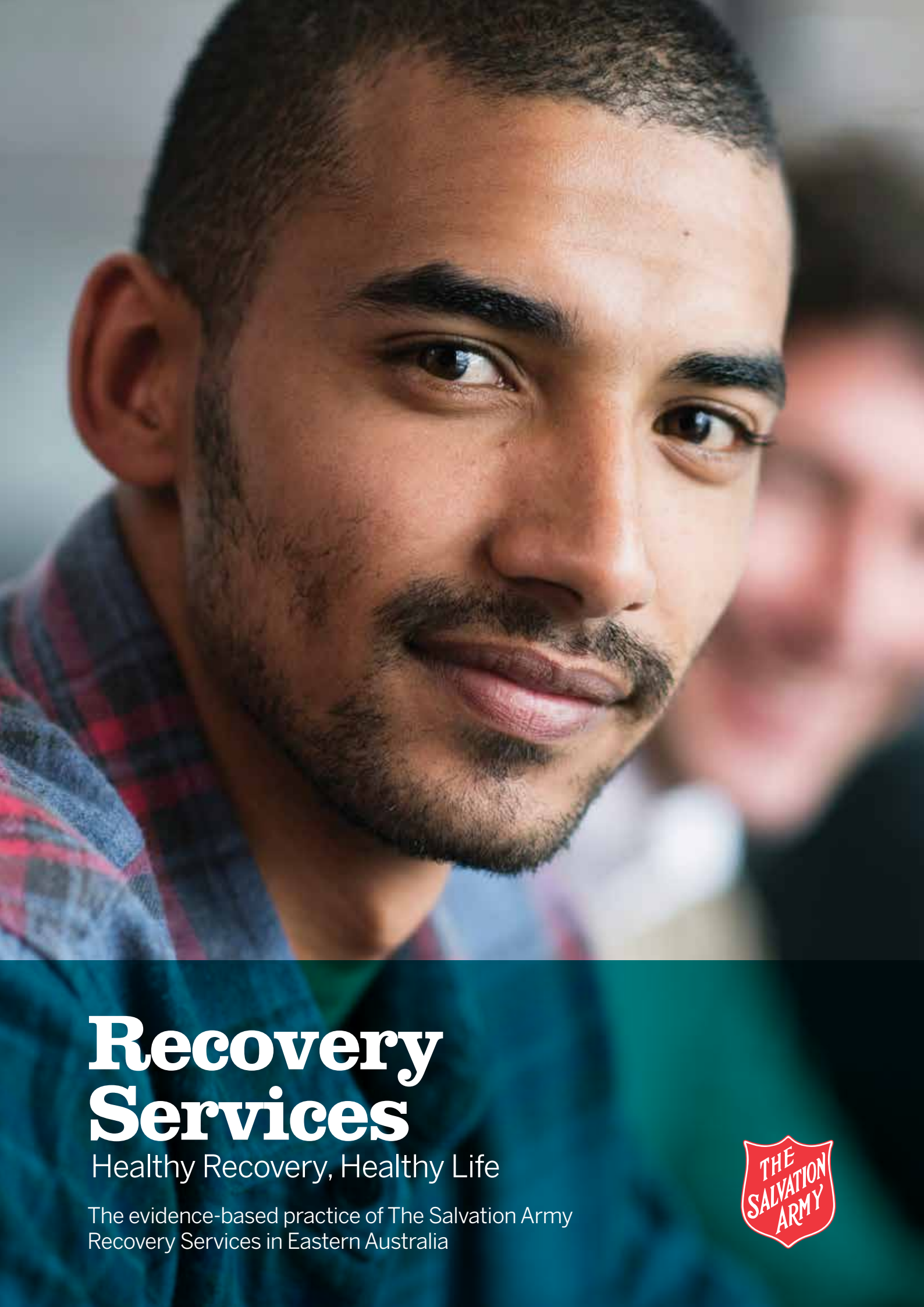


Recovery Services

Healthy Recovery, Healthy Life

The evidence-based practice of The Salvation Army Recovery Services in Eastern Australia

THE SALVATION ARMY

Recovery Services

Healthy Recovery, Healthy Life

The evidence-based practice of The Salvation Army Recovery Services in Eastern Australia

The Salvation Army is an international Christian movement, inspired by Jesus Christ to offer support to anyone who asks without discrimination, even if they do not share the same belief system.

RECOVERY SERVICES

VISION

Transformed people inspiring transformation

MISSION

The Salvation Army Recovery Services provides a safe, high quality and evidence based range of supports for people affected by their own or another's use of alcohol, drugs or gambling to pursue holistic transformation for themselves and to improve the outcomes for individuals, families and communities.

PHILOSOPHY OF SERVICE

In response to this Vision and Mission, the Salvation Army Recovery Services believes that:

- every person matters and will be treated with dignity and respect
- people have the right to make informed choices, experience personal growth, access greater freedom, and have an opportunity for a transformed outlook in life
- freedom from all addictive substances and behaviours is the key to the ongoing development of a positive life
- a holistic approach to recovery involves healthy partnerships and relationships.
- the recovery journey is personal and each person must travel at their own pace
- the role of Recovery Services is to support the person's own journey toward transformation

OUR RESEARCH PARTNER

The Salvation Army Australia Eastern Territory's research partner for its Recovery Services is the Illawarra Institute for Mental Health at the University of Wollongong. The data presented in this report is derived from a range of studies conducted over a nine year period involving participants and staff at The Salvation Army's Recovery Services in New South Wales, ACT and Queensland.

ACKNOWLEDGEMENT

We would like to acknowledge and thank the following:The participants of the Bridge Program, Detox and Outclient Services who have contributed their personal information to the research.
The staff at these Services who have facilitated the collection of the information.
The Service And Mission Information System (SAMIS) team for their assistance with collection and collation of data.

CONTENTS

INTRODUCTION

The Salvation Army is one of the largest providers of alcohol, other drug and gambling services in Australia. We've been supporting people with alcohol and other drug addiction since the early 1900s when a 'rehabilitation farm' was established at Collaroy on Sydney's northern beaches. Our award winning Bridge Program has been transforming lives since 1964.

Despite our successful track record, we strive to continually improve our services. Since 2007 our research partnership with The University of Wollongong's Illawarra Institute for Mental Health has produced more than 20 academic journal article contributions and 50 national and international conference presentations. These findings on best practice in recovery form the basis of our evidence-based Bridge Program.

Our longevity gives us the experience. Our research partnership gives us the evidence. Our Bridge Program gives us the method. The result is lives transformed.

At The Salvation Army we're about people finding freedom. We don't believe in hopeless. We don't believe in lost causes or last chances. We see hope where others don't, and we ignite hope in those that can't even see it in themselves.

Our Recovery Services are committed to bringing hope, freedom and wholeness to all people adversely affected by alcohol, other drugs and gambling. We are committed to healthy lives involving the physical, mental, emotional and spiritual aspects of self.

Because hope is for everyone.

'Our longevity gives us the experience.

Our research partnership gives us the evidence.

Our Bridge Program gives us the method.

The result is lives transformed.'

100+ YEARS EXPERIENCE

early 1900s
Rehabilitation Farm established at Collaroy, Sydney's northern beaches

1964
The Salvation Army's Nithsdale Clinic marked the beginning of the development of the Bridge Program.

1966
Bridge House in Redfern opens, offering a residential treatment

1966
Selah, a long-term care recovery services farm opens at Chittaway Point, NSW Central Coast

1968
Bridge House opens in Newcastle

1969
Chittaway Point service relocates to Miracle Haven in Morisset, Lake Macquarie. Selah remains as a service for women

1973
Services open in Canberra and Townsville

1974
William Booth House, Surry Hills, opens

1983
Selah Recovery Services centre for women relocates to Berkeley Vale, NSW Central Coast

1985
Moonyah Recovery Services Centre opens in Brisbane for men and later expands to include women

1991
The Bridge Program is introduced at Fairhaven, Gold Coast

2004
Hadleigh Lodge in NSW Blue Mountains opens (closed 2014)

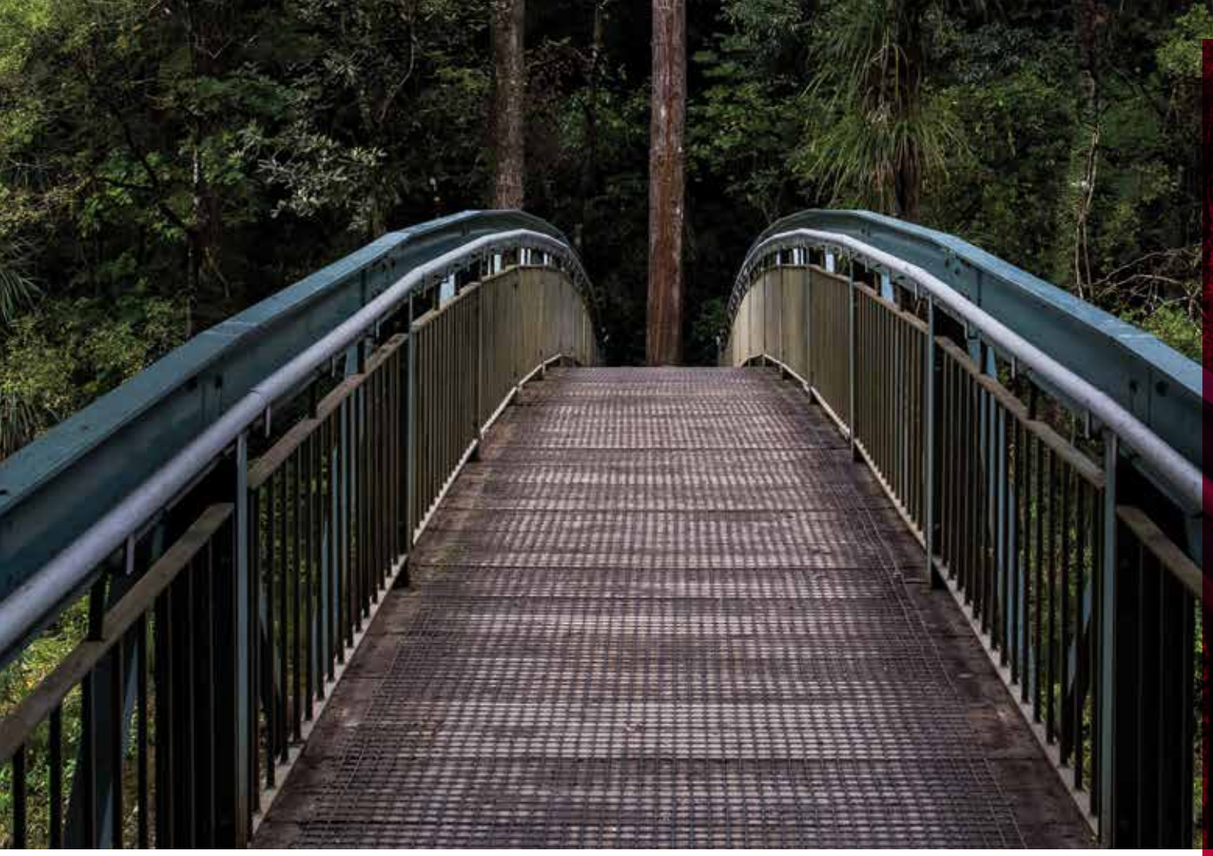
2011
Fairhaven relocates to Eagle Heights, Mt Tambourine

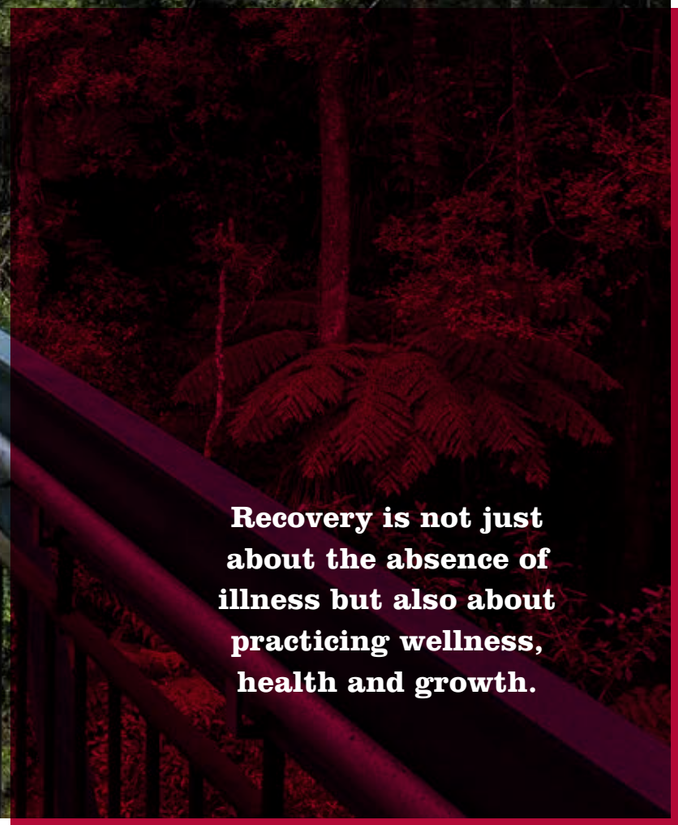
2012
Pathways Penrith opens

2012
Mt Isa Recovery Services for Aboriginal and Torres Strait Islander people opens

2013
Dooralong Transformation Centre, NSW Central Coast, which incorporates Miracle Haven, Selah and Endeavour programs.

2014
Normanton Recovery Services for Aboriginal and Torres Strait Islander people opens





The Bridge Program

The Bridge Program, an award winning model of recovery, has been designed by The Salvation Army.

It incorporates a range of intervention and recovery therapy models, including one-on-one case management, cognitive behavioural therapy, 12 step recovery, and motivational enhancement strategies.

We believe that wholistic recovery takes place on four fronts: physical, mental, emotional and spiritual. As well as evidence-based alcohol, other drugs and gambling treatment, The Bridge Program incorporates spiritual support, recreational activities, health care, family involvement and vocational education and training.

We recognise that every person who enters recovery has had a different journey, and while there are similarities in addiction treatment, our Bridge Program tailors a flexible recovery plan to suit each individual.

While everyone's journey with us varies in length, each Bridge Program participant undergoes a number of treatment phases - the induction phase, the recovery phase, a re-entry phase and extended care which is open to all who have participated.

Our extensive Salvation Army support network enables us to provide participants with back-to -work readiness skills, vocational training, transitional housing and other accommodation options, as well as individual and family counselling, financial counselling and access to no-interest-loans. Our Salvos Stores also offer low-cost clothing, furniture and household items, as well as retail training opportunities.

Recovery is not just about the absence of illness but also about practicing wellness, health and growth.

The Bridge Program enables participants who are willing, to go one step further than recovery. We invite people to become the best version of themselves.

Because at The Salvation Army, we're about people finding freedom and hope. We care deeply about each of our participants and stand alongside each other every step of the way.

We celebrate the triumphs together and comfort each other during hard times and we never give up.

PROVEN TRACK RECORD

The Salvation Army's Bridge Program delivers results.

At 12 months after completion, the majority of our participants were abstinent or had decreased their usage of alcohol and other drugs. 94% of our participants rated our service as EFFECTIVE.

OUR AWARD-WINNING BRIDGE PROGRAM

2009

Australian Therapeutic Communities Association (ATCA) Significant Contribution to the Therapeutic Community Movement in Australasia - individual award

2010

University of Wollongong's Vice-Chancellor's Award for Outstanding Achievement in Research Partnership

2012

Finalist - National Drug and Alcohol Award - Excellence in Research (in partnership with Wollongong University)

2013

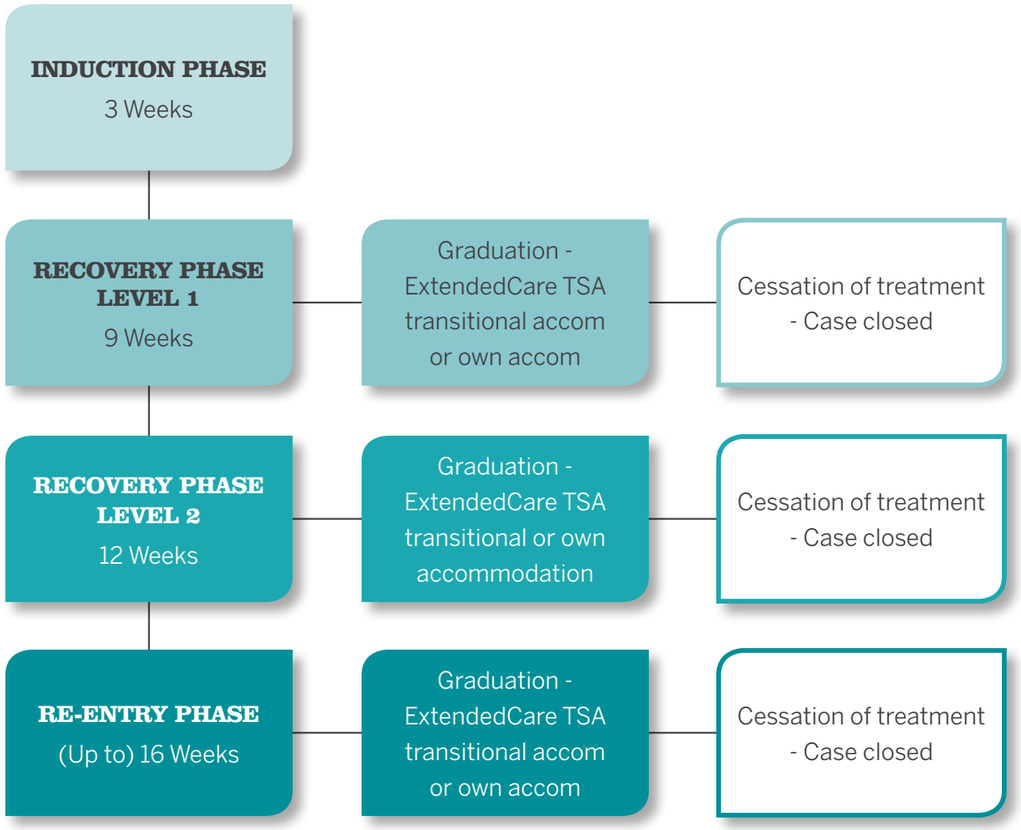
ATCA Significant Contribution to the Therapeutic Community Movement in Australasia by a Program, Service or Intervention

2013

National Drug and Alcohol Award - Excellence in Treatment and Support

2013

Australian Therapeutic Communities Association (ATCA) - Significant Contribution to Therapeutic Communities Movement in Australasia - individual award



INDUCTION PHASE (3 WEEKS)

During these first three weeks, participants undertake a psycho-educational group-work program with interactive models covering topics such as: addiction, relationships, goal setting, wellness, drug actions, being mentally healthy and relapse prevention.

RECOVERY PHASE (UP TO 24 WEEKS)

Our recovery phase is provided over two levels.

Level 1 involves group work based on 12 Step recovery and The Salvation Army's Positive Lifestyle Program which focuses on stress management, self esteem, assertiveness, conflict resolution and grief.

Level 2 involves individual and group work covering topics relevant to each participant. They can include: anger, relationships, emotions, family and childhood issues and other dependencies.

RE-ENTRY PHASE (UP TO 16 WEEKS)

Our re-entry phase focuses on each participant assessing their progress and determining what is needed now in order to continue on their journey towards health and wholeness. Participants are also engaged in employment training programs and community involvement.

EXTENDEDCARE

ExtendedCare is available to all people who have participated in the Bridge Program. ExtendedCare provides our participants with a broad range of community-based options to facilitate and support a seamless transition into the community.

'Two months after I started in the Recovery Centre I began to rebuild relationships with my family which included my two sons who I hadn't had regular contact with for three years and my mum and dad who I also hadn't had contact with for some time.'

– Bridge Program participant.

'I am someone today, and I can proudly say I am someone, and I am someone that matters.'

– Bridge Program participant.

Recovery Services takes a strengths and wellness approach to recovery. We focus on what's strong, not what's wrong.

A Healthy Life

To find out exactly how effective our Bridge Program is, we monitor our participants every step of the way.

The results of this independent, peer-reviewed research, conducted by the Illawarra Institute of Mental Health at the University of Wollongong, are then integrated into our service design to ensure services are effective and responsive to changing needs.

After eight years of thorough research and evaluation we were able to build a clear picture of who our participants are, the complexity of their alcohol, other drug or gambling issues and their physical and mental health.

Here's a snapshot:
Bridge Program participants are most likely to be in their mid to late thirties. They generally have incomplete educational experiences and higher unemployment rates than the Australian average, and many suffer with chronic physical and mental health issues.

More than half of our participants come to us with primarily alcohol related problems, and are drinking to intoxication one out of every three days. Almost one-fifth present with problems with methamphetamine and amphetamine, and the remainder with cannabis, heroin and other substance abuse problems.

Use of more than one drug is very common.

Participants typically spend between 5 to 7 months in the residential Bridge Program. Participants who complete their treatment goals are more likely to remain abstinent from drugs and alcohol, and perceive a greater positive change post-discharge.

For those contactable three months after discharge, about half of alcohol users and three quarters of all other drug users are abstinent. For those that have returned to using, a further 25% of alcohol and 10% for all other drugs had decreased their use compared to before treatment.

These abstinence and reduction rates remain relatively stable at one year post-discharge, meaning that more than half of our participants remain in recovery at three and 12-months post treatment.

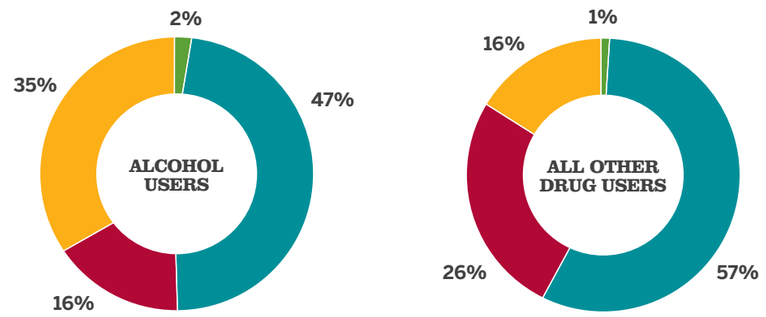
Whilst abstinence is not the sole indicator of successful treatment, these results are a reliable sign of the Bridge Program's effectiveness in bringing about long-term transformation in participant's lives.

Substance abuse at admission to treatment:

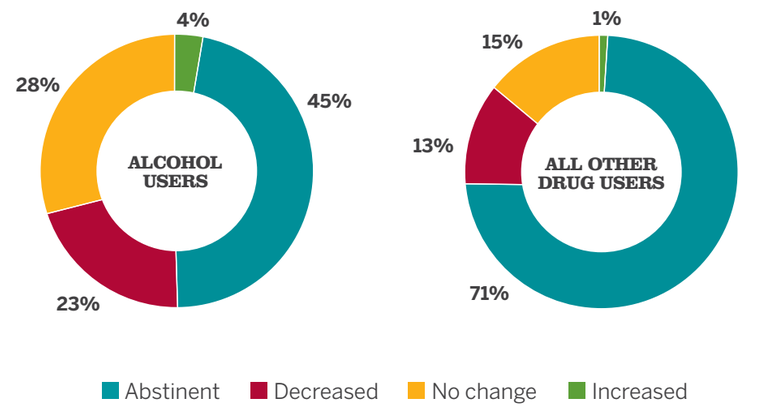
PRIMARY SUBSTANCE

55%	18%	14%	10%	3%
Alcohol	Methamphetamine / Amphetamine	Cannabis	Heroin	Other Substances

How our participants are going, three months after returning to the community:



How our participants are going, 12 months after returning to the community:



95%
felt confident to manage the responsibilities of daily life after treatment

65%
of people liked themselves after treatment

62%
of people are more interested in life after treatment

SATISFACTION

People who engage with our Services report high levels of satisfaction with their treatment, with greater satisfaction gained for those participants who stay in treatment longer. Our research confirms that abstinence rates are also improved for those who complete their treatment plan.

They also report that levels of stress, depression and anxiety are dramatically improved following treatment. Their perception of the severity of their drug, alcohol or gambling problem had also changed at 3 and 12-months post treatment. Whereas at intake, most participants believed they had a large problem with drugs and/or alcohol and/or gambling; post-treatment followup found most participants reporting feeling they had significantly less severe drug, alcohol or gambling problems.

The Bridge Program has broad-reaching impacts, far beyond the individual. Participants reported significant reductions in criminal behaviour and in being charged with a criminal offence following treatment, making communities safer and reducing incarceration rates.

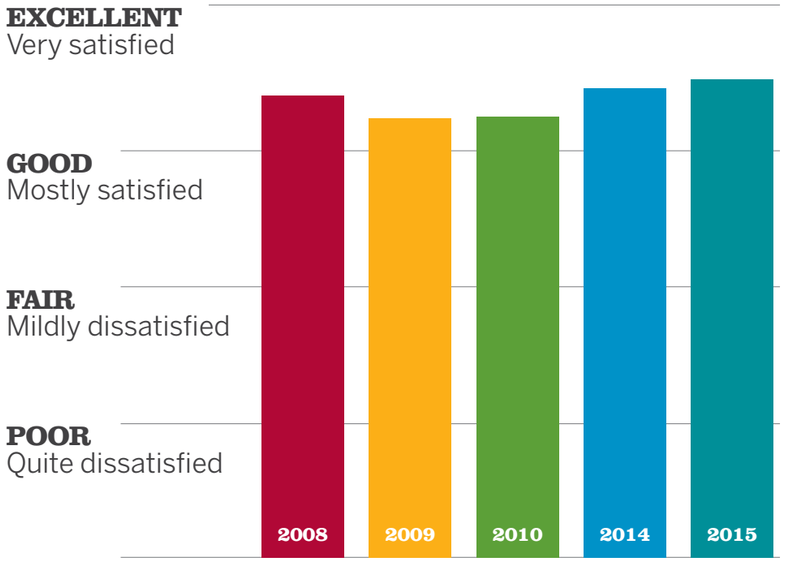
PREDICTING DROP-OUT

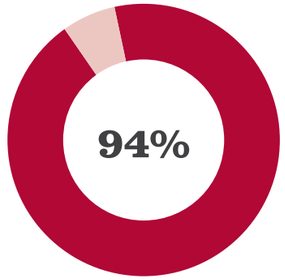
We know that the Bridge Program is most effective when treatment plans are completed. In conjunction with our research partner, we embarked on two studies to help us predict drop-out. The first looked at people's intention to enter treatment following residential drug and alcohol detoxification. The results enabled us to use approaches in detox to help promote positive attitudes towards further treatment. Staff at our residential detox facilities also have intensive involvement in the development of post-detox treatment plans with clients.

The second study looked at a whole range of factors including: age, gender, primary drug of concern, criminal involvement, psychological distress, drug cravings, spirituality and life purpose. The results showed that a participant was more likely to hang-in with treatment if their primary drug of concern was alcohol - other drug users had a higher risk of terminating treatment. Another contributing factor to dropping-out was forgiveness of self. We found that if a participant reported greater forgiveness of self at intake, they were more likely to drop-out by the 3-month mark. We are now looking at ways to identify these factors at intake and construct individualised Bridge Program recovery plans to give each of our participants the best chance of success.

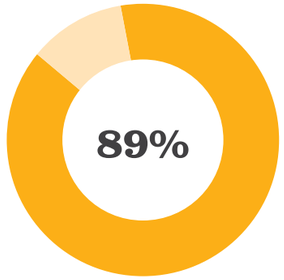
* For further reading on this study, see Appendix: Deane, F. P., Wootton, D. J., Hsu, C.-I., & Kelly, P. J. (2012). Predicting dropout in the first 3 months of 12-step residential drug and alcohol treatment in an Australian sample. Journal of Studies on Alcohol and Drugs, 73(2), 216-225.

Satisfaction Levels

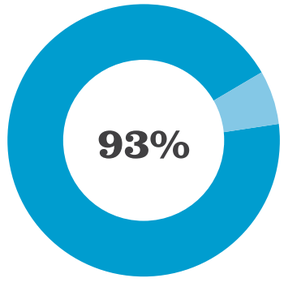




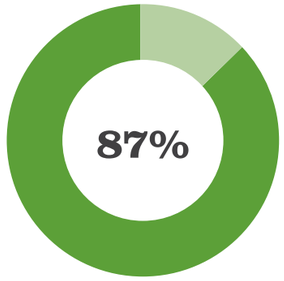
Said the program was providing the kind of service they wanted and was helping them effectively deal with their problems



Rated the program as good or excellent, were satisfied with the help received, and would come back again if needed



Would recommend the program to others



Said the program was meeting their needs

A Healthy Mind

It is common for people with alcohol, other drugs and gambling issues to also have mental health conditions. The term "comorbidity" within Recovery Services is used to describe the presence of mental health conditions coexisting with the drugs, alcohol or gambling issue.

Four out of every five people entering the Bridge Program have experienced a mental health disorder in their lifetime.

A research project study of 225 participants attending Salvation Army detoxification programs found that more than half had screened positive for a mental health disorder in the 30 days prior to attending detox.

Fifty percent of those surveyed (the majority viewpoint) wanted to treat their addiction and mental health problems concurrently. The Bridge Program offers mental health interventions such as psychiatric and psychological services and cognitive behavioural therapy, counselling and one-on-one case management throughout each of its three phases.

A further study that compared treatment outcomes for comorbidity participants found that, because they usually entered the program with higher symptoms of distress, they remained more symptomatic at the 3-month follow-up.

These findings allow us to further tailor our Bridge Program to individual participant needs. We can inform participants of the findings and suggest, in some cases, that participants with comorbid disorders may benefit from a longer treatment program in order to achieve the equivalent outcome as those who enter with only an addiction.

At follow up, our research found that in the majority of cases, Bridge Program participants who practice abstinence achieved the highest level of 'flourishing' mental health on the Keyes' measure of mental health. However, in all cases, amongst alcohol and drug users and those abstinent, past participants of the Bridge Program interviewed had lower rates of 'languishing' mental health than found in a general community sample.

As well as being successful in reducing substance use issues, our research is showing the Bridge Program to be effective in reducing mental health problems, such as depression, anxiety and stress, with improvements in psychological, social and emotional wellbeing commonly reported by former participants.

Further reading:

FLOURISHING, LANGUISHING AND MODERATE MENTAL HEALTH: PREVALENCE AND CHANGE IN MENTAL HEALTH DURING RECOVERY FROM DRUG AND ALCOHOL PROBLEMS - Breanna J. McGaffin (BPsych (Hons)), Prof. Frank P. Deane (B.Sc., M.Sc., Dip. Clin. Psych., PhD), Dr Peter J. Kelly (B.Sc, PhD (Clin Psych.), Prof Joseph Ciarrochi (PhD (Psych.)

Mean score on depression, stress and anxiety from intake to 12-months after discharge

	Australian Norm	Intake	3-Month Follow-up	12- Month Follow-up
Depression	2.57	9.9	6.5	5.7
Anxiety	1.74	8.0	3.6	4.3
Stress	3.99	10.4	6.9	7.2

The following results further compare participants' mental health at treatment intake and 3-months after discharge:

53%

of people are less bothered by mental health problems after treatment

55%

of people are more accepting of themselves after treatment

62%

of people feel that their mental health symptoms are less problematic after treatment

52%

of people feel that they are a more worthwhile person after treatment

INTRODUCING THE COLLABORATIVE RECOVERY MODEL

With so many Bridge Program participants also having co-morbid mental health problems, we introduced evidence-based practices to effectively treat these co-occurring problems. We trained our staff in the use of Collaborative Recovery Model and evaluated its effectiveness in improving their knowledge and attitudes towards comorbidity. The success of this model led to a further roll-out of the Collaborative Recovery Model with improved participant care as result.

'I really don't know how I ended up in the Bridge Program, it was just like one minute I was just a mess and the next minute I was there and I was in, and the moment I walked into the place I knew I was in good hands and it was where I had to be.'

– Bridge Program participant.

A Healthy Body

It's estimated that people with a history of addiction live between 20-27 years less than the general population. Lifestyle factors such as high rates of nicotine dependence, poor diet and low levels of physical activity put many at higher risk of cardiovascular disease and cancer.

A survey of Bridge Program participants published in a special edition of Drug and Alcohol Review found that:

* 77 percent were smokers
* 55 percent said they weren't doing regular exercise
* 61 percent reported consuming a high fat diet in recovery

* For further reading on this study, see Appendix: Kelly, P. J., Baker, A. L., Deane, F. P., Kay-Lambkin, F. J., Bonevski, B., & Tregarthen, J. (2012). Prevalence of smoking and other health risk factors in people attending residential substance abuse treatment. Drug and Alcohol Review, 31(5), 638-644.

It's well known that healthy eating and exercise contribute to feelings of wellness and are useful tools in managing depression, stress and anxiety. The majority of Bridge Program participants interviewed in the survey wanted to quit smoking, increase their fitness levels and lose weight.

'I've never run in my life and now I'm going in a half-marathon in four weeks time. It's all part of getting well...!'

– Bridge Program participant.

So, in order to improve the physical health and mental health of our Bridge Program participants, we conducted a series of pilot trials aimed at "healthy recovery".

HEALTHY RECOVERY

An eight-week 'Healthy Recovery' program was developed to specifically meet the needs of Bridge Program participants. A pilot study, funded by Cancer Council NSW, was conducted, with encouraging results.

Healthy Recovery participants undertook motivational interviewing and goal setting. Over eight weekly sessions, they were educated about the relationship between risk behaviours like smoking, diet and sedentary behaviour, and chronic diseases. Nicotine replacement therapy is also offered.

Results showed a significant reduction in the number of cigarettes smoked and an increase in servings of fruits and vegetables eaten by participants. Levels of physical activity also increased.

The successful pilot program led to a large randomised controlled trial across Salvation Army Recovery Service Centres in New South Wales and ACT, the first controlled trial of a healthy lifestyles intervention within an addiction treatment population.

'I am learning how to leave the wreckage of my past behind and to gain confidence and self respect'

– Bridge Program participant.

ACTIVATE

Sporting and recreational activities are encouraged - games of cricket, volleyball and touch football are enjoyed by participants and staff alike.

PLATES OF GOODNESS

Healthy Recovery pilot results:

Vegetables at start:	**2.45** servings
Vegetables at week five:	**2.97** servings
Fruit at start:	**0.86** servings
Fruit at five weeks:	**1.71** servings

A Healthy Spirit

The Salvation Army is a Christian organisation committed to helping people find freedom and hope through whatever is holding them back from their full potential.

We believe that true freedom encompasses body, mind and spirit.

The Bridge Program is a faith-based model of recovery, with spiritual components built into each day of treatment. One aspect is the 12-step model of recovery, with step two being the recognition that a power greater than yourself and can give you strength. The Provision of chapel services, and time-out for prayer and spiritual growth is encouraged.

Assessing the effectiveness of the spiritual components of the Bridge Program

Our research partners have conducted several studies. One, an exploration of forgiveness, resentment and purpose in life, found that the experience of being spiritual led to higher levels of self-forgiveness and a perception of being forgiven.

Those with higher levels of forgiveness also had lower levels of resentment and a greater purpose and engagement in life.

Another study looked at Bridge Program participant satisfaction with our faith-based treatment. It found that participants who were more actively engaged in the spiritual aspects of the program tended to be more satisfied with their treatment, particularly those who said they practiced prayer.

A further study on spirituality, forgiveness and purpose in life in faith-based substance abuse treatment programs showed that the development of daily spiritual experiences increased the participants purpose in life and forgiveness of self and others. This then led to a reduction in substance use and cravings.

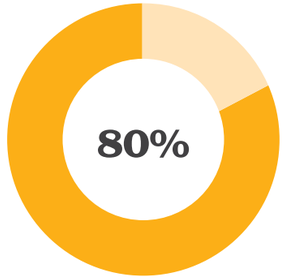
Our faith convinces us that hope, purpose and fulfilment can be everyone's story.

Further reading:

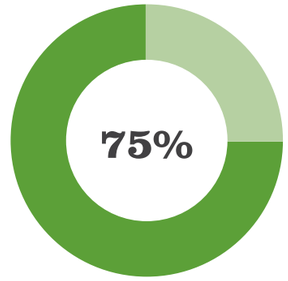
SPIRITUAL PRACTICES IN DRUG AND ALCOHOL TREATMENT – Lize Booy

FORGIVENESS AND PURPOSE IN LIFE AS SPIRITUAL MECHANISMS OF RECOVERY FROM SUBSTANCE USE DISORDERS - Geoffrey Lyons, Frank P. Deane & Peter Kelly

DO SPIRITUALITY AND RELIGIOSITY HELP IN THE MANAGEMENT OF CRAVINGS IN SUBSTANCE ABUSE TREATMENT? - Sarah J. Mason, Frank P. Deane, Peter J. Kelly and Trevor P. Crowe



said spirituality would be helpful in maintaining recovery, the completion of the program and in the prevention of relapse.



say spirituality is useful in increasing feelings of hopefulness, and also helps to cope with cravings.

'Nothing else ever worked. I realise God has done for me what I couldn't do for myself and I feel free, joyful and alive! ... I feel a weight has been lifted. I have no logical explanation for it, and that's because there isn't a logical explanation. It has been a spiritual experience!'

– Bridge Program participant.

A SPIRITUAL CONNECTION

The following results demonstrate changes in participants' spirituality from intake to the 3-month post-discharge follow-up.

53%
of people increased their connection with and understanding of God during treatment

53%
of people increased their purpose in life during treatment

65%
felt they had a purposeful life after treatment

96%
of people were hopeful about their future after treatment

Published Research

LIST OF PUBLISHED PAPERS

1. Cale, E., Deane, F. P., & Kelly, P. J. (2015). Psychometric properties of the Recovery Assessment Scale in a sample with substance use disorder. Addiction Research & Theory, 23(1), 71-80.

2. Cridland, E. K., Deane, F. P., Hsu, C.-I., & Kelly, P. J. (2012). A comparison of treatment outcomes for individuals with substance use disorder alone and individuals with probable dual diagnosis. International Journal of Mental Health and Addiction, 10(5), 670- 683.

3. Deane, F. P., Kelly, P. J., Crowe, T. P., Coulson, J. C., & Lyons, G. C. B. (2013). Clinical and Reliable Change in an Australian Residential Substance Use Program Using the Addiction Severity Index. Journal of Addictive Diseases, 32(2), 194-205.

4. Deane, F. P., Kelly, P. J., Crowe, T. P., Lyons, G. C. B., & Cridland, E. K. (2014). Feasibility of telephone follow-up interviews for monitoring treatment outcomes of Australian residential drug and alcohol treatment programs. Substance Abuse, 35, 21-29.

5. Deane, F. P., Wootton, D. J., Hsu, C.-I., & Kelly, P. J. (2012). Predicting dropout in the first 3 months of 12-step residential drug and alcohol treatment in an Australian sample. Journal of Studies on Alcohol and Drugs, 73(2), 216-225.

6. Kelly, P. J., Baker, A. L., Deane, F. P., Kay-Lambkin, F. J., Bonevski, B., & Tregarthen, J. (2012). Prevalence of smoking and other health risk factors in people attending residential substance abuse treatment. Drug and Alcohol Review, 31(5), 638-644.

7. Kelly, P. J., Deane, F. P., & Lovett, M. J. (2012). Using the Theory of Planned Behaviour to examine residential substance abuse workers intention to use evidence based practices. Psychology of Addictive Behaviors, 26, 661-664.

8. Kelly, P. J., Deane, F. P., McCarthy, Z., & Crowe, T. P. (2011). Using the Theory of Planned Behaviour and barriers to treatment to predict intention to enter further treatment following residential drug and alcohol detoxification: A pilot study. Addiction Research & Theory, 19(3), 276-282.

9. Kelly, P. J., Kay-Lambkin, F. J., Baker, A. L., Deane, F. P., Brooks, A. C., Mitchell, A., . . . Dingle, G. A. (2012). Study protocol: a randomized controlled trial of a computer-based depression and substance abuse intervention for people attending residential substance abuse treatment. BMC Public Health, 12(1), 113. doi:10.1186/1471-2458-12-113

10. Lyons, G., Deane, F. P., & Kelly, P. J. (2011). Faith-based substance abuse treatment: Is it just about God? Exploring treatment providers' attitudes towards spirituality, forgiveness and secular components of treatment. Counselling and Spirituality, 30(1), 135- 159.

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Our Services

NSW

WILLIAM BOOTH HOUSE (WBH)

Residential program for alcohol and other drug dependent people. Detoxification Unit, Bridge Program, ExtendedCare, Transitional Housing.

56 – 60 Albion Street,
Surry Hills, NSW

Phone: 02 9212 2322

DOORALONG TRANSFORMATION CENTRE

Miracle Haven, Selah, Endeavour Programs

Residential Program for alcohol and other drug and gambling dependent people. Assessment, Referral and Admissions, Bridge Program, ExtendedCare, Transitional Housing,

1467 Dooralong Road
Dooralong NSW 2259

Phone: 02 4355 8000

Assessment, Referral, Admissions
Phone: 02 4353 9799

NEWCASTLE BRIDGE YOUTH & FAMILY PROGRAM

Outclient alcohol, other drugs and gambling service for young people and their families.

67 Cleary Street
Hamilton, NSW

Phone: 02 4969 8066

SHOALHAVEN BRIDGE PROGRAM

Outclient, intervention, education and day Bridge Program for people with AOD problems.

31 Moss Street,
Nowra, NSW

Phone: 02 4422 4604

PATHWAYS – PENRITH

Case management and day program for clients wishing to stabilise on, reduce or exit from Opioid Substitution Treatments.

306 High Street,
Penrith, NSW

Phone: 02 4721 3078

ACT

CANBERRA RECOVERY SERVICES (CRS)

Residential program for alcohol, other drug and gambling dependent people. Bridge Program, Transitional Housing.

5-13 Mildura St ,
Fyshwyck, ACT

Phone: 02 6295 1256

QLD

GOLD COAST RECOVERY SERVICES (FAIRHAVEN)

Residential program for alcohol, other drug and gambling dependent people, Bridge Program, Detoxification Unit, ExtendedCare

168 MacDonnell Road
Eagle Heights, Mt Tambourine

Phone: (07) 5604 7000

TURNING POINT

Assessment, referral, admission, ExtendedCare, Outclient and Day Programs

5 Windmill Street,
Southport QLD 4215

Phone: 1300 111 827

BRISBANE RECOVERY SERVICES (MOONYAH)

Residential program for alcohol and other drug dependent people. Detoxification Unit, Bridge Program, ExtendedCare, Transitional Housing.

58 Glenrosa Road,
Red Hill, QLD 4059

Phone: (Bridge Program) 07 3369 0922

Phone: (Detox) 07 3369 0355

MOONYAH GAMBLING HELP SERVICE

Problem Gambling services to people on a residential or outclient basis

Phone: 07 3369 0922

MOUNT ISA RECOVERY SERVICES

Residential Bridge Program for alcohol, other drug and gambling dependent Aboriginal and Torres Strait Islander individuals, couples and families.

Barkly Highway,
Spear Creek, Mt Isa, QLD 4825

Phone: 07 4749 2553

NORMANTON RESIDENTIAL RECOVERY AND COMMUNITY WELLBEING SERVICE

Residential Bridge Program for alcohol, other drug and gambling dependent Aboriginal and Torres Strait Islander individuals and couples.

Hospital Road,
Normanton Qld 4890

Phone: 07 4745 2700

TOWNSVILLE RECOVERY SERVICES (TRS)

Residential program for alcohol, other drug and gambling dependent people, Bridge Program, Extended Care

312 – 340 Walker Street,
Townsville QLD

Phone: 07 4772 3607

GRACE COTTAGE WOMENS OUTCLIENT SERVICE

Outclient service for women; including education, counselling and assessment and referral.

Phone: 07 4721 0151

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