

Rehab, not jail, best for drug abuse - 28 Mar 2009

OPINION: Garth Popple, 28 March 2009



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SUBSTANCE abuse dates back thousands of years. Opium was evident in Mesopotamia at least 7000 years ago, people have been getting drunk on alcohol for at least 8000 years, and cannabis has been known by many names in many languages through the course of history.

In the 16th century, coffee sellers were executed and in some countries the use of tobacco also brought with it a death sentence: not the slow, painful death we now associate with cigarettes, but death by execution. The use of some drugs, such as heroin, has been variously considered medicinal and illegal; and while the use of opium was restricted in Australia in 1897, it was not until 1953 that its use through medical prescription was banned altogether.

Our reaction to the "drug problem" depends on a range of personal and social issues, and at the moment the two substances that occupy most of our thinking and media reporting are alcohol (a legal drug) and methamphetamines (particularly ice, an illicit substance). Alcohol is consumed on a weekly basis by 41.3 per cent of the population aged 14 years and over. Stimulant drugs, in the form of methamphetamines, have been used by 6.3 per cent of the population over 14 years of age, over the course of their lifetime, while heroin has been used by just 1.6 per cent.

Treatment for all drug use requires a range of options, because in all cases it is not only the effect of the drug on the individual that causes a problem but also the effect on families and the wider community. This extends into our prison systems, where 70 to 80 per cent of prisoners are incarcerated for drug-related problems.

Interventions for all substance-use problems include education, counselling and, for more entrenched behaviours, tertiary interventions including residential rehabilitation. While the media often follows the celebrities who enter rehab overseas, Australia has some of the best residential programs in the world.

These are therapeutic communities, which were first established in Britain and the US more than 50 years ago, based on two different models, but converging in practice during the 1970s.

In general, TCs are illicit-drug and alcohol-free residential settings that encourage and promote the development of personal and social responsibility. They have been on the Australian treatment landscape since the 1970s. All but one of the 41 TC programs in Australia registered with the national body, the Australasian Therapeutic Communities Association, are operated by a non-government organisation.

These are not easy options. The role of TCs is to assist people who have been unable to respond to outpatient services, and for this reason it often takes more than one attempt to get through treatment. TCs tend to treat people who have more entrenched and self-destructive dependence patterns, histories of abuse and violence, and for whom the prognosis of recovery by less intensive methods is not good. Working through these personal issues is hard work.

Many clients will be seeking abstinence, rather than substitution, as their primary goal.

Dealing with alcohol and other drug issues is becoming more complex. People are now using multiple types of drugs and often have co-occurring mental health disorders, such as depression and anxiety. Some have other less common, but more serious, mental disorders.

TCs are well placed to respond effectively to these changing needs. Hence, TCs have been established for adults and young people, for families with children and people with mental health disorders.

In Australia, research institutes and governments are starting to work with TCs in studying outcomes for people with complex mental health and substance-use problems, particularly those related to the use of methamphetamines. Community-based TC programs also provide effective treatment for clients with prior offences related to their alcohol and drug use. Successful TC programs for drug-using offenders have been established in correctional settings in a number of countries, including Australia.

Some of the most extensive research studies on TCs have been conducted overseas on populations involved in the criminal justice system. These studies have found benefits for prison-based TC treatment in preparing inmates to return to the community and for creating a safer, better managed prison environment. Recidivism rates have been shown to drop from as much as 75 per cent to 27 per cent for prisoners completing a TC program.

This is all good news for the community and for those affected by substance use. Except for one thing: money.

While we have seen an increase in funding to the non-government sector, most of these funds have come via short term project grants which don't help in the development of long-term planning. This needs to change if we are going to be able to fully address the drug problem.

Treating the causes of crime is always going to be far more beneficial to the community, the individual and for all Australian governments. Entering rehab in Australia is also far more cost-effective and a better use of the taxpayers' dollar in the long term.

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