AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
ANNUAL REPORT
2011-2012
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.

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Chairperson’s Report
Barry Evans

Twelve months ago in Perth we were anticipating significant change in our sector; the tender for the Quality Framework and an Outcomes Based Funding model had been decided, the Commonwealth Government had restructured the Department of Health and Ageing and we were all in the last year of our funding agreements and facing the prospect of applying again for ongoing funding. Twelve months later many members have been frustrated and disappointed with the processes that have taken place. There has been no advance on the Quality Framework at a National level and the funding round was marked by uncertainty, a protracted process, confusion, and in some cases anger at the outcomes.

The first six months of this year was a tense and uncertain time for all of us as funds ran out and staff started to look for alternate employment. For some members the initial funding decisions were a disaster as their services were not refunded, for many this decision was without obvious rhyme or reason. Fortunately the Commonwealth Government listened to the reaction from the sector and it has reinstated funding for those agencies affected for 12 months as they renegotiate for the future. However going forward we need to engage with the Commonwealth Government in dialogue with a view to making the next round in three years a more ‘user friendly’ affair. To have to tender for funds every three years places a huge burden of uncertainty on the sector. It makes it difficult for the Not for Profit sector to invest in capital, to invest in staff, and to strategically plan for the future.

As well as the direct impact on the sector, the unpredictable outcomes which accompany a tender process can have an adverse impact on the community we serve, creating frustration, unrealised expectations and unmet need. Accountability as a condition of funding is necessary, and we all need to provide our funding bodies with a reassurance that their investment is worthwhile. Quality frameworks and accreditation also provide reassurance to the public and to consumers of our services, and that we are providing services that meet agreed Standards. However providing reasonable certainty into the future is not an unrealistic expectation.

The ATCA Board, with the support of Lynne Magor-Blatch and Bec Davey, has continued to facilitate Peer Reviews in 2011-2012, completing 11 by the end of June this year, seven of these in the first six months of this year. Two of these reviews have taken place in TCs operating in prisons where the model has once again demonstrated its worth with a 25% decrease in recidivism rates and improvements in health and well-being of participants. These Reviews have taken place with the assistance of the Commonwealth and some accrued ATCA funds.

Our experience and the feedback to-date is that the Standards are very relevant to capacity building, staff training, staff orientation, and reinforcing the integrity of the TC model. It was our intention to fund ongoing Peer Reviews through a workforce development project that we hoped to finance with a grant from the Substance Misuse Service Delivery Round. Unfortunately ATCA’s submission was not successful, and so once again we are faced with the need to ask individual agencies to contribute to the cost of a Peer Review.

While many TCs currently have contracts with Accreditation providers, it is ATCA’s vision that the Standards will one day be a viable alternative. In the meantime the Peer Review will remain an option for those TCs that wish to review their service, to test the voracity of the model in the context of their organisation, and to receive feedback as part of their cycle of continuous quality improvement. For its part, the ATCA Board will progress the ATCA Standard to accreditation with JAS-ANZ. This has been made possible through the financial assistance of the Commonwealth Department of Health and Ageing. Their support over the last ten years has been instrumental in getting the Standard to this stage and we are very grateful.
As well as advancing the Peer Review to a Standard the Board has revised its strategic plan with reference to the Future Directions document informed by member consultations several years ago. This revised plan will be released for consultation of the membership shortly, and then posted on the ATCA website which is also undergoing a makeover. The new site will be up and operating within the next few weeks.

You will recall that we held a Symposium in Sydney in November of last year to meet the Constitutional requirements for an Annual General Meeting. This year we moved the Symposium date so that we can hold our AGM without doubling up. A very successful Symposium in Launceston was well attended, with a strong speaker line up and a fantastic visit to Missiondale - our first Tasmanian member agency. The feedback from those attending has been very positive overall and it is being used to inform planning for our next Conference. In 2013 the Conference will be in Queensland and the Board has begun planning for it, the intention being to create a strong sense of community with a venue that will allow for greater connection informally.

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 all 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 also 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 conduct Peer Reviews, agency reviews and support, writing submissions and providing support to the Board. Our sincere appreciation for their work.

Barry Evans, ATCA Chairperson, September 2012
Executive Officer’s Report
Lynne Magor-Blatch

The past year has once again been a busy one for the ATCA, with a number of peer reviews conducted in Australia and New Zealand, and an increased presence at national level with appointments to a number of reference and working groups. Given the fact that my position is part-time (18hrs per week) there is always some tension in maintaining the support role to the membership, while at the same time, providing a public presence for the Association. Together Bec Davey and I are able to provide the full time support to the membership, and over this past year Bec’s position of Project Officer has once again been invaluable to the ATCA and its membership.

2011 Symposium
Following on from the success of the 2010 Symposium, the ATCA Board once again organised a Symposium in Sydney to coincide with the 2011 AGM, with over 70 people attending. The theme, A Common Voice – The Shape of Future Service Delivery, discussed the place and role of AOD services, and particularly therapeutic communities in the context of the Health Reform Agenda.

In the 2010-2011 financial year, ATCA members admitted 9,000 residents into TC treatment, with 1,700 of these being in correctional settings. There were more than 200 children in our programs, receiving vital support alongside their parents, and a further 23,386 clients accessed our outpatient, educational and non-residential services. In the past year there has been an overall increase in these numbers, with many more clients accessing outreach and community-based services, and TCs beginning to establish other models of TC treatment, including non-residential day therapeutic communities.

TCs are acknowledged as working with the most complex and chaotic populations. Outcomes, nevertheless, have been shown to be impressive over many studies in Australia and internationally. The Symposium asked us to consider what the AOD landscape would present over the coming years, how we might shift to an outcomes- and outputs-based funding model, and how we might influence the policy framework through practice-based evidence.

Dr David Best, who had recently arrived in Australia, addressed the issue of implementing recovery in a treatment system, introducing a discussion which has occupied much of our thinking and been a source of heated debate over the past 12 months. Emeritus Professor Ian Webster chaired a roundtable comprising a number of speakers from AOD and Mental Health, in a session which explored the ways in which we can address issues of concern and move together ‘with one voice’ in relation to AOD and MH treatment.

The Symposium was also addressed by Ms Gayle Anderson, who had recently taken up the position of Assistant Secretary, Substance Misuse and Indigenous Wellbeing Programs Branch, in the Mental Health and Drug Treatment Division, who addressed the issue: Future Directions for AOD. Where do TCs fit in the picture?

In the past year the landscape became very uncertain with changes to funding arrangements, leading the ATCA to raise a number of concerns in relation to the funding process, and particularly to highlight the needs of families, who we felt, had suffered through funding cuts. While the future is by no means certain, the ATCA is supporting its membership and the sector through an ongoing and developing relationship with the funding bodies, and has recently met with Minister Butler to provide him with information about the ATCA and the valuable work our members are doing in the community. We look forward to working with the Government in the future to provide advice on both prevention and treatment services needed to service our vulnerable populations.
New developments
The continued development of the ATCA Standard and the peer reviews have been the main area of concern for the ATCA Board in the last year. We have now undertaken 11 reviews, including two prison-based programs – one in Auckland and the other the Solaris Program in the ACT’s Alexander Maconochie Centre. The Auckland program is managed by Odyssey House Auckland, and the ACT’s program is a partnership between Karralika Programs and ACT Corrections.

Both these programs are indicative of the new ways in which TCs are working in Australasia. TC programs are now well established in the community and working with adults, young people and families, and with a wide range of complex issues. TCs are now also increasingly working with clients on pharmacotherapies, either on a stabilizing or reducing regime, with Aboriginal and Torres Strait Islander populations, with programs now being established in remote communities in Western Australia, Northern Territory and Queensland, and are also developing new services for day TC clients.

The ATCA Board remains abreast of changes in the way in which TCs in Europe and the US are developing and the changes they are making in meeting the needs of substance users. We are maintaining a research focus and supporting agencies as they undertake research, often in partnership with universities. There is a growing evidence base around TCs in Australia, which provides us with a promising picture and adds to the considerable evidence supported practice in Australasia.

Membership of Boards, Advisory and Working Groups in 2011-2012
- Appointed Member, Intergovernmental Committee on Drugs (IGCD) Expert Reference Group (DA-CCP)
- Member Of Substance Editorial Reference Group, Australian National Council on Drugs (ANCD)
- Elected Member, Board of the Alcohol and other Drug Council of Australia (ADCA)
- Member of the Scientific Committee, Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Appointed Member, National Workforce Development Strategy Working Group
- Appointed Member, Alexander Maconochie Centre (AMC, ACT Prison) Health Policies and Services Advisory Group
- Appointed Member, International Advisory Committee, 13th Annual European Federation of Therapeutic Communities Conference, Oxford, UK
- Chair, Illicit Drugs in Sports Reference Group, Australian Psychological Society

Conference presentations during 2011-2012
- Invited Keynote Speaker: What’s working? The importance of complementary approaches to prevent youth disengagement while working with an acceptable level of risk. NTCOSS Conference, Growing the NT Fairly – Building Stronger Links. Alice Springs May 2012
- Do personality factors predict retention within therapeutic communities for residents presenting with amphetamine-type stimulant (ATS) use disorders? APSAD Conference, Hobart November 2011.
- Policy Change in the TC: The Changing Perception of Methadone within the TC. APSAD Conference, Hobart November 2011.
- The evidence framework for residential treatment, Kinship in the Community, European Federation of Therapeutic Communities Conference, Keble College Oxford, September, 2011.
- Can a specialized intervention for Amphetamine users improve outcomes for Therapeutic Community residents? Kinship in the Community, European Federation of Therapeutic Communities Conference, Keble College Oxford, September, 2011.
Project Officer’s Report

Rebecca Davey

During 2011-2012, the ATCA saw the culmination of the trialing of Version I of the ATCA Standard, with a further seven Therapeutic Communities being reviewed by peer review teams. This built on the four reviews in 2010, and included two services in prisons, a Government Therapeutic Community and a service that caters to a large Aboriginal population. This experience has assisted the ATCA in further refining the Standard and in building a thorough implementation guide which includes clear measurements against each of the indicators.

The Commonwealth Department of Health and Ageing has provided a grant to the ATCA to allow for the certification of the Standard under the Joint Accreditation Standards Agency (JAS-ANZ). This will give the Standard a better level of credibility amongst funders and should allow it to be considered by organisations as the primary form of accreditation. Once this occurs, external agencies will be responsible for applying the Standard. This means that the ATCA will not be conducting the formal accreditation visits. Instead, the ATCA is then freed up to assist members in preparing for accreditation visits.

The ATCA will also stipulate in the rules for the conduct of accreditation, that at least one member of any accreditation team will be required to have a significant TC background. The new Standard will be tiered to allow for residential rehabilitation services to also take advantage of the package without having to meet the elements that are particular to a Therapeutic Community. It is hoped through this process that some services may choose to then work towards becoming a Therapeutic Community; however, they may choose to simply remain a residential rehabilitation service that utilises a Standard that is more appropriate to the work being undertaken.

The ATCA is also currently investigating the ongoing nature of stand-alone peer reviews. These reviews would be undertaken by a team supported by the ATCA and will utilise a modified version of the ATCA Standard. This would be utilised for services that wish to have a quality assurance visit against the Therapeutic Community elements of their program, for services that are new to the TC sector and wish to be assessed as a TC for ATCA membership, or as a precursor to a full accreditation visit. It is envisaged that the peer review-only visits would concentrate on the TC elements of the program rather than the business systems.

Many organisations and individuals have contributed throughout the two year project of piloting the ATCA Standard, and the ATCA would particularly like to thank all those organisations that have so generously donated hours of staff time to review documentation, carry out reviews, and assist in report preparation. A big ‘thank you’ also to those organisations that have elected to be a part of the pilot process.

This process has been a learning experience for all involved and for those organisations that have helped us to mould the Standard into a living document with application for many modifications of therapeutic communities.

It must be noted that the Standard will continue to evolve – no Standard should be static. Therefore if you are considering commencing work on the ATCA Standard, please ensure you contact the ATCA to discuss this so that we can ensure you are working on the current version.

Rebecca Davey
September 2012
Treasurer’s Report

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 2011 - 2012.

As a Peak Body for Therapeutic Communities in the Australasian Region, the ATCA is an international association, which exists to support its memberships and to promote the therapeutic community model of treatment “community as method”.

The Constitution of the 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.

In compliance with this Clause and Sub-clause, I present the 2011 – 2012 Annual Financial Audit Report.

Further to that report I would like to note that the Association has maintained its financial viability during the past financial year.

This has been achieved by securing funding from the Commonwealth Department of Health and Ageing, as Treasurer and on behalf of the Board of Directors and membership, I would like to extend our appreciation of the ongoing support provided by Commonwealth Department of Health and Ageing – Drug Strategy Branch.

The Association, at the time of the annual audit, has cash assets of $51,289 without liability, whilst this is a reduction on last financial year, it should be noted that the Association is in a financially viable position.

Also impacting on the financial position of the Association, was an increase in expenditure during 2011 – 2012 financial year, this was brought about in part by increased consultation with members and the number of peer reviews undertaken, a total of 11, in Australia and New Zealand.

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 ATCA and to the Therapeutic Community model of treatment.

I also want to acknowledge the work of Rebecca Davey, ATCA Standards Project Officer, for her efforts during the past year in managing the peer review process. The implementation of the Standards project has been key to lifting the profile and rigor of the TC model.

I also acknowledge and thank 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, 29 September 2012.
REGIONAL REPORTS

AUSTRALIAN CAPITAL TERRITORY

TC members in the Territory
Canberra Recovery Services
Karralika Programs Inc
Ted Noffs Foundation

Canberra Recovery Services
The Salvation Army, Canberra Recovery Services (CRS) is one of eight TC’s 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. The Canberra service has grown and has seen significant change over the last twelve months.

The Bridge Program has been comprehensively re structured across all eight services. The Canberra Service introduced the new model of service delivery in September 2011. The new Program was developed under the guidance of Recovery Services Headquarters. A consultative working group was established, its membership being drawn from clinical staff at our various Centres and relying on the input of Centre-based working groups and participant consultation.

The new Bridge Program developments are evidenced based. The Salvation Army initiatives are supported by research conducted by the Illawarra Institute for Mental Health for which the Salvation Army was awarded the 2012 Finalist for Excellence in Research in the National Drug and Alcohol Awards. The new Bridge Program has as its foundation a staged completion model and uses a strengths and wellness approach. Progression is planned around identifying and achieving outcomes in terms of relapse prevention, life skills, training, employment and life value.

With the introduction of the new model of service delivery has come a significant increase in placement of participants completing the Bridge Program in planned and vocationally focused training and full time employment consistent with their case planning around identified strengths, values and goals.

Along with the introduction of the new Bridge Program, CRS has acquired a new five bedroom house to facilitate senior participants in their transition into their training, work and social integration plans.

The inclusion of women onto program, bringing Canberra in line with other Salvation Army Services throughout Australia, has been a significant step. In the next few weeks CRS will see the first of the women complete the Bridge Program. The inclusion of women has been a smooth and positive experience for all. As well as all the new Bridge Program activities, groups and meetings, participants are attending a range of TAFE courses, preparing for employment after completion. The inclusion of women has brought a new dimension to the effectiveness of the TC. The women have been well accepted but more significantly, they have brought an added and welcome dimension to community meetings, group activities and to the rounded social engagement within the Centre. There are plans to expand bed capacity for women in the new year.

CRS participants play in a community-based indoor soccer competition and have access to social volley ball. Health and fitness is an important part of Bridge Program delivery and attendance at a Gymnasium twice a week supports this goal. The choir continues to engage in social performances particularly around Canberra’s aged care facilities, bringing joy to the aged residents while building self esteem and confidence amongst the participants.
Karralika Programs Inc

Karralika Programs Inc. has continued to provide services in the ACT and surrounding NSW region for adults and families in the therapeutic community residential facilities and within a correctional setting throughout the year. Karralika’s community programs, including half-way houses, outreach support and drink-driver awareness courses continue under the Karralika Programs Inc. banner.

2011-12 saw the further development of Karralika Programs with the introduction of two new programs in the ACT which build on the existing services. The first is “Karuna”, a short-stay program of 8 weeks offering clients the ability to start their rehabilitation journey, and experience what it is like to be part of a TC and the benefits of a residential program. Individuals are supported with group and individual sessions and education seminars as well as a range of social and living skills development activities. At the end of the Program, residents can move into the next phase of the TC to continue their rehabilitation in one of the programs or in the community with outreach support.

The second new program is “Reversed”, an educational and therapeutic alcohol and drug awareness course to help people drive sober. Legislation that came into force in the ACT from 25 November 2011 mandated that those charged with mid to high range drink driving and repeat offenders, must attend an awareness course such as Reversed. Karralika Programs has now been running this course since January 2012 with a minimum of two courses being run every month.

Australasian Therapeutic Communities Standards

The Solaris Therapeutic Community for male detainees at the Alexander Maconochie Centre (AMC) successfully underwent a self-review against the ATCA Standards during the year with a positive result. This program continues to be jointly managed between ACT Corrective Services and Karralika Programs with the partnership developing to enable AOD support to female detainees within the AMC.

Adult Program

The Adult Program within the Karralika Therapeutic Community experienced a sustained increase in the number of clients in the past year. This increase has been due in part to greater community awareness about the programs and a developed capacity to meet the needs of clients with co-morbidities. Karralika had 74 adults attend the program.

Child & Family Programs in a Therapeutic Environment

This program continues with funding under FaHCSIA’s Family Support Project. It continues to focus on support for the whole family. While parents are receiving treatment for their drug dependency they are also supported through counselling and parenting programs. Young children can reside with their parents and participate in a range of activities as a family and be supported through the Early Birds and Outreach Programs before and after their residential program. Karralika had eight parents with 10 accompanying children participate in this program in the reporting period.

Outreach

The Outreach Program continued to provide assistance to clients entering into residential programs through an “Early Birds” program, and aftercare as clients exit our Karralika TC, Transition and Nexus Men’s Programs as they re-settle into the community. Outreach involves a monthly ‘walk in’ service, as well as the scheduled case
management/support sessions. A number of Relapse Prevention Group Programs were delivered as well as SMART Recovery and Cognitive Behaviour Therapy programs.

**Ted Noffs Foundation: PALM ACT**

PALM ACT has continued to perform to a high standard. Ronan O’Connor has been appointed Senior Manager of all ACT services and this has seen an increase in the quality of the services provided in the ACT. Ted Noffs now has a new office located in Civic, and this has been running for just over a year. This new space includes a recording studio, music instruments and Mac computers capable of putting together quality recording. TNF also has a fully set up IT section for young people to use. This has seen the program’s continuing care arm (CALM) flourish as it provides aftercare and follow up to clients exiting the TC in a community setting. Also operating out of the new office is COOP (Day Program) and the Ted Noffs Foundation’s brand new mentoring and life skills service focusing on homeless youth.

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**Western Australia**

**TC members in the State**

Cyrenian House
Palmerston Association
Serenity Lodge

**Cyrenian House**

The Therapeutic Community continues to grow and develop due to the commitment of residents, staff, management and the CEO.

**30th Anniversary**

The vision and hard work of Cyrenian’s founder, Rick Hammersley was recognised when Cyrenian House celebrated its 30 year anniversary with a special event held at the TC in November 2011. Past and present staff and residents, as well as members of Rick’s family attended on the day. Arthur Toon was also remembered for his very significant contribution to Cyrenian House.

**Significant developments**

- The successful completion of the Peer Review of the ATCA Standards in 2010 and Opportunities For Improvement (OFI’s) generated by the peer review process has enabled the continual evaluation, development and implementation of the Therapeutic Community model into service delivery, policies and procedures. By consistently reviewing the feedback from its consumers and stakeholders and working towards excellence, Cyrenian House is dedicated to continually improving the standard of its service delivery.

- The development the Saranna Specialist Intervention Centre for Children and Families which has been planned over a number of years has reached the building phase. Construction commenced in February 2012. The completion of the centre will mean that the Saranna program can admit larger families.
Additionally, the Saranna women will be supported to participate in the TC program by being able to leave their children in the centre for the full day.

- An agency-wide Reconciliation Action Plan (RAP) Plan has been developed. This plan will provide us with a framework for the future, detailing steps and priorities to make a difference and achieve respectful partnerships between Aboriginal and Non-Aboriginal people.

- As a successful grant applicant of the Criminal Confiscation Grants Program, Cyrenian House will be able to offer a Vocational Learning program at the TC. This will provide residents at the TC assistance with educational, job skills training and employment opportunities in association with TAFE and other training providers in WA.

- ISI funding has been granted for another three years. Charl Van Wyk will continue in the role of ISI Project Officer. One of the big changes in the funding conditions allows direct service delivery as well as capacity building activities.

Regular Community Days held at the TC have allowed residents and staff to make ongoing improvements to the property and environs. This has added to the aesthetics and feeling of community on the property. Hard landscaping, mulching and planting of native plants have continued throughout 2011/2012. Several community days were also held to continue work on the Aboriginal Meeting Place. All staff and residents participated in the construction of hard and soft landscaping around the meeting place.

A Planning Day was held to review both programs in August 2011 with a particular focus on the place of TC in the broader AOD context, program elements, and inclusivity. The effective work and dedication by staff who work at the TC really shone through with their commitment to continually review how we work and how we can improve the quality of our services. A follow up Review Day held in June 2012 allowed staff to update on latest developments from the Planning Day. These included a review of the Cards system to ensure that discipline in the TC is supportive rather than punitive and reflects breaches to the TC’s values.

Submissions are underway for a grant to upgrade the TC facilities, in particular improving the Mixed Gender communal dining and kitchen areas and increasing space for staff office and administrative areas.

All in all it’s been a busy and productive year for the TC. Shonna Grant has returned from maternity leave to take up her position as TC Manager. Eleanor Baptist, who was Acting Manager during this time (thanks for the great job Eleanor), has now gone on maternity leave. Good luck Eleanor!

**Palmerston Association Farm Therapeutic Community (TC)**

The Farm (TC) has had a busy year developing the program to meet the needs of residents whilst an extensive building program was being undertaken. What has been created for Palmerston Association TC in the building program has been transformational.

The building program delivered four new buildings:

- Art therapy facility
- Reception/administration facility
- Transitional house
Community Building

The residents were very involved in the design and development of the landscaping. This included determining what to plant, propagating seedlings, and designing the reticulation. It has also led to further training and employment opportunities for residents. This in turn played a huge part in their sense of self esteem and worth.
The buildings were officially opened in October 2011.

In addition, significant improvements to the bathroom facilities in the women’s house have enhanced the experience for our female residents. A new workshop has been built which will improve our capacity to skill our residents in the handling of tools and equipment.

Linkages with community support services

The Farm TC has entered into a partnership with Bridging the Gap, a local job search provider, linking all Farm TC residents to a vocational support service. Residents have access to vocational training, career counselling and voluntary work experience through this partnership.

The Farm TC also renewed its partnership with Peel and Rockingham (PaRK) Mental Health services and the Fremantle Mental Health services which provides ongoing case management support for Farm TC residents with mental health problems. The Farm TC continues to have strong linkages with the local GP in Kwinana, and the dual diagnosis nurses from PaRK and Fremantle mental health services.

Clients, Clinical team and program

Over 127 people came to the Farm TC as residents during the year, 70% of them were male clients. Approximately 60% were under the age of 40 and the largest age range was between 30 and 39 years of age. The staff team at the Farm TC has been very stable during the year. A new coordinator is due to start early in the next financial year. The clinical team have been fortunate to access a broad range of professional development, enhancing skills in the delivery of psychological treatment for co-occurring drug and alcohol and mental health problems. The Farm TC has introduced SMART recovery.

Transitional housing

During the financial year, Palmerston Association secured one of 15 dwellings under the new AOD Transitional Housing and Support Program (THASP) for people exiting residential drug and alcohol treatment.

THASP will operate as a short to medium term transitional housing option (three to six months). A support worker will engage with residents before discharge from the TC, support them while in the transitional housing, and assist them to achieve long term, stable housing arrangements.

“My sister was scared to visit me at the rehab as she thought it wouldn’t be nice. But this is a really nice place. It is something Palmerston should be proud of... I come from a background of violence, drug use and the drug world and the beautiful buildings give me something to aspire to better things”
“We want to look after our environment (because they – the buildings – are beautiful); we want to look after ourselves”

* * *

“Coming to Palmerston Farm is the best investment of my time I have ever made. Here in the TC, I am learning the ONLY person that can be responsible for me is me, but, as my unhelpful behaviours are being pointed out to me, I am learning it is a gift to be given the opportunity to work on them and to help me be the person I want to be.

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**VICTORIA**

TC members in the state

Birribi Youth Substance Abuse Service  
Odyssey House Victoria  
The Basin Recovery Centre (Salvation Army)  
Windana

**State Report: Victoria**

The Victorian Drug and Alcohol Service System is in the midst of a reformation.

The changes in the alcohol and drug treatment system will respond to system weaknesses highlighted in a number of reviews including a report in March 2011 by the Victorian Auditor General's Office.

**Recovery Oriented approach**

These changes will take the form of a recovery oriented approach.

A recovery-oriented approach to alcohol and drug treatment supports people to build and maintain a meaningful and satisfying life. Recovery is self-defined. For some people, recovery might mean they decide to stop drinking or taking drugs altogether. For other people recovery might mean that they participate in a pharmacotherapy program so that they are not using illegal drugs. For others, recovery might just mean they want to be more engaged with their families, and successfully participate in work or their community.

Recovery oriented treatment means involving treatment users and their families in decision making about their treatment. Recovery sits within a framework of harm minimisation, recognizing that people come to treatment through many different paths and that recovery is a personal journey, unique to each individual.

**Improvements**

The changes will improve treatment for clients by taking a person centred, Family inclusive, recovery oriented approach to treatment. The reformed alcohol and drug treatment system will be more accessible for the people who need to use it. A new central intake service and bed vacancy register will make it easier for people to find help and easier for them to access treatment.

Clients will have better access to treatment by developing subregional or regional intake and assessment so that there is one identified point of contact for entry into local treatment networks.

The telephone-based central intake service will help people to work out what type of treatment they might need and they will be able speak directly to someone when they are looking for immediate advice and support.

**New Service System**

The new service system will have the following six service types;
The residential treatment component of the system will be made up of Therapeutic Communities, Modified Therapeutic Communities, Koori Youth Healing, and Short stay youth programs.

The latest more detailed information about sector reform can be found at www.vaada.org.au.

**Birribi Youth Substance Abuse Service**

Birribi is a Therapeutic Community in Melbourne for young people, 15 to 20, who have drug related issues. In the past year, 53 young people were admitted to the program.

Birribi’s highly structured program has been strengthened by the addition of a nine session Life skills Program and the inclusion of additional on-site training programs in the areas of job readiness, hospitality and horticulture. Each resident has educational goals and weekly sessions with two visiting secondary school teachers. Residents are able to complete Year 10 on site. The Birribi Community Support Worker assists residents to connect with relevant community resources and facilitates family meetings.

Residents are involved in an ongoing Adventure Program that aims at personal challenge and team building. Residents engage in activities like surfing, caving, canoeing, rock climbing and abseiling as well as going camping.

The TC environment provides the residents with an opportunity to raise their personal awareness and develop skills to live with themselves and others.

**Odyssey House Victoria**

Resident numbers are high as is the ever increasing demand for services. There is hope that sector reform will bring about more responsive cohesive and capable responses for those seeking help.

Odyssey is delighted to announce that the Circuit Breaker Program has secured funding in the latest round of grants to continue operations in North East Victoria. This will mean that the program can continue to provide services to the people of the Hume region.

The opening of the two new family units and community centre at the Lower Plenty Facility has meant that Odyssey House is now able to house families in surroundings that are fantastic; and certainly all reports from the residents living there concur with this.
Bridging the Gap with aboriginal clients has played a major part in strategic thinking and initiatives this year for the whole Odyssey House organisation. The staff and residents have participated and contributed to a variety of initiatives at all residential and community based programs.

Odyssey has adopted the symbol of the hand representing the values of Odyssey House Victoria. This piece of art was created by Chris Thorne, a staff member at the Circuit Breaker Program.

Windana Drug and Alcohol Recovery Inc

The Windana TC is a 36-bed adult TC set on 42 rural acres on the outskirts of Melbourne city. Over the more than 23 years of work, staff and residents have developed a beautiful park-like environment and an extensive veggie garden.

In the past 12 months Windana has welcomed on board many new staff and re-built and refined staffing and program structures. The program now has a well-supported, positive and dynamic team working in an exciting new program which is to date proving very successful.

Windana is holding more complex clients within the TC for longer. From an average of 55 days two years ago to a current average of 93 days. In the past 14 weeks there have been 12 graduations. Residents say that their experience at the Windana TC is nothing like they have ever experienced elsewhere in the past. They report that the structure and quality of the therapeutic experience, while it is very challenging and at time “intense”, inspires them to stay engaged longer and gain more from their time with the program.

In the last year this team has been augmented by the appointments of a kitchen co-ordinator and a full-time maintenance person. Both of these roles and the people filling them have proven a real boon to the community.

In recent months Windana has added an additional two case worker positions, a second team leader role, and expanded the nurse hours to full time. This has been possible due to funding for four new pharmacotherapy withdrawal beds at the TC.

The TC has become part of a network of addiction and mental health agencies that provides opportunities for reciprocal rotations for workers and mental health case workers. This has assisted with the development of dual diagnosis expertise at the TC. To date, four mental health workers have spent time sharing their mental health knowledge with the Windana team.
Windana has recently invested significant resources in professional development. Specific training in co-facilitation models for therapeutic group work and workshops on working with aggressive and challenging behaviours, and working with antisocial presentations have been included in training schedules this year. There are also fortnightly externally supervised group supervision for all staff who work directly with residents.

The TC has a house in Melbourne city from which graduates of the program can continue building their futures with the support of Windana staff. Residents can stay in this phase of the program for up to four months. During this time they work toward consolidating what they have learned at the TC and preparing for reintegration into the wider community.

Windana is fortunate to be currently working with an Aboriginal residential service to share resources and assist with program development. This, along with the program’s relationship with another Aboriginal community-based service, provides Windana with an opportunity to develop a culturally safe recovery option for local Aboriginal people. The Windana TC is a place where diversity is celebrated.

QUEENSLAND

The challenges for services in Queensland are similar to those found elsewhere in Australia including the need to demonstrate efficacy and cost effectiveness. The Therapeutic Community (TC) model is offered in a range of locations servicing a variety of client groups across a broad geographic region working effectively and compassionately across the client/resident group.

The tight fiscal environment of the current time is playing out following the election of a new Government in Queensland which is seeking to find savings. While some of the steps the Newman Government are taking are well publicized and clear the impact on TCs is not, moreover it is perhaps unhelpful to speculate on future scenarios in a fluid environment.

The challenges that face the sector, particularly in Queensland over the next twelve months are likely to be considerable. The best response in the face of adversity is simply to take stock of what we do, for whom, how and why and set about doing it better!! That’s the goal for the coming year!!

ATCA members in Queensland are: Fresh Hope, Goldbridge, Gold Coast Drug Council (GCDC) – Mirikai, Logan House – ADFQ, Salvation Army (Moonyah, Fairhaven and Townsville Recovery Services), WHOS Najara, and Queensland Drug and Alcohol Council (QDAC).

GCDC, ADFQ and QDAC have merged into one Group known as Live Life Well where they now share corporate resources such as finance, HR, ICT, WH&S and ultimately a common Clinical Governance framework.

**Fresh Hope**

The last year has been a very interesting year in many respects with the number of clients fluctuating more than normal, funding submissions, changes in governments and government policies. This has led to many agencies having to think differently and do things differently and Fresh Hope is one of those. While the program has not been affected by the State Government changes to funding, the Queensland State Peak Body has, and that is very bad news for Queensland.
As Fresh Hope is the only TC in Queensland that keeps mothers and their children together, at times the program has had an influx of clients and at other times no one. This has been different to other years and is of concern. Fresh Hope is constantly looking at ways this can be adjusted but has not found the secret yet. In the last year, two of Fresh Hope graduates have married; this is very exciting to see as John is often the celebrant.

This last year has seen a marked increase in mothers presenting with alcohol and cannabis problems, something which the program has not seen before. Over the years the program has seen changes in presentations from heroin use to poly drug use and now it is slowly moving towards predominately alcohol and cannabis use.

The photo shows the two new buildings which have just arrived. They are a training room and new office – and have taken three years to obtain permission from Council to shift.

**Goldbridge**

The Goldbridge residential program, on the Gold Coast, for individuals (and families) affected by chronic and habitual AOD/Mental Health issues. The majority of clients accepted for residential treatment, are men and women of various cultures, in their early 30’s, and who have some acceptance of the need to change their drug-using behaviour, and are seeking abstinence as their primary goal.

A number of trends have become apparent for the staff of Goldbridge:

- 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 individuals, single parents and families

**Live Life Well**

**Logan House Therapeutic Community**

Logan House was officially opened by the Governor of Queensland, The Honourable Sir Walter Campbell QC, on 4th September 1987 and the program is in the process of planning a range of activities to mark the 25th anniversary. Planned activities include an inter-rehab volleyball tournament, an open day for external stakeholders and other interested parties, a Jam and Dance Recovery Night and a formal dinner for staff, residents, ex residents and external stakeholders.

Logan House is operated under the auspices of ADFQ which recently merged with Gold Coast Drug Council and QDAC to form the Live Life Well group. Three Therapeutic Communities; Logan House, Mirikai and Mareeba Therapeutic Community; come together under Live Life Well.

There have been several significant enhancements to Logan House’s infrastructure in recent times. There is now a new reception wing and a new state of the art kitchen/dining room facility, the residential villas have been
refurbished and ADFQ invested its own funds in service delivery by purchasing a property for use as a Halfway House.

The volley ball team, *The Logan House Bullsharks*, is always up for a challenge and has recently played against Mirikai, WHOS, Goldbridge and Moonyah. The lead up to the games always adds to the sense pride in the community and the games themselves provide an opportunity for staff and residents of different Therapeutic Communities to get together and celebrate recovery. *The Bullsharks* currently reign as undefeated champions!

Logan House underwent a trial review against the ATCA accreditation standards in 2011 and found it to be a very positive experience. The standards were relevant to what Logan House does and the peer reviewers had an in-depth understanding of the Therapeutic Community model. Logan House’s manager, Dave Warby, recently participated in peer reviews of Lyndon House and DASA.

The University of Queensland is currently engaged in a longitudinal process and outcomes evaluation of Logan House. The preliminary draft reports give evidence to the highly complex client group with whom we all work and clearly demonstrates the effectiveness of the Therapeutic Community model. The initial twelve month research project was recently extended for an additional twelve months.

A significant gap exists in service provision in South east Queensland’s Alcohol and Other Drug sector, namely the opportunity for parents with accompanying young children to enter into residential rehabilitation. *Live Life Well* proposes to reduce this gap in service delivery by offering residential rehabilitation to parents with accompanying young children at Logan House. A project proposal has been prepared, complete with plans for architecturally designed accommodation and the program remains hopeful of gaining funding despite the current political climate.

**Mirikai**

In May this year Mary Alcorn completed twenty five years of “active duty” at the helm of the Gold Coast Drug Council and its flagship program Mirikai. Mary was a strong advocate for the TC movement and spent many years representing Queensland on the ATCA Board. It is fitting that this opportunity be taken to extend our thanks to Mary for her contribution to the alcohol and drug sector generally and the Therapeutic Community movement more specifically, and finally, to wish her all the best in her retirement.

Change invites opportunity and Mary’s departure provided an opportunity for The Gold Coast Drug Council (GCDC) and the Australian Drug Foundation of Queensland (ADFQ) to merge. The two organizations share a common values framework, a similar mix of residential and community programs and a complementarity of strengths across corporate and service areas.

Over the past twelve months the essence of the Mirikai program has held steady with a focus on younger persons with significant levels of mental health comorbidity and multi problem presentations. The facility is fortunate in having on site access to a range of medial and allied health mental health professionals who work collaboratively.
with TC staff to provide a tailored mix of specialist and generalist services to residents. It needs to be acknowledged that this way of working can at times create tensions around the primacy and priority of peer versus professional interventions. However it is generally agreed that the benefits of providing ready access to an enhanced suite of service offerings far outweighs the minor programmatic and professional accommodations required to implement and operate this integrated model of care.

**Mareeba**

In May 2012 QDAC opened a 20 bed facility for Aboriginal and Torres Strait Islander people and while it is early days the physical amenity is second to none. The TC is located in Mareeba which is about a 45 minute drive from Cairns. Dave Warby from Logan House is spending considerable time in the far north helping to introduce a therapeutic community model into Mareeba.

Currently this facility is known simply as the Mareeba Therapeutic Community until a name has been chosen by the traditional owners of the land on which it stands.

**Salvation Army Recovery Services**

The Salvation Army, Townsville Recovery Services: Another exciting and successful year has gone by, adding another page in the book of the Therapeutic Community. After a year that could be characterized as commendable the program is looking forward to further great things to come, with many personal stories of accomplishment, and lives being restored, through the Bridge Program. The Bridge Program Townsville has supported over 150 participants in pursuit of their recovery from addictions during the past 12 months.

The posting of new managers to Townsville in January, collaborative research with the University of Wollongong, and changes amongst program curriculum, over the past year has brought about many positive changes at the centre and within the community. It is always difficult to see beloved colleagues leave with the reposting of previous managers, though the above changes have renewed the program’s vision and mission for hope for the future of the community, and Townsville Recovery Services is grateful that they will continue to bless peoples’ lives wherever they go.

Residents and staff of the program have been blessed by many aspects of the program, activities, and their experiences throughout the year. Men’s retreats to Great Keppel Island, Magnetic Island, and the Atherton Tablelands have been successful in restoring self esteem within individuals and promoting a sense of belonging with many friendships and therapeutic alliances being formed.

Ongoing program activities such as; OZTAG, Art group, Thursday Night Chapel (TNC), spirituality, 7 natural physicians, Positive Lifestyle Program (PLP), inhouse group therapy, living strong indigenous group, and various day trips have promoted health and positive social interaction. Many clients engaged in external studies and training which added to their skill sets and confidence for reintegration to the community.

The HUB was also introduced during the past year which has seen the Salvation Army services networking more closely with each other providing a united service that can holistically cater for a broader range of needs. A part
of the HUB concept is ‘Corp Based Recovery’ which extends the availability of support for a range of needs, within the community, through the local Salvation Army Corp.

With many great things happening this year Townsville Recovery Services looks forward to continuing the mission over many years to come.

The Salvation Army, Brisbane Recovery Services (Moonyah) provides an AOD Therapeutic Community for 86 women and men, plus an inpatient Detoxification Service for 12 people. Moonyah also has a residential problem gambling service, aftercare and transitional housing, and employment programs.

Moonyah provides mental health and AOD services, training, education, recreational and social activities. These activities are coupled with a comprehensive medical health care program that assists participants to develop a healthier lifestyle.

The Salvation Army, Mt Isa Recovery Services (MIRS) is an Indigenous specific TC that provides services to families, couples and individuals within a therapeutic community environment. Opened recently, MIRS has quickly become an integral part of the Indigenous community, AOD service sector and the broader Mt Isa community. MIRS is linked with housing programs, TAFE, Indigenous Health Services, Murri Court and the Aboriginal Legal Service.

The Salvation Army, Gold Coast Recovery Services (Fairhaven) is located at Eagle Heights (Mt Tambourine) QLD. Fairhaven provides an AOD Therapeutic Community for 56 people and an inpatient detoxification Service for 11 people.

Fairhaven also provides assessment, referral, aftercare and transitional housing programs from its “Turning Point” facility, located in Scarborough St in Southport.
**WHOS Najara**

WHOS’ Najara therapeutic community on the Sunshine Coast continues to meet strong demand for services in South East Queensland. With only 26 available TC beds, the program is constantly challenged to meet the needs of individuals seeking support for their substance use and associated problems.

The new organisational electronic client management system was introduced in January 2012, with the goal to enhance service capabilities, including more in depth data to aid client management and analysis of client trends.

WHOS is grateful to have been re-funded for both the NGOTGP and Queensland Health projects and looks forward to a productive year to come serving the community of South East Queensland.

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**NORTHERN TERRITORY**

**TC members in the Northern Territory**

Banyan House
Drug and Alcohol Services Association, Alice Springs (DASA)

The Northern Territory is in the process of developing its own AOD sector peak body as it is the only jurisdiction in Australia without one. The Association of Alcohol and Drug Agencies of the NT (AADANT) is the newly formed Peak Body for the Non-Government Alcohol and Other Drug (NGO AOD) Sector in the Northern Territory.

It is working towards incorporation by the end of 2012; AADANT is currently auspiced by NTCOSS, which has been instrumental in the establishment of the body. The body is guided by a Steering Committee of sector representatives from the Top End, Regional Territory and Central Australia.

AADANT receives funding for core activities from the Northern Territory Department of Health and is also currently finalising a service agreement with the Commonwealth Department of Health and Aging (DOHA), Substance Misuse Grants, to promote sector development and capacity building.

Building on the long term work of NTCOSS and representatives of the NGO AOD Sector across the Territory, AADANT has recently developed a short-term work plan to December 2012, which will see the establishment of the body as an independent organisation. The plan includes governance development, sector development, strengthening sector networks, sector representation and policy development.

**Change of Government**

On the 25 of August 2012 the Northern Territory general election was held and the 11 year reign held by the ALP came to an end when the Country Liberal party was voted in.

The ALP had the year before implemented a Banned Drinking Register where if you were deemed a problematic drinker you were placed on a register where you were banned from buying take away alcohol. Everyone in the Northern Territory had to produce photo I.D. before purchasing alcohol, the I.D was scanned and if your name appeared on the register you were refused alcohol. There were approximately 2,500 people on the register.

Within two days of coming into power the CLP dropped the Banned Drinking Register stating the register failed to deter problem drinkers.

Shop keepers, police and members of the public reported an increase of public drunkenness and anti social behaviour since the register was dropped. According to a community action group, it can take years before
the benefits of a government’s alcohol reforms are seen. In the NT, the system wasn’t in place long enough to undertake a proper analysis of its effectiveness.

The CLP government hasn’t released details of its plan in dealing with problematic drinkers but would introduce measures so that anyone taken into protective custody for drunkenness three times in six months could be given a court order to attend rehabilitation. If the person breached that order, they could be forced into mandatory rehabilitation at prison farms to be built at Katherine and Alice Springs.

**Banyan House**

As with most TCs, funding bodies are requesting that Banyan House services be accredited so Banyan House has begun work on achieving accreditation with the ISO 9001 standards. This will help Banyan House to develop a quality management system that is designed to help ensure the needs of customers and other stakeholders are met within a quality service. The ISO 9001 standards are in part, very similar to the TC standards, so achieving the ISO 9001 standards will move Banyan House closer to achieving TC standards.

Much work was done to increase and improve Banyan House’s profile in the community in the 2011 – 2012 year. This included presentations to key stake holders and gathering of feedback. The presentations appeared to be very beneficial with good feedback received. Banyan House will continue to engage referral agencies as turnover of staff with most organisations in Darwin is high, so it has been identified that regular networking with these agencies is of high importance to maintain Banyan House’s profile.

The Banyan House aftercare program has been developed further this year as it has been identified as an area in which Banyan House needed to improve to provide better client outcomes. Two of the remaining demountables have been renovated and refurbished into self contained 2 bedroom accommodation units. This will enable Banyan House to provide transitional housing for clients who have completed phase 2 of the program and enables Banyan House to provide a holistic “wrap around care”. The program has also opened up the Wednesday evening education group to aftercare clients, to offer further support, which has the flow on effect of allowing current clients to see the complexity and difficulties of recovery after completing the Banyan House program.

Banyan House purchased and erected a new green house which will enable the development of a horticultural program as a part of the work therapy group. We all know work therapy is an important part of treatment in a TC, as it provides an opportunity for clients to practice their new skills and insight through interaction and work throughout the day. The addition of the horticultural program will hopefully help to build self-esteem, increase their motivation and provide potential job opportunities for them when reintegrating back into the community.

**Drug and Alcohol Services in Central Australia**

It has been a very interesting and trying time for DASA this past year. The program has gone through not one, but two accreditation processes and all are pleased to say DASA passed with flying colours. It was a great exercise though and as reported, “It keeps us on our toes with our socks firmly pulled up”. Paul Finlay, the CEO of DASA, thanks all the staff for their contribution in gaining accreditation because a lot of work went into both the QIC accreditation and the ATCA peer review. Without the staff on the front line the program wouldn’t be where we it is now. In particular, the ATCA peer review confirmed the work of DASA and Aranda House, moving the TC from...
Provisional to Full Member status.

The top of the list agenda item as to “where we are now” is waiting to get the detox house back. It has been used by Bushmob now for three years and when moved, it will revert back to being a detox unit. As some may know, currently Aranda House’s detox and TC clients share the same building and even the same dormitories, which isn’t ideal. However, it has been frustrating waiting for Bushmob to move over the past three years, a time which DASA considers to be “three years too long”.

Recently a great IT program called Quality Coordinator Management System has been implemented, and this helps tag jobs which would normally be pushed to the bottom of the in tray. It flags everything from Staff Performance Appraisals to Committee meetings. It certainly keeps the organisation up to date.

The TC Program, Aranda House, is going well. The program comprises of five phases and completion of each phase is acknowledged at weekly TC meetings. The program has had a number of successful graduations from numerous referral pathways i.e. mandated clients, self-referred and those referred from sector related services. The program is progressing well, as evidenced by the use of language from staff and clients alike, and further evidenced through awareness raising, client to client, rather than reliance on staff for all corrective actions, as previously observed.

Current community based projects has seen the installation of two “wicking beds” which are self-irrigating vegetable gardens. Clients constructed the garden beds from the ground up including the irrigation aspect, the beds have been planted out with a seasonal crop and clients have had the opportunity to harvest the garden, contributing to household meals. It is intended the wicking beds provide a degree of self-sufficiency, including a regular rostered household responsibility.

Furthermore a bush medicine garden has been planted and a citrus orchard is now located near the southern perimeter fence. Work is still being carried out on the chook and duck coop which has brought the community together as a whole, as the project becomes more visually evident.

Three years ago DASA lost funding for the “Community Education” officer position. This position deals not only with healthy communities and “drug action week” but also “drink driver education courses” which is a legal requirement to get your license back in the NT after being caught driving whilst over the alcohol limit. DASA was floundering badly trying to keep this program afloat financially. Finally after approaching the NT government and stating what was obvious, that without this program people would drive illegally and the cycle would continue, enough funding to keep the program and RTO status alive for the next three years was granted.

Three DASA staff attended the ATCA symposium, including the CEO, and the general consensus of opinion is that it was very informative and insightful. Finally, the AGM is coming up in November and Lynne Magor-Blatch has kindly agreed to be guest speaker - so thank you Lynne.

NEW SOUTH WALES

TC members in the State

Currently there are 11 member organisations in NSW operating 17 TCs across the State. They are The Buttery, The Lyndon Community, Namatjira Haven, Ngara Nura TC Long Bay Gaol, Odyssey House McGrath Foundation, One80TC, The Peppers, The Salvation Army (operating at three sites: Recovery Services Centre, Central Coast Recovery Services (Selah Farm) and Blue Mountains Recovery Service (Hadleigh Lodge), Ted Noffs Foundation, Watershed D&A Recovery and Education Centre, and WHOS (We Help Ourselves, operating at two sites: Rozelle and Hunter Valley).
The Buttery
The Buttery, located near Byron Bay on the far north coast of NSW provides a range of services to the community assisting people with drug and alcohol issues, gambling problems and those people struggling with the challenges of mental illness. The residential Therapeutic Community which began in 1973 was the only service provided to the community until 1996 when management took advantage of funding opportunities to diversify the range of programs offered. The Buttery Therapeutic Community has a Statewide catchment for referrals, while the three outreach programs that it provides assist the local community from Ballina to Tweed Heads and west to Kyogle.

Operating a Therapeutic Community for 40 years should provide confidence in the integrity of the model but measuring this perception against an external benchmark has not been an option in the past. With the development of the Peer Review based on the Australasian Therapeutic Communities Essential Elements an opportunity for independent verification now exists. So staff at The Buttery Therapeutic Community have spent the last twelve months preparing for an ATCA Peer Review anticipated in the first half of 2013.

Family Support Program grows thanks to generous financial support
While most of the Buttery’s programmes receive government assistance in one form or another to operate, The Buttery’s Family Support Program is funded by philanthropy. The Family Support Program is for families concerned about the alcohol or drug use of someone they care about, whether that person is in the broader community or a resident at The Buttery. The program helps people deal with what is often a very distressing situation.

Fear of what may happen to the “user”, fear of their impact on other family members, especially children, and a sense of powerlessness while wanting to help the person they love are common. The effect of this and constant crises can cause extreme ill health for the family.

The Buttery’s Program is available free of charge to family members in contact with The Buttery’s INTRA community outreach service as well as for the loved ones of people undertaking The Buttery’s residential treatment program.

Family Support Worker, Lily Schmelzle helps people manage issues around their loved one’s drug or alcohol abuse while helping them develop strategies to cope. The Program can also help motivate drug or alcohol affected people to seek treatment.

“Often family members need an outside person with a fresh pair of eyes to assess the situation and to listen. I do that. Then I set about giving people strategies to manage and take care of their own needs. A sense of relief occurs when they realise they are not alone with the problem,” Lily said.

Buttery residents lend a hand brick by brick
As well as supporting each other in their recovery from addiction, Buttery residents take responsibility for property maintenance, gardening, cleaning and cooking. Sometimes residents with special skills such as landscaping or construction
carry-out lasting improvements to the campus. Recently, Buttery residents built a retaining wall using materials purchased with donated funds.

**A cautionary tale about heroin and a celebration of hospitality**

Former Buttery resident, Jim Hearn has just published his memoir, *High Season*.

According to the publisher, Allen & Unwin: “*High Season* is the story of Jim Hearn, a working-class boy made good - and very, very bad. It’s a tale about living on the edge, restaurant kitchens, drugs and addiction. And it’s a story of waking up from a heroin hell to discover real love, family and success.

But what happens when Jim, three young chefs and a waiter do what it takes to feed Paris Hilton and her sizeable entourage after they turn up for lunch without warning? The highs and lows of this particular day climax in an unexpected tragedy that will change Jim’s life forever.

As well as *High Season*, Jim is a scriptwriter. He has written five, original, feature-length screenplays as well as worked on the script for *Chopper* and an adaptation of Andrew McGahan’s novel *Last Drinks*. Jim has also been employed as a script assessor for the NSW FTO and has a BA (Hons) from Southern Cross University. Jim is currently completing a PhD at The University of Technology, Sydney.


**The Lyndon Community**

The Lyndon Therapeutic Community has had a rather busy year, with previous Program Manager, Norm Henderson tendering his resignation with The Lyndon Community and accepting a position to re-establish Orana Haven Rehabilitation Centre at Brewarrina in Far West NSW.

LTC participated in a Cognitive Impairment research program initiated by the Research and Development program, which resulted in the adaption of group handouts to better assist residents who may have cognitive impairment issues.

Lyndon participated in ACHS (Australian Council of Health Standards) accreditation and ATCA peer review processes. Both reports have presented the program with recommendations to improve and enhance current practices. The Lyndon Community also contracted a building consultant to provide a full report to identify and prioritise maintenance and safety issues with the 80 year old building.

In September 2011 the Lyndon Community celebrated an important milestone with the center reaching its 30th Anniversary. Management, Staff, Residents, ex-Residents and their families enjoyed a barbecue and social get-together.

**Namatjira Haven**

2011/12 has been another busy year for Namatjira Haven Drug and Alcohol Healing Centre, with the main focus being on consolidating services and laying the foundations for future growth and diversification. The program is
grateful to main funding providers OATSIIH, DoHA, NSW Corrections, Aboriginal Hostels Ltd, MERIT and NADA, which continue to support and show confidence in the programs and service.

Through the dedication of Namatjira Haven staff and Board, the capacity the 14 bed residential rehabilitation facility for Aboriginal men has been maintained over the past year, and the first steps have been taken to diversifying services by establishing an Outreach Family Health and Wellbeing Service to support partners and families of residents and to broaden engagement and education with local Bundjalung communities.

Namatjira was successful in having funding renewed to continue and build the Transition Service to support residents exiting the residential program and reintegrating into the community. Construction of three 2 bedroom self-contained cabins is nearing completion, which will provide much needed infrastructure to house ex-residents in a quarter-way setting. Given that accommodation is usually the biggest issue facing ex-residents, this initiative will significantly increase the chances of a successful transition to independent living for many residents over the coming years. In the coming months Namatjira will look to re-design and refine the transition program to include this new ¼ way accommodation component.

Development Applications for the revamp of the existing residents living quarters have been approved and works will commence soon, including renovations of bedrooms and construction of new amenities blocks. When completed, these works, along with the Transition Cabins, will provide capacity to house up to 20 residents, so that Namatjira can confidently bid for additional bed funding to better meet increasing demand for service and reduce the growing waiting list. Namatjira looks forward to reporting on the completion of these works next year and consequent improvements to client satisfaction and outcomes.

Namatjira has been busy engaging with quality improvement activities as well, including ongoing reviews of policies and procedures across HRM, Governance and Management, WHS, Program design and service delivery, and client and program record keeping. The program is particularly proud that they have designed and developed, from the ground up, databases to support client record keeping and program reporting for Family and Transition services. The experience gained from this will inform the design and development of a completely new database for the residential service in the coming year. Namatjira is also pleased to acknowledge the Aboriginal and Torres Strait Islander Healing Foundation, which has generously provided a grant to support training and upskilling of staff.

**Odyssey House McGrath Foundation**

Over the past year our Odyssey House has continued to meet the needs of the most challenging client population. Client profiles indicate the seriousness of drug misuse and its accompanying problems. Odyssey House clients have had at least 9 previous attempts at treatment; the onset of their drug misuse was 13 years of age; they had high rates of psychological and psychiatric pathology; poor work and vocational histories; poor general and mental health histories; and a history of engaging in risk taking activities such as sharing needles and syringes.
To monitor the efficacy of clinical interventions Odyssey House conducted an organizational Clinical Case Review process. This was conducted by an external consultant familiar with the Odyssey House therapeutic community model. This process reaffirmed the effectiveness of treatment and clinical interventions.

Odyssey House also undertook an Organizational Wide Survey 2 years ago conducted by the Australian Council on Healthcare Standards (ACHS). As a result of that process, full accreditation as a health care facility was awarded.

Over the past year in conjunction with recommendations through this process Odyssey was able to develop a comprehensive Continuous Quality Improvement (CQI) process which has resulted in the establishment of a number of benchmarks of clinical interventions and their outcomes.

Odyssey House has forged strong relationships with a number of organizations over the past year. They have a memorandum of understanding with the Tharawal Aboriginal Corporation which is located in the Campbelltown area. They have established a cultural program within the service for Indigenous clients, who participate in Mingu Yabun Group, which assists clients to re-affirm their cultural heritage while they participate in the therapeutic community program. Odyssey’s relationship with Tharawal has assisted in retaining Indigenous clients within the program.

Odyssey has also established a working relationship with the Illawarra Aboriginal Medical Service. The Drug and Alcohol Women’s Network (DAWN) provides low cost housing for single women and their families who are recovering from alcohol and other drug misuse. Women who have participated in the Parents and Children’s program and the therapeutic community access this service. Services are provided to DAWN clients on a case management basis through the After Care program. Odyssey has also established a memorandum of understanding with Argyle Housing to assist clients who complete rehabilitation to gain access to affordable housing.

In addition, Odyssey House has worked closely with the University of Western Sydney located in Campbelltown, providing placements for third year nursing students who are interested in learning more about alcohol and other drugs issues. The same opportunities are provided for their psychology students who are completing their Masters Degree in Clinical Psychology. All of these relationships have enhanced Odyssey’s ability to provide ancillary and reciprocal services.

Odyssey House continues to meet the needs of the client population through evidenced based clinical interventions and external oversight. Much of this has been accomplished much over the past year despite operating in a difficult economic and funding environment. Odyssey House continues to strive to provide the best service for the disadvantaged client group which the program serves.

The Salvation Army Recovery Services

The Salvation Army, Lake Macquarie Recovery Services – Morisset (Miracle Haven and Endeavour) has places for 104 in its TC, providing 78 places in the Miracle Haven TC Bridge Program and 26 beds in a complex needs dual diagnosis TC – Endeavour Dual Diagnosis Bridge Program. In addition to this, LMRS provides a number of transitional housing places. The TC provides a range of specialist mental health and AOD services, coupled with training, education, recreational and social activities.

In 2013 a merger with Central Coast Recovery Services and a relocation of these programs will take place, to a newly acquired property at Dooralong.
The Salvation Army, Central Coast Recovery Services (Selah) is a TC that provides 36 places for women plus transitional housing, delivering a comprehensive suite AOD, mental health, medical health and women specific services.

Selah works closely with its residents, their families and the Department of Community Services (where required) to facilitate reconciliation between mothers and their children. Accommodation is provided on site for children to have access visits, stay over for weekends and during school holidays. In 2013 it is planned that Selah will relocate to the same property as LMRS.

The Salvation Army, William Booth House Recovery Services (WBH) is a TC that provides 110 places for men and women in the Bridge Program, plus transitional housing, in the inner city Sydney suburb of Surry Hills. Providing a range of services including inpatient detoxification, the Bridge Program, outpatient and outreach services, WBH meets a range of AOD service needs within Sydney and NSW.

The Salvation Army, Blue Mountains Recovery Services (Hadleigh Lodge) is a TC that provides 21 places in the TC, plus transitional housing. Hadleigh Lodge provides a range of services including the Bridge Program, outpatient and outreach services, prison programs and a homeless persons housing service. With strong community linkages built upon the above range of services, Hadleigh Lodge broadens the role and impact of a TC in a local community.

Ted Noffs Foundation: PALM Sydney

PALM Sydney is continuing its long tradition of working with young people from across the state. PALM has spent the year solidifying its program to introduce and maintain as many aspects of the traditional TC as possible. Being a modified TC (adolescent) this has been a challenge but the pleasing result has been the increase retention with young people staying longer and contributing to the community. The continuing care arm (CALM) recently moved into Head Office which provided a welcome change for staff as having clients around reminds the administration staff of our true purpose.

An interesting innovation has been the increased use of social media to work with aftercare clients. Specifically, Facebook has become the main method for keeping in contact with the young people. This is because the contact is on their terms, when they want and how they want.

The TED Database

The TED Database has been continually developed to such a stage that it is now being introduced to other services. TED is a comprehensive database and client management system that manages all aspects of the treatment spectrum. Incorporated into the system is the National Minimum Data Set and the Treatment Outcomes Database that enables TED to “talk” to NADA’s databases, eliminating double handling and providing
efficiencies. WHOs has also successfully installed TED across all of their services and work has begun installing TED across a number of TCs including Karralika, The Lyndon Community, Odyssey House (NSW), and Calvary Drug and Alcohol services. Other services have expressed interest and Noffs is working to create a community of TED users to benefit the sector as a whole.

**Other Services**
Ted Noffs also provides other essential services including:

- **ASK** – free legal service for young people.
- **Street Universities (Liverpool and Mt Druitt)** providing arts based programs, health and educational programs. In the last year over 18,000 visits by young people to the centres.
- **School Program** – Providing Drug and Alcohol counsellors to 18 schools across NSW.
- **Counsellors** – other programs include GITS and Adolescent and Family Counsellors.

**Watershed**
20011 – 2012 was another big year for Watershed Drug & Alcohol Recovery & Education Centre (DAREC).

A huge highlight for the program this year was winning an award for ‘Excellence in Service or Program Delivery’ in the 2011 Mental Health Matters Awards. This award was an excellent achievement and wonderful recognition for all the hard work and training that Watershed staff have undertaken over the past three years. It was also an outstanding achievement for Watershed due to the fact it is a mental health award and the program’s core business is predominantly the treatment of substance misuse.

Another highlight was the maintenance of Quality Accreditation status. The CEO and program staff are elated to have maintained accreditation for 14 years and look forward to the next review through the Australian Council on Healthcare Standards in 2014. It is extremely pleasing to have an external organisation validate the hard work everyone at Watershed puts in behind the scenes in order to deliver an ongoing, evidence based and quality driven service.

Watershed management acknowledge that the client group is one of the more complex client groups and the need to provide staff with consistent and ongoing supervision, training and development is paramount, not only to maintain a happy and healthy workforce, but also to ensure the most productive outcomes for clients.

Watershed is happy to announce the engagement of TAFE Illawarra to provide a Diploma in Mental Health and AOD course for the majority of staff, and this should be completed in early 2013.

This year saw Watershed’s first foray into providing A&OD education/information sessions in an industrial workplace setting. Watershed provided a number of ‘toolbox’ sessions for up to 200 staff of Transfield Wollongong. The feedback from Transfield management was extremely positive and some follow up assistance has also been provided. This was an interesting exercise for the program, and one that will continue to develop.
On the funding front, Watershed has just signed a funding agreement with the Department of Health & Ageing, effectively assuring service provision for the next three years.

In relation to NSW State funding, Watershed has been advised that the recurrent grant will be extended to June 30, 2013. During this time the Government will undertake an extensive review of the current NGO Grant Management process. At this stage no one knows what this may look like in the end. Watershed will maintain a watching brief through peak bodies ATCA, NADA and NC OSS.

Watershed has had continued success with the program’s three Low Risk Alcohol Withdrawal Management beds. This service continues to provide outstanding client outcomes with 93% of all presenting clients completing detox. What continues to be amazing is the fact that 27% of these clients that on entry only wanted the detox program, went on to re-access the service and participate in the residential program. Once again this is mainly due to the hard work put in by all staff involved at Watershed.

The Watershed residential program continues to provide extremely efficient programs that produce amazing results for clients.

After four weeks results show a marked improvement for all clients in mental health, including depression and anxiety, reductions in stress levels, improvements in self esteem and perceived mood, and a reduction in self reported substance dependence levels. These results are a true testament to all the hard work clients and staff at Watershed put in on a daily basis, congratulations to all.

Carinya Halfway House continues to be a positive addition to the Watershed program, with an increasing number of clients accessing and completing the longer term program. During this time the majority of these clients, in addition to continuing to improve their general physical and mental health, have either engaged with local training organisations such as TAFE or returned to active employment. All clients completing Carinya have either returned to their family home or have accessed public or private rental accommodation, which for some of these guys is a major step forward.

All in all, Watershed has had a busy and productive year doing what the program does best – Turning Lives Around.

**WHOS**

WHOS will be celebrating its 40th Anniversary this year with a WHOSFEST being held in late November 2012.

**New Initiatives Rozelle Campus – (Sydney, New South Wales)**

WHOS is in its second year of running its pre employment skills program and has expanded this program with a Job Seeking initiative component. Residents are having great success with finding jobs within the hidden job market.

**WHOS RTOD (Residential Treatment of Opioid Dependence)**

WHOS RTOD was recently successful in a Grant Application with the expansion of an extended care program and will now be dosing OTP residents on site.
WHOS Hunter
WHOS Hunter is situated in the regional area of the Hunter Valley, NSW. WHOS Hunter provides a mixed gender drug free TC. WHOS Hunter was recently successful in attracting funding to expand its services by establishing a Day Program and Multidisciplinary Care services for OTP clients in Newcastle.

WHOS continues to operate its other TCs, these being: **WHOS New Beginnings** (for women); **WHOS Gunyah** (for men); **WHOS MTAR** (Opioid Reduction Program while undergoing a TC program - mixed gender); and **WHOS Sunshine Coast** - mixed gender service in rural Queensland.

The WHOS organisation is ACHS accredited to 2015.

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**TASMANIA**

Introduction
There is only one ATCA Member in Tasmania, and this is City Mission, specifically Missiondale Centre, which is a Provisional Member.

Missiondale is a 2-12 month therapeutic community offering an alternative for those wanting to make positive changes in their lives. It’s all about change. The program looks at all areas of a person’s life: Physical, Emotional, Social, Intellectual, Financial and Spiritual. Residents are provided with a safe environment to explore the possibilities for their future. They are given all the support to do this, but they have to be willing to take off the old thinking, attitudes and behaviour patterns.

During the past 12 months Missiondale has been looking at all aspects of the program as they prepared for their peer review, which took place on 30 April – 1 May 2012. The peer review process was very rewarding and the feedback provided was encouraging – the program is looking forward to working together with ATCA on the “community as method” aspect of the Missiondale program. The exciting thing is that the residents are also wanting to embrace TC practices and are ready for the improvements that this will bring to the community.

Missiondale also held two Celebration Dinners this year. These were successful evenings celebrating the achievements of past and current residents. We are reminded of the courage and honesty that these residents daily display and are privileged to be journeying with them.

The program has hosted tours from various service providers, local organisations, schools and other groups over the past 12 months. These have given Missiondale an opportunity to share about the program and the journey they have been on to change the TC. The tours also hear from some residents about how Missiondale has changed their lives.

Missiondale continued to meet over the past year with the other two rehabilitation services in the state at meetings coordinated by the peak body, the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC). These meetings are positive and give an opportunity to discuss State, funding and other issues relevant to all.

A final word from one of Missiondale’s residents – “Life was too overwhelming for me. I’m feeling a lot better, stronger, clearer and more confident. I’m very thankful for Missiondale and all the support I’ve received here! Life isn’t easy but when it comes to using drugs I know I don’t want to live or be that way and won’t go there again. My family issues are getting better I feel I’ve achieved what I wanted to achieve at Missiondale”.

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**SOUTH AUSTRALIA**

There are two ATCA members in South Australia: The Woolshed and UnitingCare Adelaide (formerly Kuitpo).

**The Woolshed**

The Woolshed, in Ashbourne, South Australia, recently passed its peer review and independent review process with the Australasian Therapeutic Communities Association (ATCA). A peer review group studied every aspect of the program over a three-day period and interviewed residents, key external stakeholders and staff. The Woodshed is the first therapeutic community in South Australia to be reviewed.

An initial consultation phase has been held with Woolshed residents to consider the future inclusion of opioid substitution therapy clients among the mix of residents. Current residents viewed the concept positively.

The Woolshed, which was the first public therapeutic community in Australia, recently completed building works to improve access for clients with disabilities.

**New ROADS, Uniting Communities – previously Kuitpo Community, UnitingCare Wesley Adelaide**

Kuitpo Therapeutic Community has been a long standing and well established program that has had positive impacts on many people’s lives over the years and was a founding member of the ATCA. Kuitpo Community underwent an internal review process throughout 2011 that involved consultation with key stakeholders including Department of Health and Ageing, Department of Health SA, peak bodies, relevant service providers, clients, staff and management of Uniting Communities. The review and its findings led to significant changes for the service.

The review recommended that the Uniting Communities change its service model and that residential rehabilitation be operated from eight residential properties throughout Outer Southern, Outer Northern and Western Adelaide. This means that we no longer operate a Therapeutic Community from the Kuitpo location.

The New Residential and Outreach Alcohol and Drug Service (New ROADS) has a central base at Uniting Communities inner city Byron Place location and is emphasizing working with people in pre contemplative stages of change by means of intervention strategies around assertive engagement with homeless clients involved in the Byron Place Day Centre. Although our model has changed, we believe we have incorporated the most positive aspects of therapeutic service delivery including;

- Active engagement programs incorporating brief interventions, motivational interviewing and harm minimization
- Connection with community, education and work experience to grow clients sense of confidence and support networks
- Group and individual therapy that is based on strength based, supportive and motivational philosophies
- Intensive programs that keep imbue clients with a sense of routine and purpose

Improving access to AOD treatment for Indigenous people has been a significant aspect to how we now deliver services. An Aboriginal Liaison Practitioner has been employed to work within our programs with the aim of providing culturally appropriate services for Indigenous clients. Our day centre has approximately 20% Indigenous
population and has direct links with our Aboriginal Transitional Housing and Outreach Services which provides support and transitional accommodation for Aboriginal people who are homeless.

Although it is with some sadness we are leaving the tranquility of the Kuitpo Community site we are committed and excited to provide an holistic and integrated service model that will provide targeted interventions and support to people who are seeking treatment, for significant comorbid substance abuse and mental health issues whilst also providing targeted interventions and support for people who are yet to identify the need for treatment around these issues.

The following is an overview of services that are now provided as of July 1 2012.

**Homelessness**

New ROADS will continue to provide a day centre service to inner city adults experiencing homelessness (21 years and over) from 61-67 Byron Place from 7.30am – 12noon Monday through Friday.

**Services include:**

- Baggage room
- Showers
- Toilets
- Laundry facilities
- Tea and coffee
- Duty Worker (Emergency relief – including bus tickets and food vouchers)
- Community Transition Worker – referral to Eastern Homelessness services (Hutt Street)
- Nurse
- GP (Wednesday 10-12noon)
- Centrelink (Monday 9 – 11)
- Free Legal Clinic (Wednesday 10 – 12)

**AOD/Mental Health**

New ROADS will continue to provide adults with treatment and support around issues relating to significant AOD and comorbid mental health issues including:

- Aboriginal Liaison services
- Aboriginal specific group programs
- Comprehensive screening, assessment and referral
- Medical and non medical withdrawal assistance
- Referral to inpatient withdrawal services
- Residential rehabilitation for single adults 21 years and over in Southern, Northern and Western regions (18 beds in total)
- Residential rehabilitation for single parents with children in Southern and Northern regions (2 houses) including child care support
- Non residential rehabilitation for adults 21 years and over
- Counselling
- Outreach support

Residential rehabilitation services are up to 12 months depending on a client’s individual circumstance. However, the core treatment program is based on a 5 month program that is consistent with the previous Kuitpo Community model.
NEW ZEALAND

He aha te mea nui o te ao?
He tangata! He tangata! He tangata!

What is the most important thing in the world?
It is people! It is people! It is people!

TC Members in New Zealand
There are currently four member organisations in New Zealand, operating a total of 19 modified Therapeutic Communities, nine of which are in prison settings. They are:

- Higher Ground Drug Rehabilitation Trust (Adult and pre-Admission Programmes)
- Odyssey House Trust Inc – Auckland (operating Youth, Adult, three Co-existing Disorder (AOD & MH) Programmes and one prison-based TC)
- Odyssey House Trust – Christchurch (Adult and Youth programmes) and
- Care NZ (operating prison-based TCs).

New Zealand organisations have a range of contract agreements with the Ministry of Health, Ministry of Social Development, Ministry of Justice and Ministry of Education.

At a recent Leadership meeting for the sector by Matua Raki and the National Committee for Addiction Treatment, NZ TCs were presented with an overview of the challenges to be faced as a sector and the prevalence of Alcohol and Drug use in New Zealand over the last 12 months.

NZ Drug and Alcohol abuse

Prevalence (last 12 months)
Alcohol abuse: 2.6% of population aged 14 – 65
Alcohol Dependence: 1.3% of population aged 14 – 65
Binge Drinking: 29% of adult population 18+
Opioid use: 0.4% of adult population
Methamphetamine use: 2.5% of population aged 14 – 65
Cannabis use: 13.7% of population aged 14 – 65
(abuse: 0.9%, dependent:0.5%)
LSD use: 1.9% of population aged 14 – 65
Sedative use: 0.4% of population aged 14 – 65
The current workforce employed in the specialist AOD field:

- 1500 staff (not FTES)
- 50% DHB services
- 52% Addiction Practitioners/Counsellors (60% in NGOs)
- 16% Nurses (90%) in DHBs
- 66% DAPAANZ membership (40% DHBs, 60% NGOs)
- 86% registered under HPCA work in DHBs

Higher Ground

PM VISITS HIGHER GROUND

From left Maori Advisor Rawiri Pene, Director Johnny Dow, Prime Minister John Key, Minister for Social Development and Youth Affairs Paula Bennett, Trust Board members Marino Sherwin and William Rainer.

Prime Minister John Key impressed all at Higher Ground by the length of time he spent talking with them when he visited recently with local Waitakere MP and Minister for Social Development and of Youth Affairs, Paula Bennett.

“Higher Ground does a fantastic job getting people the necessary treatment to beat their alcohol or drug addiction,” Mr Key said after the visit.

“The centre treats people who have severe addiction issues, which is tough work. During my visit in July I was impressed with the dedication of the Trust’s staff, and their commitment to helping people get their lives back on track.”

Mr Key spent time talking to residents as well as staff and trustees. “He came prepared, you could see that,” said one of the clients. “He knew exactly what he wanted to ask and what information he wanted from us,” said one resident. “He was also curious about us women coming from jail and if the services in prison were adequate, and we told him there was nothing like Higher Ground anywhere inside.”

Mr Key joined a therapy group in progress, asking questions and was listening to answers. He was interested to know how many clients had come from prison, how many were methamphetamine addicts, about the programme at Higher Ground, how safe they felt, if they were drug-free and if treatment were helpful.

Residents spoke freely about the benefits of a therapeutic community where residents are accountable to each other and living together is part of their recovery and on-going therapy. Another resident, also on parole to Higher Ground, took the opportunity to speak to the Prime Minister. “He seemed to understand, he had the time to listen to us which was awesome.”
Both these residents were methamphetamine addicted – which may have been of particular interest to the Prime Minister Mr Key, says Higher Ground Director Johnny Dow. “The reason we wanted to get him here was his initiative for methamphetamine clients. One of our contracts is through the Ministry of Health which reserves a number of beds for methamphetamine clients, a result of Mr Key’s initiative.

“It’s a really good contract for us, it’s helped a lot and saved a lot of lives already. We have worked hard at it. Part of the reason for the Prime Minister to come was to show him what we are doing with our methamphetamine clients.”

Higher Ground started specialising in methamphetamine treatment in 1998. Today 50% of clients are methamphetamine addicted and most of the others are addicted to alcohol.

“We are getting good results,” says Johnny. “The programme is a lot faster, with a lot more interventions, more exercise groups, a lot more therapeutic groups. It’s a very busy programme now. The age of our population is predominantly mid-30’s down and we have a lot more 18 to 25-year-olds.”

**Odyssey House Auckland**

Odyssey House Auckland has seen many changes occur in the last year including successfully achieving, after its peer review, compliance against the ATCA standards. It was also great to see Pat Williams receive recognition at the recent ATCA conference for her many years supporting therapeutic communities.

Odyssey has also seen changes within the senior management team with Gabby Clezy joining as Business and Service Development Manager and River Paton as Youth Services Manager. Both come with significant experience working in the health and disability sector.

Of significant note for the organisation, in partnership with Higher Ground and the Salvation Army, was the successful tender for the new, first of its kind in New Zealand, Alcohol & Drug Court pilot based in Auckland and Waitakere District Courts. It is anticipated that the success of the pilot will see further drug courts emerge throughout the country. To support the success of the pilot a Project Manager has been appointed. The organisations involved were pleased to appoint Fiona Trevelyan who has significant experience in the Alcohol and Drug sector, Planning and Funding and Therapeutic Communities; having once worked at Odyssey House Auckland.

Currently the organisation is also investing in the redesign of its IT structure, systems improvement, the redesign of the inter/intranet and the remodel of its single point of entry processes which will include pre-Admission groups to support people into treatment. The aim is to prepare the person for their journey through treatment and the TC. It is anticipated that this will also support the retention of clients whilst in treatment.

Odyssey House also undertook filming a DVD to enable programme information to be collated. It is envisaged using it as a tool for both those who are accessing treatment as well as referral agencies, to assist them to better understand what the Odyssey journey is all about.

Odyssey House Auckland is also pursuing its research potential having recently established a research board in partnership with Auckland University. This is an exciting time as the programme enters the next stage of the organisation’s growth and development within the sector.
Odyssey House staff attended the Cutting Edge Conference held in Wellington from 5-7 September, taking the opportunity to have a booth at the conference, where staff were able to renew old contacts, make new ones, and distribute current Odyssey newsletters.

Odyssey House has also engaged Waitakere Adult Literacy to deliver adult literacy programmes into Bollard Avenue in the first instance, and hope to roll this out across all services. Clients will have support in developing skills in reading, writing and mathematics, with a view to assisting them to find employment once they leave Odyssey.

Odyssey was also fortunate to have Hollywood actor and treatment advocate Chris Lawford-Kennedy visit and speak to staff and clients at Bollard Avenue. Chris Lawford-Kennedy is the nephew of John F Kennedy and a cousin-in-law of Arnold Schwarzenegger. Behind the glamour of his acting he also battled drug and alcohol addiction for much of his younger life. He has been in recovery for over 25 years and dedicates his time in advocating for effective drug and alcohol treatment programmes around the world. He is also Goodwill Ambassador for the United Nations Office on Drugs and Crime, to promote activities supporting treatment, care and recovery.

**Odyssey House 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 has 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.

Both the adult and youth programmes have started the ATCA TC audit process which is aiding a review of how programmes are structured. One of the great benefits of the audit process is ensuring that with programme evolution over time, the core remains consistent with a TC heart. Odyssey Christchurch staff have been grateful of the support that Odyssey House Auckland has been providing through this process. Clinical Director Nigel Loughton, enjoyed and found valuable the ATCA Symposium in Launceston. The ability to hear of the developments and variety of programmes is always a rich source of ideas to reflect on. Many of the speakers’ topics were reinforcing of the developments that are occurring locally in Christchurch, particularly the strengthening of peer involvement.

The programme has expanded the community-based services to include a Community Youth Mental Health and Alcohol & Drug service, community-based Adult Alcohol and Drug Service, an Older Person’s Community Alcohol and Drug Service and a Community Group programme in a Youth Justice residence. These types of new services have continued Odyssey’s drive as an organisation to be focused on strengthening the residential programmes within the post residential community living and work.

Christchurch has largely returned to ‘normal’ post-earthquakes – with some population and business district changes. Odyssey House, like most in Christchurch, is still working through insurance processes, but is able to fully operate.

Programmes continue to evolve and grow with a dedicated staff team.
**Snapshot of some key news items:**

**Three documents will shape the next five years of Government Policy:**
- Health Workforce NZ: “Towards the next wave of mental health and addiction services and capacity” (released late 2011)
- Mental Health Commission: “Blueprint 2” (released May 2012)
- Ministry of Health: “National Mental Health and Addiction Services Plan” (release date October 2012)

**CRACKING DOWN:** Associate Health Minister Peter Dunne has announced changes which will put the onus on ‘legal high’ manufacturers to prove a product was safe and pay the associated costs.

Peter Dunne announces tougher party pill laws:

“**Possession of banned party pills will soon attract a $300 fine, the Government has announced.**” Associate Health Minister Peter Dunne today announced details of a new regulatory regime for "legal high" manufacturers. Under the new regime, manufacturers would have to pay fees and testing costs to have the substance passed as safe for sale by a regulatory watchdog. Manufacturers who flout the rules would face sanctions of up to eight years in prison. An application fee of about $180,000 would be required of manufacturers, on top of $1m to $2m in testing costs for each product.

“This regime will be fundamentally based on reversing the onus of proof so those who profit from these products will have to prove they are as safe as is possible for psychoactive substances," Dunne said. "We will no longer play the cat-and-mouse game of constantly chasing down substances after they are on the market."

“**Penalties under the new regime would include up to eight years in prison for importing, manufacturing, supplying or possession with intent to supply analogues of controlled drugs that come under the Misuse of Drugs Act, and up to two years for import, manufacture, supply or possession with intent to supply unapproved substances**”.

The regime, which was expected to come into force by the middle of next year, would also include spot fines of $300 for personal possession of an unapproved product, and a minimum purchase age for approved products of 18 years.

The fine for personal possession would not imply a criminal offence. "What we are trying to do is actually protect young people, not criminalise them and thereby jeopardise their job and travel prospects. The approach we are taking is similar to that used with alcohol infringements," Dunne said. Advertising would be banned, except at the point of sale, and dairies would not be allowed to sell the products.

Approved substances would also have to include a label listing their active ingredients, the phone number for the National Poisons Centre and contact details for the product’s New Zealand manufacturer or supplier.

“**To date, there has been no ingredient information, so no one who buys these products has the first clue what is in them, which is as ridiculous as it is dangerous and irresponsible,"** Dunne said.

**Drivers of Crime: Investment package for alcohol and other drug assessments and interventions**

The Government’s $10 million per annum investment package for alcohol and other drug (AOD) assessments and interventions is designed to enable better access to treatment for hazardous drinkers, young people, drink drivers and other offenders.

The investment package is for:

- screening for alcohol problems and brief interventions (brief intervention typically includes feedback on the person’s alcohol use; brief advice and information on what constitutes low-risk alcohol consumption,
and the harms associated with risky alcohol use; and referral to more intensive assessment and treatment options if necessary) ($1 million)
b) nationally consistent, enhanced youth AOD services ($2 million)
c) locally accessible programmes for drink drivers ($1 million)
d) low-cost, high volume, community-based treatment for offenders with AOD problems ($3.5 million)
e) a pilot AOD Court for adult offenders in Auckland ($2 million) and
f) training and workforce development ($0.5 million).

Considerable work is underway across government to address alcohol-related harm and to reduce the impact of alcohol on the justice system. To support the Alcohol Reform Bill, on 4 July 2011 Cabinet agreed to commit an additional $10 million each year, taken from alcohol excise revenue, towards an increase in alcohol and other drug assessments and interventions, and associated training activities across justice and health settings. The broad outcomes of the $10 million investment package are to:
a) influence a change in the New Zealand drinking culture
b) prevent hazardous drinking from escalating to dependency and offending
c) reduce young people’s risk of AOD-related harm, suicide and offending
d) reduce drink driving and the harm to others
e) reduce the road toll
f) reduce overall AOD use
g) reduce offending and victimisation
h) improve sentence compliance and
i) increase AOD referral options for offenders ordered to undertake AOD treatment as a condition of their sentence.

National Committee for Addiction Treatment (NCAT) main points on behalf of its members on the proposed Alcohol Reform Bill:
Summary of the main issues of the Alcohol Reform Bill:
• The addiction treatment sector has historically been under-resourced and opportunities to reduce alcohol harm through treatment are being missed
• The benefits of effective addiction treatment are felt across many sectors. Investment in addiction treatment should come from multiple agencies
• A nationwide blueprint for addiction treatment is required. This would describe the design of the treatment system, including pathways into treatment, coordination, resourcing including workforce development, and what treatment services are needed and deliverable. The implementation of a treatment blueprint must be fully funded.

A comprehensive public health response focussed on reducing alcohol harm is essential. Such measures include:
1. Raising the price of alcohol through excise tax increase
2. Implementing greater control over alcohol marketing by adopting all of the Law Commission’s three-stage recommendations
3. Giving communities greater say over liquor licensing decisions in their neighbourhoods
4. Lowering the adult drink drive limit.
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 2011-2012

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
Karralika Programs Inc
Kuitpo - UnitingCare Wesley Adelaide Inc.
Launceston City Mission
Logan House - ADFQ
The Lyndon Community
Mirikai - Gold Coast Drug Council
Odyssey House McGrath Foundation
Odyssey House Trust Christchurch
Odyssey House Trust Inc. Auckland
Palmerston Farm – The Palmerston Association
The Peppers
The Windana Society
Watershed
The Woolshed
YSAS Birribi

FULL GROUP MEMBERS
Odyssey House Victoria
Ted Noffs Foundation
The Salvation Army Recovery Services
WHOS – (We Help Ourselves)

PROVISIONAL MEMBERS
The Basin – The Salvation Army Victoria
CareNZ
Ngara Nura - Dept Corrections, Long Bay Gaol
Namatjira Haven
ONE80TC
Serenity Lodge

AFFILIATE & INDIVIDUAL MEMBERS
Caraniche, Victoria
Family Drug Support
Marika Guggisberg
Robbie Ferris
Yaandina
Australasian Therapeutic Communities Association
Financial and Auditor Report
For the Year ended 30 June 2012
### AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

**Statement of Financial Position**

**As at 30 June 2012**

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Represented by:

**Current Assets**

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<tbody>
<tr>
<td>Cash on Hand</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Interest Bearing Deposits</td>
<td>-</td>
<td>90</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>17,693</td>
<td>59,067</td>
</tr>
<tr>
<td>Maxi - Management</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>Maxi Account 123</td>
<td>33,440</td>
<td>70,000</td>
</tr>
<tr>
<td>Provision for GST</td>
<td>1,360</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>52,649</td>
<td>129,412</td>
</tr>
</tbody>
</table>

**Non-Current Assets**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant &amp; Equipment</td>
<td>5,721</td>
<td>5,721</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>5,389</td>
<td>4,660</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>332</td>
<td>1,061</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets</strong></td>
<td>52,981</td>
<td>130,473</td>
</tr>
</tbody>
</table>

**Current Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYG Withholding</td>
<td>1,956</td>
<td>5,422</td>
</tr>
<tr>
<td>Superannuation Payable</td>
<td>1,542</td>
<td>1,980</td>
</tr>
<tr>
<td>Visa Card</td>
<td>(417)</td>
<td>-</td>
</tr>
<tr>
<td>Provision for GST</td>
<td>3,081</td>
<td>14,370</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>3,081</td>
<td>21,772</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,081</td>
<td>21,772</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td>49,900</td>
<td>108,701</td>
</tr>
</tbody>
</table>

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 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants - Governance/Std Project</td>
<td>-</td>
<td>57,254</td>
</tr>
<tr>
<td>Other Income</td>
<td>-</td>
<td>304</td>
</tr>
<tr>
<td>Members Dues</td>
<td>21,855</td>
<td>18,809</td>
</tr>
<tr>
<td>11 Registration</td>
<td>-</td>
<td>122,045</td>
</tr>
<tr>
<td>Display Fees</td>
<td>414</td>
<td>21,815</td>
</tr>
<tr>
<td>Workshops</td>
<td>-</td>
<td>1,390</td>
</tr>
<tr>
<td>10 Registration</td>
<td>-</td>
<td>14,727</td>
</tr>
<tr>
<td>Publications</td>
<td>118</td>
<td>1,136</td>
</tr>
<tr>
<td>DoHA Secretariat</td>
<td>77,300</td>
<td>82,700</td>
</tr>
<tr>
<td>Registration - Sydney</td>
<td>21,209</td>
<td>-</td>
</tr>
<tr>
<td>Registration - Launceston</td>
<td>23,773</td>
<td>-</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>7,650</td>
<td>-</td>
</tr>
<tr>
<td>Dinner</td>
<td>4,000</td>
<td>-</td>
</tr>
<tr>
<td>Interest Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other Corporations</td>
<td>1,438</td>
<td>208</td>
</tr>
<tr>
<td></td>
<td>157,757</td>
<td>320,388</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountancy Fees</td>
<td>8,928</td>
<td>8,285</td>
</tr>
<tr>
<td>Administration Costs</td>
<td>458</td>
<td>780</td>
</tr>
<tr>
<td>Advertising</td>
<td>1,280</td>
<td>11,963</td>
</tr>
<tr>
<td>Board Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Board and Meeting Costs</td>
<td>3,426</td>
<td>1,944</td>
</tr>
<tr>
<td>- Directors Travel &amp; Acc</td>
<td>18,858</td>
<td>11,756</td>
</tr>
<tr>
<td>- Per Diem</td>
<td>4,811</td>
<td>4,574</td>
</tr>
<tr>
<td>- Teleconferencing</td>
<td>1,851</td>
<td>1,743</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>689</td>
<td>867</td>
</tr>
<tr>
<td>Conferences</td>
<td>19,878</td>
<td>3,482</td>
</tr>
<tr>
<td>Contractors/Consultant</td>
<td>32,760</td>
<td>60,843</td>
</tr>
<tr>
<td>Depreciation</td>
<td>729</td>
<td>729</td>
</tr>
<tr>
<td>Entertainment Expenses</td>
<td>4,866</td>
<td>3,373</td>
</tr>
<tr>
<td>Insurance</td>
<td>8,877</td>
<td>8,534</td>
</tr>
<tr>
<td>Interest Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other Persons/Corporations</td>
<td>-</td>
<td>276</td>
</tr>
<tr>
<td>Merchandising</td>
<td>4,695</td>
<td>-</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>703</td>
<td>1,679</td>
</tr>
<tr>
<td>Per Diem</td>
<td>7,832</td>
<td>1,669</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>3,261</td>
<td>9,802</td>
</tr>
</tbody>
</table>

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

#### Income and Expenditure Statement

For the Year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective Clothing</td>
<td>$546</td>
<td>$ -</td>
</tr>
<tr>
<td>Professional development</td>
<td>$71</td>
<td>$405</td>
</tr>
<tr>
<td>Salaries</td>
<td>$41,455</td>
<td>$24,348</td>
</tr>
<tr>
<td>Speaker</td>
<td>$1,800</td>
<td>$16,443</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>$332</td>
<td>$136</td>
</tr>
<tr>
<td>Superannuation Contributions</td>
<td>$6,679</td>
<td>$3,521</td>
</tr>
<tr>
<td>Telephone</td>
<td>$3,227</td>
<td>$2,043</td>
</tr>
<tr>
<td>IT Expenses</td>
<td>$2,684</td>
<td>$3,655</td>
</tr>
<tr>
<td>Review Expenses</td>
<td>$ -</td>
<td>$5,661</td>
</tr>
<tr>
<td>Travelling &amp; Accommodation</td>
<td>$31,243</td>
<td>$12,730</td>
</tr>
<tr>
<td>Venue</td>
<td>$4,618</td>
<td>$89,431</td>
</tr>
<tr>
<td>Workshop Expenses</td>
<td>$ -</td>
<td>$11,725</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$216,557</td>
<td>$302,337</td>
</tr>
</tbody>
</table>

**Profit/(Loss) before Income Tax**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
</table>

(58,800)  18,051

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.
# Statement of Appropriations

For the Year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained Profits - Beginning of Year</td>
<td>108,700</td>
<td>90,650</td>
</tr>
<tr>
<td>Loss before Income Tax</td>
<td>(58,800)</td>
<td>18,051</td>
</tr>
<tr>
<td>Income Tax Expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unappropriated Profit at 30 June 2012</td>
<td>49,900</td>
<td>108,701</td>
</tr>
</tbody>
</table>

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 30th June 2012

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.
### Australasian Therapeutic Communities Association

**Statement of Financial Performance Operation**

**For the Year ended 30 June 2012**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Standards Project</td>
<td></td>
<td>2,087</td>
</tr>
<tr>
<td>Member Contribution</td>
<td>21,855</td>
<td>19,168</td>
</tr>
<tr>
<td>Interest Received</td>
<td>635</td>
<td>131</td>
</tr>
<tr>
<td>- Other Corporations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>22,490</td>
<td>21,386</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenditure</strong></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountancy Fees</td>
<td>6,765</td>
<td>-</td>
</tr>
<tr>
<td>Administration Costs</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>Board Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Board and Meeting Cost</td>
<td>3,162</td>
<td>-</td>
</tr>
<tr>
<td>- Directors Travel &amp; Accommodation</td>
<td>9,952</td>
<td>-</td>
</tr>
<tr>
<td>- Per Diem</td>
<td>3,565</td>
<td>-</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>417</td>
<td>139</td>
</tr>
<tr>
<td>Conference</td>
<td>19,878</td>
<td>3,060</td>
</tr>
<tr>
<td>Depreciation</td>
<td>729</td>
<td>729</td>
</tr>
<tr>
<td>Insurance</td>
<td>6,816</td>
<td>-</td>
</tr>
<tr>
<td>Interest Paid</td>
<td>-</td>
<td>107</td>
</tr>
<tr>
<td>- Other Persons/Corporations</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>253</td>
<td>-</td>
</tr>
<tr>
<td>Per Diem</td>
<td>7,832</td>
<td>1,609</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>868</td>
<td>-</td>
</tr>
<tr>
<td>Professional Development</td>
<td>71</td>
<td>-</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>332</td>
<td>-</td>
</tr>
<tr>
<td>Telephone</td>
<td>1,888</td>
<td>-</td>
</tr>
<tr>
<td>IT/Website</td>
<td>548</td>
<td>460</td>
</tr>
<tr>
<td>Review Expenses</td>
<td>-</td>
<td>5,661</td>
</tr>
<tr>
<td>Travelling/Accommodation expenses</td>
<td>28,780</td>
<td>6,472</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>91,856</td>
<td>18,279</td>
</tr>
</tbody>
</table>

**Profit/ (Loss) before Income Tax**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(69,366)</td>
<td>3,107</td>
</tr>
</tbody>
</table>

*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 2012

NOTE 2: RECONCILIATION OF CASH

For the purpose of the 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:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at Bank</td>
<td>17,693</td>
<td>59,066</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Interest Bearing Deposits</td>
<td>-</td>
<td>90</td>
</tr>
<tr>
<td>Maxi Management</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>Maxi – A/c</td>
<td>33,440</td>
<td>70,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>51,289</td>
<td>129,411</td>
</tr>
</tbody>
</table>

NOTE 3: RECONCILIATION OF NET CASH PROVIDED
FROM OPERATING ACTIVITIES TO OPERATING

PROFIT AFTER INCOME TAX

Operating Profit / (Loss) after Income Tax (58,800) 18,051
Depreciation 729 729
Increase/(Decrease) in Creditors (Payg, super & Gst) (18,691) 21,772
(Increase)/Decrease in Receivables - 1,064
Decrease (Increase) in Deposits – venue hire - 5,000
Decrease (Increase) In Provision for GST (1,360) 1,243

Net cash provided by operating activities (78,122) 47,859
### AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from members</td>
<td>21,855</td>
<td>18,809</td>
</tr>
<tr>
<td>Operating grant receipts</td>
<td>-</td>
<td>57,754</td>
</tr>
<tr>
<td>Receipts – conferences and others</td>
<td>133,104</td>
<td>251,424</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(234,519)</td>
<td>(279,836)</td>
</tr>
<tr>
<td>Interest received</td>
<td>1,438</td>
<td>208</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>(78,122)</td>
<td>47,859</td>
</tr>
</tbody>
</table>

### CASH FLOWS FROM FINANCING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Increase (decrease) in cash held</td>
<td>(78,122)</td>
<td>47,859</td>
</tr>
<tr>
<td>Cash at the beginning of the financial year</td>
<td>129,411</td>
<td>81,552</td>
</tr>
<tr>
<td><strong>Cash at the end of the financial year</strong></td>
<td>51,289</td>
<td>129,411</td>
</tr>
</tbody>
</table>
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 2012 and its performance for the year ended on 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 debts as and 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:

Treasurer:

Dated this 28 day of August 2012
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
Independent Audit Report
to the Members of
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION


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 2012, 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 Incorporation 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 judgment, including the assessment of the 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 distribution to members for the purpose of fulfilling the committee’s financial reporting under the Associations Incorporation 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
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 2012 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

[Signature]
James Douglas FCPA
James Douglas Financial Services

Dated this........day of..............2012