

**ODYSSEY
HOUSE**



*'A Calm in
the Sea of
Addiction'*

THE AUSTRALASIAN THERAPEUTIC COMMUNITIES CONFERENCE

**“THERAPEUTIC COMMUNITIES
POSITIVE JOURNEY:
POSITIVE OUTCOMES”**

OCTOBER 13 – 16, 2014

CROWNE PLAZA COOGEE BEACH HOTEL

“THE COST BENEFITS OF THERAPEUTIC COMMUNITY PROGRAMMING”

“A SURVEY OF THE AUSTRALASIAN THERAPEUTIC COMMUNITY ASSOCIATION MEMBERSHIP”

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ABSTRACT

Therapeutic Communities for the treatment of alcohol and other drug misuse have been in operation throughout Australia since 1972.

The Therapeutic Community movement was formalised in Australia in 1985 during the Premier's Conference, held in Melbourne Victoria, which was the forerunner of the National Campaign Against Drug Abuse (NCADA).

An organisation, Australasian Therapeutic Communities Association (ATCA) was established at this time to represent and promote the interests of its' membership.

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

The extent to which therapeutic communities contribute to the attainment of desired outcomes in the alcohol and other drugs sector, a survey was conducted of its' membership on April 15, 2014 to determine the cost benefits of the membership.

Cost benefits were determined by calculating the costs to society as a result of each person's drug misuse in the year prior to entry to therapeutic community treatment.

Determining indices include:

- Criminal activity
- Drug misuse
- Cost of court attendance
- Solicitor/Barrister costs
- Time missed from work as a result of drug misuse

These costs were measured against the amount of time spent in the therapeutic community indicated by drug free, crime free days and the monetary value apportioned to them.

CRIMINALITY:

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

RESIDENTIAL TREATMENT EFFECTIVENESS

Residential treatment criticised for:-

- Lack of randomised control trials
- Only 6 trials meet this standard conducted on methadone, the most researched intervention for treatment of opioid addiction
(Ward, Mattick, Hall, 1992)
- Evaluation shows treatment more than pays for itself *(Gernstein et al., 1994; Harwood et al., 1994)*

- Cost benefit analysis shows favourable cost benefit outcomes for residential treatment
(Hubbard et al., 1989; Gossop et al., 2000)
- Therapeutic Communities have better outcomes on psychiatric symptomatology and social problem severity when compared to day care
(Guydish, 1999)

- Discernible effects of treatment for therapeutic communities seen at 90 days, for methadone at 1 year (*Simpson and Sells, 1983*)
- Other studies have shown therapeutic communities have positive outcomes in diminution of drug use and criminal activity and increase in socially acceptable behaviour i.e. employment and/or educational involvement
(Bale, 1979; Collier and Hijazi, 1974; De Leon, Fairchild and Wexler, 1982; Latukefu 1987; Pitts 1991; Toumborou et al., 1994)

COST BENEFITS AND COST EFFECTIVENESS OF THE TREATMENT FOR DRUG ABUSE

Cost Benefits:-

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

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

California Drug and Alcohol Treatment Assessment (CALDATA)

Represented 150,000 in treatment in California from 1991 – 1993

Looked at:-

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

California Drug and Alcohol Treatment Assessment (CALDATA)

Key Findings:-

1. Cost of treatment was \$209 million in 1992. Benefit received in first year and afterwards represented a \$1.5 billion saving to society, mostly through a reduction in crime
2. Each day in treatment paid for itself, avoidance of crime

3. Benefits of AOD treatment outweighed cost by a ratio of 4:1 to greater than 12:1, depending on treatment type
4. Cost benefits to total society ranged from 2:1 to more than 4:1 of all treatment types except methadone treatment discharges, net loss due to earnings losses
5. Criminal activity declined two thirds post treatment

6. Greater time in treatment, better outcomes
7. 40% decrease in use of alcohol and other drugs post treatment
8. 33⅓% reduction in hospitalisations, and other improvement in health care
9. Longer stayers in treatment had better employment post treatment

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

- Therapeutic Communities in Australia since the 1970's

WHO'S first, 1972, Odyssey House, 1977;
Others – The Buttery, Karralika & Westmount
established the same time

- No formal association. Possibly due to professional jealousies, mistrust and divergent applications of the Therapeutic Community model

- 1985 Premier's Conference
- No facilitator for Therapeutic Communities
- Requested and received a facilitator

- Discussions resulted in better understanding of differing program philosophies
- Association established in 1985. First National Conference held in 1986 at Rozelle Hospital's Recreation Room

THE SURVEY

- Conducted on April 15, 2014
- Received a tremendous response from the ATCA Membership
- 29 organisations participated -
722 total residents

- Designed to determine cost of respondents drug use to the community in the year immediately prior to entering treatment
- Costs of drug use calculated based upon services supplied to respondents, i.e. legal services, medical services, court adjudication, welfare benefits

THE RESULTS

QUESTION 1.

Average Current Age - N = 722

34.7

QUESTION 2.

What made you start using drugs - N = 722

Peer Pressure	197
Anxiety/Stress/Depression	149
Family & Social Problems	159
Experimentation & Availability	99
Had Been Abused	43
Didn't Like Self	38
Affective Disorder	19
Didn't answer or Don't know	18

QUESTION 3.

What made you continue using drugs - N = 722

Addicted	203
Enjoyed it	162
Blocked out thoughts	119
Stress/Anxiety/Depression/Grief	92
Helped Self Confidence	57
Family and Social Problems	33
Peer Pressure	23
Lonely / Boredom	16
Don't know or Didn't answer	17

QUESTION 4.

Average Age you started using any drugs
i.e. Tobacco & Alcohol - N = 720

14.7

QUESTION 5.

Average Age you started using illicit drugs
- N = 658

15.5

QUESTION 6.

Did you have any Legal problems due to drug use - N = 722

Yes

452

No

263

Didn't Answer

7

QUESTION 7.

Frequency of drug use - N = 722

Daily	635
Weekly	64
Monthly	13
Didn't Answer	10

QUESTION 8.

Cost of drug use on a daily basis - N = 687	\$158,172
Cost per annum	\$57,732,780
Average cost per User per Annum	\$84,036
Average cost per User per Day	\$122
Number of Respondents didn't answer or didn't know	35

QUESTION 9.

Number of Court Attendance days in the year prior to Treatment	1728
Total cost @ \$85 per day	\$146,880

QUESTION 10.

Number of times a Solicitor was engaged in the year prior to Treatment

1070

Length of time in days

11271

Total cost @ \$1600 per day

\$18,033,600

QUESTION 11.

Number of times a Barrister was engaged in the year prior to Treatment

182

Length of time in days

2883

Total cost @ \$3000 per day

\$8,649,000

QUESTION 12.

Number of days hospitalised in the year prior to Treatment	6541
Total cost @ \$326 per day	\$2,132,366

QUESTION 13.

Number of Doctor visits in the year prior to Treatment

10761

Total cost @ \$68 per day

\$731,748

QUESTION 14.

Average length of time employed in the year prior to Treatment

8.5 months

Average weekly salary

\$1019

QUESTION 15.

Did you participate in criminal activity in the year prior to Treatment – N = 722

Yes	317
No	308
Didn't answer	97
Total weekly income from criminal activity	\$603,480
Annual income from criminal activity	\$31,380,960

QUESTION 16.

Did you receive Government benefits in the year prior to Treatment – N = 722

		<u>Annual Total</u>
Newstart Allowance	402	\$6,686,144
Disability Support Pension	88	\$2,177,032
Parenting Payment	31	\$511,648
Youth Allowance	19	\$266,661
Not on Government benefits	141	
Didn't answer	41	

QUESTION 17.

Average number of days in current
Treatment – N = 692

101

SUMMARY OF TOTAL COSTS ON AN ANNUAL BASIS

Cost of drug use per annum	\$57,732,780
Total cost of Court Attendance	\$146,880
Total cost of a Solicitor	\$18,033,600
Total cost of a Barrister	\$8,649,000
Total cost of Hospital Admissions	\$2,132,366
Total cost of Doctor visits	\$731,748
Annual income from Criminal activity	\$31,380,960
Newstart Allowance	\$6,686,144
Disability Support Pension	\$2,177,032
Parenting Payment	\$511,648
Youth Allowance	\$266,661
TOTAL	\$128,448,819

BREAKDOWN OF COSTS ON AN ANNUAL BASIS

Total annual amount	\$128,448,819
Daily cost	\$351,914
Per Person cost	\$487
Total days in Therapeutic Community = 72944 x \$487	\$35,523,728

**TOTAL ANNUAL SAVING TO SOCIETY
FROM BEING IN A THERAPEUTIC
COMMUNITY**

\$35,523,728

THE RESULTS

- In this sample, $N = 722$, the average cost to society was \$128,448,819 for the year or \$351,914 per day for the total sample
- The cost per person, $N = 722$, was \$487 per day
- The total number of days in residence for the sample, $N = 722$, was 72,944 drug free and crime free days
- This amounted to a saving to society of **\$35,523,728!**

DISCUSSION

- Results verified trends in age of drug misuses which has users, and onset of illicit drug use
- Onset of use attributed to peer pressure, social/family problems and anxiety/stress/depression
- Continued use attributed to environment, addiction and blocked out thoughts

CONCLUSION

- Therapeutic Community treatment is effective
- Difficult population
- Therapeutic Communities provide an environment where an individual can process, deal with, and work through many issues in a safe environment while they acquire more adaptive coping skills

- Therapeutic Communities have demonstrated cost benefits equal to, and in some cases superior to other treatment interventions
- Sample had high rates of drug use; criminal activity; low salary levels; high rates of unemployment; disproportionate hospital occupancy; high rates of subsidised government benefits and visits to doctors' surgeries

- Therapeutic Communities provide substantial cost benefits to society and people who utilise their services
- Cost benefits are substantial and gains made in other domains as well

- Costs saved through Therapeutic Community treatment not only justifies mode of service, but warrants a review of levels of funding given to Therapeutic Communities based on savings to community

- It needs to be recognised by Commonwealth and State Governments and their funding arms, the therapeutic community is an efficacious intervention which produces salient “evidenced based” outcomes. Therefore it is imperative resources are allocated to this intervention which assists it to continue to meet the multivariate clinical needs of the most difficult and challenging population

- Therapeutic Communities, like Odyssey House cannot impact in any major manner on macro forces which support drug use in any community. Individual correlates of compulsive/dependent use of substances are well documented and recognised; a link to criminal activity; loss of employment and unemployability; deteriorated interpersonal relationships; and a focus on drug seeking and using activities and peers.

The Therapeutic Community can assist an individual to process, deal with, and work through many of these issues in a safe environment, and promote the acquisition of more adaptive coping skills and strategies



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