

HIGH SUCCESS RATE OF BUTTERY REHABILITATION PROGRAMS

By treating addiction and helping people live productive, fulfilling lives, The Buttery addresses a major social and economic problem facing our society.

Drug abuse and alcoholism continue to have major direct negative health impacts on the population and burden the health system. This is in addition to the indirect negative effects of injuries from accidents caused by drug and alcohol abuse.

“In 2003, an estimated 8% of the burden of disease was attributable to tobacco, 2% to alcohol and 2% to illicit drugs. Among those seeking assistance from health professionals, depression and anxiety were the most common mental health problems for which injecting drug users sought assistance (68% and 38% respectively).

According to the annual Needle and Syringe Program (NSP) Survey, hepatitis C prevalence among people attending needle and syringe programs remained high over the period 1997 to 2005, at around 60%.”

Australian Institute of Health and Welfare (2007). *Statistics on drug use in Australia 2006*. Drug Statistics Series No. 18. Cat. no. PHE 80. Canberra: AIHW.

Drug and alcohol abuse have direct impact upon mental health and together explained 26.9% of the burden from this cause. Alcohol and illicit drugs contributed in roughly equal proportions. In the 0–44 year-old age group, alcohol and illicit drugs were the leading causes of burden in males, mental disorders (alcohol abuse, and heroin and poly drug abuse) and injuries (suicide and self-inflicted injuries, and road traffic accidents) being the predominant health outcomes from these risks. In this age group, 23.6% of total male burden and 17.9% of total female burden was explained by the 14 risks in combination.

Australian Institute of Health and Welfare (2003) *The Burden of Injury and Disease in Australia*

Savings to the Australian economy due to the increase in the number of participants in Buttery programs in an expanded facility will be considerable, more than **\$19m per annum**. The figure derives from a study commissioned by the Australasian Therapeutic Communities Association in 2002 which found that for a single addict in the 12 months prior to treatment, the cost to the Australian community resulting from lost economic productivity due to drug use, drug related mortality, health treatment costs and criminal activity averaged some \$180,000. The successful treatment of an additional 77 addicts per year would result in a saving of \$19M per year, this is in addition to current savings.

The Buttery is seeking government and community support to build a new facility. The planned new facility will make it possible for The Buttery to double the number of places it offers for residential treatment of addiction, increasing the number of people participating in the Buttery Therapeutic Community program from 110 to 220 per annum. This will have a significant life-long impact on the health of these people.

The effectiveness of the Buttery's residential program, conducted since the 1970s is well recognised and documented. It serves as model for other therapeutic communities. The Buttery conducts regular follow-up studies of former residents.

SUMMARY

Follow-up study of residents five years after completing Buttery programs key results

For a detailed breakdown of results, please refer to the following pages

<i>Characteristic</i>	<i>Pre-program</i>	<i>Post program</i>
Abstinence of drugs, alcohol five years after completion	0	72%
Not employed in the 12 months before entry, not worked in the time since leaving	18%	5%
%age engaged in formal education before entry and after completion	21%	62%
Use of alcohol	65%	19%
Use of heroin	98%	19%
Use of cannabis	83%	10%
Use of amphetamines	50%	3%
Charged with crime	51%	7%

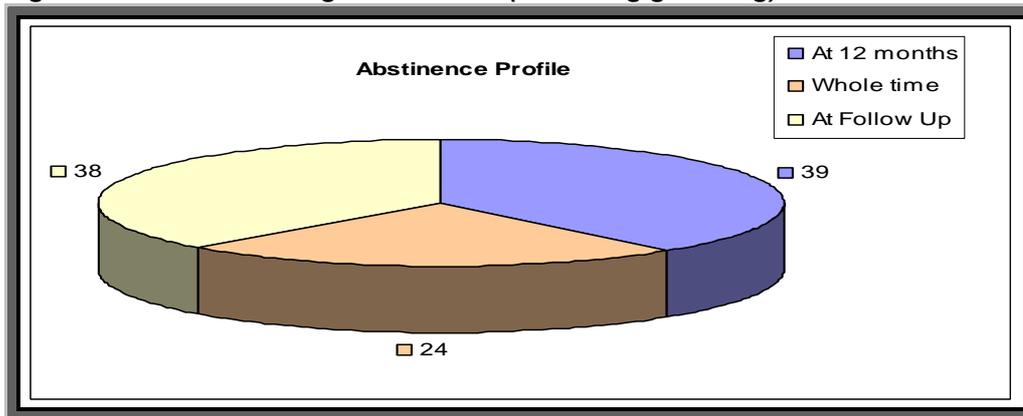
Abstinence

The Buttery's most recent formal treatment outcomes study was undertaken from November 2009 to March 2010. Previous studies were undertaken in 1996, 1998, 2002 and 2006. Those surveyed had completed a program of at least three months at the Buttery and exited between January 2004 and December 2008. A three month stay is generally considered the minimum required to provide some lasting, effective measurable treatment in terms of changes to drug use, health and lifestyle. Participants in the study had completed on arrival at the Buttery a "Personal Well Being" assessment.

Among other findings, the most recent study shows that 74% of ex-residents who participated in the study were abstinent of drugs and alcohol at 12 months after leaving (which is comparable to previous studies).

Of these, 45% of all participants remained abstinent the whole time between leaving and follow up. While 55% of all participants report having relapsed or chose to take drugs/alcohol since leaving, 14 of these had returned to abstinence at the time of follow up, meaning that 72% of all participants were abstinent at the time of follow up. Many who have returned to abstinence cited the knowledge and skills gained through the Buttery, along with further treatment, as crucial factors.

Fig 1 – Abstinence among ex residents (excluding gambling)

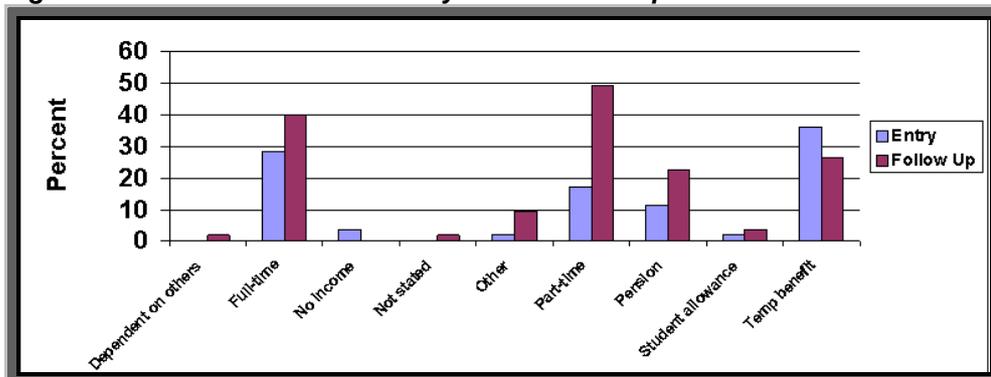


The social functioning of people who have successfully undertaken treatment at The Buttery is also an indicator of their health as income, employment and education level have an impact on health outcomes.

Sources of income

Figure 2 below shows source/s of income at entry and at the time of follow up.

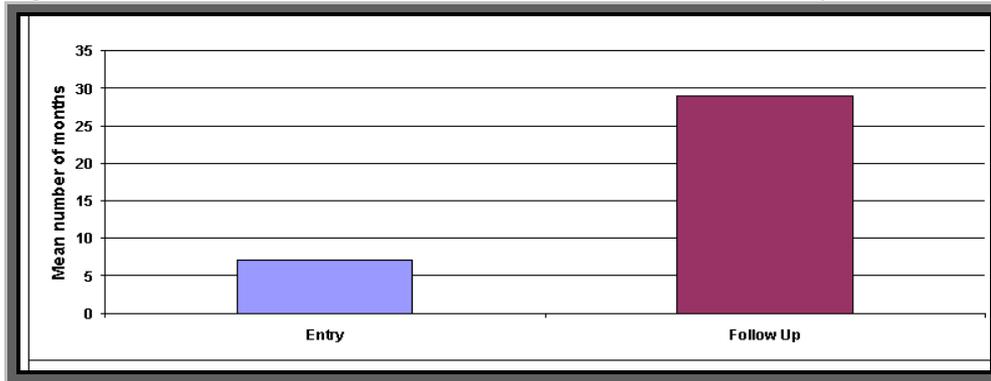
Fig 2 – Source/s of income at entry and at follow up



Employment

Figure 3 below shows the mean number of months in paid work in the 12 months prior to entry and since leaving. Some 18% of ex-residents had not worked at all in the 12 months prior to entry, whereas 5% had not worked at all since leaving. Detailed correlations of engagement in employment against length of time since exit are not available in this study. (In interpreting the graph, note that the right hand maroon bar covers a time span of between one and four years)

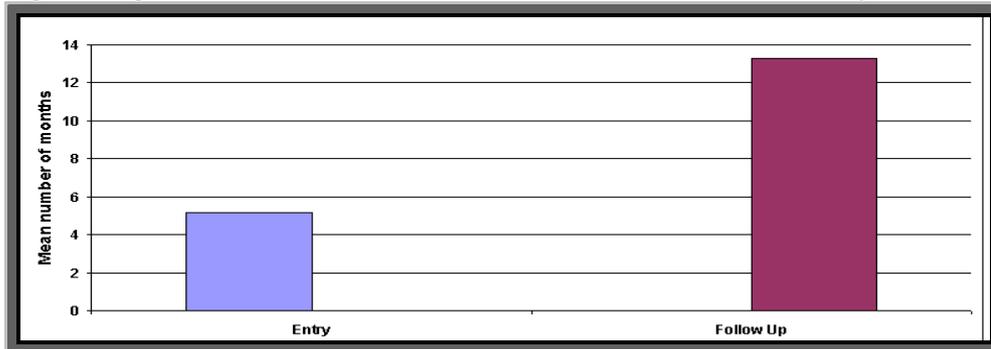
Fig 3 – Mean no. of months worked in the 12 months before entry and since leaving



Education

Figure 4 below shows the average number of months engaged in formal education in the 12 months prior to entry and since leaving. 79% of ex-residents had not engaged in any education in the 12 months prior to entry, whereas 38% had not engaged in any education since leaving. A detailed correlation of engagement in education against length of time since exit is not available in this study.

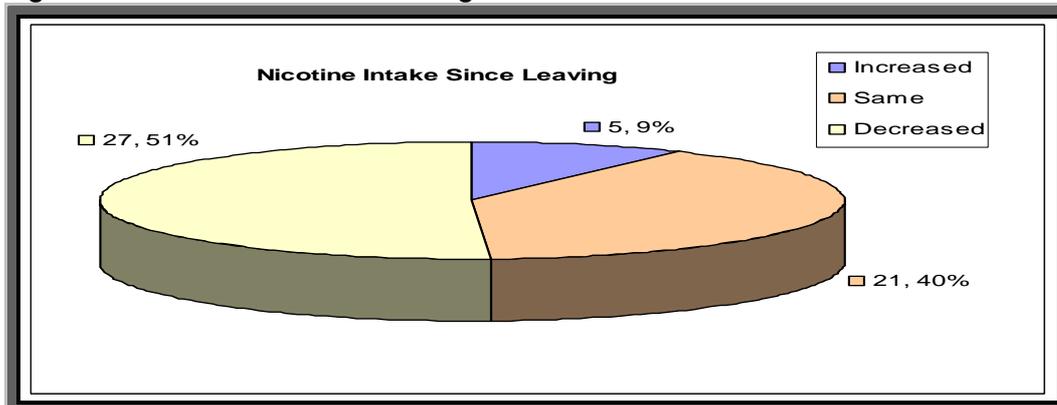
Fig 4 – Avg no of months in education in the 12 months before entry and since leaving



Nicotine

Figure 5 below shows data on nicotine intake since leaving – whether it has increased, decreased or stayed the same. Comparative data prior to entry is not available for this study.

Fig 5 – Nicotine Intake Since Leaving



In addition to the positive health outcomes outlined above, The Buttery's 2010 formal treatment outcomes study also indicates an improvement in general well being of those completing The Buttery's residential treatment program.. These results are consistent with similar surveys conducted in 2002 and 2006.

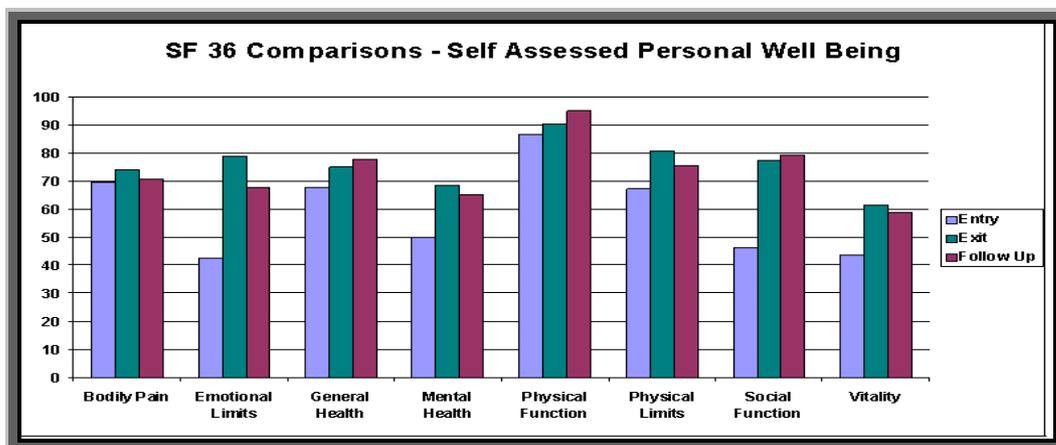
Personal well-being

The Social Functioning (SF) 36 Personal Well Being test is a self assessed psychometric scale measuring physical and psychological health across eight key areas:

- 1) the extent of bodily pain in the four weeks prior to time of assessment;
- 2) general health at the time of assessment and compared to 12 months prior;
- 3) overall mental health;
- 4) emotional role limits (extent to which emotional health affected usual activities in the 4 weeks prior to time of assessment);
- 5) physical role limits (extent to which physical health affected usual activities in the four weeks prior to time of assessment);
- 6) physical functioning;
- 7) social functioning; and
- 8) general vitality.

Figure 6 below shows the average of results for all participants across the eight key areas at the time of entry, on exit and at the time of follow up. Note: the higher the score, the better the outcome.

Fig 6. – Self Assessed Personal Well Being



Eating Patterns

Figure 7 below shows data relating to eating patterns since leaving. Comparative data prior to entry is not available for this study.

Fig 7 – Eating Patterns Since Leaving

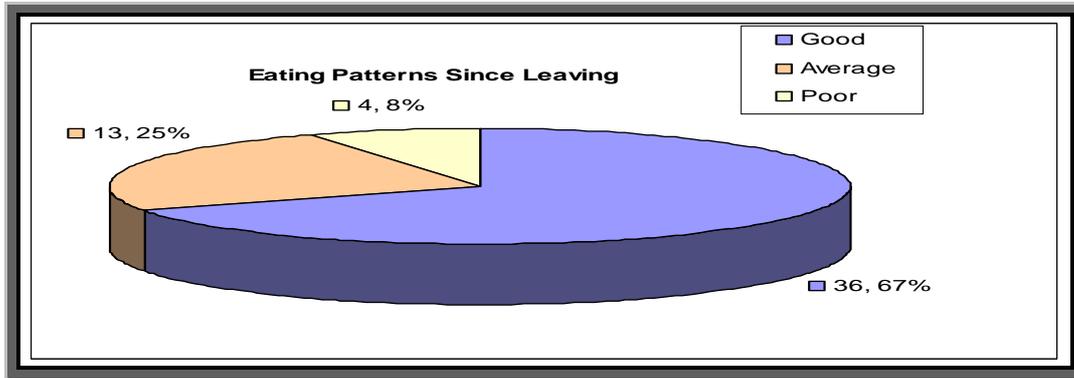


Fig 8 Relapse rates amongst ex-residents (across 4 major drug abuse types). (2002 Study)

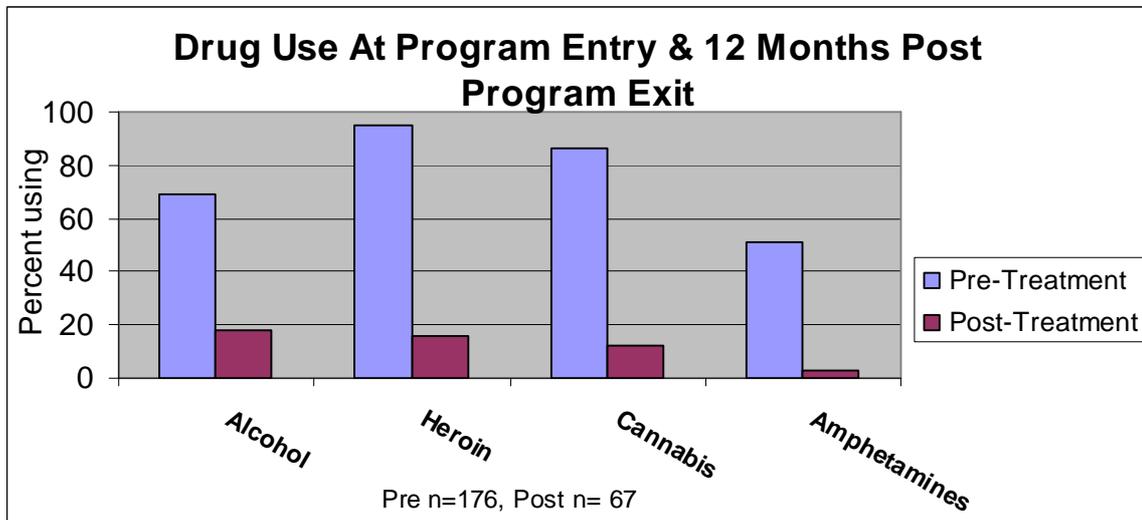


Fig 9. Satisfaction with Social Relationships felt by ex-Buttery residents 12 months after completing the program. (2002 Study)

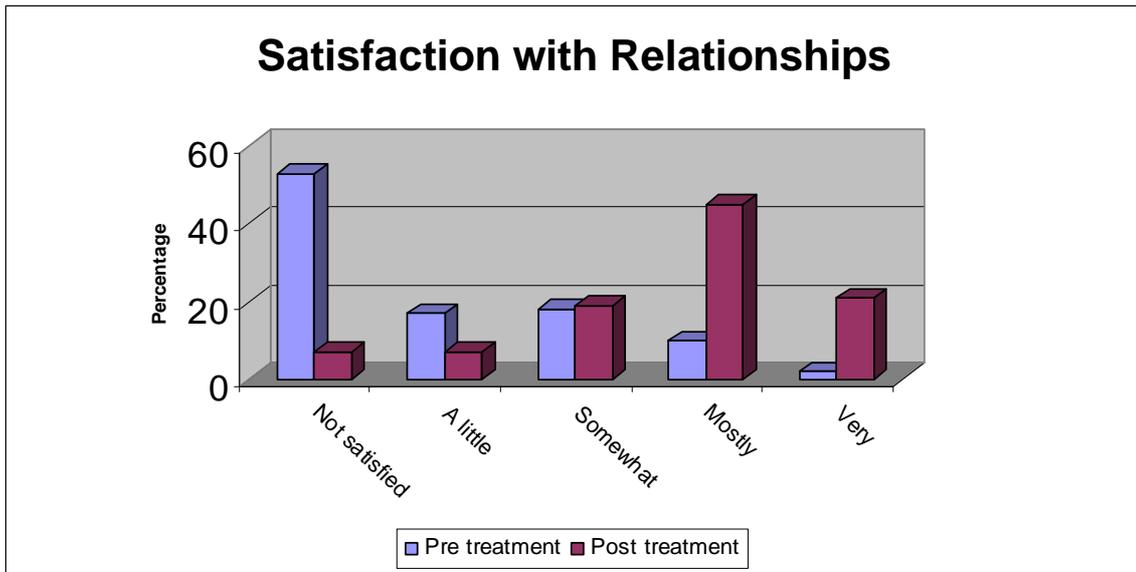


Fig 10. Risk taking behaviour reported by ex-Buttery residents 12 months after completing the program. (2002 Study)

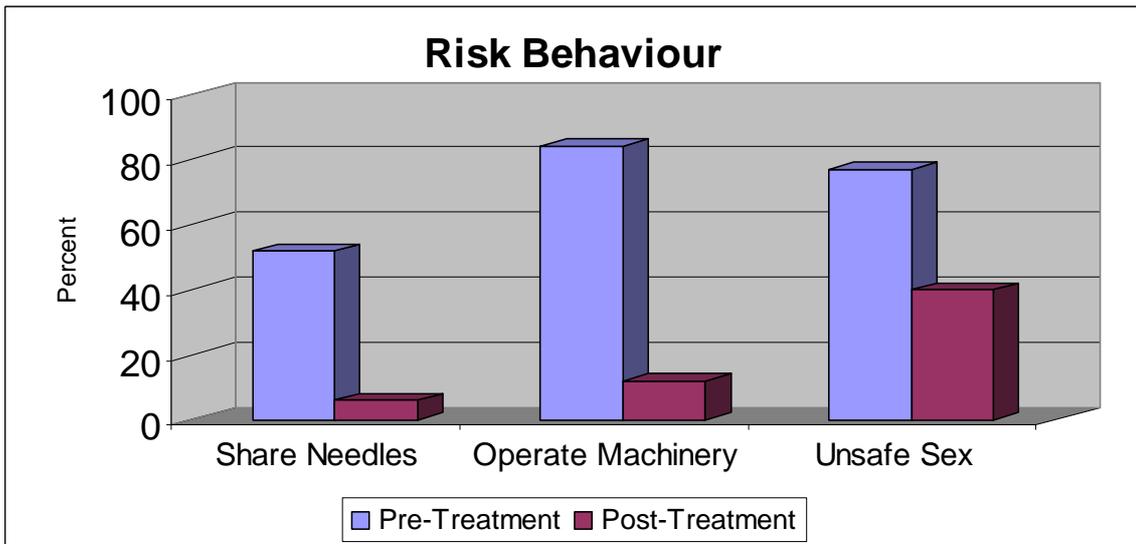


Fig 11. *Involvement / association with criminal activity by ex-Buttery residents 12 months after completing the program.*

