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**Submission to the  
Standing Committee on Family & Human Services'  
Inquiry into the  
Impact of Illicit Drug Use on Families**

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## **INTRODUCTION**

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The Australasian Therapeutic Communities Association (ATCA) is the peak-body representing the interests of the Therapeutic Community approach to alcohol and drug treatment and rehabilitation programs across Australia and New Zealand. These residential Therapeutic Communities (TCs) provide treatment to over 3000 drug and alcohol addicted people annually, as well as providing support to families affected by alcohol & drug abuse.

The Therapeutic Community model is based on the philosophy of inclusion and responsibility, whereby the resident takes responsibility for their role in the community and the community reciprocates by providing both concrete and emotional support, constructive feedback and the opportunity to learn from mistakes made. This can be, for many, a very intense process as residents face the issues that impact on their behaviour and learn new and positive coping mechanisms to help them overcome the negative impact drug and/or alcohol abuse has had on their lives. It is about treating the whole person, not just their addiction, and the successful outcome is a responsible, productive person who contributes positively to the greater community, their family relationships and their peers.

ATCA's membership comprises 28 not-for-profit organisations that manage over 40 Therapeutic Communities in Australia and New Zealand. These Therapeutic Communities range in size from 10 to 120 beds, with their residential program length from several months to one and a half years, though most are between 6 and 12 months. Projects also vary in their program structure and content, some based on a 12 Step Model philosophy, others on a family therapy model or cognitive behavioural interventions and others with a combination of some or all of the above.

ATCA is aware that members of the Standing Committee have visited the Gold Coast Drug Council's TC "Mirikai", a wonderful example of the Therapeutic Community model working with young people and especially those experiencing mental health issues.

Members of ATCA are diverse in terms of the range of programs offered; this is appropriate as each agency aims to be responsive to the particular needs of its client group, whether they be: males, females, couples, parents with accompanying children, indigenous or adolescents. In general, programs aim to have enough structure to ensure a degree of order, security and clarity.

### **Role of Therapeutic Communities**

The role of residential TCs is to assist those individuals who have been unable to respond to outpatient services and who are seeking abstinence rather than substitution as their primary goal. Their inability to use less intense approaches leads them to seek the relative restriction, but also a sense of security that a residential setting can provide. TCs tend to treat those with entrenched and more self-destructive dependence patterns and those for whom the prognosis of recovery by less intensive methods is not good.

For many the TC is an alternative to lengthy imprisonment and as such the TC can be seen as a cost-effective option to prison, where rehabilitation is possible. TCs offer the possibility for complete lifestyle change, and treatment frequently leads to the individual becoming a contributing member of society.

## **ADDRESSING THE TERMS OF REFERENCE**

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**The financial, social and personal cost to families who have member(s) using illicit drugs, including the impact of drug induced psychoses or other mental health disorders.**

In 2002 a cost benefit analysis of Therapeutic Community Programs was completed by James A Pitts, General Manager, Odyssey House (Appendix I). This review was undertaken nationally with a response from 433 people who, at the time, were being treated in Therapeutic Communities. The analysis examined the cost to society in general in terms of drug use, court appearances, hospitalisation, doctor visits, criminal activity, government benefits and detention, compared to the cost benefit of treatment in Therapeutic Communities.

The abovementioned study concluded "Therapeutic Communities provide substantial cost benefits to the community".

Therapeutic Communities who provide support services to families report that many families bear the financial cost of their family member's drug use, whether that be by paying for the drugs to prevent the user becoming involved in criminal activity to support their habit, or by paying health, legal and/or accommodation costs incurred by their loved one. Some parents will go to great lengths to keep their addicted children from hitting rock bottom, becoming homeless or criminally active. Their one fear is that they will lose their child permanently.

It is not only the financial cost that families experience but also physical, verbal and/or emotional abuse, theft, stress, social isolation and stigmatization. A sense of loss and grieving for "the person that used to be", mixed with an overwhelming feeling of helplessness, anger, fear, frustration and love.

Mental health disorders add another dimension to the rehabilitation of drug and alcohol dependent people. This can be drug induced psychosis or pre-existing disorders that are impacted by the use of drugs and/or alcohol. It is estimated that the "proportion of people with co-morbid mental health and substance use disorders ranges between 60% & 80%"<sup>1</sup> These figures are reflected in the population of those receiving treatment in Therapeutic Communities.

Therapeutic Communities is one of the few models of addiction rehabilitation that addresses both mental illness and drug/alcohol abuse together and is very successful in assisting those with mental health issues to understand the role drug/ alcohol addiction plays in exacerbating their symptoms and their recovery.

### **Ways to strengthen families who are coping with a member(s) using illicit drugs.**

Therapeutic Communities, who are financially able to do so, provide an inclusive family services model that is sympathetic to the needs of family members and provides a supportive network for them to share their experiences. These services also provide them with an understanding of the issues their relative(s) are experiencing and of strategies for coping with the rehabilitation phase of their relative's recovery from addiction.

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<sup>1</sup> Baigent, M., Holme, G. & Hafner, R.J. (1995). Self reports of the interaction between substance abuse and schizophrenia. *Australian and New Zealand Journal of Psychiatry*, 29(1), 69-74.

## **ADDRESSING THE TERMS OF REFERENCE continued**

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It is the experience of these family services that, where family members better manage the impact of their drug using relative, the better the recovery prospects of that person in treatment.

This win/win outcome is certainly beneficial to all concerned.

One issue that impacts most on families is the time it takes to access treatment. There are waiting lists for detoxification and then usually more time before a treatment bed is available. For many this delay between detox and treatment results in reusing.

Some Therapeutic Communities have detox units attached to their program but the cost of operating a detox centre, that must have 24 hour medical staff in attendance, prohibits most Therapeutic Communities from providing this service.

The other aspect of families affected by drug use is the children of drug using parents.

Many Therapeutic Communities accept parents with their children. They provide accredited pre-school services, support and training in positive parenting, anger management, domestic violence, nutrition and personal counselling services.

Those Therapeutic Communities that cannot facilitate children work with parents in developing positive parenting skills and assist with access visits when-ever and where-ever possible.

### **The impact of harm minimization programs on families**

ATCA members in general endorse the thrust of harm minimisation programs. As a duty of care initiative, most services have integrated principles into their own programs with HIV/Hepatitis C education, distribution of split/safe kits, education on relapse prevention, the dangers of alcohol, and safer sex practices. With their "captive" audience, TCs are ideally situated to offer this information to very high-risk groups and to be able to reinforce it over time.

Families of people who have participated in the Therapeutic Community model of treatment generally endorse the use of harm minimization strategies in an effort to keep their loved ones as safe as possible from the effects and implications of their addiction.

## CONCLUSION

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Therapeutic Communities have an international reputation as an effective and cost efficient treatment for alcohol and drug addiction. In Australia they provide treatment to more than 3,000 addicts annually. Therapeutic Communities play an active role in listening to, supporting and educating the families of those in treatment.

The Therapeutic Community environment is well suited to working with dual diagnosis residents and facilitates not only recovery from addiction but better control of the issues that impact on their mental health.

Despite the fact that Therapeutic Communities play a significant role in addressing drug addiction and the impact addiction has on families, figures released for 2002/3 show drug treatment services attracted 17% of the Australian Government's Drug Strategy spending<sup>2</sup>. Of this, Therapeutic Communities received only 19%.

Therapeutic Communities aim to improve health, social and economic outcomes for the individual, the family and the community.

## RECOMMENDATIONS

1. All Therapeutic Communities are funded to provide family support programs.
2. Funding be made available to Therapeutic Communities to enhance/create "family friendly" services that will enable parents with children to avail themselves of treatment without the need to have their children legally or physically removed.
3. The delay between detoxification and treatment can be an extremely stressful time for all concerned. Programs should be established to provide interim support to those waiting for treatment and their families. Aftercare support should also be an integral part of the Therapeutic Community's treatment continuum.
4. In an effort to address the rising incidence of co-morbidity each Therapeutic Community should be provided with sufficient funding to employ professional mental health workers.

The Australasian Therapeutic Communities Association is pleased to have had the opportunity to provide the Standing Committee on Family and Human Services' with this submission to the enquiry into the impact of illicit drug use and families. For further discussion on any of the matters contained in this document please contact Janice Jones, Executive Officer, on (02) 8252 7512.

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<sup>2</sup> Moore, T.J. (2205). Monograph No 01: What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia. DPMP Monograph Series. Fitzroy: Turning Point Alcohol & Drug Centre.