



AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

ANNUAL REPORT

2012-2013



Acknowledgements

The Australasian Therapeutic Communities Association wishes to thank its members and colleagues in the alcohol and other drug sector for their interest and support. ATCA would especially like to acknowledge the Australian Government Department of Health and Ageing (DoHA) for their financial support of the ATCA Secretariat and the development and implementation of the Australasian Alcohol and other Drug Therapeutic Communities Standards & Training package.

Australasian Therapeutic Communities Association

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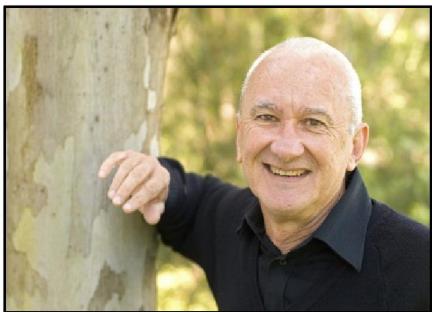
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ATCA Chair

Barry Evans

The 2012/13 year has been another busy one for the ATCA Board and in particular its Executive staff Lynne Magor-Blatch and Bec Davey who have continued to provide valued, comprehensive support to the Board and to the sector.

The Board met on five occasions during the year to review work completed and to plan for the months ahead.

The past year has seen our membership continue to grow and diversify, our members now operate 63 therapeutic communities across Australia and New Zealand assisting over 10,000 residents in their care over the course of a year, and more than 20,000 in outclient services.

Since June 2012 ATCA has conducted peer reviews with Aranda House DASA (NT), The Buttery (NSW) and CareNZ (8 prison-based TCs). These peer reviews have continued to inform the development of the ATCA Standard which we are progressing towards accreditation. Feedback received in the development of the ATCA Standard indicated that it was best to design the ATCA Standard to be incorporated into the international management standard International Organization for Standardization (ISO) – therefore allowing the ATCA Standard to relate to both residential rehabilitation services that do not operate under the TC model, as well as TCs that are members of the ATCA.

There are two proposed levels of accreditation under this Standard. The first is that of a Residential Rehabilitation service.

The first level of the Standard allows an organisation to gain accreditation against a set of indicators that are directly applicable to a residential rehabilitation service for alcohol and other drug use. For services considering a transition to the therapeutic community model working with this Standard will assist in providing guidelines to the expectations of a service that is a therapeutic community. To achieve accreditation as a residential rehabilitation service it is proposed agencies will need to meet 80% of criteria numbers 1 - 6 labeled as 'essential'. This represents the minimum level of activity required to demonstrate competency in agency practice in the residential rehabilitation setting.

The second level of the Standard allows an organisation to seek accreditation as a therapeutic community. To achieve accreditation as a Therapeutic Community, 80% of all criteria labeled as 'essential' must be achieved (criteria 1 – 13). The essential criteria relate to what policies and procedures should be in place, and how agencies identify with the therapeutic community model. The service delivery needs of its target community and what management, staff and consumers of the agencies should know are also encapsulated within

the criteria.

For agencies that have participated in other quality accreditation programs, or for higher capacity agencies, a set of further criteria, called ‘good practice criteria’ has been developed. These criteria are intended to reflect what are sometimes referred to as ‘systems elements’ and are mostly related to monitoring and evaluation of agency practices. Your agency will be awarded ‘good practice’ accreditation if, in addition to meeting all of the essential criteria, all of the good practice criteria are met.

It is expected the ATCA Standard, certified by JAS-ANZ and applied through a Conformity Assessment Body (CAB), will be available as an accreditation and quality assurance process, independent of the ATCA Board. Once this is in place, the peer review process will continue and be managed by the ATCA Board as a way of bringing new members into the ATCA and moving them to full membership status. With this development it may be that ATCA members consider accreditation using the ATCA Standard as a cost effective alternative to the peer review. During the course of the year the ATCA Board made the difficult decision to recover the cost of the peer reviews from participating agencies. This decision was taken in light of the fact that as the funding from the Commonwealth to the Standards project has now come to an end with the presentation of the ATCA Standard to JAS-ANZ, ATCA could no longer afford to conduct the reviews from its own reserves. While the peer review will still be available as a capacity building tool and as a condition of membership with the Association, accreditation using the Standard will provide an alternate pathway.

As part of our commitment to TC development, quality improvement and research, the ATCA Board proposed the development of a Research Project, with the aim of developing the evidence base of therapeutic community treatment in Australasia. The convening of a Research Roundtable which brought researchers and TC staff together was seen as a way of progressing this initiative. WHOS at Rozelle kindly hosted the day which was very well attended by both researchers and TC staff. The day was a productive one with a strong desire expressed for an ongoing collaboration between therapeutic communities and the researcher community. After a wide ranging discussion the Roundtable considered the importance of Quality of Life as an important area for further research and particularly as TCs are concerned with broader outcomes than reduction in substance use and criminal activity alone.

Following the Roundtable, Prof Ann Roche and Jane Fischer from Flinders University, whose research interest is in alcohol and other drug users quality of life, provided the following points to consider –

- How do we conceptualise quality of life?
- Identifying/developing/validating appropriate measure/s.
- Describing the quality of life experienced by clients at different points in treatment and post treatment.

The ATCA Board is continuing to work with Prof. Roche and Jane Fischer to advance this project.

In 1995 ATCA formally recognised what had previously been an informal collegial relationship with TCs in New Zealand, the change of name to Australasian Therapeutic Communities Association and the participation of a New Zealand representative on the ATCA Board built on the already strong relationship between the two countries. This cooperation has continued with the recent workforce development initiative which will see TCs in Australia and New Zealand working together to develop workforce strategies and training programs to inform a workforce training package that can be accessed by both Australian and New Zealand 'students' wishing to be trained in this modality with a view to working in the sector or improving the skills of those already employed.

Watch this space....

Again this year I would like to thank the ATCA Board for their continued support and efforts on behalf of ATCA members over the last twelve months, it has been a busy time with Board members participating in Peer Reviews along with Bec and Lynne, travelling to all parts of the country and New Zealand.

On behalf of the Board I would particularly like to thank Lynne Magor-Blatch and Bec Davey for their unstinting efforts during the year, many nights spent away from home working with member agencies and the Board to progress the accreditation process with JAS-ANZ, to conduct Peer Reviews, agency reviews and support, writing submissions and providing support to the Board. Lynne has been appointed to the Drug and Alcohol Prevention and Treatment Review Advisory Committee, the Of Substance Editorial Reference Group, as a Board Member of ADCA, a Member of the Intergovernmental Committee on Drugs DA-CCP Project, a member of the National Workforce Development Strategic Working Group, plus several other committees, not to mention conference presentations, working with government and member agencies. Somewhere in there she manages to squeeze in sleep and family.

On behalf of the Board and the Membership I would like to extend our sincere appreciation for the work completed by Lynne and Bec over the last year.



Barry Evans

Chair. ATCA Board of Management



Executive Officer

Lynne Magor-Blatch

As we come to the end of another year, it is interesting to once again reflect on the many achievements made by the ATCA and its members – both organisational and individual. Of particular note has been the increase in member numbers, taking us to 40 members operating 63 therapeutic communities, together with an array of outpatient services within AOD, mental health, justice and community settings. This is particularly noteworthy given the somewhat uncertain political and economic climate in which we sit. Nationally and at jurisdictional level there are a number of important reviews currently underway, and these will influence the ways in which we are able to meet the demands of our client groups into the future.

We have received ongoing support to the Secretariat from the Federal Government, with funding assured until 2015, by which time the outcome of the *Review of Drug and Alcohol Prevention and Treatment Services* will be known. I have been appointed to represent the ATCA on the *Advisory Committee for the Review of the Drug and Alcohol Prevention and Treatment Services Sector*, and am also a member of the team undertaking *The Development of a Quality Framework for Australian Government Funded Drug And Alcohol Treatment Services*. Consultations are currently underway with the sector for this project, and this is particularly important as the ATCA Standard becomes more widely used by TCs and other residential services.

We have also received welcome support this year from the New Zealand Ministry of Health, through funding to *Matua Raki*, the NZ Workforce Development organisation, to develop specific TC training initiatives. We have recently completed an online survey in Australia and New Zealand, with over 500 respondents providing valuable information. The working group, comprising NZ TC representatives, together with Anna Nelson (Programme Lead) and myself, will meet again early in 2014 to commence drafting the training modules – which will then be offered through workshop and accredited training programs. In Australia, we are looking at developing TC-specific modules which can be added to the Certificate IV and Diploma courses, and will include academic content and experiential training – including placements in adult, youth and prison-based TCs, in both Australia and New Zealand. We have three members (*Odyssey Vic*, *Ted Noffs Foundation* and the *Salvation Army*) that are Registered Training Organisations, and we hope to work with them in developing the TC modules. We will also be examining the possibility of including TC training at university-level.

From a personal perspective, 2013 was a big year for me as I completed and attained my PhD. My study, *Intervention for Amphetamine-type Stimulant (ATS) Use in the Therapeutic Community*, examined the effectiveness of the Group Intervention for ATS users (Magor-Blatch & Pitts, 2009) which was developed and distributed to all ATCA members as a result of funding provided to *Odyssey House McGrath Foundation* in 2008-2009.

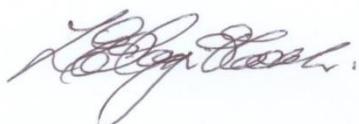
An estimated 14.3–52.5 million people worldwide use meth/amphetamine, increasing to between 38 and 100.1 million when cocaine and Ecstasy are included. ATS use is associated with a range of negative physical and mental health consequences, resulting in substantial costs to the community in health care, criminal justice and other psychosocial factors, including child protection and family support. Although there are few evidence-based treatments for this population group, ATS were the fourth most common principal drug of concern for which treatment was sought in 2009–10 in Australia.

While the majority presented for counselling, 13.9% entered residential treatment, including therapeutic communities (TCs) in 2009–10. Prior to my study, evidence-based interventions for this group were primarily based on individual cognitive behavioural therapy. My thesis reported on the results of a quasi-experimental study of ATS users accessing treatment in 12 Australian TCs, including those who received the ATS intervention (n=125; 83 males) compared with Treatment as Usual (TAU, ie usual TC treatment) (n=122; 75 males). Participants were interviewed and completed self-report questionnaires of psychosocial measures at T1 (baseline: Time 1) entry to the study and at two follow-up points (T2 and T3) over 18 months. Results provided an important profile of ATS users entering our TCs, describing their severity of dependence, history of lifetime and current substance use, and severe symptomatology on mental health and psychosocial measures.

Results for both groups at T3 (second follow-up: Time 3) showed statistically significant and clinical improvement over baseline on a number of measures, with results at T3 showing reduced substance use and criminal offending, as well as improvement on a range of psychosocial measures, including mental and physical health, psychopathology and executive function. While both groups improved significantly from T1 to T3, those receiving the ATS intervention showed evidence of greater improvement than those who received treatment as usual only. Aspects considered to be most beneficial included activities based on Acceptance Commitment Therapy (ACT) and mindfulness. The results were notable, given the severe deficits in cognitive functioning and level of comorbid presentations that were evident within this treatment population.

I am grateful to the 247 residents of the 12 TCs taking part in this study for their participation over the 18 months of this study. I am also of course delighted that the results showed the effectiveness of the intervention, and hope that all TCs will continue to use it in working with all clients – and not just those presenting with ATS use, in both group and individual settings.

In the coming year, the ATCA will focus particularly on research, working with members to maintain and develop their own research outputs, as well as concentrating on a major TC study. It is exciting and rewarding that we have a number of Australian and international researchers and research bodies keen to work with us. As we continue to conceptualise the TC model in new community and correctional settings, and with different population groups and presentations, research evidence becomes increasingly important. The list of members' publications continues to grow, and most importantly, the numbers of residents who have benefitted from TC treatment also continues to grow – providing the most important evidence base for our success.





Project Officer

Rebecca Davey

The 2012/2013 year has been one of consolidation for the Standard's project. Peer reviews were completed at the Drug and Alcohol Services Association of Alice Spring's Aranda House facility, The Butterly in Byron Bay, and at CareNZ's Springhill Prison TC which included a visit to the Hawkes Bay program where the review team was honoured with a powhiri (traditional welcome to land) by the men of the program.

The Joint Accreditation Scheme of Australia and New Zealand has accepted the Standard and we are currently finalising the logistics of the Scheme under which it will operate. In layman's terms, the Scheme outlines the 'rules' to which those certifying a service against the Standard must operate. As soon as this is completed, independent Certifying Assessment Bodies (CABs) will be able to apply for certification to utilise the ATCA Standard for Therapeutic Communities and Residential Rehabilitation Services. An organisation that is currently operating as a Residential Rehabilitation Service will be able to utilise the Standard as part of a quality framework, applying indicators 1-6 of the Standard, whilst a Therapeutic Community will be required to apply all 13 indicators of the Standard. The Standard has been designed to work in concert with ISO 2008:9001 Quality Management System, and for organisations wishing to apply the WANADA Culturally Secure Standard, one accreditation visit could cover all Standards. Alternatively, the ATCA Standard may be utilised as a singular quality tool depending on the accreditation needs of your organisation.

The ATCA has commenced auditor training for those wishing to undertake audit's against the ATCA Standard for Therapeutic Communities and Residential Rehabilitation Services. Auditors will not be working for the ATCA directly, however it will be a requirement that they have completed the ATCA training prior to applying the ATCA Standard for Therapeutic Communities and Residential Rehabilitation services.

I would like to extend my thanks to all who have participated in the Standard's project over the past 3 years, especially to those reviewers and services who have supported their staff to come out and undertake reviews across Australia and New Zealand. The ATCA would not have been able to progress the project without your assistance.

Bec Davey

Project Officer



Treasurer
Gerard Byrne

It is my pleasure to present to the membership of the Australasian Therapeutic Communities Association, the Annual Treasurer's report for the financial year 2012 - 2013.

The Constitution of the Australasian Therapeutic Communities Association states, in Clause 9.3; Sub-clause (b): Subject to the requirements of the Act, the ordinary business of the annual general meeting shall be: to receive from the Board reports upon the transactions of the Association during the last preceding financial year.

It is also with pleasure that I note that the Association has maintained its financial viability during the past financial year.

Once again the Association has maintained its funding from the Commonwealth Department of Health. As Treasurer and on behalf of the Board of Directors and the Association Membership, I would like to extend our appreciation of the ongoing support provided by Commonwealth Department of Health.

The Association, at the time of the annual audit, has cash assets of \$49,048 without liability. Whilst this is a small reduction on last financial year (\$49,900), it should be noted that the Association is in a financially viable position.

I would like to acknowledge the efforts of the Association's Executive Officer, Lynne Magor-Blatch, for her commitment to her role as EO, the Association and Member TCs.

I also acknowledge the work of Rebecca Davey, Project Officer, for her contribution to the success of the Association.

I also extend the Associations appreciation to Traci Martina of Martina Financial Administration Services Pty Ltd for her assistance with the financial management of the Association.

Gerard Byrne
Treasurer, Australasian Therapeutic Communities Association

Regional Reports

Australian Capital Territory

There are 4 TC members in the ACT:

- Arcadia House (Directions ACT)
- Canberra Recovery Services (Salvation Army)
- Karralika Programs Inc (including Karralika TC and the prison based Solaris TC)
- Ted Noffs Foundation

Arcadia House



"My time at Arcadia House has changed my life, when I walked through these doors 8 weeks ago I had no self-worth, no confidence and no self-esteem. After 8 weeks of blood, sweat and tears and a lot of laughter thanks to the amazing peers and staff I am leaving here with my head held proud and high. The person I have become now has confidence and self-love."

Arcadia House offers a seven day, non-medicated withdrawal program and an eight week Transition Program which are based on Therapeutic Community principles. The residential program operates on a modified TC model that incorporates harm reduction as an explicit aim. The program is abstinence based and includes a focus on self-help and mutual support. It aims to help clients develop positive life skills while providing them with the physical and personal resources to successfully withdraw from alcohol and other drugs.

New Initiatives

Under the guidance of Dr Nicole Lee, Arcadia's Day Program has been developed.

The program will run for 8 weeks, 5 days a week in conjunction with the current residential program. Clients will be assigned a case manager who will work with them to design a tailored program. Clients live at home and attend the program during the day. A group program allows clients to explore their personal issues, and at the same time help to build effective communication skills with other people, get support from others, give support to others and build healthy networks of non-using peers.

"My time at Arcadia has been a life changing experience. I came in broken with no hopes for the future. I have learnt a lot here, particularly about feelings. I have learnt to smile again."

"To me, Arcadia House Staff and Residents have shown me a whole new way of thinking. Life on Life's terms is not just OK but awesome at times. I left here knowing that my actions are my choice and feelings are good, I'm even seeing good in myself."



Canberra Recovery Services



The Salvation Army, Canberra Recovery Services (CRS) is one of eight TCs operated by The Salvation Army and using the 'Bridge Program' model for

recovery. CRS provides 45 places for women and men in a residential setting and transitional housing. CRS provides a diverse range of services to participants including training, education and social activities.

Recovery Services seeks to bring hope, healing and wholeness to all people adversely affected by alcohol, other drugs and gambling by providing a range of services and support to addicts, families and significant others whose lives have been affected by addiction. This can include group discussions, one-on-one sessions, alcohol and drug education, chapel services, work activity therapy and vocational training. Our centres are abstinence based, drug-free environments and our programmes provide a holistic treatment service that will help achieve physical, mental, emotional, social and spiritual well-being.

Karralika Programs Inc

Karralika Programs has continued to operate all its therapeutic community programs in the ACT and surrounding regions in NSW over the past year. We commenced a few initiatives from our strategic plan to build on the programs and to further develop collaborations with other services.

Firstly we increased the bed capacity at the Solaris Therapeutic Community (which is co-delivered with ACT Corrective Services) to 24 beds to cater for the larger numbers of detainees who have expressed interest in the program. We also increased our transition service hours for detainees exiting the Solaris Program and the Alexander Maconochie Centre to provide continued support to detainees re-entering the community.

Another significant development has been the extension of our eligibility criteria for the Karralika Therapeutic Community to adults utilising pharmacotherapies for opioid dependence (such as Methadone and Buprenorphine) on a maintenance regime through Opioid Replacement Treatment (ORT) programs. This change to our program criteria has provided a new rehabilitative treatment option not previously available in the ACT. In other words, following referral, assessment and approval, people are able to participate in the Karralika Therapeutic Community to address their alcohol or other drug use issues whilst remaining on ORT.



Karralika TC Manager Kerry Fitzgerald, Chair David Templeman, CEO Camilla Rowland, and ATCA EO Lynne Magor-Blatch celebrate Karralika's 'Celebration of Recovery' 35 year birthday celebrations.

We commenced a number of new collaborative partnerships over the past year including: collaboration with Mental Illness Fellowship Victoria to deliver drug and alcohol support services into their residential step-up step-down houses for adults in the ACT; a collaboration with Bear in the Bag (through the Bethany Healing Foundation) to provide comfort bags (with teddy bears) for all new children entering or visiting our Child & Family Program at the Karralika Programs Therapeutic Community.

Finally, we have commenced collaborative work across the alcohol and other drugs, ageing and community services sectors in the ACT, with the support of Mary Porter (Member of the ACT Legislative Assembly), to establish an older persons AOD support service in the ACT. An initial cross-sector forum was held to begin the scoping process including the establishment of a cross-sectoral Steering Committee.

Ted Noffs Foundation

PALM is a residential program for young people aged 14-18 with serious alcohol, or other drug-related difficulties. The up to three-month program (with up to twelve months



continuing care) aims to help young people to build the skills to manage their own lives effectively.

The rationale behind PALM is that it is not enough to simply aim to reduce or eliminate drug use. Drug use is tied to other aspects of people's lives – so sorting out the drug use itself is ineffective if the other areas that contribute to problematic drug use are not dealt with. A holistic perspective is necessary to make sure any change in a person's drug use is positive and sustainable. As a result, each program addresses issues such as employment, training, relationship building, mood management, personal growth and development, and teaches relapse prevention skills.

PALM provides a safe, homely environment within which young people are supported through this difficult journey. The program addresses the needs of young people at all levels including personal, social, vocational or educational, living skills and sport and recreation.

PALM is based on leading research conducted in partnership with the National Drug and Alcohol Research Centre (NDARC). Each young person has an individual plan tailored to his or her particular needs based on a thorough assessment. Young people are offered extensive group work, individual counselling, family therapy, living skills and vocational/educational help.

After completing the Ted Noffs Foundation PALM program, young people have shown significantly reduced criminal activity, reduced harmful drug use, increased involvement in training and employment, increased stability in their accommodation and better family relations.

Recent findings from a three-month post-treatment study of the effectiveness of PALM show:

- Significant reductions in averaged frequency of cannabis use (a decrease from 22 days per month to 9), alcohol use (a decrease from 10 days per month to 5), amphetamine-type stimulant use (a decrease from 10 days per month to 2), and opioid use (a decrease from 10 days per month to 2).
- Significant reductions in the severity of dependence and in the percentage of young people reporting injecting drug use (from 34% to 20%).
- A significant decrease in the average number of arrests in the previous three months (from 2 to 1) and significant reductions in the percentage of young people reporting involvement in property crime (from 41% to 18%) and crime against persons (from 32% to 14%).
- Significant improvements in mental health, including those measured using the Brief Symptom Inventory (depression, anxiety, hostility, and psychoticism) and the Psychological Well-Being Scale (such as suicidal ideation – from 52% of residents pre-treatment to 18% post-treatment)
- A significant improvement in family functioning, as measured by the Family Assessment Device.

These findings indicate that PALM involvement results in positive outcomes across a number of domains for young people with substance use and related difficulties.

New South Wales

There are currently 11 member organisations in NSW:

- The Buttery
- The Lyndon Community
- Namatjira Haven
- Ngara Nura TC (Long Bay Gaol)
- Odyssey House McGrath Foundation
- One8oTC
- The Peppers
- The Salvation Army Recovery Services: Dooralang, Hadleigh Lodge, Booth House
- Ted Noffs Foundation
- Watershed D&A Recovery and Education Centre
- WHOS (Rozelle and Hunter Valley)

The Buttery



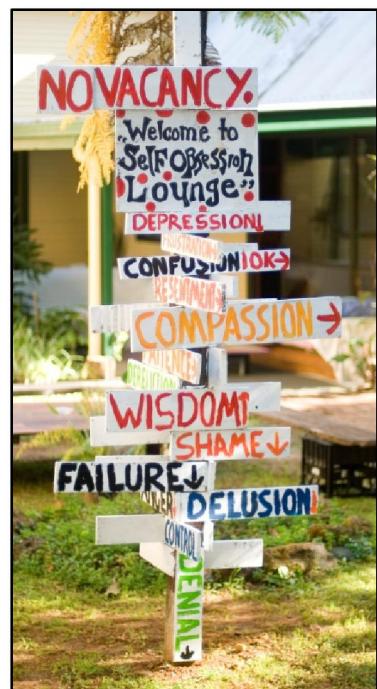
The Buttery Therapeutic Community continues to thrive in the midst of significant changes throughout the past year. As many readers will be aware, the primary change has been the inclusion of the new Maintenance to Abstinence Program (MTA) which is housed on site with overarching activities for the MTA residents and The Buttery TC residents.

The addition of the program was implemented with remarkable ease thanks to a facilitated process of change and consultation between the Executive

Director, members of the TC team, and with occasional input from the Team Supervisor. It was also made more useful by the addition of the new Team Leader for MTA two months prior to program commencement. And last, but certainly not least, the residents participated in the change process by contributing their valuable observations and expressing their concerns.

It is also noteworthy that the addition of the new service was accompanied by some significant improvements to the broader facility. Staff and residents much appreciated the little things ... like some upgraded mattresses, soft furnishings in various houses, updating kitchen needs etc. as all existing TC residents moved to "The Valley" so that the Loft house could accommodate the new program.

By July 2nd we were ready to rock and roll. Despite a few minor hurdles, MTA continues to be a smooth and valuable addition to



The Buttery's programs.

I am pleased, and grateful to report that the TC Counselling Team remains unchanged, the level of cohesion, openness, and willingness to fully engage with one another in the sometimes trying circumstances of this service is inspirational. This was evidenced in the first round of residents' feedback via the database which was installed at the completion of the Improved Services Initiative. Residents ranked their appreciation of each Case Worker in the highest scores available.

The Residential Care Workers (Night Supervisors), have seen a few new additions to this team which works closely alongside the day and night staff members of the MTA program. Even though the two programs run independently of one another, it is reassuring to know that there is a minimum of two staff members on site at all times.

The Family Inclusive Program has primarily been outsourced to the INTRA team in the past twelve months. However, Family Bookings in the TC continue to be a key feature for senior residents. We regularly receive words of gratitude and praise from family members following these sessions.

We continue to manage the Medical Students placements program. This has been a highly successful opportunity for the Medical Students to be introduced to the concept of the Therapeutic Community as a referral option when working with people in addiction.

Standard TC activities for the year included:

- Two program planning days.
- A three day camp for the residents with all Case Workers attending.
- A trip to Wet and Wild; and of course –
- Regular outings to the Beach, NA/AA Conventions, and participating in choir performances for residents from both TC and MTA programs.

A new activity is the 'time capsule' which began on 12th December 2012. It was so popular that we've decided to keep it going. Early in the New Year, residents in the program write up something for the time capsule – their wishes, their reflections, and occasionally something amusing e.g. when we opened the last time capsule an ex-resident who had been out of the program for several months read his entry "have I had sex yet?!" Each December 12th this will be an opportunity for current and ex-residents to come together and celebrate their achievements.

It's been a very good and a very fast year. Our thanks to all those people who direct and support this program –from The Board of Directors, the Executive Director, the Admin Team, Finance Staff, Ancillary Staff, Fundraising, Quality Assurance, Outreach Services, and the good people who bring their donations of food and financial offerings. While we may not yet have succeeded in acquiring a bigger better facility, the generosity and good will of people who work here, or who support this service, is truly praiseworthy. What better role modelling for those who come in need could there be?

The Lyndon Community

Manager Cathy Wilson at the Lyndon Community, Canowindra

The Lyndon Community had to close the TC in Canowindra during the year due to building maintenance concerns. Happily, though, the service is due to reopen at the time this report goes to print. The program has beds for up to 30 people in the community at one time, and takes males and females over 18 years.



Namatjira Haven



Namatjira Haven has been operating since 1979, and is a 14 bed program for adult Aboriginal men dealing with substance misuse, abuse and domestic violence issues. The healing centre also provides outreach family health and wellbeing support services to family members of residents. Namatjira Haven acknowledges the people of the Bundjalung Nation, Traditional Custodians of the land on which they work.



Odyssey House McGrath Foundation

The past year has been challenging as well as rewarding. Yet, as always, Odyssey House staff have ably managed to assist our clients, most of whom represent a most challenging profile.

Over half of all admissions (51%) to our residential

service over the past year were diagnosed with a co-occurring substance misuse and mental health disorder. This condition is difficult to treat unless done so using a holistic and integrated approach that addresses both components. The most common diagnostic categories have been depression and anxiety, which are seen in 56 per cent of men and 70 per cent of women who access our services. To address these issues we introduced a group intervention during the early stages of the program which has proven to be successful in assisting individuals to remain in the program.

During the year we remained proactive in participating with other organisations to strengthen our service delivery and contribute to the alcohol and other drugs field. Odyssey House became a member of the "Partners in Recovery" consortium, which is funded by the Department of Health and Ageing (DOHA) to provide seamless services for people with chronic mental health issues. The consortium is led by the NSW Schizophrenia Fellowship and the South West Health District Medicare Local. We have entered into a Memorandum of understanding with the Maryfields Recovery Centre which is sponsored by St Vincent de Paul. We anticipate these working relationships will enhance our ability to provide quality services to our clients.

We maintained formal relationships with the Tharawal Aboriginal Corporation; the Drug and Alcohol Women's Network (DAWN); the Illawarra Aboriginal Medical Service; the University of Western Sydney's Medical School; and the UWS Psychology Department, where we have student complete their external placement requirements with us. In addition we benefit from food collection through Oz Harvest, which "rescues" food from companies and institutions so it can be distributed to charitable organisations like ours.

Our status as a key commentator on alcohol and other issues and policy was maintained again over the past year. More than 300 media items about Odyssey House appeared in various media platforms with an average impact of 4.3 out of 5, generating more than 17.2 million opportunities to see/hear positive coverage about Odyssey House, the work we do, and the people we assist. We achieved 166 talk segments, 125 news items and 12 feature stories in various media, with highlights including *That's Life* magazine, *Sunrise*, *The Morning Show*, a Channel 9 News feature, and segments on ABC Radio's *Life Matters*, *World Today*, *Nightlife* and *AM* programs. Our local Macarthur media continue to highlight news of our achievements and our clients, which we believe contributes to a more supportive community not only for our organisation but also for our clients in recovery.

ONE8oTC

ONE8oTC is a not-for-profit organisation, established in 1977 to provide long-term residential treatment and rehabilitation services for young men (aged 18-35) wanting to overcome addiction and other life controlling issues.



ONE8oTC is a Christian based organisation that believes a spiritual foundation is essential. We recognise that we are emotional, physical and spiritual beings, and a holistic approach is required to achieve success and long-term freedom. Our vision is to help people put their lives back together and set them on the pathway to success.

In addition to rehabilitative services, participants are encouraged to integrate back into the community and prepare to enter or re-enter the workforce or gain further education.

The participative residential program, based in the Hawkesbury area of NSW, has provided assistance to over 5,000 young men with a focus on self-identity; family and relationships (including reconciliation); personal development; and work and responsibilities. The facility has 45 beds and is supported by 25 staff.

Funding for the ONE8oTC program is provided through donations, sponsorships, grants, foundations, fund-raising and client fees. ONE8oTC is an initiative of Teen Challenge NSW INC and is governed by a Board of Management.

The Peppers

This 12 bed program is provided in a therapeutic community residential setting for those recovering from drug abuse. Funding has been provided through the National Illicit Drug Program for this essential service. The Peppers is part of Calvary Health Care, Riverina, situated in Wagga Wagga. The full program lasts 6 months, with a 6 week early exit point, and the final 3 months of the program being undertaken in a transitional halfway house program.

The Salvation Army Recovery Services



The Salvation Army began its work with people experiencing addictions in the early 1900's in the inner city area of Sydney, and also on a farm at Collaroy. In the 1960s services were expanded with programs beginning in Redfern and Chittaway Point. Soon after this a country club at Morisset was purchased and opened as Miracle Haven Bridge Program, a new facility for women was built at nearby Berkley Vale.

William Booth House (WBH, pictured) was opened in 1974 in Surry Hills, offering detoxification and the Bridge Program. Programs were begun in Newcastle, St Peters and Canberra, with the most recent addition being the purchase of a property at Leura, Hadleigh Lodge.

A range of outclient services and day therapeutic community programs are also provided to meet specific need in local communities, examples of these are; services for families at Newcastle,

Penrith, Bonnells Bay and Wollongong in New South Wales and Braddon in the ACT, and services for youth at Newcastle and Nowra.

Additionally a large range of day therapeutic community, intervention and family support services are offered throughout urban, regional and remote areas of NSW and the ACT through the local Salvation Army, these are supported by Recovery Services and Bridge Program Therapeutic Communities.

Recent Developments



The Salvation Army has recently made significant capital investment in its Therapeutic Community network in NSW and the ACT.

The Dooralang Resort on the NSW Central Coast was purchased and after a significant refurbishment was transformed into the Dooralang Transformation Centre (DTC).

Three Bridge Program TC programs were relocated to DTC; Miracle Haven (men) and Endeavour Bridge Programs (Dual Diagnosis) from Morisset and the Selah Bridge Program (women) from Berkley Vale.

This large and flexible property provides a perfect therapeutic community environment for the provision of these three individual Bridge Program TC streams whilst building on their individual, now collective capacity.

There has also been a major refurbishment of William Booth House (WBH). This has provided the opportunity for the relocation of the Alf Dawkins Detox Unit from its home of 10 years, Foster House, to WBH.

WBH now provides three service streams; the Alf Dawkins Detox Unit targeting homeless persons, the Bridge Nursing Hostel providing detox services for people undergoing the Bridge Program in a Salvation Army Therapeutic Community and the William Booth Hostel Therapeutic Community Bridge Program.

Hadleigh Lodge continues its work in the Blue Mountains providing both a residential therapeutic community and an outclient TC program.

The most recent initiative has been the commencement in Penrith of a Day Therapeutic Community Program - Pathways, for people undergoing opioid substitution treatment who wish to stabilise, reduce or cease their use of OST. Pathways also assists people who are exiting custodial settings and those with high social risk factors and complex needs.

Ted Noffs Foundation

Similar to the ACT PALM program, the Ted Noffs Foundation operate PALM Sydney, currently located in Randwick. The PALM program is available for any young person who is aged between 14-18 years at the time of referral and whose life is seriously affected by drug and/or alcohol use is eligible.

Watershed D&A Recovery and Education Centre

Our goal is to empower our clients with the tools and knowledge necessary to bring about a positive change so that they can overcome their substance dependency and fully engage in healthy, productive lives.

We are committed to assisting those with drug and alcohol misuse issues, as well as those with co-occurring mental health issues to:

- realise a sense of self worth
- nurture positive living skills
- make permanent behavioural change
- find a more productive way of living and help them take their place as valuable member of society

This is achieved by addressing the addictive behavior, as well as the underlying, core issues. By promoting activities that encourage accountability, honesty and integrity, healthy new habits are created.

Our holistic treatment philosophy emphasises three stages

of permanent recovery:

- Residential Withdrawal Management (Detox)
- Residential Rehabilitation
- Carinya Halfway House and Aftercare



"Thank you to everyone involved in my start to recovery, directly or indirectly. I couldn't have asked for a better start and I'm most grateful for the time and effort that was given to me..... The time I spent at Watershed has taught me some valuable lessons that I know I will carry with me for the rest of my life....."

WHOS (Rozelle and Hunter Valley)

WHOS was established in 1972 by a group of concerned ex-users, who had identified a way to help drug dependant members of the community in finding a better way of living. This humble beginning of a self-help group has evolved into a recognised professional service today known as We Help Ourselves utilising the Therapeutic Community model of drug treatment. Our staff work within a strict professional code of ethics and have extensive experience in the field of drug addiction.



The WHOS Therapeutic Community is a three to six month residential program offering groupwork, counselling support and education, stress management and skills development. Groupwork covers topics such as social and communication skills, assertiveness skills and self esteem building, living skills, self and group evaluation awareness, exiting client groups, relapse prevention, drug overdose and ex-resident groups. WHOS also provides HIV and other infectious disease education and adopts a harm minimisation approach should a drug free outcome not be chosen. Outreach services are available and provided by We Help Ourselves. We provide multiple access to outside activities such as self-help meetings, general health services, legal and welfare services, TAFE and other educational activities and various exercise programs eg. Yoga and Tai Chi. Weekends are a time for the reintroduction of leisure activities and relaxation.

New Beginnings

New Beginnings women's program operates separately from the other We Help Ourselves services. Its aim is to provide a safe and secure environment where women who suffer from drug abuse and its related problems can concentrate on their recovery. Groupwork and individual counselling are provided by same sex drug and alcohol workers who deal with the special needs of women. Our service is situated close to the city and to all the professional facilities that a city has to offer. We are ideally situated for our residents to make the transition back into the community and we can also offer 3/4 way housing if a longer stay is required.

MTAR

WHOS MTAR is a service provided by We Help Ourselves. WHOS MTAR uses the Therapeutic Community model of drug treatment to assist clients to reduce off methadone while learning the skills necessary to live drug free.

Gunyah

The WHOS Gunyah men's community is a three to six month program offering group work, counselling, support and education, stress management and skills development. Groupwork covers topics such as social and communication skills, assertiveness skills and self esteem building, living skills, self and group evaluation awareness, exiting client groups, relapse prevention and ex-residents groups. WHOS also provides HIV and other infections disease education and adopts a harm minimisation approach should a drug free outcome not be chosen.

Outreach services are available and provided by We Help Ourselves. We also provide multiple accesses to outside activities such as self help meetings, general health services, legal and welfare services, TAFE and other educational activities and various exercise programs. Weekends are the time for leisure activities and relaxation.

RTOD

WHOS RTOD was established in 2009 and uses the modified Therapeutic Community (TC) model of treatment to assist you in your stabilisation needs while learning the skills necessary to achieve your goals.

Hunter

We Help Ourselves Hunter Valley operates separately from the other WHOS services. Its aim is to provide a safe and secure environment where men and women



who suffer from drug dependence and its related problems can concentrate on their recovery. Experienced drug and alcohol workers who deal with the special needs of clients provide groupwork and individual counselling. Our service is located at Cessnock in the Hunter Valley. We facilitate aftercare support and accommodation for clients during their transition back into the community.

Northern Territory

There are currently 3 member organisations in the Northern Territory:

- Banyan House – Foster Foundation
- Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG)
- Drug and Alcohol Services Association, Alice Springs (Aranda House)

Banyan House – Foster Foundation

Banyan House is a 21 bed residential alcohol and other drug rehabilitation facility in Darwin, NT. Banyan House is a residential Therapeutic Community, and is governed by the Forster Foundation for Drug Rehabilitation Inc.

Banyan House is a residential Therapeutic Community located in Darwin, Northern Territory offering a treatment for people recovering from alcohol and drug addictions and any co-occurring mental health disorders.

We provide:

- Residential rehabilitation program
- Residential supported withdrawal program
- Alcohol and drug assessments
- Courts and Police diversion programs
- Counselling, education and information



At Banyan House, recovery means regaining lost or diminished capability, health or previous level of functioning. In other words, returning to a state of physical and mental health. Our view of recovery extends beyond achieving and maintaining abstinence to encompass lifestyle and identity change.

At Banyan House, recovery involves residents taking an active role in their own recovery by following a structured program that incorporates a system of trust, individual responsibility & community participation.

The community structure provides the opportunity for people to reflect upon their previous lifestyle that has led them along a path of alcohol and other drug misuse.

Within the therapeutic community, residents learn new behaviours and gain new perspectives on life and it is with the support of other recovering addicts and the guidance of staff at Banyan House that positive changes can be made.



Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG)

*'The Dam', site of many an occasion
for the residents of BRADAAG*

BRADAAG (Barkly Region Alcohol and Drug Abuse Advisory Group Inc.) was established in 1982 as a community based group to address

alcohol and other drug issues. An 11 bed sobering up shelter was opened in 1984, with another 3 beds being added in 1988 and a further 2 beds in 2002. A counseling service was operated from the shelter premises until 1993 when the Staunton Street Residential Centre was opened as a 6-bed treatment facility, a major new direction. Subsequently three additional houses have been acquired to expand options for additional clients. One of these houses is a womens-only house.

The Staunton Street Centre is a cluster of homes in a residential area of Tennant Creek about a kilometer from the town centre. The main house accommodates the administration functions of the service and contains 8 beds. Nearly all the residential clients stay in this facility at first. Across the street are three additional houses, most with 3 bedrooms. Overall the service can provide for 20 clients at any one time.

In addition to this, we have one house that we use for our Family Program. The house accommodates the individual suffering substance misuse, their partner plus their children to work towards changing their lifestyle and to promote a stronger family unit with the skills to support and better communicate with each other. Single parents are also encouraged to access the program.

In addition to these services we operate the Transitional Aftercare/Outreach Service that provides Alcohol and Other Drugs education and support to Families and Individuals in the township of Tennant Creek and currently provides aftercare to our clients after discharge from treatment. Clients access this service either by referral from other agencies or are self-referred. This service also provides Alcohol & Other Drugs education and support to Families and Individuals from the listed Communities Canteen Creek (Owairtilla) & Epenarra (Wutunugurra) Ali Curung & Murray Downs Elliott & Newcastle Waters (Marlinja).

An extension of our Transitional Aftercare/ Outreach incorporates 13 fully furnished units that cater to clients who are moving on to the next stage of their lifestyle change. These units are provided for singles and small families who carry on with our program.

BRADAAG has under gone a process of national accreditation (Quality Management System- ISO 99001:2008) and on the 15/07/2010 we achieved national accredited. BRADAAG is the first Alcohol and Other Drugs Services in the Northern Territory to achieve this accreditation.

Drug and Alcohol Services Association, Alice Springs (Aranda House)

2013 has seen some great improvements and refinements of the Aranda House Therapeutic Community Program. We have had the pleasure of welcoming Brett Hayes to the team, as our new Therapeutic Community Manager. Sharon Lane (our Operations Manager) and Brett have been working closely together to further enhance what the Aranda House program offers our clients.





Some of the highlights of 2013 this year I will outline for you below, including some images so that the picture is more accurately painted: Aranda House has taken clients on two bush camps this year. On these camps the clients slept in swags, cooked bush tucker and carried out the daily program in a lovely outdoor setting. These events have been a favourite of the clients, with another camp coming up very soon.

The clients have enjoyed other bush outings on weekends, including visiting the Camel Farm, 80 kilometres out of Alice Springs.



Aranda House works closely with Reclink, an organisation that encourages those experiencing disadvantage to become actively involved in sport, recreation and arts programs to ensure positive health outcomes throughout the community. Some of the activities include football and wheelchair basketball – both are huge favourites with our clients. Our Indigenous Outreach Team can also often be found zipping around in a wheelchair whenever the clients have a game.

Aranda House clients have also enjoyed the newly introduced Ethical Nutrition Bush Wok Program. This program is facilitated by a Nutritionist who teaches our clients how to cook healthy and nutritious meals using his invention – the bush wok stove.

The staff and clients have become increasingly conscious of the Therapeutic Community Model and the philosophies of the TC are now much more embedded in the culture of our TC. The clients are much more involved in the care and ownership of the facilities, including making trips to our other sites to participate in gardening working bees. Two clients recently volunteered at the annual Alice Springs Old Timers' Fete – as a way of contributing to the wider community.



Our program at present includes groups and sessions such as SMART Recovery, Manage Your Life, Anger Management, Feedback Groups, Relaxation, Leatherwork, Drumbeat, Music, Nutrition, Sexual Health, Sport & Recreation, Alcoholics Anonymous, Bush Trips, Men's Groups, Women's Groups and one on one case management.

This year has also seen the introduction of an evening music program. Holyoake currently provides Drumbeat workshops at Aranda House on a weekly basis, which the clients enjoy very much. This year we have sent two staff to undertake the drumming workshop training and we have also had a drum making workshop for the clients. Several djembe were made and these are now used during the Holyoake sessions, and during other times.



Queensland

There are currently 5 member organisations in Queensland representing 9 TCs.

- Fresh Hope Association
- Goldbridge Rehabilitation Services Inc
- Lives Lived Well – Logan House Therapeutic Community
- Lives Lived Well – Mirikai
- Lives Lived Well – Shanty Creek Therapeutic Community
- The Salvation Army – Fairhaven
- The Salvation Army – Moonyah
- The Salvation Army – Townsville Recovery Services
- WHOS Sunshine Coast

Fresh Hope Association

This last year has seen Fresh Hope grow from strength to strength.

- The number of residents has steadily grown back to what it was over a year ago.
- New buildings including a new Office and Learning Centre.
- Staff finishing Diplomas in AOD.
- Close to finishing the ATCA standards with minimal staffing available.



This year has seen many agencies and groups interested in learning more about Therapeutic Communities and what we do at Fresh Hope. All learning about: What a TC is all about, how a TC is used as part of a Recovery model and helping them understand how we run our TC.

The symposium in Launceston was enjoyed by the staff who attended and much was brought back that we looked at as a staff. We enjoy these conferences and are looking forward to this year's one on the Gold Coast. So much can be taken away from them and we look on them as a good training tool for our staff, especially the new Staff.

We are looking forward to another year of change and growth and expanded horizons.

Goldbridge Rehabilitation Services Inc

A number of trends have been highlighted during the past year:

- Alcohol has become the primary problem for the majority of clients
- Significant increase in the number of clients presenting with mental health problems
- Increased number of clients with serious health issues, including cancer
- Demand for residential rehabilitation is increasing for single parents and families

MENTAL HEALTH AND FAMILIES



Goldbridge hosted a display at the Gold Coast Wellness Festival. The Festival is an annual event that concludes the celebrations of Mental Health Week. In the theme of *Be Active, Get Connected, Stay Involved*, the activities we chose for the community to have fun with Sand Art and jewellery making. The flow of visitors to our stand was non-stop with families delighted by the hands-on activities and children being able to take home their creation. Through networking opportunities at this event, Goldbridge was invited to participate in the Psychological Society *Think Well, Be Well* Festival in November and a parent and teacher information day at Musgrave State School in January 2013.

During the year, Goldbridge employed Dr Joel Porter (BA, MS, PsyD), registered Clinical Psychologist with a speciality in mental health and addiction treatment, workforce training and sector supervision.

Joel has a strong international reputation for providing high quality clinical services, and brings with him a wealth of skills and experience through working in the sector for roughly 25 years. He



has worked in both residential and community based services, providing integrated treatment to people with co-existing mental health and addiction related problems, and will provide cutting edge assessments, intervention practices and Motivational Interviewing training sessions to ensure continuing quality treatment to Goldbridge clients.

SPECIAL AWARD!!

A special award for Significant Contribution to the TC Movement was recently presented to Goldbridge CEO, Charlie Blatch, at the ATCA Symposium in Tasmania. Charlie first began working within therapeutic communities in the early 1970's. Charlie was a founding member of the ATCA in 1986, and has served in various roles, including President, encouraging new members and building knowledge of the TC model. He is most likely the person in Australia with the longest period of service to the TC movement - and has played a key role in Australia since 1980 to develop and build the model. As CEO of Goldbridge, Charlie has developed the program from a small residential service to an evidenced based TC including transitional, educational and community-based support services.



BUSH ADVENTURE THERAPY



Goldbridge has incorporated Adventure Therapy into the program forming a partnership with The Outlook at Boonah. The outcomes of psychometric tests reveal improvements in depression by 46%, anxiety by 31% and stress by 34% and ability to resist AOD use by 16%. (Figures will be presented at 2013 International ATCA conference on the Gold Coast in October).



Goldbridge acknowledges our funding parties:

- Commonwealth Department of Health and Ageing
- Queensland Health

Lives Lived Well – Logan House Therapeutic Community

Logan House has had a year of change with long term manager Dave Warby moving north to manage the new 'Shanty Creek Therapeutic Community' in Mareeba, and Ivor Shaw filling his shoes at Logan House.

Whilst the community initially appeared to be at risk of losing beds following changes to Drug Court funding, Logan House has managed to maintain its funding and a full 37 beds continue to be available to both male and female adults aged 18 years and over.

The Parenting Under Pressure (PUP) program continues to provide a valuable service to resident members of the community and outreach services into the prison sector continue to provide linkages in and out of the wider network of programs offered through Lives Lived Well.

Our in-house chef, Shane, continues to be a pivotal part of the community, providing basic hospitality skills to our residents whilst always integrating therapeutic relationships within the community. Our nurse Dan, who comes from a mental health background, provides ongoing holistic health support to all members of the community.



Some building works have been undertaken late during this financial year, updating the central areas of the community, providing a brighter group/community room and updating a number of other communal areas.

Lives Lived Well – Mirikai

The Mirikai Therapeutic Community Program has embraced a year of exciting changes amongst some unsettling uncertainty! The exciting changes have coincided with the consolidation of the merger whereby all the hard work conducted under the auspice of Lives Lived Well has provided some certainty and restructure with an eye to the future.



The changes have been embraced by the management and staff of Mirikai, mindful that change will always provide unique challenges and learning. It is pleasing to note that Mirikai has become

a sister Therapeutic Community to an additional 2 Therapeutic Communities within the emergence of Lives Lived Well; we are proud to be associated with the very reputable Logan House and the new and exciting Shanty Creek TC.

It goes without saying that the business of Drug and Alcohol in conjunction with the co-morbid mental health conditions that sit alongside the presentations of many clients we provide services to, generates enough uncertainty without having to negotiate the additional concerns of funding cuts and re-tendering processes. We are pleased to announce however that within the current environment of Government influence and a seemingly ever-changing landscape, Mirikai strives to be the best we can for the population of people we are charged with providing services to. We firmly believe that our residential clients would be oblivious to the plight of the NGO's as we continue to provide seamless and undisrupted services despite the additional pressures of the current climate.

Mirikai has been operating beyond capacity and continues to service a long waiting list of desperate individuals seeking recovery for their respective needs as they negotiate their lives clouded through addiction and mental illness; so the thought of further funding cuts to the Residential Tier of AOD services across the state is frighteningly unthinkable. Mirikai continues to consult with the consumer in attempts to improve its services and assist clients from 'street to home' or from initial contact through to sustainable futures in a timely manner that identifies the holistic needs. Although it has been a period of uncertainty we believe strongly in the 'recovery magic' that occurs in the context of TC and feel genuinely excited about a future whereby the concepts of uncertainty and change also bring about opportunity!

Lives Lived Well – Shanty Creek Therapeutic Community

Shanty Creek Therapeutic Community is managed by the Queensland Drug and Alcohol Council which is part of the Lives Lived Well group. The program is the first to be funded by OATSIH to specifically provide the Therapeutic Community model of treatment to Aboriginal and Torres Strait Islander people. James Cook University has been engaged in conducting a longitudinal evaluation of the program from its inception and to date, all findings have been extremely positive.



Despite taking its first resident in May 2012, the Therapeutic Community was only officially opened on 13th August 2013, by David Kempton who is the Assistant Minister for Aboriginal and Torres Strait Islander Affairs and State Member for Cook. The official opening was postponed until an appropriate level of engagement had taken place with Traditional Owners and other stakeholders around the naming and branding of the program.

The program is situated on a picturesque 25 acre site about 10 kilometres from Mareeba in the tablelands of Far North Queensland. The site boasts a mature mango plantation, 250 various fruit trees, a one acre vegetable plot and several herb gardens. We have 25 chooks and one proud

rooster as well as a rehab dog named Oxy. In regards to food we plan on becoming as self-sustainable as possible and we will be purchasing our first beef cattle and piglets in the coming months.

Much of the 2012/13 financial year was spent engaging staff, residents and external stakeholders in the development and implementation of a program that is as appropriate as possible for the client group. The program has a strong focus on Men's and Women's business, cultural identity and art and craft, as well as case -management, psycho-educational group work, community business and work function. Much of the residents' recreation time is spent gardening, yarning around the fire pit or fishing in the beautiful creek that runs through the property.

Shanty Creek is still only a baby in terms of growth and development, but it is already obvious how well the Therapeutic Community model of treatment fits with the culture of Aboriginal and Torres Strait Islander people.

The Salvation Army – Fairhaven

Fairhaven residential complex is located at Eagle Heights in the Gold Coast Hinterland and is approximately a 45 minute drive from Surfers Paradise.

Fairhaven provides for 56 residential beds for long term recovery and 11 residential beds for withdrawal from alcohol and other drugs. The centre provides a three phased abstinence based program and is based on the Collaborative Recovery Model.



We aim to:

- Provide a safe, drug free environment to help establish a healthier lifestyle
- Help individuals focus on understanding the problems that underlie addiction
- Provide a holistic treatment service that will help achieve physical, psychological, social and spiritual wellbeing through individual case management, group therapy, pastoral and medical support, and
- Impart living skills.

Our assessment and admission office is located at 4 Scarborough St Southport (07 5630 7939). The assessment/admission office is staffed by 5 employees and provides for out-client services, facilitation of extended care services, court referral system and oversight of transitional housing.

Fairhaven employs 37 staff at Eagle Heights. The centre is staffed 24/7 including 24/7 nursing in the A&OD Withdrawal Unit.

The Salvation Army – Moonyah

Over the last three years Brisbane Recovery Services (BRS) has been planning and fundraising to build a new purpose built 20 bed units just for women.

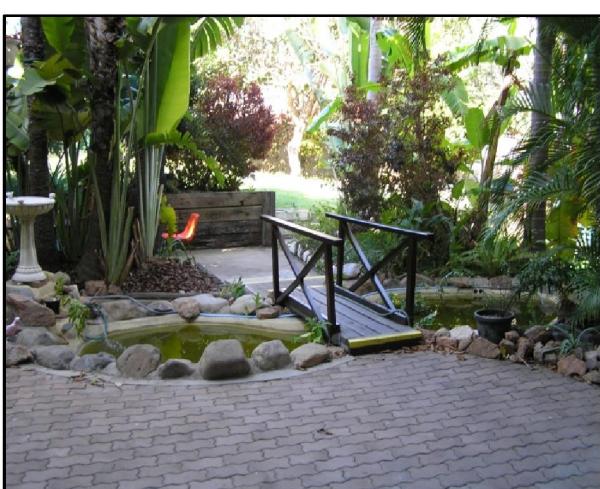


Our journey commenced three years ago with BRS being an all male centre. We knew that there were limited beds in Brisbane for women in addiction to gain recovery through a TC residential program. We commenced with just 4 women and a vision. Within a year there were 23 beds for women. Over this time we linked with Brisbane Planetarium Rotary Club and Zonta clubs of Brisbane to fundraise to see the building a reality. An amount of \$750K was raised by both these clubs with the inclusion of some corporate donations. The Salvation Army has committed the balance of the funds.

The new building will accommodate 20 bedrooms with ensuites, 2 group rooms, 2 internal common rooms, 3 outside common areas, an internet kiosk 2 laundry facilities and 4 case working rooms all of which is over three stories. The builder is ready to commence within a month!

The Salvation Army – Townsville Recovery Services

Townsville Recovery Services operates as a residential rehabilitation facility for men & women over the age of 18 seeking recovery from addiction to alcohol, other drugs and gambling.



Our program is abstinence based and provides skills to assist participants in breaking the cycle of addiction. The development of these skills leads participants into a lifestyle of hope, health and wholeness in body, mind and spirit.

Townsville Recovery Service can accommodate up to 32 participants in an air-conditioned hostel style setting comprising of single & multi-share rooms. The centre operates a commercial kitchen and participants have access to a comfortable communal dining room, TV lounge rooms, laundry facilities and a kitchenette.

Group and private counselling rooms are available for daily use and participants are encouraged to become involved in recreational and exercise activities that are organised along with weekly movie nights.

The centre is set within tropical garden surrounds and situated conveniently within the city precinct with easy access to all inner city services.

WHOS Sunshine Coast

WHOS Sunshine Coast operates separately from the other WHOS services. Its aim is

to provide a safe and secure environment where men and women who suffer from drug dependence and its related problems can concentrate on their recovery.



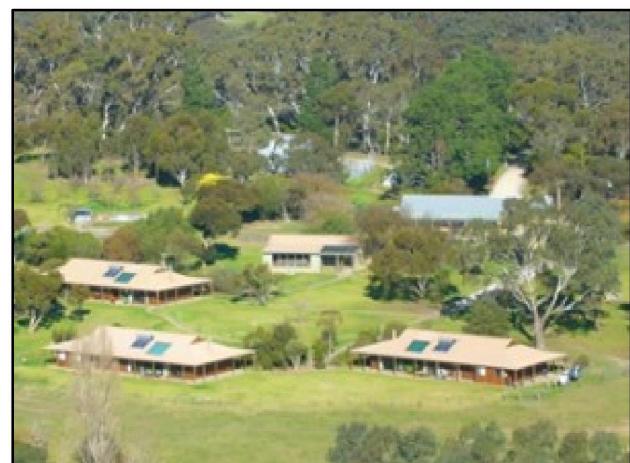
Groupwork and individual counselling are provided by experienced drug and alcohol workers who deal with the special needs of clients. Our service is located 5 kms just outside Nambour, the centre of the Sunshine Coast. We facilitate aftercare support and accommodation for clients during their transition back into the community.

South Australia

In 2012-2013 there were two member organisations of the ATCA: The Woolshed and Uniting Care Wesley Adelaide Inc, which closed the Kuitpo Therapeutic Community in late 2012, and has moved to a community based model.

The Woolshed

The Woolshed is a residential therapeutic community for men and women aged from 18 years with drug or alcohol related problems. The Woolshed offers a structured program to develop living, work and interpersonal skills through education, counselling, group work and recreational activities. It has associated halfway houses in Adelaide and links with self-help groups.



The program takes 3 to 6 months; a shorter program may be negotiated for those assessed as having commitments/needs which make the full program unsuitable.

The Woolshed accepts clients committed to living without illicit drug use. This can include those not receiving medication and those clients on medication assisted treatment for opiate dependence (MAT-OD). All MAT-OD clients wishing to enter the Woolshed will need to do so via a DASSA withdrawal unit.

Tasmania

In 2012-2013, there was one ATCA Member in Tasmania.

City Mission – Missiondale Therapeutic Community



Recognising you have a problem is the first step in getting help for an addiction. No one can force another person to undergo treatment for a problem they don't believe they have. The staff at Missiondale have helped many hundreds of people over the past sixteen years who have arrived at that point of realising they have a problem and need some help to address it.

The Australasian Therapeutic Communities Association Symposium was held in Launceston in August 2012. The Symposium was the event where Missiondale representatives were presented with their Certification as a Therapeutic Community, gaining national recognition and embarking on a three year project of quality improvement and development.

In the past 12 months we have introduced two, three bedroom, transition units for those who have successfully completed the program. Those living in the units are able to work, study or volunteer back at Missiondale whilst remaining in a safe environment. Not everybody has a "safe" place to return to once they complete their program, these units are providing that place.

Residents are encouraged to engage in the workings and running of the facility and to take ownership of their own recovery. During the past year, ninety-six individuals have been assisted with their addiction problems through attending Missiondale as live-in residents and completing one of the programs offered.

Work Therapy is one of the many components to the recovery program. We recognise the work of residents and staff in painting the men's quarters which took place through the year. Team work has been an important component of the successful completion of this project and the buildings are looking fantastic. Special recognition must also be given to Mr Percy Harris who has given freely many man hours to assist with various painting projects at Missiondale. As part of the Men's quarter's project he spent several days painting the roof and weather boards with his

spray equipment. Through his help Percy is “giving back”. His daughter was once a resident at Missiondale and as he will tell you; Missiondale got his daughter back from a desperate situation, now he is giving back to say thank you.

A resident’s story:

Up until a year ago Jason would not have believed he would be living in a therapeutic community rehabilitating from addiction related issues in his life. Like many, he thought he didn’t have a problem.

Jason grew up in a caring and loving family unit. His school years were good, always busy and he had fairly clear ambitions for his future. He pursued a career in hospitality management and became successful, working around Australia and internationally....until....“I had finally hit rock bottom”.

Jason’s life had fallen into the despair of illicit drug and alcohol addiction. Walking into Missiondale was one of the hardest things Jason had done in his life. He had a huge sense of shame, insecurity and a fear of the unknown. He had no idea what to expect. He found to his surprise, “kind, caring staff, and residents just like me” he says.

“The Missiondale program has been more than I ever expected. Although becoming impatient at the beginning, I found the pace and structure of it to be one of the most important factors in my recovery. All that we have done has deepened my understanding of my addiction. The group therapy sessions enabled me to be confidentially honest, learn from like-minded individuals and identify who I really am, why I’ve found myself in this situation and where I am going. I’ve gained most from learning the cycle of addiction, about my self-esteem and lifestyle planning.” Jason has made many changes to his life as he progressed through the program. He now takes good care of himself and manages his personal affairs with confidence and purpose. He has also rebuilt important relationships with friends and family. Jason concludes, “I’m excited about what lies ahead and feel I’ve been given many tools, by many people here to live a long, healthy and fulfilling life. I had to make the initial decision to change – but if it wasn’t for a supportive family, friendships and the City Mission, I may not be writing this today.”

Victoria

There are 4 member organisations in Victoria:

- Odyssey House Victoria
- The Salvation Army Basin Centre
- Windana Drug and Alcohol Recovery Inc
- YSAS Biribi

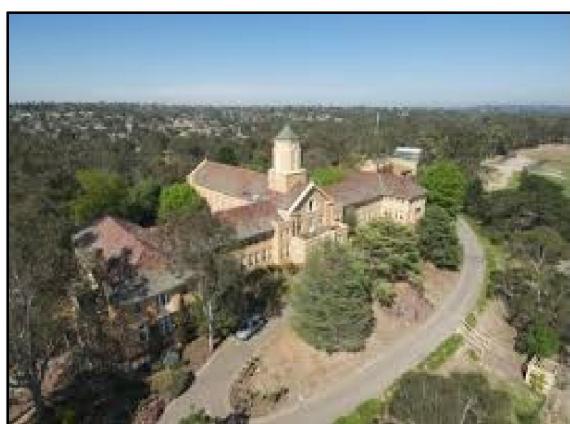
On a whole of state basis, the recommissioning project being undertaken in Victoria has now begun. The first stage of a two stage process is underway. The first stage involves all community based services during 2013/2014 the second stage will include residential and youth services.

In the new system, it will be easier for people to access the drug and alcohol services they need, when they need them - services that are tailored to people's individual circumstances and preferences, of the right intensity and duration, and of consistently high quality.

The reformed system will be centred on those seeking treatment, together with their families and carers, and will have a stronger focus on peoples' longer term recovery goals. The key elements of the reform focus on:

- A simpler streamlined system
- Better integration with broader health and human services
- A strong and capable workforce
- Support for consistent high quality services
- Accountability geared toward client outcomes
- Effective information and data management

Odyssey House Victoria



Once again it has been a very busy and productive year at the Odyssey House. The 'Circuit Breaker' program in North East Victoria has continued operations after securing funding for three years from the Commonwealth Governments NGO treatment grants program. It has been wonderful to see this program mature over the years and now sits firmly as a jewel in the crown of Odyssey House Victoria's suite of residential and community based services.

We are delighted to announce the opening of 10 new slow stream pharmacotherapy beds at the Odyssey House Therapeutic community. This service goes some way to meeting a need in the community for those wishing to exit OMT in a manageable way. Odyssey House has always allowed people on low doses of pharmacotherapies to enter treatment and reduce over a six to eight week period. Pregnant women have always been allowed to come on any dose that is consistent with their pregnancy.

The slow stream pharmacotherapy program is a modified service for adult men and women wishing to enter OHV's Therapeutic Community on higher levels of OMT. The program aims to assist people to exit OMT, but people looking to benefit from a residential program without necessarily deciding to exit OMT would also be eligible. Residents have been fully integrated into

the TC without any real major problems. The beds became operational in November of 2012 and have since been oversubscribed by 20 to 30%.

As part of Odyssey House Victoria's commitment to reconciliation, Colin Hunter Jnr. Wurundjeri Elder presided over the opening of the new fire pit using ashes from the tent embassy in Canberra. The fire in Canberra has a provenance dating back 16,000 years.

By using these sacred ashes our fire now shares the same provenance and will be treated with the reverence it deserves.

Colin performed the cleansing by smoke ceremony using ashes from the fire, gum leaves, and magpie feathers. He looked resplendent in his hand painted possum skin.

David Dryden a Yorta Yorta man came and helped with the opening, telling stories and challenging us all to imagine what life would have been like along the banks of the Yarra over the last several thousand years. The way in which he does this makes aboriginal culture accessible meaningful and moving. David does this by including everyone in the telling of the story as participants asking us to join into rituals singing and chanting while remaining transfixed on the fire.

During the year we have been fortunate enough to secure funding for new playground equipment and electronic learning aids for the children at Odyssey House. Funding for the construction of a new art studio for residents to work in, and a new industrial mixer for the kitchen. We are ever grateful for the generosity of our supporters.

Demand for services remains consistently high, seeing wait lists of over 160 for our 100 beds across both services. All the staff and residents appreciate and work hard to support those waiting to enter our service whose situations are often quite impoverished desperate.

The Salvation Army Basin Centre

The Basin is a distinctive 16 week recovery program for men and women with an alcohol and/or drug addiction seeking to experience change. The recovery program is auspiced by The Salvation Army and supported by a caring and professional team staff that hold the ideals and values of The Salvation Army as the principles for their work.

The Salvation Army Basin Centre provides a holistic, safe and caring environment whereby lives may be transformed as men and women, in community, are able to face, challenge and address addiction, physical and mental health issues with loving, sensitive and professional encouragement

The Salvation Army Basin Centre community values:

- The inherent beauty within each resident and member of staff.
- Respect, Compassion and Justice for all.
- The privilege to be invited to walk, in partnership, on another's journey to better well-being.

Windana Drug and Alcohol Recovery Inc

The Windana TC is a 6-month adult program with the possibility of continuing on to an integration phase of four months at our house in the city. While at the TC, residents participate in all aspects of the community and engage in an intense program of self discovery and education aimed at developing skills for living that lead to a healthier life style. At Windana we acknowledge the courage it takes to make the decision for change and we work with residents as

individuals in a holistic and empowering way.



Windana provides a range of complementary treatment services to support individuals and families to assist them in recovering from the harmful effects of alcohol and other drugs. We draw on our specialist expertise to increase community understanding of drug and alcohol related issues and we will develop a pro-active, educative focus to our work. Windana is a state-wide service offering initial

assessments, adult and youth withdrawal services, a supported accommodation program, family program, and our 36 bed therapeutic community (TC) set in 40 acres of gardens and bush on the outskirts of Melbourne.

YSAS Birribi



YSAS is a quality accredited organization that enables young people aged 10-25 years to build on their strengths and deal with a range of significant issues relating to alcohol and/or drug use, mental health and legal matters. This includes early intervention programs that assist young people and families to prevent the escalation of any problems.

Birribi is a 15-bed Residential Rehabilitation Program, located in the north-east of Melbourne, for young people aged 15-20 years who are endeavoring to manage their alcohol and/or other drug problems. The average program stay is three months.

The holistic program comprises a mix of group and individual therapy, recreational, vocational and educational activities, with an overall focus on community living and shared responsibility.

Western Australia

Western Australia had 3 member organisations in 2012/2013:

- Cyrenian House
- Palmerston Association Inc
- Serenity Lodge

Cyrenian House



The theme for the last twelve months at the TC has been a focus on Diversity with events, , training, accreditation, consumer focus groups and projects all designed with the aim of increasing the engagement and retention of diverse population groups.

TRAINING AND STAFF DEVELOPMENT

Feedback from the survey developed to assess the level of satisfaction of residents with the cultural security of the TC told us that Aboriginal consumers wanted staff to have more Cultural Security training that was directly related to the TC experience.

As a result of this feedback, the Aboriginal AOD worker in conjunction with the TC manager, staff and consumers developed a one day cultural security training package. The training material was reviewed by Aboriginal consumers and Noongar Elders prior to the training being delivered across all metropolitan sites of the agency. The training was delivered by a male and a female Aboriginal staff member. Evaluation of the training shows that:

- 84% of participants thought that the training increased their confidence in working with Aboriginal People.
- 100% of participants indicated that the workshop was useful and relevant to their work. The training package will be further refined and be available for delivery to new staff.

CALD training was delivered to staff by the Migrant Resource Centre around the engagement of people from culturally and linguistically diverse backgrounds.

Linkages have been made with the Gay and Lesbian Community Services to deliver mental health training to staff that supports the assessment, engagement and retention of people of diverse sexuality and gender.

QUALITY IMPROVEMENT

The TC was measured against the Standard on Culturally Secure Practice on July 10th 2013. Preparation for the review and the ongoing quality improvement activities further enhanced the quality of service offered to consumers. Since the review Opportunities for Improvement in relation to the ATCA TC Standards are ongoing.

EVENTS AT THE TC

- Harmony Day - a multicultural morning tea was held to celebrate cultural diversity through the sharing of food from each staff member and residents' cultural background.
- Drug Action Week 2013 event at the TC "Celebrating Diversity in Treatment and Recovery saw the launch of the Cyrenian House Reconciliation Action Plan (RAP) and an activity that commenced the TC Diversity Project "I am Welcome Here".
- NAIDOC Week - We Value the Vision: Yirrkala Bark Petitions 1963 Guests from the Aboriginal Alcohol and Drug Service, Drug and Alcohol Office, Gay and Lesbian Community Services and Meerlinga came to the TC to celebrate with staff and residents at the Aboriginal Meeting Place.
- We were Welcomed to Country by Shaun Nannup. Residents, staff and guests enjoyed a feast of kangaroo tail, stew, and damper while stories were told around the fire.
- Resident Diversity Workshop - a workshop was conducted with residents exploring the dimensions of diversity, and how the TC can support diversity.

CONSUMERS

Establishment of the Diverse Sexuality and Gender (DSG) Consumer Group - a DSG Consumer group has been established at the TC. The group meets once per month with the manager and Jigsaw Worker to identify barriers to service for DSG people, program elements that could be improved or initiated, and to generate ideas that would improve access to services for DSG people. Outcomes from this group so far have been:

- The identification of training needs for staff to work effectively with DSG residents. DSG training will be delivered on site to staff with emphasis on mental health and inclusiveness.

- The commencement of the Diversity Project - a consumer initiated project that will result in a poster designed for display in agency reception areas that indicates to consumers that the service is welcoming to diversity.
- Accreditation - The TC is currently investigating the GLBTI inclusive practice audit for health and human services. Known as The Rainbow Tick, the service accreditation consists of six standards against which services can be formally accredited to demonstrate GLBTI inclusive practice and service delivery.
- Policy Review - The Cyrenian House Consumer Diversity Policy has been reviewed with resident participation.
- Signage and information - The placement of literature and signage in the reception area that indicates to consumers that the agency is DSG friendly.



Saranna Early Learning Centre



Palmerston Association Inc

Celebrating 30 years of residential services during the 2012/13 year has helped Palmerston reflect on the importance of providing a contemporary, meaningful residential service to support people through their personal journeys. One former resident wrote "... I remain ever grateful to all at Palmerston who

helped me on the road to healing and I will be with you in spirit ... congratulations on reaching 30 years of dedicated service”.

The Farm TC has experienced a 12% increase in the number of residents during the year. One hundred and thirty four residents stayed on average for 76 days and our average bed occupancy was 89%, which is a very pleasing result. The Farm TC team has had a busy year creating linkages with local community organisations and conducting activities promoting the services. This work is clearly having a positive effect on the Farm TC as a preferred service.

For example the inaugural smoking ceremony held as part of NAIDOC week in July 2012 brought together representatives from a number of Aboriginal services, some of whom were visiting the TC for the first time. The Farm TC also hosted a meeting of the Drug Court magistrate and her team. Thirty diversion workers from across the metropolitan region came to have a first-hand look at the program. As well as the wonderful 30th anniversary of Palmerston Farm TC, which brought together former board members, staff and residents and their families to celebrate our achievements, the TC hosted a visit from two Federal Ministers, the Hon Mark Butler and the Hon Gary Gray, which gave them the opportunity to hear from residents about the life changing effect of their stay at the Farm TC.

Two thirds of our residents were male and our biggest age cohort was the 30-39 year olds (40%). Thirty per cent of our residents were under the age of 29 years.

We are also heartened by the increase in the number of Aboriginal residents putting their trust in Palmerston. This year, 20% of our residents were Aboriginal, up from 14% last year. This increased Aboriginal participation rate could be attributed to the efforts we have made to provide a more culturally secure environment. We have had the privilege of learning from the wisdom of our Aboriginal residents and other Aboriginal organisations working together with Palmerston. Our NAIDOC week celebrations, our art program activities and the development of our yarning circle are examples of this effort. Our involvement with the Telethon Institute for Child Health Research “Looking Forward” Project has also been a catalyst for change.

The TC’s innovative partnership with Murdoch University chiropractic clinic was recognised by its peers when it received an award from the Australasian Therapeutic Communities Association (ATCA) at the 2012 ATCA national conference.

The Farm TC also participated in a BBC TV production comparing the job opportunities in drug and alcohol services between Australia and England. The program is due to be aired in the UK in January 2014.

An exciting initiative briefly mentioned earlier is the new transitional housing program. Transition (stage 4) residents needing further support in their recovery or at risk of homelessness may apply to be accommodated in one of three houses located in the broader community. Palmerston provides an outreach service to them for periods typically but not rigidly up to six months during which time they are supported to obtain more permanent long term accommodation.

Serenity Lodge



Serenity Lodge operates its program based on the Therapeutic Community (T/C) model. This is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.

Founded in 1977 by Mr Ken Ashton at premises in Parkin Street Rockingham WA, Serenity Lodge was incorporated on 21st November 1978. Over three decades the Lodge has assisted a wide cross section of the community (more than 3000 since 1990) with regard to their dependency related problems, and also in the maintenance of their ongoing well-being.

At the time of printing this report Serenity Lodge was entering an auspice with Cyrenian House, but will remain a unique service within its own right.

New Zealand

In 2012/2013 New Zealand had 4 member organisations representing 13 TCs:

- CareNZ
- Higher Ground Drug Rehabilitation Trust
- Odyssey House Trust, Auckland
- Odyssey House Trust Christchurch

CareNZ

CareNZ provides a range of interventions from low threshold advice, information and advocacy based services, to assessment and care co-ordination, counselling, group therapy, and high care residential services, including Corrections based therapeutic communities, for drug and alcohol users across New Zealand. In 2012-13 we worked with over 6000 clients.

In December 2012 we farewelled our long serving CEO Tim Harding; Tim was instrumental in establishing our first prison programme in Arohata Women's Prison. This 'trend' has continued with the appointment of Kathryn Leafe who has worked in the development of prison drug treatment overseas.

CareNZ has continued to provide its TC treatment services in eight prison DTU units in Prison facilities across New Zealand. Including intensive 3 month (three) and 6 month (six)

programmes, there are a total of 425 beds within units from Otago in the south through to Springhill near Auckland. In the last financial year 872 men and women entered our TCs with 634 completing.



There have been some significant developments since the last annual report including the elevation of CareNZ to full ATCA membership after several years sitting at provisional. Lynne and Rebecca visited our TCs in Springhill and Hawkes Bay Drug Treatment Units and reviewed these against the standards. It was pleasing to receive positive feedback and a report that confirmed for us that we were delivering quality services that aligned well with the philosophies of TC and standards of the ATCA. Lynne and Bec also experienced the important bi-cultural aspects of all our services, being welcomed by tradition powhiri in Hawkes Bay.

Another development is the expansion of the Hawkes Bay unit into a 100 bed split unit that has a 40 bed segregated 3 month programme operating parallel to a 60 bed mainstream client group participating in a 6 month programme. This previously untried 'hybrid' unit has been operating well since its inception and provided Corrections with an elegant solution to delivering AOD treatment to short serving, segregated prisoners by attaching the programme to a well established and functioning TC unit.

At writing, we are looking forward to the ATCA conference in October with four CareNZ representatives attending; a fantastic opportunity to share, learn and catch up with our TC brethren across Australia and New Zealand.

Higher Ground Drug Rehabilitation Trust

Higher Ground has had another busy year and has enjoyed close relationships with the other TC's in New Zealand. The residential community numbers have increased over the year as has the

number of Maori residents entering the programme.



Methamphetamine or Alcohol dependency are the two most common drugs of choice for most people who enter into treatment.

The launch of two Alcohol and

Other Drug Treatment Courts in Auckland usher in a new era in justice and rehabilitation for people affected by addiction, and for Higher Ground. As one of the designated treatment providers, Higher Ground has four places funded for referrals from the new Alcohol and Other Drug Treatment Courts (AODTC). Higher Ground has formed an innovative formal network partnership for the AODTC courts with treatment providers Odyssey House and The Salvation Army's The Bridge programme, for provision of beds, a day programme, peer support and case managers.

Taking time to deal with issues and teamwork are keys to a different outcome. During their 12-18 months progression through the drug court, offenders will check in regularly with a team of professionals including judge, lawyers, police, peer support workers, case managers and social agencies who know their case. Members of the 12-Step Fellowships of Alcoholics Anonymous and Narcotics Anonymous will also attend court.



Judge Lisa Tremewan & Judge Ema Aitken of the new Drug Courts

A commitment to kaupapa Maori and wider cultural understanding is seen as part of Higher Ground's contribution to the new Alcohol and Other Drugs Treatment Courts. Higher Ground's Cultural Advisor, Rawiri Pene is part of the steering committee of treatment providers to the new courts.

"What I hope to provide is a cultural perspective. How we fulfil that is still to be seen," says Rawiri. "It's early days and this is still being created. But one of the things I hope will come from this is more collaborative work between these organisations on cultural issues, and that we can

extend further into closer work on other levels. One question would be how we support Maori who chose to return to their tribal regions after going through the drug court."



Rawiri Pene: Higher Ground Cultural Advisor

Higher Ground had a mid-summer party which was a way of bringing the outside in or the inside out, says consumer

advisor Wayne Wassell who was one of the organisers. Around 150 former clients and supporters gathered with staff, trustees and residents at Higher Ground's Recovery Day. Speakers and afternoon tea were followed by informal social time. Recovery Day was a

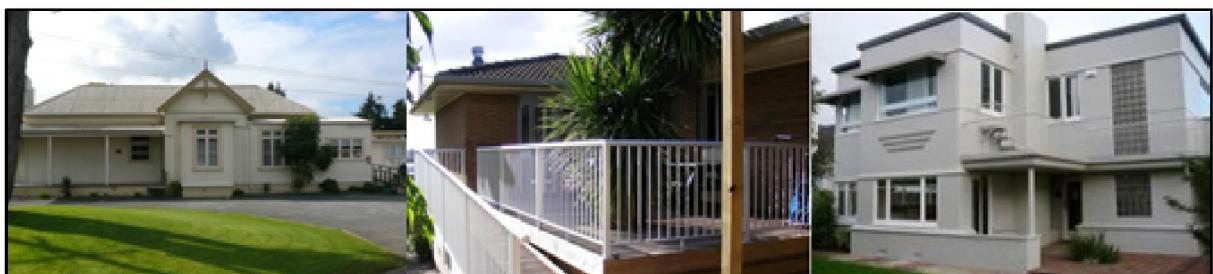


Wayne Wassell: Higher Ground Consumer Advisor

way to give back to the people who support Higher Ground's work through the 12-Step Fellowships, some of whom were invited to speak about their on-going recovery from addiction. It was also a day for former residents in recovery to get together and share. "It was great for the people currently in Higher Ground to see that people can have long-term recovery and quality of life," says Wayne.

Odyssey House Trust, Auckland

The last year has seen significant developments. We achieved certification against the ATCA standards, a New Zealand first. The audit was a really great experience for the organisation and to have auditors that really understood the Therapeutic Community provided an excellent insight to how we deliver treatment. Thank you to Lynne, Barry and Rebecca.



Odyssey House Auckland was successful along with the Salvation Army and Higher Ground in a tender for delivering the treatment component for the new Alcohol and other Drug Treatment Court Pilot (AODTC) in two of Auckland's District Courts. This is significant for two reasons, the first being the New Zealand government is taking alcohol and drug dependency and its relationship with criminal offending seriously, the second is that this is the first time the three treatment providers have collaborated in this way. The AODTC brings together justice and treatment for 100 participants each year. Working closely with Higher Ground and the Salvation Army has strengthened the strong bond between three large treatment providers and has also enabled such creative refection in how we deliver service.

Sadly Jackie Long moved on from Odyssey House this past year. Jackie was a strong leader in the Therapeutic Community and represented New Zealand on the ATCA Board.

In the past months we have been confronted with the challenge of going smokefree on all of our sites. This change was driven by our funding agencies and part of an overall government strategy to be smokefree as country by 2020. This change has caused a real challenge for our services, particularly for clients in treatment in the first instance.

Our services overall are a busy as they have ever been. The impact of the government's strategy to reduce recidivism rates to 25% by 2017 has resulted in treatment being for those being in the justice and corrections systems being actively progressed, however with the increased demand there will need to be consideration given to more services, a real challenge in these financial times.

Odyssey House Trust Christchurch

TE HIKOIINGA OTE WHAIORA - in pursuit of wellbeing

Odyssey House Christchurch had a busy year both within its core residential programmes and its expanding community based services. The adult residential programme continued to experienced high demand, coupled with increasing retention rates which has led to increasing delays to enter the programme. Odyssey Christchurch has been working hard at enhancing post-programme follow up, which is showing good results for programme participants.

The adult programme has started the ATCA TC audit process which is aiding a review of how programmes are structured. The audit is due in November 2013. Already through this process the programme has been strengthening the TC approach. Odyssey Christchurch staff have been grateful of the support that Odyssey House Auckland and Higher Ground have been providing through this process.



Our Youth programmes continue to evolve to meet the needs of a challenging group. The youth Programme is enhancing its recreation/adventure learning aspects within the programme.

Clinical Director Nigel Loughton has enjoyed and found valuable the regular meetings with Auckland Odyssey, Higher Ground and Care NZ around supporting TCs within NZ and a commitment to working with each other. Thanks to Johnny Dow for taking on the NZ representation on the ATCA board.



Odyssey Christchurch is in the midst of replacing a main building (see photo left) as a result of earthquake assessments. This presents both an exciting but also challenging change. We are hoping to have the new building completed early next year.

A lot of local AOD focus is on community based services. Odyssey Christchurch has been developing services in with Older Person's Community Alcohol and Drug

Services, Impaired Driving Services and Community Youth Mental Health & AOD service. These have enhanced the continuum of services that Odyssey Christchurch delivers.

All our programmes continue to evolve and grow with a dedicated staff team.



ATCA Symposium 2012 – Launceston, Tasmania

Stigma and other Barriers to Treatment

The 2012 Symposium in Launceston lived up to its name and was hailed a success by the 130 delegates who attended during the three days in August, 2012.

Connie Donato-Hunt presented on the issues of working with people from culturally diverse populations, and Caisley Sinclair and Tim McNamara who journeyed from the Tangentyere Council in the Northern Territory had a tremendous impact with their presentation on the impacts of alcohol abuse in their community.

The theme was chosen in recognition of the increasing complexity facing TCs, and especially challenged the delegates to think about those who are not adequately included in resident populations.



The responses to this question varied, but all brought a thoughtful perspective to the question, and delegates had a wealth of information to digest and take back to their own TCs. The symposium was aptly opened by Tasmania resident and well known celebrity Ronnie Burns, who brought with him his own story of work with disadvantaged and ill children and their families.



Rodney Croome extended on the theme of Stigma, discussing the discrimination, prejudice and stigma that face the everyday lives of LGBTI people, and their associated risk factors for alcohol and drug misuse.

Well known advocates of the TC sector, researchers and professionals working alongside the sector including David Best, John Howard, Richard Chenhall, Peter Kelly, Nicole Lee and Mark Lamont all presented on areas very relevant to the sector. These presentations were viewed as thought provoking, providing individuals with food for thought to take back to their individual communities. As usual, a selection of

'on the ground' TC workers presented their individual programs successes and challenges, sharing with the wider community the learning's of their own community's journeys.

ATCA Awards 2012

Each year the ATCA calls for award nominations for persons who have made a significant contribution to the TC sector. In a manner, these awards are akin to the ATCA Roll of Honour. In 2012, eight people were recognised for their 10 year contribution to the TC movement:



Christine Tamsett, Graham Tamsett, Miekel Rose, Ian Lewis, Scott Warrington, Jacqui Warrington and Pat Williams.



A further two persons were awarded for their 'Important Contribution to the Development of the TC within an Organisation'. They were Leon Gordon of the Salvation Army and Mary Jibson of Fresh Hope.

*Wendy Shannon from
Palmerston Association*



*CEO Carol Daws, Jennie Hamilton and
Mitch Peasley from Cyrenian House*

The award for 'Significant Contribution by a Program, Service or Intervention' was jointly awarded to the Palmerston Association for its unique partnership with Murdoch University to provide an innovative, holistic and effective treatment program for residents of the TC with musculoskeletal pain, and Cyrenian House for the ongoing development of cultural competency within the context of the mainstream TC.

The major award presented annually is made to a person who has made a significant contribution to the TC movement over a considerable period of time. The 2012 recipient was Charlie Blatch, Goldbridge CEO.

Charlie first began working within therapeutic communities in the early 1970s, commencing in the UK at the Ley Community – the second TC to be established in that country. In 1980 he established Killara House in Albury, moving it to the country community of Granya in north east Victoria, where it was – quite ironically – established in the old Granya Pub. Other roles have included Director of the Alcohol and Drug Foundation ACT, which included a period of significant development, and – for more than 15 years – CEO of Goldbridge on the Gold Coast, where he has developed the program from a small residential service to an evidenced-based TC including transitional, educational and community based support services.

Charlie was a founding member of the ATCA in 1986, and has served in various roles, including President, working with the Association to encourage new members and to build knowledge of the TC model.

ATCA Individual Recognition Award 2008 – 2012
For Significant Contribution to the Therapeutic Community
Movement in Australasia by an individual

2008

Johnny Dow
Kay Welsh
Lynne Magor-Blatch
Meridy Calnin

2011

Carol Daws
James Macgregor
Murray Sutton

2009

Gerard Byrne
Kim Fleming

2012

Charlie Blatch

ATCA's VISION, MISSION & PURPOSE

Vision

The Therapeutic Community model of treatment is recognised and embraced by community and governments across Australasia.

Mission

We support, represent and advocate for programs that restore a sense of self, hope and belonging through the use of the Therapeutic Communities model of treatment.

Purpose

- “ To advance the Therapeutic Communities Model in Australasia
- “ To promote community awareness of the Therapeutic Communities Model of treatment in Australasia
- “ To ensure consistency in approach through the application of the ATCA Essential Elements in practice
- “ To encourage capacity building in Therapeutic Communities through a variety of peer support and professional development opportunities
- “ To advocate for recognition and funding for Therapeutic Communities in Australasia
- “ To encourage and support ongoing research into the Therapeutic Communities Model
- “ To support and network with organisations and individuals interested in, or aspiring to become members of the ATCA

ATCA MEMBERS 2012-2013

FULL MEMBERS

- Banyan House - Foster Foundation
- The Buttery
- Cyrenian House
- Drug and Alcohol Services Association, Alice Springs (DASA)
- Fresh Hope
- Goldbridge Rehabilitation Services
- Higher Ground Drug Rehabilitation Trust
- Kuitpo - UnitingCare Wesley Adelaide Inc.
- Launceston City Mission
- The Lyndon Community
- Odyssey House McGrath Foundation
- Odyssey House Trust Christchurch
- Palmerston Farm – The Palmerston Assoc.
- The Peppers
- The Windana Society
- Watershed
- The Woolshed
- YSAS Birribi

FULL GROUP MEMBERS

- Karralika Programs Inc
- Lives Lived Well
- Odyssey House Trust Inc. Auckland
- Odyssey House Victoria
- Ted Noffs Foundation
- The Salvation Army Recovery Services
- WHOS – (We Help Ourselves)
- CareNZ

PROVISIONAL MEMBERS

- The Basin – The Salvation Army Victoria
- BRADAAG
- Ngara Nura - Dept Corrections, Long Bay Gaol
- Namatjira Haven
- ONE8oTC
- Serenity Lodge

AFFILIATE ORGANISATION MEMBERS

- Caraniche, Victoria
- Family Drug Support
- Hope House
- Yaandina

AFFILIATE INDIVIDUAL MEMBERS

- Dr Marika Guggisberg
- Dr Navjot Bhullar
- Mr Robbie Ferris

Reconciliation Vision

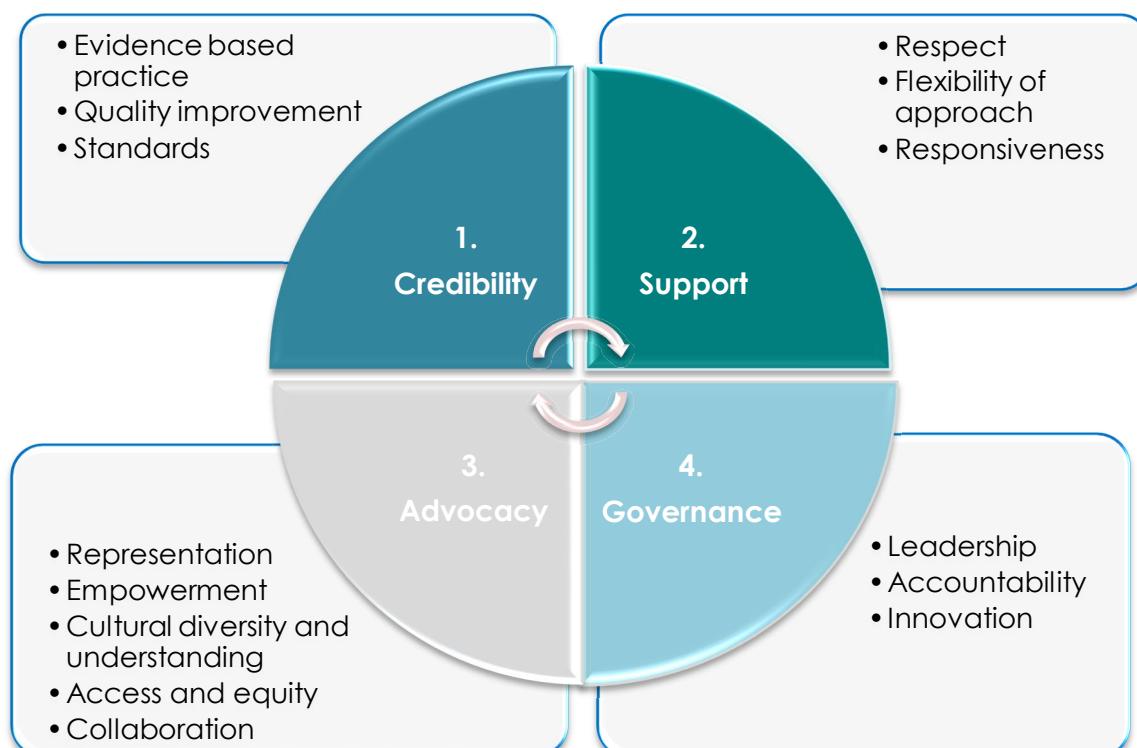


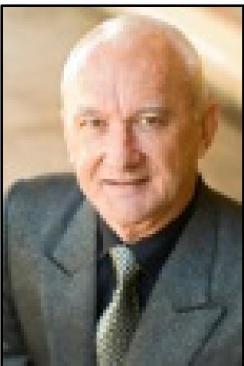
The ATCA has always acknowledged the need to ensure that our services are both accessible and appropriate for Aboriginal and Torres Strait Island peoples and those with culturally and Linguistically Diverse (CALD) backgrounds. Cultural security is about ensuring that the delivery of health services is such that no one person is afforded a less favourable outcome simply because she or he holds a different cultural outlook.

The ATCA is committed to applying this principle in practice across all aspects of organisational governance and planning, service delivery and all relationships with individuals and organisations. We aim to further develop positive relationships and ways of working that will contribute to improving the health and wellbeing and dignity of all Australasians.



The ATCA has identified four overarching strategies, underpinned by key principles that form the basis of the ATCA Strategic Plan 2012-2015





ATCA Board Members in 2012 - 2013

Barry Evans, Chair, Executive Director, The Buttery. Barry has had a long association with The Buttery, beginning in 1983 when he joined the team as the Art Therapist and counsellor. In 1987 Barry moved into management, and was offered the position of Director in 1988, a position he has held since that time. He has held the position of Chair since 2009, and served on a number of Boards, including Network of Alcohol and Drug Agencies NSW NADA. In 2009, Barry was inducted into the National Drug and Alcohol Awards Honour Roll.

Garth Popple, Deputy Chair is Executive Director of WHOS and currently holds positions as: Executive Member of the Australian National Council on Drugs (ANCD); Treasurer, Network of Alcohol and other Drug Agencies NSW (NADA); Council Member, International Council of Alcohol and Addictions (ICAA). He was inducted into the National Drug and Alcohol Awards Honour Roll in 2007 and received the Prime Minister's Award in 2010.



Gerard Byrne, Treasurer, has spent the past 24 years working in the AOD field; and is currently the Clinical Director for The Salvation Army Recovery Services, which covers NSW, Qld and the ACT. He holds Board positions on NADA, Queensland Network of Alcohol and Drug Agencies (QNADA), Alcohol Tobacco Other Drugs Association ACT (ATODA), and has been the Treasurer of ATCA for the past 6 years.

Eric Allan, Secretary, is Executive Manager of Residential Programs Odyssey House Victoria, and a member of the International Advisory Panel for the International Journal for Therapeutic Communities. He has been a Director of the ATCA Board since 2000 and past President 2002/2004. Eric is the treasurer of Visionary images, a community group dedicated to providing real collaborative opportunities between young people, artists, and government a past board member of Reclink Victoria, a not-for-profit charitable organisation dedicated to advocating for and improving access to sporting and recreational opportunities for disadvantaged people and the benefits which flow from this, such as community connectedness and improved health and well being.



Carol Daws, Director, is a Member of the Golden Key Honour Society for Academic Achievement, CEO Cyrenian House Alcohol and Other Drug (AOD) Treatment Service; Past President and past Treasurer of the ATCA; Past Treasurer, Western Australian Network Alcohol and Other Drugs (WANADA). Carol has been working in the Non-Government AOD sector and at Cyrenian House in various roles from clinical work through to management and CEO since 1988.



James Pitts, Director, has worked in the AOD field for the past 35 years and is the CEO of Odyssey House McGrath Foundation. He has been selected to a number of prominent boards and was awarded the Ted Noffs Foundation Award for Individual Achievement in the AOD field in 2000; the Australia Day Medal in 2001 by the Alcohol and Other Drugs Council of Australia in recognition of his contribution and commitment to the field; the inaugural fellowship by the Harvard Club of Australia, Not For Profit Fellowship Program in 2001; and in 2007 was inducted to the Honour Roll of the National Drug and Alcohol Awards. James has previously served as a Board Member of the ATCA Board, and was elected as a Director in 2009.



Johnny Dow, Director (commenced June 2013) is Director of Higher Ground Drug Rehabilitation Trust in Auckland, New Zealand. He trained as a Social Worker and is a New Zealand Registered Psychotherapist. He has worked in the addiction sector and Therapeutic Community movement since 1998. In 2008 he received the ATCA award for significant contribution to the Therapeutic Community Movement. Johnny is currently the Chairperson for Profile, which is an Addiction Treatment Providers forum in the northern region of New Zealand.

Jackie Long, Director (resigned April 2013) trained in Scotland as a registered Mental Health Nurse 26 years ago, working in Mental Health & Addiction Sector in various settings, including as a volunteer Alcohol and Drug Counsellor for the Scottish Council in Alcohol. As a member of the ATCA Board, Jackie was employed in Odyssey House Trust Auckland as a Specialist Services Manager covering Coexisting Disorder Services, Odyssey House's Drug Treatment Unit in Auckland Prison, Assessment and Admission, Aftercare and Odyssey House Trust's several regional Contracts.



Mitchell Giles, Appointed Director, is the CEO of Lives Lived Well (LLW) an organisation that incorporates the Alcohol and Drug Foundation Queensland (ADFQ), the Gold Coast Drug Council (GCDC) and the Queensland Drug and Alcohol Council (QDAC). Within LLW there are three TCs: Mirikai, Logan House and Shanty Creek – the latter being a service for Aboriginal and Torres Strait Islander people in North Queensland. Mitchell is the inaugural CEO of this newly merged entity, previously he was the CEO of ADFQ for 6 years; he is a Registered Nurse, holds a Bachelor of Business and a Master of Health Science (majoring in Mental Health). He commenced work in the AOD sector in 1988 within an inpatient Detox Unit; and later managed another hospital-based Drug and Alcohol Service for 12 years.

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

Financial Statements

For the Year ended 30 June 2013

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Statement of Financial Position
As at 30 June 2013

	2013	2012
	\$	\$
Members Funds		
Unappropriated Profits	49,048	49,900
Total Equity	49,048	49,900
Represented by:		
Current Assets		
Cash on Hand	100	100
Cash at Bank	67,925	17,693
Maxi-Management	1,192	56
Maxi Account 123	5,506	33,440
Sundry Debtors	4,804	-
Provision for GST	-	1,360
	79,527	52,649
Non-Current Assets		
Plant & Equipment	5,721	5,721
Less Accumulated Depreciation	5,721	5,389
	-	332
	-	332
Total Assets	79,527	52,981
Current Liabilities		
PAYG Withholding	3,690	1,956
Superannuation Payable	1,925	1,542
Visa Card	984	(417)
Provision for Annual Leave	17,988	-
Provision for GST	5,892	-
	30,479	3,081
Total Liabilities	30,479	3,081
Net Assets	49,048	49,900

*The accompanying notes form part of these financial statements.
 These financial statements have not been subject to audit or review and should be read in conjunction with the attached Compilation Report*

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Statement of Financial Performance
For the Year ended 30 June 2013

	2013	2012
	\$	\$
Revenue		
Income	4,545	-
Grants		
DoHA Grant/Standards Project	189,545	-
Other Income	3,476	-
Members Dues	31,442	21,855
Members Contributions	14,509	-
Display Fees	250	414
Registration - Queensland	15,895	-
Publications	302	118
DoHA Secretariat	-	77,300
Registration - Sydney	-	23,773
Registration - Launceston	17,245	23,773
Sponsorship	-	7,650
Dinner	3,545	4,000
Interest Received		
- Other Corporations	579	1,438
	281,333	157,757
Expenditure		
Accountancy Fees	9,438	8,928
Administration Costs	270	458
Advertising	273	1,280
Board Expenses		
- Board meeting Costs	5,931	3,426
- Directors Travel & Accommodation	24,402	18,858
- Per Diem	4,521	4,811
- Teleconferencing	-	1,851
Bank Charges	782	689
Conferences	25,198	19,878
Contractors/Consultant	43,326	32,760
Depreciation	332	729
Entertainment Expenses	2,091	4,866
Insurance	8,679	8,877
Merchandising	1,959	4,695
Office Expenses	754	703
Per Diem	2,101	7,832
Printing & Stationary	5,812	3,261
Protective Clothing	-	546
Professional Development	-	71

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conjunction with the attached Compilation Report*

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Statement of Financial Performance
For the Year ended 30 June 2013

	2013	2012
	\$	\$
Refund	6,390	-
Provision Annual Leave	17,988	-
Salaries	49,346	41,455
Provision TIL Payouts	19,610	-
Speaker	2,727	1,800
Subscriptions	1,078	332
Superannuation Contributions	10,105	6,679
Telephone	2,438	3,227
IT Expenses	8,459	2,684
Review Expenses	223	-
Travelling & Accommodation	21,500	31,243
Venue	-	4,618
Website	5,146	-
Workshop Expenses	1,306	-
	<hr/>	<hr/>
	282,185	216,557
Profit/(Loss) before Income Tax	<hr/> <hr/>	<hr/> <hr/>
	(852)	(58,800)

*The accompanying notes form part of these financial statements.
These financial statements have not been subject to audit or review and should be read in
conjunction with the attached Compilation Report*

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Statement of Appropriations
For the Year ended 30 June 2013

	2013 \$	2012 \$
Retained profits ó Beginning of Year	49,900	108,700
Loss before Income Tax	(852)	(58,800)
Income Tax Expense	<hr/> <hr/> -	<hr/> <hr/> -
Unappropriated Profit at 30 June 2013	<hr/> <hr/> 49,048	<hr/> <hr/> 49,900

*The accompanying notes form part of these financial statements.
These financial statements have not been subject to audit or review and should be read in
conjunction with the attached Compilation Report*

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Notes to the Financial Statements
For The Year Ended 30 June 2013

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared for the members of the association.

The Committee of Management have determined that the Association is not a reporting entity and therefore, as there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements in the preparation and presentation of this report, these have not been adopted in the preparation of the financial report except where otherwise disclosed.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

The ongoing viability of the Association is dependent upon continued Member support and payment of annual subscriptions.

*The accompanying notes form part of these financial statements.
These financial statements have not been subject to audit or review and should be read in conjunction with the attached Compilation Report*

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Notes To and Forming Part of the Accounts
For The Year Ended 30 June 2013

NOTE 2: RECONCILIATION OF CASH

For the purpose of Statement of Cash Flows,
 Cash includes cash on hand and in banks and
 Investments in money instruments net of outstanding
 bank overdrafts.

Cash at the end of the year as shown in the statement
 of cash flows is reconciled to the related items in
 the statement of financial position as follows:

	2013	2012
	\$	\$
Cash at Bank	67,925	17,693
Cash at Hand	100	100
Interest Bearing Deposits	-	-
Maxi Management	1,192	56
Maxi Account	5,506	33,440
Unappropriated Profit at 30 June 2013	74,723	51,289

**NOTE 2: RECONCILIATION OF NET CASH PROVIDED
 FROM OPERATING ACTIVITIES TO OPERATING
 PROFIT AFTER INCOME TAX**

Operating Profit/(Loss) after Income Tax	(852)	(58,800)
Depreciation	332	729
Increase/(Decrease) in Creditors	27,398	(18,691)
(Increase)/Decrease in Receivables	(4,804)	-
Decrease (Increase) in Deposits ó venue hire	-	-
Decrease (increase) in Provision for GST	1,360	(1,360)
 Net cash provided by operating activities	 23,434	 (78,122)

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Statement of Cash Flows for the Year Ended 30 June 2013

	Note	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members		31,442	21,855
Operating grant receipts		194,091	-
Receipts ó conferences and others		51,777	133,104
Payments to suppliers and employees		(254,455)	(234,519)
Interest received		579	1,438
Net cash provided by operating activities		23,434	(78,122)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Increase (decrease) in cash held		23,434	(78,122)
Receipts ó conferences and others		51,289	129,411
Net cash provided by operating activities		74,723	51,289

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Independent Audit Report
to the members of
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION (the association), which comprises the balance sheet as at 30 June 2013, and the income statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporations act VIC. and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report. The financial report has been prepared for the distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporations Act VIC. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

Statement by Members of the Committee

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee as set out in the accompanying financial report;

1. Presents a true and fair view of the financial position of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION as at 30 June 2013 and its performance for the year ended that date.
2. At the date of this statement, there are reasonable grounds to believe that AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION will be able to pay its debt when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:



Chair: Barry Evans



Treasurer: Gerard Byrne

Dated this 16th day of October 2013

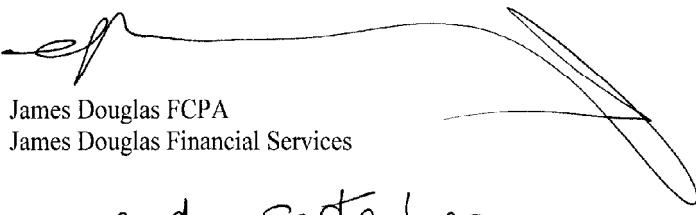
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Independent Audit Report
to the Members of
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion, the financial report of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION presents a true and fair view, in all material respects the financial position of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION as of 30 June 2013 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.


James Douglas FCPA
James Douglas Financial Services

Dated this 2nd day of September 2013