



2016/2017

ANNUAL REPORT

WE HELP OURSELVES
whos.com.au

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WHOS

HELPING PEOPLE HELP THEMSELVES



WHO WE ARE

WHOS is one of the largest drug and alcohol Non Government Organisations in Australia. We offer a wide range of evidence-based therapeutic and support programs and services to benefit individuals with substance use 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.

OUR 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**



President's Message

'To be where we are today, is simply a remarkable achievement that needs to be acknowledged and celebrated.'

Being involved with not-for-profit community based organisations is both rewarding and challenging.

For WHOS, this has meant keeping the doors open to meet the needs of people with alcohol and other drug problems for 45 years, for which I must express my sincere gratitude to all former WHOS Presidents and to all past and present Board members. Their tireless generosity to ensure WHOS's survival, growth and ongoing success is a part of the WHOS story that make us all proud to be associated with such an essential service.

There are times when I believe that the role of directors at community based organisations is not recognised enough publicly. They often take on this unpaid role, which can mean taking on some unwanted personal financial risk on top of a heavy workload, just so they can help their community.

Over the years WHOS has faced periods of high levels of support and periods where we have struggled to simply keep afloat, but at all times the public demand for our services has never wavered and nor has our determination to keep helping people.

To be where we are today is simply a remarkable achievement that needs to be acknowledged and celebrated.

My concern surrounds the increasing difficulties with attracting and managing new funding for community based organisations. The complexity of funding submissions today simply needs to be addressed.

Organisations such as WHOS do not have teams of submission writers available, our primary focus has and always be providing the best service we can for our residents. This means the burden falls on existing staff. Of course, additional funding is both welcome and proper processes are necessary. However, utilising our experience and local knowledge on how best to meet the needs of clients is not best achieved by applying rigid pre-conceived models around how additional resources should be used. Long and difficult service models can result in far too much focus on administrative arrangements rather than actual services required. Allowing services with proven track records in delivering and meeting community needs with some independence to develop models on the best use of such funds should be a key factor in the allocation of additional resources. This is how innovation prospers. Additionally, the compliance resources required for such complex models are also become an ongoing burden that distracts community based services from their main purpose.

In contrast, this year has seen an unprecedented level of corporate, business and community support for WHOS. The willingness of businesses, sporting clubs and other community organisations to provide unconditional support and resources to WHOS has been uplifting for all our staff and residents.

As always, the work of WHOS can only be achieved by the hard work of all our staff, led by our Executive Director, Garth Popple, and to them, on behalf of all the Board, I want to say thank you for all your efforts and we look forward to another year working with you.

Frank Kay
President – We Help Ourselves

EXECUTIVE DIRECTOR'S MESSAGE

Once again another year has seemingly passed as quickly as it began. However, 2017 is a milestone year for WHOS as we reached the unprecedented achievement of 45 years of continuous service to the community.

We conservatively estimate that over 40,000 people have been directly assisted by the WHOS network of residential therapeutic community (TC), aftercare and outreach programs. There are of course also tens of thousands of family members and friends that have benefited from their loved ones receiving treatment at WHOS.

Being in a leadership role in the alcohol and other drugs sector also means having to raise, discuss and at times provide critical input to governments and their agencies with the differing perspective of service providers on policy and funding decisions. This is not an easy task as the overwhelming majority of service providers could not operate at the level they do without government support.

Perhaps the most difficult issue with governments today for WHOS and other residential service providers is gaining the necessary financial support to expand capacity to meet the growing demand from the public.

The availability of additional funding at the Federal and State level, including the Primary Health Networks, has been rightly welcomed by the broader sector. Unfortunately, the majority of this funding has excluded increasing the number of actual beds in residential services. However the non residential funding we did receive has been vital in providing additional enhancement support to residents already in treatment or waiting to get into treatment but this does not waiting to get into treatment but



this does not address the clear demand for more beds from the ever growing number of people seeking our help.

Our collective concern in the sector is that this demand is driving a very expensive and in some cases, questionable models of care, in the private sector. This is leading some families into greater debt and placing even more pressure on the struggle they already face with the drug and alcohol dependence of a loved one.

It is also a reality that the bulk of any new funding is often restricted to outpatient services that treat less severe cases of drug dependence. This is understandable given such services can be less expensive and see more people due to the occasional outpatient nature. However, people with severe and complex needs require more to address their underlying issues. And if they are not addressed, too often people end up in hospital emergency departments, police cells or prisons, all of which are much costlier on the public sector than residential treatment and far less effective in finding a lasting solution.

If there is one message I would like you to take from this latest WHOS Annual Report, it is that we provide an incredibly important part of the alcohol and other drug treatment network in this country and we need your support. Thank you for taking the time to read about the work we do at WHOS.

Garth Popple
Executive Director – We Help Ourselves

OVERVIEW



WHOS 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.



WHOS OVER LAST 45 YEARS

- 1st TC in Australia and after care (1972)
- 1st TC to operate across multiple states (1976)
- 1st Needle syringe program (harm reduction) (1988)
- 1st Women's TC (1992)
- 1st TC to run separate methadone to abstinence program (2000)
- 1st TC to reduce episode of care from 18 months to 3-4 months (2000)
- 1st Research conducted by World Health Organisation on a TC for export (2006)
- 1st TC to do pre and post job readiness and placement (2007)
- 1st TC to run opioid/methadone stabilisation (2008)
- 1st NGO to be licensed to practice opioid dosing (2010)
- 1st Australian TC to have model adopted overseas (TC) (2012)
- 1st Award by ACI (Agency for Clinical Innovation) for Cognitive Impairment Research (2016)

THERAPEUTIC COMMUNITY

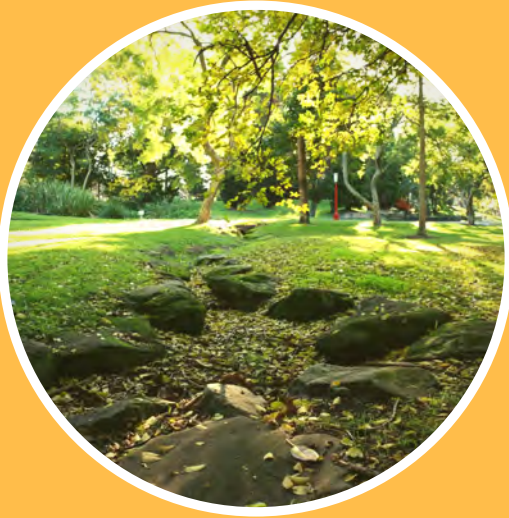
WHOS follows the Therapeutic Community (TC) model which means that the community itself, through self-help and mutual support, is the principal means for promoting personal change.

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.

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.

OUR VISION

To be recognised nationally and internationally as the leading AOD organisation that promotes and provides the Therapeutic Community (TC) Model of Care of the highest standard.



MISSION STATEMENT

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

GOALS

- To provide best practice care and support services to promote recovery and reduce drug related harm
- Invest in workforce development to retain skilled staff
- Partner with funders and other agencies to achieve positive outcomes, including abstinence, stabilisation and the reduction of harm caused by substance misuse
- Effective planning in preparation for future ever-changing funding environments
- Continuously monitor and evaluate performance against our targets and key performance indicators to ensure we stay true to our mission and report regularly on the effectiveness of our services.
- Consumer consultation, valuing their feedback and involvement at all times
- Client confidentiality
- Uphold and promote client informed choice and cultural diversity
- Organisational transparency
- Quality in service provision using evidence-based practice

THE PROGRAMS



In 2017 WHOS services consist of 6 Therapeutic Communities, one Day Program and 11 Transition and Exit houses.

- ✓ WHOS operate 6 of the 35 Australian therapeutic communities, making it the largest provider of TC services in Australia
- ✓ WHOS can treat any drug dependency problem
- ✓ WHOS has a close understanding of its client's complex needs and the needs of the community
- ✓ WHOS main focus is on the treatment of severe/complex drug dependencies
- ✓ WHOS is accredited by the Australian Council of Healthcare Standards (ACHS) - the highest standard of certification available

PROGRAM DURATION

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

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.



Excellence in Service Delivery - Client and Treatment Outcome Driven

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

Treatment outcome data is collected at set intervals (on entry, 60 days and 90 days), and WHOS utilises Network of Alcohol and Drug Agencies (NADA) Client Outcome Management System for data collection and reporting.

WHOS service was highly effective, with FY2016-2017 treatment outcomes showing:

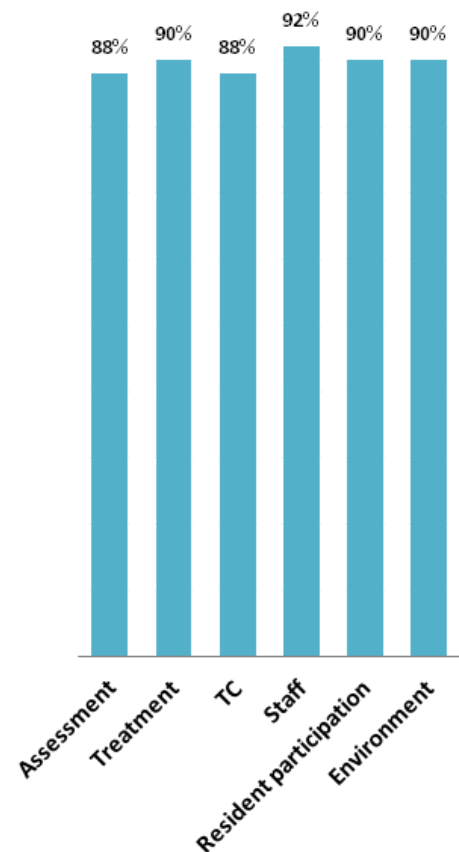
- reduced severity of dependence by 47%;
- reduced illicit drug and alcohol use to zero;
- improved psychological health and quality of life by 15% and 20% respectively;
- 96% of clients demonstrated improved knowledge in Hepatitis C, HIV and safer sex;
- reduced BBV exposure risk taking activities by 100%.

WHOS' treatment is evidence based and we continue to enhance treatment strategies via innovation (e.g. Ongoing research projects) and development of new group work (groups).

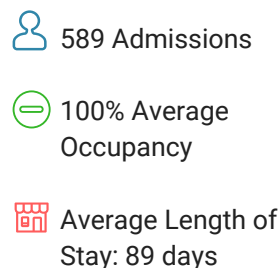
All groups are developed based upon extensive consultation with clients , treatment staff, as well as experts in the filed, and are evaluated prior to practice.

A review is conducted every 3 years to ensure groups are current and effective.

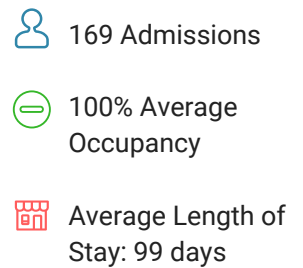
WHOS Client Satisfaction 2016-2017



Drug-free Clients

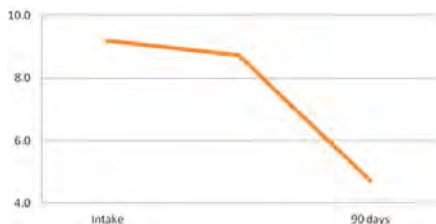


Opioid Treatment Clients



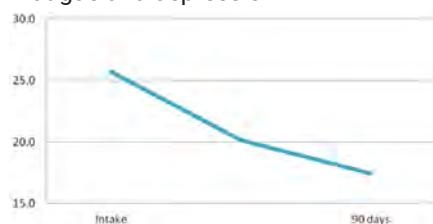
1 Reduced Severity of Dependence

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.



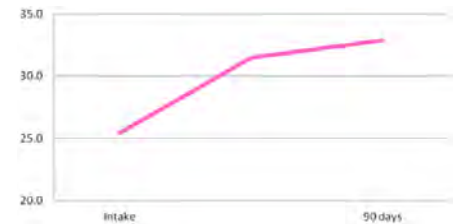
2 Reduced Psychological Distress

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.

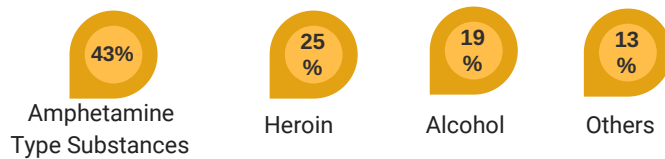


3 Improved Quality of Life

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 2016-2017



Value for Money



Cost of funding a Drug-free Program bed per day \$ 145 / Cost with enhancements \$175*



Cost of funding an Opioid Treatment Program bed per day \$200 / Cost with enhancements \$230*



Average cost of admitted acute hospital bed per day is of \$1,839



Average cost of specialised mental health hospital bed per day is \$1,029



It is estimated that not treating an individual with AOD dependence and associated issues costs the community \$397 per day

* Program Enhancement includes nursing staff (mental health, OST, dosing, medical), aftercare, family support and HIV/Infectious Diseases project. WHOS offers holistic care to treatment within the Therapeutic Community model of care.

**Sources: Australian Government Productivity Commission reports; ATCA Conference material

Income

Other Income
22%

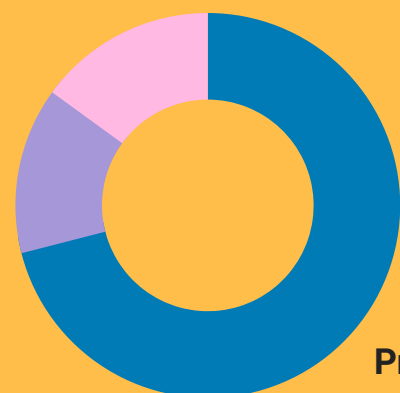


Commonwealth
40%

State Government
38%

Expenditure

Administration
15%



Enhancement
14%

Program
71%



HIGHLIGHTS



NATIONAL ALCOHOL AND OTHER DRUG EXCELLENCE AND INNOVATION AWARDS

WHOS is proud to announce that its Residential Treatment for Opioid Dependence (RTOD) program was selected as a winner in the 2017 National Alcohol and Other Drug Excellence and Innovation Awards.

WHOS RTOD, the only community-based stabilisation treatment service available in Australia, offers a supportive environment to opioid maintained clients to further recovery, fostering long-term health and social well-being.

PRIMARY HEALTH NETWORK FUNDING

WHOS has recently received funding from four Primary Health Networks (PHN) to enhance service provision, and they are: Hunter New England & Central Coast PHN, Central & Eastern Sydney PHN, Nepean & Blue Mountains PHN and the Central Queensland, Wide Bay, Sunshine Coast PHN.

The services funded include low to moderate withdrawal management, mental health liaison and enhanced aftercare/outreach services which will further improve allied health collaboration and partnerships.



WHOS HARM MINIMISATION PROJECT

WHOS Harm Minimisation Project is designed to reduce harm to individuals in the long term and initiatives include provision of needle and syringe kits (WHOS safe and resource kits), infection control, educating clients in overdose emergency response and preventing blood borne virus transmission.

Weekly educational groups are facilitated by the Harm Minimisation workers with guest speakers invited to attend from partner organisations. A designated nurse oversees referrals for testing, treatment of BBV and Sexual Health.

The Harm Minimisation Project identifies drug overdose and relapse prevention as a significant issue amongst the WHOS client group. Overdose groups are run on a regular basis and CPR training is provided by a DVD supported by the Australian Resuscitation Council.

On discharge, resource kits are offered to all clients; safe kits (including sterile equipment and condoms) are offered to clients who have reported history of intravenous drug use. The Harm Minimisation Project acknowledges that not all clients will achieve or choose abstinence – the aim is to increase awareness of the reduced tolerance which occurs following a period of abstinence and potential danger of mixing different drug and alcohol types.

HEPATITIS C TREATMENT

New Hepatitis C treatment is now available to clients during TC. WHOS is currently working on introducing onsite Hepatitis B vaccination.

COGNITIVE REMEDIATION

Approximately 50% of all clients (average age 32) accessing WHOS services have cognitive impairment equivalent to a 65-year old with, or at risk of, early onset dementia. WHOS is working with Advanced Neurological Treatment services and the Agency for Clinical Innovation (ACI) Drug and Alcohol Network on world leading research aiming to develop an appropriate evidence-based intervention that can be delivered as part of standard AOD treatment to address this particular client group. Trials of a brief intervention have occurred at some WHOS services.



Program Activities

DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT (DDCAT)

WHOS final Dual Diagnosis Capability in Addiction Treatment (DDCAT) external audit has now been completed. This audit has been a key activity of the IOC Project for nine years (seven audits occurred in that timeframe). In the latest audit all WHOS services scored within the Dual Diagnosis Capable range. This means WHOS has continuously demonstrated capacity to work with clients with AOD and co-existing mental health issues.

Of note, the external auditor Dr Peter Kelly, nominated the WHOS IOC Project for the Annual Australasian Therapeutic Community Association (ATCA) Awards in acknowledgement of the innovative research conducted at WHOS. The research utilised the DDCAT audit to identify key issues and change front-line service delivery to better respond to clients with co-existing AOD and mental health issues. And excitingly, WHOS and research partners were awarded the 2017 ATCA Award for Excellence in Research and Evaluation.

WORKFORCE

POST-TRAUMATIC STRESS DISORDER (PTSD)

WHOS has incorporated a PTSD symptom screener as part of the routine treatment outcomes conducted throughout the client's treatment episode. This change will allow for the identification of clients who experience PTSD symptoms for early intervention and support and most importantly identify those who do not improve over time.

Evidence has clearly demonstrated that untreated PTSD symptoms not only significantly impact a client's quality of life but also put them at increased risk of relapse back into substance use. Tracking the symptom intensity allows for the identification of clients who do not improve and then additional planning and support can be built into discharge plans.

WHOS E-LEARNING SYSTEM

Staff learning and professional development has been an ongoing emphasis at WHOS and to enhance staff accessibility to training WHOS is in the process of implementing an e-Learning system, with a number of drafted modules ready for trial and staff testing.

Modules covering Policies and Procedures as well as management of clients with co-morbid mental health issues will be included in the initial rollout.

Client Stories

'I have had all the support I could possibly need from both the staff here at Gunyah and also my fellow peers in the house, plus more.'

Four months ago I was sitting in gaol in a 4 x 9 foot cell wondering if the Drug Court application I had applied for was going to be considered and accepted. I was also wondering whether or not I had made the right decision to try entering into the Drug Court program. I was filled with anxiety and fear about what the future may hold in the days leading up to my court appearance. I was sceptical whether or not the Drug Court program would actually work for me and if I was capable of actually staying clean on the outside. In the bottom of my heart I didn't even think I would make the criteria to be accepted into the program.

The day came for court and my lawyer told me I had been accepted. I was happy but at the same time was scared and filled with fear as to what the future may hold. When I spoke with the Drug Court nurses after being accepted I asked them if I could enter into a treatment program instead of being released to an outside address. They agreed that this would be a good decision. I asked them if I could apply to WHOS Gunyah men's house, to put me on the list and whatever happens from there happens.

I was then sent from Parklea Gaol to the Drug Court detox unit clinic of Silverwater. After 10 days of being there one of the guards told me I had a visitor, which I thought was weird, because you are not allowed any visitors or even any phone calls from that unit.


When I got into the room where they said the person was waiting to my surprise it was a worker from WHOS Gunyah. He informed me he was here to do my assessment and that they had a bed for me at Gunyah, based on the outcome of the assessment. I was so relieved that they had accepted me. After the assessment the WHOS worker said he would ask if my release date could be pulled forward in order for my treatment to commence as soon as possible.

Less than a week later I arrived at WHOS. At first it was weird being outside of gaol but I was grateful for being accepted at WHOS. I came on the 16th February with no possessions or clothing, just my gaol issue greens and nothing else.

Fast forward 4 months, I have everything I could possibly need, and most importantly, having a new outlook on life and recovery. I have learnt a lot about myself in treatment here in WHOS and how to work on core issues which I have never been able to deal with. I have learnt to resolve tense and tough times of conflict with people in a healthy way and how to respond to someone and not react with violence or verbal abuse. I've learnt reasons that led me to a destructive pattern of behaviours including crime and use of drugs. I've also learnt to fill the void of 'zero drugs' with positive things. I could now communicate with people in a normal way, trust people, and build healthy relationships. It's like starting to find my spark for life again.

I have had all the support I could possibly need from both the staff here at Gunyah and also my fellow peers in the house, plus more. I have progressed to the point where I can start offering my support now to the earlier stage residents and be a role model to the men on how I got through the program and began to change myself for the better through various skill instruction, job function roles and other forms of support in our community.

Instead of just talking now, I can actually use action to show the early stage peers how to begin breaking down fronts and start rebuilding themselves and by helping others. I feel it also helps me too. I guess that's how the program of WHOS is designed. Now I'm finishing my treatment and about to start my next step of the journey into the Exit stage of WHOS.



I feel like a completely different person to who I was 4 months ago and I owe that all to WHOS and for that I will be forever grateful.

'RTOD is a great program – I want to get better so I know this is the right place for me.'

I came to WHOS RTOD because I couldn't continue to live the way that I was any longer. I had stopped using drugs daily but I'd started to drink alcohol every day.

I was drinking from the time I woke up until I went to bed at night or passed out. I've had a drug problem since I was 14 years old. I started smoking pot and then became a heroin addict when I was 15 years. I gave up on my life. All I cared about was using drugs.

I stopped using heroin at 18 years of age and stayed clean for 5 years and that was the best time in my life. I was happy and motivated to have a good life. Then I thought it was only the heroin I had a problem with and started using ecstasy, cocaine and speed recreationally and that soon became a problem. I ended up trying Ice and started using that daily. I lost my place, my partner of seven years and everything I'd gained whilst being clean.

I've used Ice ever since. I've been in and out of gaol since I was 15 years old because of my drug use. I do not want to go back to gaol. I know I can't use drugs because that's where I'll end up, if not dead. When I use Ice sometimes I go into psychosis, I get paranoid and delusional. I've been admitted to psych wards about five times because of what Ice does to me. I have become so depressed and at times, suicidal.

I know I have to stop now or I may never stop. I feel like this is my last chance. So I've come here to try and change my life. I cannot escape reality any longer because my life is slipping away and I know if I do something now I can get it back.

I feel RTOD is a good program – I want to get better so I know this is the right place for me. I know I have to just get through the day, one day at a time. Living in a TC community program can be hard, we all have our own problems and behaviours we need to work on, but we are all here to support each other though the good times and the bad.

Staff in RTOD are very supportive. We all try to function as a community and staff are here 24 hours a day to offer guidance. If there's any problems I know I can talk to them. I've gone to staff for support on many occasions and they're always helpful. They help me to feel safe and have peace of mind, knowing I can go to them if I need. Dosing staff are available each day and I've had no problems with my dose or prescriptions thanks to them.

Family Support workers are here all week for any outside issues, I've made phone calls whenever I need to and they are always there to talk to and offer advice.

I've learnt that I can change and have a good life. While I'm here I want to learn to communicate better and have better relationships. The most important goal at the moment is to complete this TC program and get to the next stages (Transition/Exit Stages).

In the future I want to get my own place and start a career as a carpenter. I want to do an apprenticeship and make something of myself. I want to work again, start saving money and have a better life. I want to have a life worth living.

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**Commonwealth Department of Health
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Central Queensland, Wide Bay, Sunshine Coast PHN
Nepean Blue Mountains PHN
Western Sydney PHN**

WHOS thanks all funders for helping fulfill our mission

