

**ODYSSEY
HOUSE**



*'A Calm in
the Sea of
Addiction'*

THE EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES

DEN HAAG, NETHERLANDS

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**“Cost Benefits of Therapeutic Community Programming” -
Results of an Updated Survey**

Presented by:

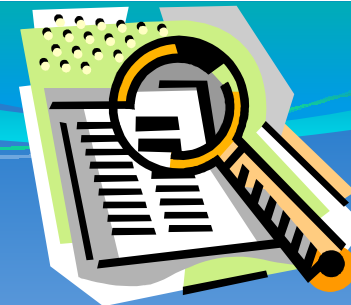
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ABSTRACT



Therapeutic communities for the treatment of alcohol and other drugs misuse have been in operation throughout Australia since 1972. The therapeutic community movement was formalised in Australia in 1985 during the Premiers Conference, held in Melbourne Victoria, which was the forerunner of the National Campaign Against Drug Abuse. An organization, Australasian Therapeutic Communities Association (ATCA) was established at this time to represent and promote the interests of its members.

Under the ATCA umbrella members have benefited from processes of accountability, information sharing, and more recently attempts to establish what are standards of best practice in therapeutic community treatment.



ABSTRACT (Cont...)

The extent to which the therapeutic communities contribute to the attainment of desired outcomes in alcohol and other drugs treatment has been questioned at times. In order to determine the extent to which therapeutic communities contribute to the alcohol and other drugs sector a survey was conducted of its membership. The survey was conducted at Odyssey House.

Cost benefits were determined by calculating the costs to society as a result of each person's drug misuse in the year prior to entry to therapeutic community treatment. Determining indices included: criminal activity, drug misuse, costs of court, costs of solicitors, and time missed from work as a result of drug misuse. These costs were measured against the amount of time spent in the therapeutic community indicated by drug free, crime free days and the monetary value apportioned to them.



INTRODUCTION

- Cautionary note to researchers and policy makers to allow economics of illicit drugs to better inform research and consequently policy development.
- Number of studies documented drugs/crime nexus and associated costs.
- Costs apportioned to drug use and criminal behaviours:
 - a. Value of merchandise stolen.
 - b. Costs of medical care for crime victims.
 - c. Productivity losses.
 - d. Cost for police protection.



INTRODUCTION (Cont...)

- e. Legal Representation.
- f. Adjudications.
- g. Sentencing and maintaining convicted offenders in correctional institutions, (Harwood, et al, 1998).



INTRODUCTION (cont...)

COST OF HEROIN ADDICTION IN U.S.

Cost of illness methodology (Mainers et al, 2001).

- a. Direct costs – medical care and expenditure its sequelae and non medical expenditure i.e. prison, law enforcement.
- b. Indirect costs – loss of earnings due to death, imprisonment reduced human capital.
- c. Psychosocial costs – reduction in quality of life of heroin addict excluded too difficult to quantify (Mark et al, 2001).



INTRODUCTION (cont...)

- Found 20% of total costs of illicit drugs in U.S., \$109 billion, attributed to heroin use in 1995, now its \$484 billion.
- In 1996 total cost of heroin \$21.9 billion exceeded U.S. Federal drug control budget of \$13.5 billion. The budget is now \$30.1 billion (Office of National Drug Control Policy, 2007).

Costs allocated as follows:

1.	Productivity	52.6%
2.	Criminal activities	23.9%
3.	Medical care	23%
4.	Social welfare	.5%

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INTRODUCTION (cont...)

- Study relevant to Australia given estimated number of heroin users, 74,000 (Hall et al, 2000)



CRIMINALITY

- Association between illicit drug use and crime is well known (Hall et al, 1993).
- Substantial body of evidence supports this (Chaiken and Joyson, 1988; Ball, 1986; Chaiken, 1986; Wish and Johnson, 1986; Inciardi, 1979).
- Two frequent methods of criminal activity to obtain money to purchase drugs are acquisitive crimes (theft), or through drug dealing (Hammersley et al, 1989; Ball et al, 1983).



RESIDENTIAL TREATMENT EFFECTIVENESS

Residential treatment criticized for:

- Difficulty establishing cause and effect relationship due to length of program.
- Cost effectiveness compared to shorter options (Wever, 1990).
- Lack of randomized control trials.
- Only 6 trials meet this standard conducted on methadone, the most researched intervention for treatment of opioid addiction (Ward, Mattick, Hall, 1992).
- Evaluation show treatment more than pays for itself (Gernstein et al, 1994; Harwood et al, 1994).

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RESIDENTIAL TREATMENT EFFECTIVENESS (cont...)

- Cost benefit analysis show favourable cost benefit outcomes for residential treatment (Hubbard et al, 1989; Gossop et al, 2000).
- Therapeutic communities most cost effective of modalities evaluated though more costly to implement (Daley et al, 2000).
- Therapeutic communities better outcomes on psychiatric symptomatology and social problem severity when compared to day care (Guydish, 1999).
- Therapeutic communities were of considerable importance in the rehabilitation of substantial percentages of clients between 1969-72 (Simpson and Sells, 1980).

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RESIDENTIAL TREATMENT EFFECTIVENESS (cont...)

- DARP indicated drop in daily drug use post treatment (20%) and in 21% no illicit use.
- Discernible effects of treatment for therapeutic communities seen at 90 days, for methadone 1 year (Simpson and Sells, 1983).
- Other studies have shown therapeutic communities have positive outcomes in diminution of drug use and criminal activity, and increase in socially acceptable behaviour i.e. employment and/or educational involvement. (Bale, 1979; Collier and Hijazi, 1974; De Leon, Fairchill and Wexler, 1982; Latukefu, 1987; Pitts, 1991; Toumborou et al, 1994).

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THE AUSTRALIAN TREATMENT OUTCOME STUDY (ATOS)

- (ATOS) is the first large-scale longitudinal study of treatment outcome for heroin dependence to be conducted in Australia.
- National Drug and Alcohol Research Centre (NDARC).
- Drug and Alcohol Services Council of South Australia (DASC), Turning Point.
- The aims of ATOS are:
 1. To describe the characteristics of people seeking treatment for problems associated with heroin use in Australia;
 2. To describe the treatment received; and
 3. To examine treatment outcomes and costs at 3 and 12 months after commencement of treatment.



METHOD

- Nineteen treatment agencies were randomly selected from within the three main treatment modalities (Methadone/Buprenorphine maintenance therapy; detoxification; residential rehabilitation), stratified by health service. Five hundred and thirty five individuals entering treatment and 80 heroin users not seeking treatment were recruited into the study, and interviewed by NDARC staff using a structured questionnaire.
- Opiate Treatment Index (OTI), Short Form – 12 Interview (SF-12) and Composite International Diagnostic Interview (CIDI)
- Measure drug use, health, criminal activity, and psychiatric co-morbidity. Consent and locator details were obtained to facilitate follow up at 3 and 12 months (Ross et al, 2002).



MAJOR FINDINGS

- Baseline results from ATOS, N=535, are represented initially and data from the Odyssey House sample, N=38, is presented subsequently at baseline, 3 months, 12 months, 24 months and 36 months.

DEMOGRAPHICS

- The mean age of the sample was 29.7 years, and 66% were male. Mean length of school education was 10 years, and 41% had a prison history.

DRUG USE

- Participants are long-term polydrug users.
- Participants in the Residential Rehabilitation (RR) group exhibited a greater level of polydrug use than the Methadone Treatment (MT) and Detoxification (DTX) groups.
- The RR group became intoxicated at a younger age.
- The RR group appear to be more drug entrenched than the other modalities.



HEROIN USE AND DEPENDENCE

- The mean length of heroin use was 9.6 years.

TREATMENT HISTORY

- The RR group were more likely to have been in treatment previously, and had tried a wider range of treatments than the MT and DTX groups.

INJECTION RELATED RISK-TAKING BEHAVIOUR

- Had injected at least daily in the preceding month, and 37% of injectors had either borrowed or lent used injecting equipment in that time.



HEROIN OVERDOSE

- Heroin overdose was a common event among the sample, half having overdosed in their lifetime, and a quarter having done so in the preceding 12 months.
- Participants in RR appear to be particularly at risk, being significantly more likely to have overdosed and to have done so in the preceding 12 months, as well as having overdosed on more occasions and more recently than other modalities.
- A recent review of the heroin overdose literature identified a range of cardio-pulmonary, muscular and neurological complications related to non-fatal overdose (Warner-Smith, et al, 2001).
- A notable proportion of ATOS participants, and the RR group, may experience some degree of overdose related co-morbidity.



SOCIAL SUPPORT

- 12% of the sample had no close friend or people they felt they could rely on. Previous research has suggested that “patients” with more social support do better in treatment (McClellan, 1983; Hubbard et al, 1989).

CRIMINAL ACTIVITY

- A large proportion of the sample had been criminally active in the month prior to interview
- Acquisitive property crime the type of offense most commonly reported. Half of males and females had committed a crime in the preceding month.

HEALTH

- Overall physical health of the sample was poor, being one standard deviation below the norm for the general population. Females reported poorer general and injection related health than males.



MENTAL HEALTH

- There was a high degree of psychiatric co-morbidity within the sample. Half had scores indicative of a severe disability on mental health scale SF-12, a quarter meeting criteria for current DSM-IV diagnosis of major depression, a third having ever attempted suicide, and 41% meeting DSM-IV criteria for Post Traumatic Stress Disorder. Almost three quarters of the sample met the DSM-IV criteria for Anti Social Personality Disorder (ASPD), and half for Borderline Personality Disorder (BPD). The RR group showed greater impairment than the other modalities, being more likely than the MT and NT (no treatment) to have a mental health score on the SF-12 indicative of severe distress, more likely than the DTX and NT groups to receive a diagnosis of PTSD, and more likely than all modalities to screen positive for BPD.
- The high prevalence of psychopathology among heroin users had direct implications for treatment outcome and clinical practice. Psychopathology had consistently emerged as a salient predictor of poor treatment outcome (Eland-Gooseman et al, 1997).



DISCUSSION

- The participants in the study were polydrug users, with those in the RR group exhibiting a greater level of polydrug use than the MT and DTX groups, having used more drug classes, and becoming intoxicated at a younger age, thus having more entrenched drug using patterns than the other groups. The RR group had greater levels of previous treatment experience and had tried a wider range of treatment experience.
- The RR group had significantly higher rates of non fatal overdose in the preceding 12 months, as well as having overdoses on more occasions than the other modalities.
- There were high rates of criminal activity, with property crime being the most reported offence.

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- High degree of psychiatric co-morbidity in areas of severe disability on mental health scales. 25% of the sample were clinically depressed, 38% had attempted suicide and 41% met the criteria on DSM-IV for PTSD, while almost three quarters met the criteria for ASPD and 50% for BPD. The RR group showed greater impairment than other modalities on mental health scores, indicating severe distress, and more likely to receive a diagnosis of PTSD than the DTX and NT groups, and more likely than all modalities to screen positive for BPD.



CONCLUSION

- The sample exhibits high rates of drug use, criminal activity, mental health, and general health problems, rates of dependence, risk taking behaviour, high rates of non fatal overdose and high rates of psychiatric co-morbidity.
- The RR group reported the greatest number of severe problems than the other modalities at baseline. This group therefore poses the greatest challenge to residential treatment agencies than other modalities in the sample.



ODYSSEY HOUSE ATOS DATA

Baseline sample n=38

Proportion followed up at 3 months = $35/38= 92\%$

NB: The baseline data presented below is based on n=35

Baseline sample n=38

Proportion followed up at 12 months = $30/38= 79\%$

Data presented below is based on n=30

Baseline sample n=38

Proportion followed up at 24 months = $30/38=79\%$

Data presented below is based on n= 30

Demographics at 24 month follow up (n=30)

Baseline sample n=38

Proportion followed up at 36 months = $27/38= 71\%$

Data presented below is based on n=27

TREATMENT STATUS AND ABSTINENCE RATE AT:

	3 months (n=35)	12 months (n = 30)	24 months (n = 30)	36 months (n = 27)
Still in index treatment (%)	54	N/A	N/A	N/A
Currently in treatment, but not the index treatment (%)	20	40	37	33
Any intervention since baseline (%)	26	60	80	82
Abstinent from heroin for month preceding 3mth follow-up interview (%)	91	63	73	67

DRUG USE

(N=35)	<u>Baseline</u>	<u>3mths</u>	<u>12 mths</u>	<u>24 mths</u>	<u>36 mths</u>
Heroin use days in preceding month (mdn)	21	0	0	0	0
Number of drug classes used in preceding month (mean)	5.1	2.0	3.1	2.6	2.3
Daily or more frequent injecting in preceding month (%)	74	6	3	10	7
Overdosed in preceding 3 months (%)	23	0	7	3	4

CRIMINAL ACTIVITY

Criminal activity in preceding mth (N=35)	<u>Baseline</u>	<u>3mths</u>	<u>12 mths</u>	<u>24 mths</u>	<u>36 mths</u>
Property crime	46	6	17	7	0
Drug Dealing	11	0	3	10	0
Fraud	20	0	3	0	4
Violent crime	9	0	0	3	0
Any crime	51	6	17	13	4

PSYCHIATRIC DISTRESS

(N=35)	<u>Baseline</u>	<u>3mths</u>	<u>12 mths</u>	<u>24 mths</u>	<u>36 mths</u>
Current Major Depression (%)	23	9	13	7	7
SF-12 mental health score (mean)*	31.4	41.4	37.9	42.1	42.8

PHYSICAL HEALTH

(N=35)	<u>Baseline</u>	<u>3mths</u>	<u>12 mths</u>	<u>24 mths</u>	<u>36 mths</u>
SF-12 physical health score (mean)*	43.9	51.3	51.6	51.4	49.1
Current injection-related health problems (%)	89	9	20	27	30



- * NB: Higher SF-12 scores are indicative of better health
- **Please also note that one of the people followed up at 24 months was not interviewed at 12 months, and similarly 1 of the Odyssey clients interviewed at 12 months was lost to follow-up at 24 mths. Hence, while the sample size=30 at 12 months and 24 months, the baseline data may appear slightly different.**

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- The results of the ATOS vindicate the efficacy of the therapeutic community at Odyssey House. The severity of the problems experienced by this population is commensurate to the time they may need in treatment in order to make gains in a number of treatment domains. These gains have shown to be significant and have cost benefit and cost effectiveness ramifications.



COST BENEFITS AND COST EFFECTIVENESS OF THE TREATMENT FOR DRUG ABUSE

Cost Benefits:

Converts all the costs and benefits of a particular form of treatment into common unit of measurement (\$) then confirms whether it is economically efficient (Ernst & Young, 1986).

- Tendency in AOD field to compare cost benefits of treatment to no treatment.
- Heather (1992) claimed no cost benefit of residential treatment over non residential treatment



COST BENEFITS AND COST EFFECTIVENESS OF THE TREATMENT FOR DRUG ABUSE (cont...)

- Some claimed negative relationship between effectiveness and cost (Holder et al, 1991).
- Harwood et al (1988) calculated 40% of total cost of \$47 billion to be crime related costs of drug abuse in 1980 in the U.S. Treatment costs in comparison were 3% of the total.
- Comparison of 3 modalities of treatment to reduce crime showed residential treatment had greatest economic return although clients had greater criminal involvement pre and post treatment.

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CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

Larger than previous studies, $n = 3000$

Represented 150,000 people in treatment in California. Looked at:

1. Cost of treatment in participant behaviour.
2. Cost of treatment.
3. Economic value of treatment to society.



CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

TREATMENT TYPES

- Residential
- Residential “Social Model” programs (usually religious affiliation).
- Outpatient drug free.
- Methadone (Outpatient).
- Data collected October 1991 – September 30, 1992.
- Phase 2 contacted people from 83 agencies within 9 months after leaving treatment.
- Average follow-up contact was 15 months. n = 1850



CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

Key Findings

1. Cost of treatment was \$209 million in 1992. Benefit received in first year and afterwards represented a \$1.5 billion saving to society, mostly reduction in crime.
2. Each day in treatment paid for itself, avoidance of crime.
3. Benefits of AOD treatment outweighed costs by ratio of 4:1 to greater than 12:1 depending on treatment type.



CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

4. Cost benefit highest for methadone; residential programs lowest but economically favourable.
5. Cost benefits to total society ranged from 2:1 to more than 4:1 of all treatment types except methadone treatment discharges, net losses due to earnings losses.
6. Criminal activity declined two thirds post treatment.
7. Greater time in treatment, better outcomes.
8. 40% decrease in use of alcohol and other drugs post treatment



CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

9. 33 1/3 % reduction in hospitalisations, and other improvements in health care.
10. Longer stayers had better employment post treatment, greater residential and social model programs. (Gernstein et al, 1994).

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AUSTRALIAN THERAPEUTIC COMMUNITIES ASSOCIATION

- TC's in Australia since 1970's.
WHOS first, 1973; Odyssey House, 1977. Others, The Buttery, Karrilika, and Westmount established same time.
- No formal association. Possibly due to: Professional jealousies, mistrust, and divergent applications of the TC model.
- 1985, Premiers Conference.
- No manager for T.C.'s

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AUSTRALIAN THERAPEUTIC COMMUNITIES ASSOCIATION

- Requested and received a facilitator.
- Discussions resulted in better understanding of differing program philosophies.
- Association established in 1985; First National Conference held in 1986 at Rozelle Hospital's recreation room.



THE SURVEY

- TC's under question despite Ernst & Young Review in 1994-1995.
- The review team concluded that the provision of longer term residential treatment for drug use problems, and for whom other treatment options are not effective or appropriate, has significant benefits for the community as a whole and for these individuals (Ernst & Young), 1996).
- Survey effort to document quantifiable benefits of TC's. What is your success rate?



THE SURVEY (Cont ...)

- Conducted on August 19, 2001 in participating programs.
- Designed to determine cost of respondents drug use to the community in the year immediately prior to entering treatment.
- 16 ATCA members, of 29, responded.
- Costs of drug use calculated based upon services supplied to respondents i.e. legal services, medical services, court adjudication, welfare benefits.



THE SURVEY (Cont...)

- Costs averaged based upon number of respondents to determine daily costs of drug use to society.
- Costs were pro rated (Ernst & Young) to determine drug free and crime free days.



THE SURVEY

- 2002 - Completed questionnaires were received from 16 of the 29 organisations which are members of the Australian Therapeutic Communities Association. A total of, $n = 433$, people responded to the questionnaire.
- 2009 – Completed questionnaires were received from 63 clients residing at Odyssey House.

THE RESULTS ARE FOLLOWS:

RESULTS

	Question	2002 n = 433	2009 n = 63
1	The average age	23.6 Range - 5 to 50 y.o.	27.5 Range – 19 to 50 y.o.
2	Frequency of drug use	Daily : n = 425 Weekly : n = 8	87% used on a daily basis
3	Average age of onset of illicit drug use	12.5 years	13.4
4	Started due to	Peer pressure - 98 Family problems - 75 Experimentation - 63 Affective disorder - 13 Social problems - 83 Anxiety - 9 Didn't like self - 58 Availability - 18 Had been abused - 16	Influence of friends – 41% Mood disturbance – 25% Wanted to have fun – 15% Curiosity – 11% Parental conflict – 7%

RESULTS

	Question	2002	2009
5	Why continued drug usage	Enjoyed it - 111 Stress / Anxiety - 16 Block out thoughts - 78 Addicted- 136 Peer pressure - 4 Help self confidence - 43 Family problems - 22 Depression - 12 Lonely - 5 Don't know - 6	Enjoyed it – 71% Stabilised mood – 25%
6	Legal problems due to drug use?	Yes - 237 No - 159 No response- 37	Yes – 73%
7	Would have legal problems if drugs were legalised?	Yes - 194 No - 54 Don't know- 185	Yes – 50%

RESULTS

	Question	2002	2009
8	Had legal problems before drug use?	Yes - 88 No - 170 Don't know - 175	Yes – 20%
9	Cost of daily drug use - n = 345	<p>\$104,201.20 per day</p> <p>* 88 respondents did not know or did not answer.</p> <p>Cost per annum = \$38,033,438 Average of \$110,241.84 per user per year</p> <p>or</p> <p>\$302.32 per day</p>	<p>Cost for drug use in the year prior to entry to Odyssey House</p> <p>\$49,751,159</p> <p>Average of \$802,438 per user per year</p> <p>or</p> <p>\$2198 per day</p>

RESULTS

	Question	2002		2009	
10	Attendance at a court, solicitor, or a barrister	Not at all -	127	127	The costs of court and legal representation in the sample was \$539,800 N = 41
		Once -	54	54	
		Twice -	43	86	
		3 times -	25	75	
		5 times -	29	145	
		10 times -	40	400	
		< 15 times -	55	825	
		No response -	59		
		<i>Total</i>		1585	

RESULTS

	Question	2002	2009
11	Hospitalised in the year prior to entering Treatment	Yes - 234 No - 168 No answer - 31	653 days n = 24 \$274,260
12	Number of visits to doctors surgery	N = 330, who had visited a doctors surgery in the year prior to entering treatment. There were 19,281 recorded visits <u>\$36 per visit</u> \$694,116 for the year	Cost of \$122,320 n = 49 \$55 per visit

RESULTS

	Question	2002	2009
13	Employed on the year prior to entering treatment	<p>N = 70</p> <p>Total salary = \$775,134.00</p> <p>The average salary was \$11,073.34</p> <p>The average length of employment - 5 months.</p>	<p>N = 30</p> <p>Total wages - \$875,639</p> <p>The average salary was \$14,593.98</p> <p>Employment range from 3 months to 1 year</p> <p>Average employment rate of 6 months</p>
14	Participated in criminal activity	<p>Yes n = 231</p> <p>No n = 103</p> <p>No answer - 9</p> <p>Weekly income from criminal activity was \$661,830 per week</p> <p style="text-align: center;"><u> X 52 weeks</u></p> <p style="text-align: center;">\$32,415,160 per year</p>	<p>70% - n= 62</p> <p>Total costs - \$17,055,910!</p> <p>Weekly income from criminal activity was \$275,095 per person per week or \$753 per user per day.</p>

RESULTS

	Question	2002	2009
15	Number on Government Benefits	Yes - n = 377 No - n = 49 No answer – n = 7 n = 433	Yes - 72% Average 34 weeks at a cost of \$112,110
16	Number of days in treatment		6456 days in treatment at Odyssey House N = 63

RESULTS

SO, THE COST TO SOCIETY FOR THIS SAMPLE ARE:

1	Costs of illicit drug use	\$49,751,159
2	Costs of court and legal representation due to their drug use	\$539,800
3	Costs of hospitalisation	\$274,260
4	Costs of criminal activity to support illicit drug use	\$17,055,910
5	Costs of welfare benefits	\$112,110
6	Costs of visits to the doctor	\$112,340
	Total Costs	\$67,855,579

RESULTS

- Therefore, in this sample of residents the average cost to society for each person was \$802,458 per year, or \$2,198 per person per day.
- The resident sample, while in treatment at Odyssey House represented 6456 drug free and crime free days.
- At \$2,198 per day this is a savings to society of \$141,93,259!
- Last year 827 people passed through our residential services.



DISCUSSION

- Results verified trends in age of drug misusers and onset of illicit drug use.
- Significant due to developmental stage.
- Onset of use attributed to peer pressure, family/social problems, experimenting and low self-esteem.
- Continued use attributed to enjoyment; addiction; blocked negative emotional states; and bolstered self esteem.



CONCLUSION

- TC treatment is effective
- Even given high rates of daily criminal activity and drug usage.
- Difficult population, qualify as involuntary clients.
- TC's provide environment where individual can process, deal with, and work through many issues in a safe environment while they acquire more adaptive coping skills.
- TC's have demonstrated cost benefits equal to and in some cases superior to other treatment interventions.



CONCLUSION

- Benefits have been documented in some of largest studies undertaken to date; DARP, CALDATA, NTORS.
- Estimated per annum cost of long term residential care in 1995 was \$39.00 per day or \$14,093 per year and now is \$35,000 per annum.
- Hospital costs (average private and public) was \$384 per day in 1995, and now \$550 per day.
- Cost of a minimum security prison cell was \$34,000, now \$42,000.



CONCLUSION

- Had high rates of drug use, criminal activity; low salary levels; high rates of unemployment; disproportionate hospital occupancy; high subsidised rates of government benefits; and visits to doctors' surgeries.
- TC's provide substantial cost benefits to society and people who utilise their services.



CONCLUSION

- Cost benefits are substantial and gains are made in other domains as well.
- Costs saved through TC treatment not only justifies mode of service but warrants a review of levels of funding given to TC's based on savings to community.

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- It needs to be recognized by Commonwealth and State governments, and their funding arms, the therapeutic community is an efficacious intervention which produces salient “evidenced based” outcomes. Therefore it is imperative resources are allocated to this intervention which assists it to continue to meet the multivariate clinical needs of this most difficult and challenging population!
- Therapeutic communities, like Odyssey House, cannot impact in any major manner on macro forces which support drug use in any community. Individual correlates of compulsive/intensive/dependent use of substances are well documented and recognized; a link to criminal activity; loss of employment and unemployability; deteriorated interpersonal relationships; and a focus on drug seeking and using activities and peers. The therapeutic community can assist an individual to process, deal with, and work through many of these issues in a safe environment, and promote the acquisition of more adaptive coping skills and strategies.

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Most importantly;

when in treatment in the TC,

residents stay **ALIVE!**