



Giving those in need treatment to depend on

Associate Professor Lynne Magor-Blatch

27 July 2010

Recent media reports concerning an increase in the use of heroin and the demand for treatment beds, provides a timely reminder of the need to maintain funding support to drug treatment services in Australia, particularly in light of the upcoming Federal election.

The Australian Government's harm minimisation approach, which has been upheld by both sides of House, considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. It recognises that drugs are, and will continue to be, a part of our society.

The Institute of Health and Welfare reports that from 2004 to 2007, the number of people seeking treatment remained stable at around 38,800, increasing to 41,347 in 2008. A further increase in 2009 put the number of people seeking treatment for drug dependency at 43,445.

Those seeking treatment are generally in the 30-39 years age group – however, services are increasingly working with an older group (40-49 years and older) while at the same time concentrating prevention and early intervention strategies on younger people. The fact that alcohol and other drug use is a concern across the age spectrum confirms the need to provide a wide range of services suited to different age groups, different stages of drug use and the associated problems. This includes the physical and mental health concerns which are often the result of substance use.

Detoxification is seen as the first step towards drug treatment, but is not seen as an effective treatment in itself unless the person is going directly into a Therapeutic Community or some other form of treatment, such as a residential service or pharmacotherapy program.

Therapeutic Communities (TCs) provide an evidence-based approach to alcohol and other drug treatment, with a strong emphasis on both personal responsibility and mutual help within a rehabilitation setting, supported by a range of psychosocial interventions. TCs were first established in the United Kingdom and United States more than 50 years ago, coming from two different models, but converging in practice during the 1970s. They have been on the Australian treatment landscape since the 1970s.

The Australasian Therapeutic Communities Association (ATCA), the national peak body representing TCs in Australia and New Zealand, currently includes thirty-three members, which represent a total of 64 TCs operating across Australasia. These services employ around 1,000 staff and treat over 10,000 people annually as well as providing additional critical services such as detoxification units, family support programs, child care facilities, exit housing and outreach services. As such, TCs work at all points of the treatment spectrum, from primary prevention and early intervention, to treatment and aftercare.

These programs also work with a significantly more chaotic and complex group of clients than other treatment modalities. The TC does not generally represent the person's first treatment attempt and most people are in the 30+ age group – those who we know from

research are the ones most likely to be seeking treatment. At the same time, some TCs operating in the community are specifically established for young people. Other programs include women with children and family groups.

They also operating in prison settings, where recidivism rates have dropped from 75 percent to 27 percent – providing a cost-effective form of treatment and, ultimately, a safer community for all.

TCs Therapeutic communities provide an ideal treatment modality by providing a wide range of services which are responsive to the needs of the community, changing drug use patterns and treatment demand. While we are currently informed of an increase in heroin use, it is important to acknowledge that most substance users seeking treatment are polydrug users – and therefore whilst it is essential to be aware of drug use patterns and trends, what is more important is the level of substance use – and particularly that defined as *hazardous, harmful and dependent*.

The community tends to focus on specific drugs – methamphetamine or “Ice”; ecstasy and heroin and more recently alcohol, with an increased concern about binge drinking and associated violence. However, people can experience drug dependency, no matter what the substance. Therefore the emphasis on *drug type* needs to be replaced with an emphasis on *levels and dependency of drug use*, and once again recognising that this will occur with both licit and illicit drug use. More than 50% of people entering TCs have a primary alcohol problem, but once again, polydrug use is the primary concern for treatment services.

The main focus of treatment within the TC is not the drug – but the issues which underlie drug use, and will often include significant histories of abuse and violence. For many, the reality of intergenerational patterns of use will create additional concerns. Many clients have been born into addiction, and may be bravely attempting to break a chain which stretches back over generations. Working through these personal issues is hard work.

Therapeutic Communities play a vital role in the treatment of drug dependency and their place in the treatment landscape is becoming increasingly important as we struggle to find ways to address the many issues of substance use.

The continuing support of governments is vital to this process. Treatment works. Research and thousands of people annually tell us this. Whatever the result on August 21, alcohol and other drug treatment services remain a priority.

Lynne Magor-Blatch is the A/g Executive Officer of the Australasian Therapeutic Communities Association and an Associate Professor, University of Canberra, in the Masters of Clinical Psychology Program. She was recently inducted into the National Drug and Alcohol Honour Roll for significant contribution to the sector.

Phone 0422 904 040 for further information.