

ANNUAL REPORT 2015-2016

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HELPING PEOPLE HELP THEMSELVES

WHO WE ARE?

WHOS is one of the largest alcohol and other drug non government organisations in Australia. WHOS offers a wide range of treatment and support services to benefit individuals with drug and alcohol and associated issues.

WHAT WE DO?

Within the therapeutic community framework, WHOS is able to provide support to a variety of client groups. WHOS consists of 6 therapeutic community services as well as 11 transitional and exit houses within the organisation and a Day Program. WHOS currently provides treatment and support to approximately 800 individuals annually.



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President's Message

Being involved with an organisation that continues to help so many people is a task that my fellow directors and I take on with a real sense of pride and responsibility.

Over the years, with the astute leadership of our Board, Executive Director and Service Managers, WHOS has evolved into one of Australia's largest residential therapeutic community providers for people experiencing challenges with alcohol and other drugs. To achieve this position and continue to evolve and innovate despite the financial constraints for both governments and the corporate sector has been a tremendous feat. To also accomplish this as we faced and experienced changing funding and bureaucratic landscapes makes it even more commendable.

WHOS helps many vulnerable people in our community and it is the task of our Board to help WHOS navigate this uncertainty and change. We do this with a focus that seeks to protect the core values of WHOS, as articulated in this annual report, but which also allows WHOS to achieve and advocate for outcomes that are sought and shared by the community. As a Board, we understand that these values and outcomes help build cohesiveness and inclusiveness in our community.

As you would expect, the WHOS Board takes its compliance reporting very seriously, however balancing these demands with the needs our clients and programs becomes very difficult at times. Many of us give our time to sit on not-for-profit boards and we are concerned that the ability of services such as WHOS to

help people in need is being compromised by excessive and costly reporting. We also know that much of what is required has often already been undertaken and reported via an exhaustive accreditation process. Organisations such as WHOS and many others in the alcohol and drug sector, especially those which have a long standing proven track record in providing high quality services with effectiveness and efficiency, should be recognised and consulted regularly on improving the current compliance system.

I also want to take this opportunity to encourage other business leaders to support and assist the not-for-profit sector. The community we live in depends on contributions coming from all of us, not just a few.

On behalf of the WHOS Board I want to thank everyone involved with our organisation, especially our hard working and dedicated staff without whom none of these accomplishments would be possible. I also need to especially acknowledge the work of our Executive Director who has provided a level of leadership for WHOS and the sector over many years.

WHOS has again this year achieved so much by working together and always remaining focused on the important assistance we provide to individuals, families and communities. I am also sure that with continued support our efforts to help others will endure for many years to come.

Frank Kay
President - We Help Ourselves

WHOS Values

- Support our clients in their recovery, valuing their **feedback** and **involvement** at all times
- Maintain the highest levels of **confidentiality** in dealing with clients
- **Respect** our staff and support them wherever we can
- Believe in **accessibility** and **diversity**
- Remain **open** and **transparent** in all that we do
- Promote **informed** client choice
- Uphold high **governance** standards of **quality** in service delivery using **evidence-based practice** and **innovation**



Executive Director's Message

The past year has been one of great achievements and challenges for WHOS.

As has always been the case, the nature and type of drug use occurring in our community continually changes, and this year has been no exception.

The presentation of people to WHOS using amphetamines was the most common situation we faced. The community rightly perceives this drug to be problematic and despite the belief in some quarters that treatment options are unavailable or limited, that is not the case. At WHOS we see some of the most difficult and complex needs clients present to our services for assistance. We also see many of these same people overcome their challenges or at the least develop far better control over their drug and alcohol use. This takes a lot of hard work and commitment from both the WHOS staff and the clients themselves but the message needs to resonate much wider that treatment is available and effective, particularly in alcohol and other drug use residential settings.

Many people working in our sector know the opportunity to secure ongoing and sustained funding requires more work today than ever before. NGO's competition for government and the philanthropic sector funding gets stronger every year. For WHOS this means continuing on our journey of innovation. It is not by accident that we have achieved so many world and Australian firsts in the design and delivery of treatment. It is also not by accident that we have very high satisfaction levels reported by our clients.

As an organisation, WHOS is continually seeking to evaluate and improve its services.

It is an unwritten truism for us that clients 'vote with their feet' and our service must meet their needs not just ours or government developed priorities. You will see in our report that by following our values and utilising our long experience, WHOS has been able to maintain its very high standards of treatment and care for people with alcohol and other drug problems.

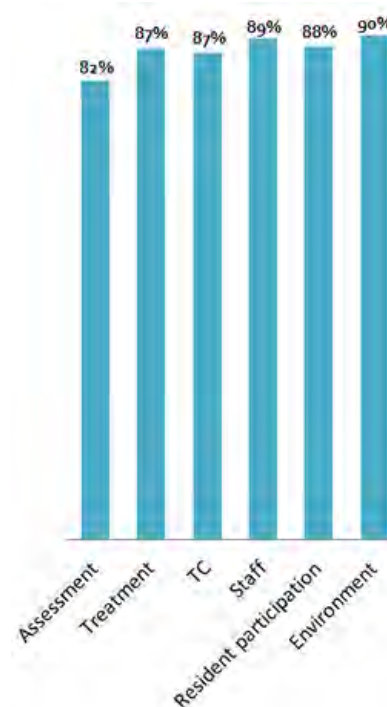
WHOS is a service that delivers real value to the community. We provide a place for some of the most marginalised and damaged members of our community. Assisting them to find a new pathway helps them, their families and for the community provides health, social and economic benefits at a fraction of the cost of the alternatives such as repeated hospital visits or prison/corrections costs. Ensuring funding bodies and the general public understand this message has been identified as a key to our future and ongoing success and sustainability.

Finally, I am sure many will notice that WHOS proudly receives many awards both in Australia and internationally for the work we undertake and deliver. Recognition and reward are not why we are here but it is always encouraging for all the staff that help WHOS deliver its services to receive such awards.

Thank you for taking the time to read about the work we do at WHOS.

Garth Popple
Executive Director - We Help Ourselves

**WHOS Client Satisfaction
2015-2016**



OVERVIEW

HISTORY

WHOS was established in 1972 by concerned ex-consumers to help drug dependant individuals of the community find healthier lifestyle options. Since its early pioneering days, WHOS provided self-help and peer support which evolved into a traditional Therapeutic Community (TC).

WHOS was the first TC for drug and alcohol dependant individuals in Australia. This beginning as a self-help organisation has evolved into a recognised professional organisation, which utilises the therapeutic community (TC) model of care, incorporating harm minimisation and co-existing mental health initiatives.

THERAPEUTIC COMMUNITY

WHOS follows the Therapeutic Community (TC) model which means that the community itself, through self-help and mutual support, is the principal means for promoting personal change.

The client community work together with staff to overcome the problem of substance dependence and promote personal change. At WHOS, clients (referred to as residents) and staff participate in the management and day to day operation of the TC community, providing a cohesive and safe environment.

Residents are encouraged to take responsibility for themselves and build their awareness of the effect their behaviour has on themselves and on the community around them.

HOLISTIC PROGRAM

Throughout the TC program, residents are encouraged to take on increasing levels of responsibility in the running of the TC community. As a resident moves through the various stages of the program they receive increased levels of responsibility matched with increased personal time and self determined choices.

There is a strong focus on social, psychological and behavioural dimensions of substance use, with the use of the community to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living.

The program includes formal structured group sessions on topics such as relapse prevention, recovery orientated and harm reduction topics.

Philosophy

WHOS believes that the understanding of harmful substance dependence and the treatment of people with problems related to harmful substance dependence can be greatly enhanced by involvement and interaction with people who have lived through the experience. WHOS supports and adopts a self-help approach, which is based on peer support within the therapeutic community method of treatment.

WHOS provides a range of evidenced-based therapeutic programs and projects targeting individuals seeking a treatment goal of abstinence, opioid reduction or opioid stabilisation.

The Program

90
DAYS
DURATION

THERAPEUTIC COMMUNITY:

Looking inward and understanding your dependence issue

120
DAYS
DURATION

TRANSITION: Moving from the therapeutic community to semi independent living – Pre employment/education

AS
REQUIRED

EXIT STAGE: Living independently in the wider community. Residents move from transitional accommodation into the broader community

Mission Statement

To foster personal growth within an Alcohol and Other Drugs therapeutic program, incorporating Harm Minimisation and Co-existing Mental Health Initiatives

In 2016, WHOS consists of six Therapeutic Communities, one Day Program and 11 Transition and Exit houses.

PROGRAM DURATION

The Therapeutic Community (TC) stage of the program is 90 to 120 days, where residents are encouraged to look at their issues associated with their substance dependence. They are provided with practical guidance to help improve their recovery together with information to avoid or reduce harm from a potential future relapse. Progressing through program stages residents are given more responsibility and autonomy.

After the initial TC stage they enter the "Transition" stage, and are encouraged to "give back" to their peers in the TC community, by supporting the newer members and taking on higher responsibilities by supporting staff in the running of the program.

This is followed by an "Exit" stage, where staff assist residents to explore future career options, take advantage of educational opportunities, and pursue employment and stable housing. Upon program completion, a resident should possess the tools and resources to continue their ongoing recovery beyond treatment.



Gunyah
a male-only drug free therapeutic community



New Beginnings
a female-only drug free therapeutic community



OSTAR®
a mixed-gender OST reduction therapeutic community



RTOD®
a mixed-gender OST stabilisation therapeutic community



Hunter Valley (NSW)
a mixed-gender drug free regional NSW TC



Sunshine Coast (Qld)
a mixed-gender drug free regional Qld TC



WHOS WEST
assessment & referral services and residential beds



Newcastle Day Program
Day program for OST and complex needs clients

Break Free – Contact us on 02 8572 7444
or ... info@whos.com.au

OUR YEAR

Excellence in service delivery demonstrated by client outcomes

WHOS focuses on delivering a holistic approach to treatment that is measured in client outcomes.

Data on outcomes is obtained by collecting standard measures over a period of time (at treatment entry, 60 days and 90 days for the main treatment component at WHOS).

With the assistance of the Network of Alcohol and Drug Agencies (NADA) Client Outcome Management System, WHOS was able to establish that the service delivered during the reporting period was highly effective in positively impacting the serviced group by:


- reducing the severity of dependence by 51%,
- reducing their illicit drug and alcohol use to zero,
- improving their psychological health and their quality of life by 38% and 33% respectively,
- 97% of clients demonstrating an increase in knowledge and skills regarding hepatitis C, HIV and safer sex,
- reducing BBV exposure risk taking activities by 100%.


During the reporting period at Gonyah (Men's program), amphetamines had a sharp increase as Principal Drug of Concern (54%) compared to 36% last financial year (Source NMDS). At WHOS New Beginnings, there was a considerable increase on ATSI clients accessing the


service, from 8% last financial year to 19% this reporting period. This was due to the service prioritising admission to this vulnerable client group.

This reporting period 31% of clients accessing WHOS OST services were female. Attraction and retention of female clients has constantly been a challenge for OST services as there are many barriers to treatment which are recognised for this complex and marginalised group. In order to increase attraction and retention, WHOS is currently developing new women's gender groups, PTSD groups are well established at WHOS OST TCs and new groups are being considered to be introduced next year. Trials at WHOS New Beginnings with subsequent evaluation are already showing a reduction in reducing distress within the target group.


Drug-free Clients


 615 Admissions


 100% Average Occupancy

 Average Length of Stay: 80 days

Opioid Treatment Clients

 153 Admissions

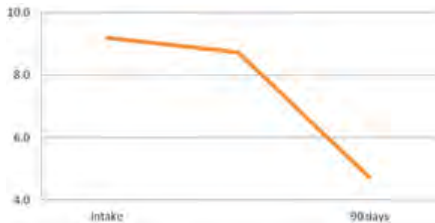
 100% Average Occupancy

 Average Length of Stay: 75 days

1

Reduced Severity of Dependence

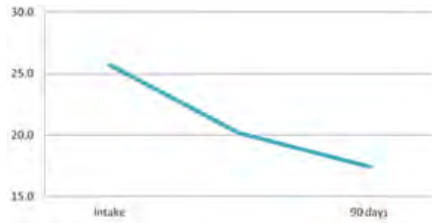
The SDS is a brief five-item screening measure of psychological aspects of dependence. This short yet effective tool is easy to administer to evaluate the level of severity of substance dependence perceived by the client.



2

Reduced Psychological Distress

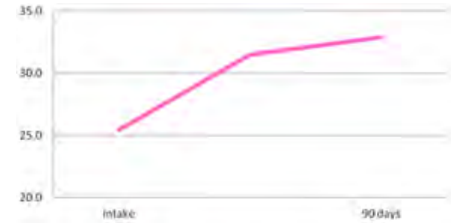
The Kessler 10 scale (K10) is a widely used measure of psychological distress, which can be used to identify those in need of further assessment for anxiety and depression. It is based on questions about the individual's level of nervousness, agitation, psychological fatigue and depression.



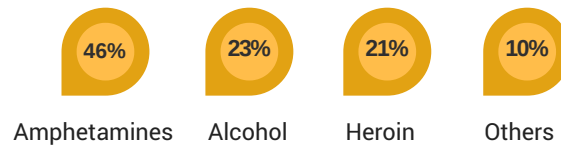
3

Improved Quality of Life

The WHO QoL-8 is a broad domain based measure that records quality of life across health, physical life, psychological life, social relationships and living environment.



Primary Drug of Concern 2015-2016



Value for Money



Cost of funding a Drug-free Program bed per day \$120 / Cost with enhancements \$150*



Cost of funding an Opioid Treatment Program bed per day \$190 / Cost with enhancements \$210 *



Average cost of a hospital bed of \$1,400 a night



Cost per inpatient bed day for general mental health services \$1,060

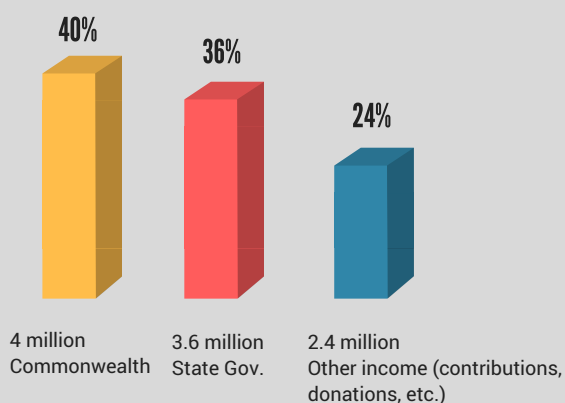


Cost per prisoner per day of \$305

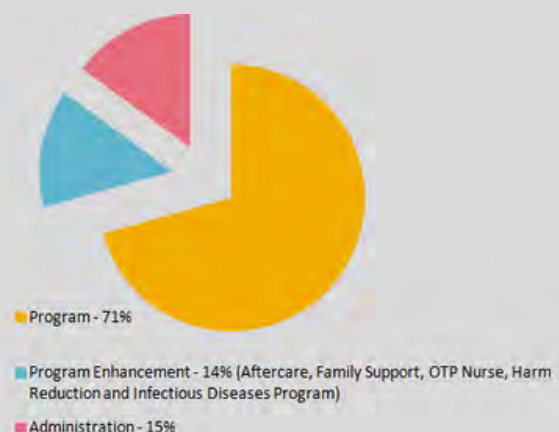
* Program Enhancement includes nursing staff (mental health, OST, dosing, medical), aftercare, family support and HIV/Infectious Diseases project which also represent value for money as in this way WHOS is able to offer a holistic approach to treatment within the Therapeutic Community model of care.

Sources: WHOS; NSW Auditor-General's Report to Parliament, 2013; Report on Government Services 2016..

Income



Expenditure





ACTIVITIES

NATIONAL FAMILY DRUG SUPPORT DAY

WHOS was pleased to be a sponsor and supporter of the inaugural National Family Drug Support Day on the 24th February 2016. Simultaneous events were held in Parliament Houses across the country with many Ministers and members of Parliament attending. Garth Popple, Executive Director of WHOS represented both WHOS and the Australasian Therapeutic Communities Association Chairperson at the major event in Parliament House Canberra and gave an impassioned speech on the benefits of treatment and working with families of people in treatment.

STUDY GROUPS

Staff from the Thai Addictions Hospital in Thailand visited WHOS for a 12 week training in therapeutic community programs. The visit was sponsored by the Thai Government. Also, WHOS hosted senior staff from a Macau service that operates therapeutic communities, outreach programs, needle and syringe programs as well as youth outreach and drop-in services in Macau. The senior staff all work in the therapeutic centres and trained at WHOS as part of an ongoing collaborative program between our two organisations to prepare for the opening of a brand new 70-bed purpose built therapeutic community facility.

DAILY MEDIA SERVICE

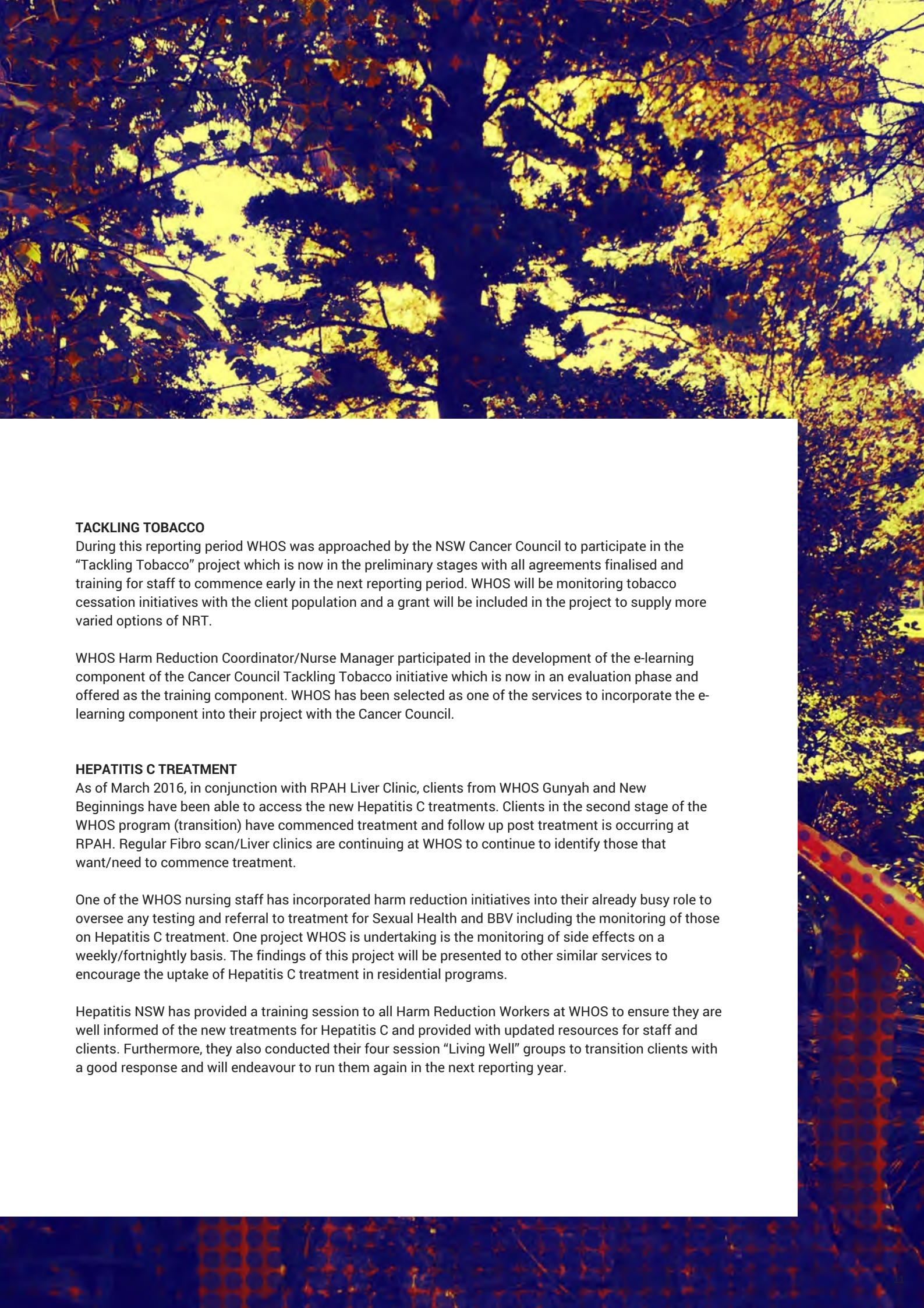
As part of WHOS commitment to improving the information flow in the AOD and related sectors, we were pleased to introduce our new Daily Media Service in mid-2015. This is a valuable and free service which was previously provided by other organisations and which many in the sector felt was a real loss for them when the service ceased. Accordingly, WHOS reinstituted a similar media service so those working in our sector and related areas could once again receive a daily summary of media articles and stories of interest.

Our New Beginnings Program received an award for a Significant Contribution to the Therapeutic Community Movement in Australasia for its demonstrated history of utilising and building best practice for women specific AOD work. The award was presented by Peter Kennerley from the New Zealand Ministry of Health.

AWARDS

In addition, our WHOS Harm Reduction Program received a Certificate of Commendation for Excellence in Health Promotion at the 2016 Network of Alcohol and other Drug Agencies (NADA) Awards which was presented by the NSW Minister for Mental Health, the Hon Pru Goward.

Mr Garth Popple was also very honoured to be one of only a handful of people to ever be presented with a Mentorship Award in Thailand. The award was presented by a member of the King of Thailand's Privy Council in front of over 1,500 people in Bangkok in June.



TACKLING TOBACCO

During this reporting period WHOS was approached by the NSW Cancer Council to participate in the “Tackling Tobacco” project which is now in the preliminary stages with all agreements finalised and training for staff to commence early in the next reporting period. WHOS will be monitoring tobacco cessation initiatives with the client population and a grant will be included in the project to supply more varied options of NRT.

WHOS Harm Reduction Coordinator/Nurse Manager participated in the development of the e-learning component of the Cancer Council Tackling Tobacco initiative which is now in an evaluation phase and offered as the training component. WHOS has been selected as one of the services to incorporate the e-learning component into their project with the Cancer Council.

HEPATITIS C TREATMENT

As of March 2016, in conjunction with RPAH Liver Clinic, clients from WHOS Gungah and New Beginnings have been able to access the new Hepatitis C treatments. Clients in the second stage of the WHOS program (transition) have commenced treatment and follow up post treatment is occurring at RPAH. Regular Fibro scan/Liver clinics are continuing at WHOS to continue to identify those that want/need to commence treatment.

One of the WHOS nursing staff has incorporated harm reduction initiatives into their already busy role to oversee any testing and referral to treatment for Sexual Health and BBV including the monitoring of those on Hepatitis C treatment. One project WHOS is undertaking is the monitoring of side effects on a weekly/fortnightly basis. The findings of this project will be presented to other similar services to encourage the uptake of Hepatitis C treatment in residential programs.

Hepatitis NSW has provided a training session to all Harm Reduction Workers at WHOS to ensure they are well informed of the new treatments for Hepatitis C and provided with updated resources for staff and clients. Furthermore, they also conducted their four session “Living Well” groups to transition clients with a good response and will endeavour to run them again in the next reporting year.



Program Activities

COGNITIVE REMEDIATION GROUPS

WHOS has developed and is currently trialling new group-work targeting both Cognitive Remediation and Cognitive Rehabilitation. This is an essential issue for AOD treatment services as research suggests just under half of those accessing residential treatment will demonstrate signs of cognitive impairment. Cognitive impairment will significantly reduce a person's capacity to plan and organise, make decisions quickly and to moderate and manage emotions.

All of these capacities are essential for someone to engage in treatment and make changes in their life which is essentially the aim of rehabilitation. We are optimistic that this initiative will facilitate a change of client behaviour by moving from problematic, risky substance use or reduced harmful substance use.

INDUCTION GROUPS

To increase length of stay (client retention) and minimise early unplanned exits from treatment, changes have been made to the induction groups provided to clients in the first two weeks of admission.

These groups provide clients with information, resources and support for their first stage of the program. All information in these groups was reviewed and the WHOS Stated Goals Process® was incorporated. Staff and clients were given the opportunity to provide input prior to developing these new groups. The groups have been fully implemented at all sites.

CONSUMER PARTICIPATION

WHOS has implemented a Client Voice Register. This document tracks and documents client feedback, any actions taken and outcomes that are fed back to clients. This system is a formal way in which clients can have a direct means of communicating suggestions and feedback which assists in shaping program delivery. As part of this process, a "Client Voice" group is conducted to respond and report on any feedback clients have provided through the various mechanisms for consumer participation (e.g. suggestion box, client satisfaction survey, focus groups). During these groups, information is provided to the clients so that they are aware of the progress and /or current arrangements in place in response to their suggestions and feedback.

Consumer participation has resulted in the development of new initiatives during this reporting period, such as: Early access to onsite psychologist for OTP clients. Client satisfaction surveys also supported the need to involve clients in more off site leisure activities. Although staff resources and WHS issues often restrict what WHOS can make available to clients, staff have initiated more local community activities.

Workforce Development

Training was conducted in several different areas including Blood Borne Viruses, Borderline Personality Disorder, Domestic Violence Alert, Gender Addiction & Trauma, Managing Methamphetamine Addiction, Tobacco Free, Working therapeutically with people who have complex trauma histories and Working with women engaged in AOD treatment; and annual mandatory training (e.g. first aid, CPR refresher, etc.). Defibrillator training by all staff has been conducted as an addition to staff first aid certificates. Defibrillators are located in all units and are accessible by staff at any time.

Stories

Personal journey from our clients

My reflections

My using has gone on for far too long, 23 and a half years, but I will focus on the last four or five years. My heroin use got so out of control, to the point where it didn't work anymore; no going on the nod, no getting me numb, nothing. So my drinking escalated along with my using.

I was at dangerous levels for a long time. Though I tried to stop many times, the best I could get was 32 mg Suboxone and a carton of beer a day. This was while I was living in Queensland and escalated when I had 2 cancer scares. This is when I tried to stop drinking cold turkey.

While awaiting results for six months for cancer; I returned to using and drinking harder than ever.

My last 3 and a half years have been the worst of my life, subconsciously not wanting to live and consciously not wanting to die either. I had lost faith and hope that I could beat this problem and the reality that this was my life now was setting in fast, and that weakness

was eating me up. I wanted to stop but I couldn't stop myself and I tried to stop. My journeys to score drugs were the most painful experiences of my life. Finally I was beaten and I knew if something didn't give soon, my body was going to give-in very soon.

Most detox units wouldn't take me without full time around the clock medical staff. A reality check of how serious this had become. So I got private cover and hoped that I could make it through the two-month wait to be able to use my cover, manipulating my family every day for money as I was hopeless at this point and really wanted to die before day one in detox came. I finally gained access to the detox.

Between ten and fourteen days of being in that detox facility, my counsellor called me in and suggested that I needed long-term rehab if I was going to make it. The next day I made contact with WHOS Gunyah and underwent my phone assessment to that program. This gave me a focus for the duration of my detox and early program.

Approximately 2 weeks later I left the detox

and made my way to WHOS in Sydney. I had previously experienced long-term rehab with unfavourable outcomes, and my early days here were shaping in much the same way. I had thought I was well prior to arriving, but after meeting other clients realised I had some healing to do.

Today I'm so grateful to have gotten to a point where I was beaten but more importantly that I was able to listen and take on board what I needed to hear and put the action into make things happen. I was beaten and I surrendered. Today I have hope and faith in this program and more importantly in myself. I am honest open and willing for the first time in so long.



Best decision

Growing up on a potato farm on coast in a small town having a loving and caring family my life suddenly changed when I made the choice to follow in my father's footsteps by joining the emergency services at the age of 16. I also joined the Volunteer Rescue Association at the age of 17 attending bushfires, house fires and horrific car accidents. Over a Christmas period I attended 5 fatal car accidents with the Volunteer Rescue Association and exposing myself to the duties of body bagging bodies as part of my job with the rescue squad.

Not long before my 18th birthday I decided to join the Australian Army which I only lasted 1 and a half years in. During this time I got involved in heavy everyday drinking and also violence. Once leaving the Army I gained a plumbing apprenticeship and continued drinking heavily on weekends. Drinking turned to drug taking also on a regular basis. Taking pills, marijuana and cocaine my life

started to turn for the worse.

At this time I also dealt pills and cocaine. During this time I continued on emergency services and then I became a paid part time employee. Approximately a year whilst attending a bushfire a good friend and fellow work peer had a heart attack and passed away after I tried to revive him for 45 minutes. The night after this event was the first time I used Ice and from then everything in my personal life, relationship with partner and work became difficult and at this time my partner was pregnant with my first and only child.

After using Ice for a few months I then started dealing it whilst also working as a plumber for the guy I was dealing for. In this time I was also volunteering for the rural emergency services and working part time. This led me to dealing large quantities of ice, working all day, dealing at the same time and at night and staying awake anywhere between 1-25 days without sleeping.

On the 9 August 2011 my son was born. The proudest moment of my life. But this still didn't stop my using. Not long after this my partner at the time tried taking her own life at home whilst my son was inside and I was locked outside. At the time she was suffering from Post Natal Depression and dealing with an addicted partner. We not long after spilt up and she took off interstate for 1 ½ years and from there my life only got worse. I then started using Ice and marijuana daily not caring about my life. I then got access to see my son at the age of 3 and this is when I knew I had to change my life for me and my son's future.

I was using against my will and got involved in a distribution crew that ran the ice trade. It was in this time I got caught with drugs, stolen goods and had done things I never thought I would do.

In 2014 I went into a drug rehabilitation program for 9 weeks and thought that I had my addiction under wraps until I left the program. The following morning after getting home a friend OD'd on GBH/GBL and reminded me of my mate dying and I picked up the ice pipe. Things went even more downhill from there and worse than ever, carrying ever larger quantities around, committing crimes I never thought I would and using up to \$500 worth of Ice per day.

I also continued smoking pot, tattooing myself and others and taking GBL. I then got caught again with meth and marijuana in my system, quantities of meth and GBL in my possession and stolen goods and a dangerous weapon. I then knew it was time to change my life once and for all. I was put on MERIT and asked my MERIT worker to put me into a drug and alcohol rehab facility. In talking to my MERIT officer that I needed this, so we talked about which facility would benefit me most and decided that I needed a structured program to sort out my issues and also my PTSD issues.

I decided on WHOS and this was one of the best decisions I made in my life. Being away from old acquaintances was a good thing but being 7 hours drive away from my family and son and real mates was very difficult.

My life and behaviours have changed dramatically since completing the 90 day program in the WHOS program and I am very grateful for what the staff and fellow peers have done for me to change my life.

I would recommend the WHOS program to anyone that needed the help to get off drugs and alcohol and to change the behaviours around this and stop their addictions.

This program has changed my life immensely and I'm looking forward to returning to the rural emergency services which I have now been a member of for 12 years, starting a new career path in Drug and Alcohol Counselling and studying for this at TAFE and also start saving money for my dream job being a helicopter pilot fighting bushfires. I'm also looking forward to a new life with my parents, sister and family and also being the father I have always wanted to be for my son. Without WHOS none of this would have been possible and I thank them again for changing my life.





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Hunter New England Local Health District
Nepean Blue Mountains Local Health District**

WHOS thanks all funders for helping fulfill our mission