience within families across Australia. Providing and to address issues of wider community concern.

The Brosnan Centre
4 Derby Street, Collingwood
Telephone: 03 9415 8700
A horticultural and landscape gardening program providing workplace training to long-term unemployed young people affected by multiple disabilities, including drug misuse. The community living skills program promotes educational, vocational and recreational strategies to improve the quality of life of the participants.

What is Jesuit Social Services doing to combat the problem of serious drug misuse in the Australian community?

The Ignatius Centre
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