



# Masters of survival: Complexity in action

Katerina Miliou

Louise King

Melbourne Drug Court





# We will endeavour to cover:

- What is Drug Court?
- What is a Drug Treatment Order (DTO)?
- Who are Drug Court Participants?
- Overview of clients and complexity
- Challenges faced by the participants and the Drug Court Team
- Role of counselling in the Melbourne Drug Court (MDC)
- Share our observations regarding overt/covert power struggles



---

# What is Drug Court?

**Drug Court** is a post-sentence program focusing on the rehabilitation and treatment of offenders with a drug and/or alcohol dependency

Drug courts practice therapeutic jurisprudence, that seeks to minimize negative behaviours and promote positive behavioural change through a system of sanctions and rewards

The purpose of Drug Court is to impose and administer an order called a **Drug Treatment Order (DTO)**.



# What is a Drug Treatment Order?

A DTO consists of two parts:

**custodial:** sentence of imprisonment – not exceeding two years – to be served in the community to allow the participant to receive drug and / or alcohol treatment.

**treatment and supervision:** aims to address the participant's drug and / or alcohol dependency.

Eligibility:

- Be dependent on drugs and / or alcohol that contributed to their offending
- Be facing an immediate term of imprisonment not exceeding two years
- Not have charges of a violent or sexual nature
- Plead guilty to the offence(s)



# How does a DTO work?

The supervision of the participant is the responsibility of a Drug Court Magistrate.

Support from case managers, clinical advisors, alcohol and drug counsellors, housing workers, Victoria Police and Victoria Legal Aid is central in assisting participants achieve treatment and recovery goals.



# A DTO consists of three phases:

Phase 1	Phase 2	Phase 3
Stabilisation	Consolidation	Re-integration
3- 6 months	3-6 months	Minimum 6 months



# Is this a get out of jail free card?

On a DTO a participants is required to:

- provide three supervised UDS's per week
- attend one counselling session per week
- attend court review in front of the magistrate once per week
- attend a corrections case management session once per week
- attend a clinical advisor session once per week
- participants are required to be on a curfew at the beginning of the DTO
- pick up their prescribed medications on a daily basis
- attend medical and/or psychological appointments as required.





# Who are our participants?

- Gender
- Age
- Years of drug use (is not uncommon for participants to disclose their first experience of substance use was with a parent or guardian)
- Drug(s) of choice
- Offending history/ years
- Comorbidity – Mental health issues including PTSD, anxiety and depression, schizophrenia, personality disorders (mostly BPD and anti-social), ADD, drug induced psychosis, gambling, ABI, ID and poor literacy and language skills
- Ethnicity/ country of origin
- Children/ DHHS involvement
- Estranged from families
- Trauma history



# Challenges faced by the participants

- Trust
- Participants looking for freedom but not change
- Housing
- Cultural change
- Stigma
- How to break behaviours that have lasted a lifetime “when I want something, I take it”
- Lying or stretching the truth for survival
- Learning how to be a “straight head”



# Challenges faced by the DC Team

- Differentiation of roles
- Trust
- Crisis presentations exacerbated by compliance/ court/ sanctions
- Participants looking for freedom but not change
- Housing
- Hard to provide a therapeutic space within a compliance framework, for example turning up to appointments
- Language differences: participants vs offenders/ crooks, calling participants by the surnames, talking about clean or dirty urine screens
- Definition of progress

////////////////////////////////////

# The AOD counselling team at MDC





# AOD counselling within the DTO:

We seek to :

- provide a safe space
- develop rapport
- create a therapeutic alliance to enable participants to do the work

We do this by using evidence based interventions



# Our observations ...



# The power struggle

- With themselves
- With their peers
- With the team
- With the court
- With the magistrate
- With the police
- With compliance
- With change



# Projections and repetition of patterns

Father figure: court, the law, the magistrates

**Note: how chuffed do our participants feel when they get praise and applause!**

Mother figure: AOD counsellors are there to translate what the rules mean and their benefit, how to apply them, help them navigate and understand life and themselves





# Resistance

The paradox:

Desperately wanting to change but fearing the change at the same time.



# The gangster persona vs the real self

What is gangster?

Feeling powerful, king of drugs, the one-eyed king in the land of the blind, successful, flashing money, flashy gold jewellery, imposing hierarchy.

What is the real self?

Vulnerable, needing help from team for really basic things ie getting ID, feeling broken and hurt, craving attachment.



# Surrender

“ I feel that I have to surrender; the way I have been trying to do things is not working. I realised that it is very simple. I do not want to go back to jail. The only way to avoid going back is to stop using. So I stopped using. I feel that I had to surrender but I feel stronger”



# The shame

Dealing with the shame of what has happened to them in their formative years, of an offending drug fuelled lifestyle, of hurting the people they loved the most, of who they are...



# Acceptance and growth

Commit to go through the process of change, redefine their identity and be able to see truthfully what has happened to them and decide what they want to do with their lives.

Feel free from rebelling against authority, free from a sense of powerlessness, misfortune, because deep knowledge of one self might not change the story but will help with a more compact narrative that can help them gain control.



# The end and a beginning

From our observations at DC, the 'masters of survival' are those who can surrender to obliteration, and sit in the uncomfortable space of powerlessness, the unknown and fear. It is through this that trust begins to develop with feelings of self efficacy and capacity to form a vision of future life.



**Thank you**