



Come join us in Melbourne for:

**The 2016 Australasian Therapeutic
Communities Association (ATCA)
Gathering - *“Come and Sit together”***

When: 10-12 October 2016

Where: Rydges Hotel Exhibition Street

**Registration forms and more details to follow soon –
but mark it in your diaries NOW!**

The ATCA Gathering 2016: *“Come and sit together”- Working together with Aboriginal health organisations* will bring together people from across the alcohol and other drugs sector and will provide a forum to highlight and foster interagency partnerships that improve outcomes for clients, especially Aboriginal clients. It is an important opportunity for ATCA members and their staff to exchange best practice and learn from one another.

A full and exciting program will include:

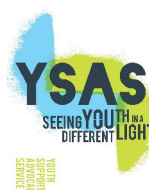
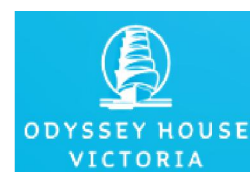
- International and local experts speaking about treatment and recovery
- Agency visits Presentations, Discussions & Yarning Circles exploring:
 - ATCA Standards
 - Cultural awareness relevance and sensitivity
 - Client to staff member transitions
 - Enhancing access for diverse populations
 - Integration with other sectors & aftercare
 - TC and residential rehabilitation outcomes
 - Workforce training and development
 - Dinner and ATCA awards

Workshops will be held at the end of the conference for those wishing to learn more about integrating emotional regulation work into TC practice and effectively working with trauma; and further training for Technical Experts in ATCA Standards will be offered.

Who should attend:


- Frontline staff and managers of Aboriginal Health Services
- Frontline staff and managers in the alcohol and other drugs sector
- Clients, consumers and carers
- Sectors working with clients with alcohol and other drugs issues
- Policy makers and funders
- Researchers with an interest in community responses to alcohol and other drugs

Proudly organised by:



with special assistance
from



 Victorian Aboriginal Community Controlled Health Organisation Inc.

Building capacity in the ATCA Workforce

Last year, Matua Raki, with assistance of the New Zealand Ministry of Health, took in the first intake of participants to the TC training program – a 19 week course consisting of

- 48 hours of face-to-face learning, facilitated by a trainer
- a 40-hour supervised professional skills practicum in a TC
- 12 hours of self-directed learning



Higher Ground hosted the training, which has been developed to assist in expanding the potential 'TC work-ready' workforce pool. The key aim of the course is to support AOD practitioners, support workers and other relevant professionals and students to develop knowledge, attitudes and skills that can be applied in the addiction TC context.

Matua Raki will be offering the second program later this year in New Zealand, and the ATCA Board is now engaged in modifying the modules for Australian practitioners. It is planned to offer the first round of training in Australia later this year.

More details to follow in the coming months.

Goldbridge: the first Australian TC to be awarded ATCA certification

The Management, staff and residents of Goldbridge Rehabilitation Services were awarded with their certificate at New Zealand ATCA conference after becoming the first therapeutic community in Australia to be certified under the ATCA Standard. The audit was conducted in early August 2015 by the Institute



for Health Communities Australia (IHCA) as part of its requirements for registration with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). IHCA can now be contracted by ATCA members to audit their TC with a view to gaining certification.

It is a requirement of the ATCA Standard that the Certifying Assessment Body (CAB) (in this instance IHCA) be accompanied by a Technical Expert appointed by the ATCA Board. This requirement is designed to assist the CAB with interpreting the compliance evidence, if required, during the audit.

The Technical Expert is part of the audit team and has an active role in interviewing staff and residents, reviewing documents and observing the practices of the therapeutic community to confirm that it is operating according to the ATCA TC Essential Elements. The first training for ATCA members wishing to become Technical Experts was conducted in December 2015, and further training will take place in Melbourne following the ATCA Conference.

Recent changes to the ATCA membership categories mean that all members will be required to be certified over the next three years. All current members are expected to be signed up for an audit within this time frame, after which they will be engaged in a cycle of accreditation to ensure ongoing quality and adherence to the TC model, being engaged in an accreditation cycle will remain an ongoing condition of membership.

The actual auditing has been outsourced to a Certifying Assessment Body (in future there could be more than one accredited body) as the ATCA Board does not have the resources to conduct these audits and it would be a conflict of interest for them to do so. Peer reviews will no longer be a condition of ATCA membership. For those TCs that have participated in a Peer Review, there will still be a requirement to

move into an accreditation cycle over the next three years, however they will be advantaged by their participation in such a review as it will have served as a capacity building audit to highlight areas of strength and any areas that may need improvement over time.

Australia is the first country in the world to have a Standard which is specifically used to certify therapeutic communities and residential rehabilitation services. This achievement could not have been made possible without the support of the Australian Government and the ATCA membership over the years of its development and trialing.

Your participation and feedback has been vital to the refinement of the Standard and as it is increasingly taken up by members over the next three years it will become a hallmark of quality, succinctly describing the service that members are offering to the broader community.

This was emphasized in a recent opinion piece, written by Executive Officer Lynne Magor-Blatch, and printed in the Canberra Times, Sydney Morning Herald and Age newspapers.

Quality programs needed to break the chains

Each day, the increasing concerns surrounding treatment for people affected by the use of alcohol and other drugs, bombards us. If we don't have a crisis in drug use – we are certainly facing a crisis in treatment availability.

Victorian Alcohol and Drug Association chief executive Sam Biondo recently called for 60 new residential rehabilitation beds in rural and regional Victoria in response to "entrenched calls" from the community. Other states and territories across Australia are calling for similar funding support to meet the increasing demand.

However, it is not as simple as this. More treatment places across the sector – from detoxification, through counselling and community support, to residential treatment – are needed. But what is of paramount importance, is that treatment is both evidence-based and accredited.

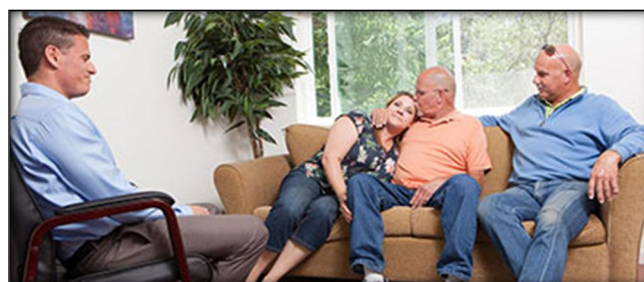
Of increasing concern to the Australasian Therapeutic Communities Association, is the number of unregulated treatment places that are springing up in response to business opportunities, rather than as a

response to the health and welfare needs of clients. Many are charging exorbitant fees, placing vulnerable families under financial and emotional stress.

Garth Popple, chairman of ATCA Board and Executive Director of WHOS (We Help Ourselves) notes, "Since 2006, the Commonwealth has provided funding to ATCA to develop standards of treatment for residential services – not just for therapeutic communities, but for all residential services. We are immensely grateful for this support. This means that clients and the community can have some assurance that residential services that have undertaken an accreditation process, and those wearing the ATCA badge, are providing treatment that is evidence-based and effective".

"Therapeutic communities have traditionally worked with those who are at the severe end of substance use. For those with mild to moderate disorders, brief and short-term interventions will provide an opportunity for change. However, we are seeing increasing numbers of people who require longer term treatment – and this is where the therapeutic community model is best applied," Mr Popple notes.

Alongside the call made by Mr Biondo recently was the story of a family in crisis. A family that had not been able to find help in Australia as services were full, and had instead turned to overseas alternatives, spending up to \$100,000 on private treatment. It is apparent that these short-term, but expensive alternatives, had lead only to short-term outcomes.



ATCA sees first-hand the profound changes that occur for those who commit to residential treatment in order to reclaim their lives from drug and alcohol use. The association represents 49 residential therapeutic community services across Australia as well as a range of outclient services. These include detoxification units, family, gambling and mental health counselling, child care facilities, family support programs, exit housing and outreach services.

Eight of the ATCA members provide services for Aboriginal and Torres Strait Islander populations, in

South Australia, Western Australia, Northern Territory and Queensland.

The concerns are further highlighted by Anne-Maree Kaser, CEO of Windana in Victoria, "Our challenge is simply trying to meet the growing demand of individuals and families searching for treatments that will help them and their loved ones at a time when they need help and are vulnerable. It is with enduring frustration that we turn people away or have to suggest they come back in six months' time. When people present for help, their capacity to enter into a program, accept their role and responsibility in their recovery journey and commit to change, is at its peak."

In Australia, we have been fortunate to have a national drug strategy which emphasises the three pillars of demand reduction, supply reduction and harm reduction.

Demand reduction requires support and treatment facilities to help people recover from dependence and to reintegrate with the community. Harm reduction seeks to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs. Supply reduction is important but strategies must work in partnership – and this includes increasing the number of drug courts.



ATCA members are also working effectively within the prison system. Three of the association's members provide prison-based rehabilitation services, and the association would like to see an increase in treatment for those in custody. In New Zealand, where ATCA has six members, nine of the 16 therapeutic communities there are based in prisons.

A 2015 report from the Australian Institute of Health and Welfare, draws attention to the fact that 67 per cent of prison entrants reported illicit drug use in the 12 months prior to prison entry. Recent illicit drug use was more common among younger prisoners, with over 76 per cent of those aged 18–24 taking illicit

drugs in the last 12 months, compared with 53 per cent of those aged 45 and over.

The adoption of a wide-ranging funding strategy that includes needle and syringe programs, new drug courts and 'care and recovery' case management must also include an increase to the total number of beds for clients.

This should be offered in both community and prison settings – but it is far more cost effective in the community. Internationally, the return on investment for drug and alcohol treatment is \$7 for every \$1 spent.

However, increasing the beds and other treatment places is one thing – making sure they are accredited, conform to quality standards, provide open and transparent communication with clients and their families and include quality treatment, is essential.

ATCA Award winners for 2015

Each year ATCA Awards are presented at the annual Conference Dinner to individuals and/or organisations that have provided dedicated and innovative leadership, thus enhancing the Therapeutic Community model of treatment for alcohol and other drug issues.

At the 2015 Conference in Auckland, awards to people who had contributed 10 and more years to therapeutic communities were awarded to:

James Kolose - an Alcohol and other Drug Counsellor with Higher Ground, Auckland. James has played a significant role within Higher Ground since 2004 as counsellor and case manager.

Andrew Hick - Manager of the Circuit Breaker Program at Odyssey Victoria. Andrew has been working since the commencement of the Circuit Breaker program in 2005, initially as a counsellor, and moving into the Manager's position in 2007.

Zarina Noronha-Smith - Operations Manager with Odyssey Auckland. She has committed 11 years to Odyssey and is seen as a cornerstone of the organisation.

The ATCA acknowledges the varied and important role of all these people who have together provided more than 30 years of service to the TC movement. This commitment illustrates the longevity of TC staff, their commitment to people and to the TC movement.

This continually reminds us that working within the TC is not “just a job” but for many of us, it is a vocation and some might say, even a calling.



The award for Significant Contribution to the Therapeutic Community Movement in Australasia: Program, Service or Intervention recognises an exemplary or commendable contribution to the Therapeutic Community movement in Australasia made by a program or intervention.

The criteria for this award is based on current best practice; has found to be effective on a range of measures, including the improvement of social and psychological functioning, and is making a meaningful contribution.



In 2015, the award was made to two programs. **The WHOS New Beginnings Program** has a demonstrated history of utilising and building best practice for women-specific AOD work, using group work, supportive counselling, women’s health support and education, stress management skills

development and referral.

Relationship issues, parenting, self-esteem building, social and communication skills, assertiveness skills training and boundary setting are all important areas for this TC service, which can accommodate up to 24 women at any given time.

The second award was made to the **Alcohol and Drug Treatment Court**. This is a collaborative therapeutic jurisprudence pilot project, which has been established between the New Zealand Ministry of Health and

Ministry of Justice. The treatment component is accomplished through a strong network between three providers: Odyssey Auckland as Lead Provider, Higher Ground and the Salvation Army. The network has a strong working relationship with the court.

From a treatment perspective, the network between the providers comprises dedicated case management and peer support, and a wrap-around model of support which ensures continuity of care in an individualized format.



The award of **Significant Contribution to the Therapeutic Community Movement in Australasia by an Individual**, recognises the individuals who have made a significant contribution to the Therapeutic Community movement in Australasia over a considerable period of time. These people have worked tirelessly over a number of years to promote and develop the therapeutic community approach to treatment within the sector.

Two awards were presented in 2015.

The first was made to **Rawiri Pene** – a fantastic ambassador for the therapeutic community treatment movement. Rawiri has been significant in propelling Higher Ground forward in working towards a fully bi-cultural program.

In addition to his work at Higher Ground, Rawiri also provides the Pou Oranga role for the Alcohol and other Drug Treatment Court Network. In this role he plays a significant part in the reduction of Maori being missed by the system and ending up in prison.

He works tirelessly with many organisations to help Maori and others gain access to appropriate treatment.



Principal Corrections Officer, Lance Jefferys from the Department of Corrections, Hawkes Bay Regional Prison, was the second award recipient.

From the commencement of his association with the therapeutic model of treatment, Lance has had a passion for the TC as a method of treatment within the prison setting. His achievements are many and include:

- Implementation of a 60 beds Drug Treatment Unit (DTU) in collaboration with CareNZ staff; and a 6 months TC Program for Mainstream Prisoners with addiction problems.
- Joint proposing and opening of the 30 bed Short Term Intensive (STI) DTU TC in July 2012 for segregated prisoners.
- Stimulated, initiated and facilitated Staff in learning about the model and making it a daily practice.
- Integration of three circles (Corrections, CareNZ, and Prisoners) on a daily basis.
- Supporting colleague PCOs in how to facilitate and lead a TC unit from Corrections' point of view.
- Using the TC model to stimulate and motivate prisoners towards change.
- Using creativity, boundaries and working together *with* staff and prisoners.



Nominations are now open for the 2016 awards. Please consider nominating to the categories of significant contribution by an individual and program; and putting forward staff who have devoted 10 or more years to the TC movement – remember this may be across different TCs and different job positions – and does include volunteers who provide valuable support to our services.

All nomination forms are available on the ATCA website. Nominations close on Monday 5 September 2016 – please get your nomination in within good time – don't miss out!

United Nations General Assembly Special Sitting 2016

In December 2012, the UN decided to convene a special session to review the progress made towards an integrated and balanced drug strategy, and to assess the achievements and challenges that have been encountered across the world. UNGASS 2016 will take place in New York from 19-21 April, and will include a general debate and interactive multi-stakeholder roundtables conducted in parallel with the plenary.

There are five roundtables. The first is devoted to demand reduction and related measures, including prevention and treatment and health-related issues. Roundtable 2 is focused on supply reduction, and Roundtable 3 on drugs and human rights, youth, women, children and communities.

Roundtable 4 will look at new challenges, threats and realities in preventing and addressing world drug issues, and the final roundtable will discuss alternative

development, regional, interregional and international cooperation.

In the lead up to UNGASS 2016, the Civil Society Task Force (CSTF), which has been established jointly by the Vienna NGO Committee on Drugs (VNGOC) and the New York NGO Committee on Drugs (NYNGOC), has acted as the official liaison between the United Nations and the wider world community. The prime objective of the CSTF is to ensure a comprehensive, structured, meaningful and balanced participation of civil society during the UNGASS process.

Regions represented by the CSTF are Australia, New Zealand and the Pacific; Eastern Europe and Central Asia; Latin America and the Caribbean; Northern Africa and the Middle East and Central Asia; North America; South Asia; South-East and East Asia; Sub-Saharan Africa and Western Europe.

Professor Margaret Hamilton represents Australia on the CSTF and Ross Bell is the New Zealand representative.

In preparation for UNGASS, the Civil Society Task Force called for submissions from the NGO sector across the world, from people interested in participating. Eleven NGO representatives have been selected, with Lynne Magor-Blatch selected to participate as an alternate speaker in Roundtable 1.

Although we are aware that much of the discussion has already taken place in the led-up to UNGASS, those attending are hopeful of the opportunity to provide additional input. Certainly that is Lynne's role as an alternate speaker – to bring grassroots experience and provide input to the roundtable from the floor.

Papers going through to the UN emphasise commitment to promote the health, welfare and wellbeing of all individuals, families, communities and society as a whole, and facilitate healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels. This covers, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimising the adverse public health and social consequences of drug abuse.

While supply reduction remains an important part of the Australian strategy, there is concern within the sector that resources to supply, demand and harm

reduction must be balanced. Combating the shame and stigma, and providing support to families, reducing fatalities and increasing partnership models between health and justice systems is of paramount importance, and will be a key area which Lynne hopes to emphasise.

Many of our members have been involved with the development of diversionary initiatives – drug courts, MERIT in NSW and similar schemes in other jurisdictions. Lynne is part of a small group in the Illawarra concerned with the establishment of a Drug Court in the region. Associate Professor Mitch Byrne, who is a faculty member with the School of Psychology, University of Wollongong, and lawyer Renata Matyear, who presented at last year's ATCA conference are other members of the group. They have been working for a number of years on this initiative.

Drug courts operate in New South Wales, Queensland, South Australian, Victoria and Western Australia, although their formation, process and procedures differ across jurisdictions.

In New Zealand, the Auckland Drug Court has been highly successful in working in partnership with Odyssey, Higher Ground and the Salvation Army. Those attending last year's conference were able to hear something about the way in which this court is operating under Judge Lisa Tremewan, and both Lynne and Renata were privileged to be able to spend a day with the court following the conference.

Supporting treatment across the continuum, with a focus on harm reduction will also figure highly in the roundtable discussion. Margaret Hamilton has provided a report from the recent meeting of Commission on Narcotic Drugs held in Vienna and reports that the Australian delegation members, led by Dr Lisa Stoddart from DoH, were most cooperative and open to listening and hearing what the NGO voices (in all their diversity) had to say on various topics. Margaret felt confident that key members of the delegation had read her reports, and believes we have already achieved a better informed delegation with regard to the diverse NGO voices from Australia than previously. The delegation to UNGASS will be led by Senator Fiona Nash.

Lynne leaves for New York, funded by the CSTF and University of Wollongong, on Friday. This will be an important meeting and the first time the process of bringing additional NGO voices to the table has been put in place. Her aim is to bring to the discussion the concerns of ATCA members and the wider sector.

ATCA QUALITY PORTAL AVAILABLE ON ATCA WEBSITE

The ATCA Quality Portal saves up to 80% of the time spent on quality standards assessment and compliance reporting, and avoids duplication when working with multiple standards. The Portal is a tailored version of the Standards and Performance Pathways (SPP) to meet the needs of organisations providing therapeutic communities and residential rehabilitation services.

ATCA members receive a 15% discount on their subscription to the Portal.

What is the Standards & Performance Pathways?

The SPP helps organisations complete assessments against community services and health standards, as well as efficiently meet compliance reporting requirements.

Features include:

- Quality standards assessments.
- An automatically generated quality improvement plan.
- Guides and resources to support organisations in meeting the ATCA Standard, as well as other relevant quality or service standards.
- Graphs, benchmarking and global reporting.
- Document management system for easy evidence upload.
- Compliance registers with calendar and email alerts.

If you work with multiple standards, the SPP streamlines the work by only requiring you to complete an assessment once. It then does the rest of the work for you by automatically completing corresponding assessments in other standards.

For organisations seeking accreditation, the SPP is a great tool to use in preparing your organisation for the external review process. Accessing this information via the ATCA website provides the opportunity to **take a free, two-week trial**, and the **watch a video to see how it works**.



ATCA Quality Portal

A quality management system for therapeutic communities and residential rehabilitation service providers

The ATCA Quality Portal is an easy-to-use system that helps you manage quality, risk and compliance. The Portal includes the new ATCA Standard for Therapeutic Communities & Residential Rehabilitation Services, as well as the main sets of community services and health standards.

KEY FEATURES

- **Self-assessment against standards**
Complete self-assessments against the criteria (indicators) of a set of standards. As you work through each assessment, the portal will identify gaps and let you know what the organisation needs to do to achieve completion.
- **External reviews and accreditation**
Prepares your organisation for external review and accreditation, with the ability to submit your results and evidence online.
- **Automatically generated Work Plans**
As you complete assessments, a Work Plan is automatically generated based on the actions required to meet the standard. You can edit and allocate tasks, set due dates and email reminders.
- **Schedule email reminders**
Set email alerts as due-date reminders in your work plan or registers.
- **Risk, compliance and quality registers**
Create, edit and customise registers for risk management, compliance and other quality monitoring. You can tailor registers to your organisation's needs.
- **Document Library**
Upload and manage pre-existing or newly completed documents, then link them to action items to provide evidence of compliance to external reviewers.
- **Immediate solution to multiple standards**
Cross-referencing with all other sets of standards means you can complete multiple sets of standards by completing a single set.
- **Progress tracking**
Displays graphs showing your organisation's progress against industry benchmarks.

KEY BENEFITS

- Increases service delivery capacity.
- Manages and monitors risk and compliance.
- Undertakes gap assessments.
- Work directly online – no need for paper-based reporting.
- A standards update and alert service keeps you on top of changes.
- Builds staff and organisational capacities.
- An immediate solution to multiple standards.
- Red-tape reduction.
- Increases productivity and saves up to 80% of time.

“The SPP has reduced our reporting time significantly. The system is intuitive, I found my way around quite easily.”

Ronnie Voigt,
Drug Education Network

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