

# WHOS

WE HELP OURSELVES - ANNUAL REPORT

2018-2019



## OUR YEAR

Client outcomes demonstrate the effectiveness of the WHOS program

## INNOVATION

WHOS is a true pioneer and a world leader in residential AOD treatment

## OUR BIGGEST ASSET

Staff recognition Awards on 10 and 25 years of service at WHOS

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## 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.

## 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 Day Programs. 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

It is a fact that the environment in which not-for-profit and charitable institutions operate today is markedly different to what it was when they were established; and for WHOS, which has been operating for over 47 years, this is certainly the case.

Over these 47 years, WHOS initially relied solely on the contributions and support of the communities, families and people directly affected by alcohol and other drug use. Over time, governments increased their support and funding for WHOS and many other organisations working to address drug and alcohol problems in the community. As a result of our commitment and professionalism, WHOS has become a major recipient of government funding to increase its innovative and effective residential rehabilitation programs. It is funding, coupled with the contributions of individuals, donors and the corporate sector, which has continued to this day and has allowed WHOS to help tens of thousands of people and families.

What is less understood in the community is the impact on WHOS and other services of the very complex financial arrangements, multiple compliance obligations and liability issues that have developed. The desire for governments and all donors to see their funds utilised for direct service delivery is understandable but it leaves services struggling to find the resources to meet their administrative requirements. A situation that is worsened by the budgetary constraints applied by governments, which often result in reduced administrative funding and a lack of inflation growth in funding which often remains static for many years as our costs increase.

A key issue that needs to be understood is that when health, welfare, legal and law enforcement costs are considered, the estimated average residential treatment cost of \$250 per day is a much wiser investment than the more than \$300 per person per day for prison or \$1,400 per average bed day for hospitals. More importantly, the outcomes for the individual and their families are far better from participation in our services than these alternatives.

As Australia's first therapeutic community for people with alcohol and other drug problems, WHOS has operated within a changing environment since its inception, and we will continue to meet all these challenges to the best of our ability, such is our commitment to helping people.

As President, I am honoured to be a member of the WHOS Board and team. We all take great pride and joy in the work we do at WHOS, and all that we ask for are appropriate levels of support to meet our obligations as we evolve to meet the challenges of operating our expanding therapeutic community and day program services to benefit communities and people in need.

# EXECUTIVE DIRECTOR'S MESSAGE

I am pleased to report that it has been another successful year for WHOS with almost 1,000 people utilising our services; and our assessments showing that our ability to meet our client's expectations and needs remaining very high.

Operating a not-for-profit service across multiple sites is a challenge for any organisation and operating such a service in the alcohol and other drug sector brings its own additional challenges. It is fair to say that people experiencing multiple and complex needs related to alcohol and other drug use do not generally attract wide community support for assistance. The stigma and discrimination associated with drug use remains stubbornly strong, often fuelled by reporting that brands people with drug and alcohol problems as people not deserving of our empathy and support. These factors serve to heighten our desire for a greater level of self-reliance to ensure that we can continue to provide the level and quality of services needed for people and families in these distressing situations.

As our President has already highlighted in his message, this is an ongoing challenge for the WHOS Board and the leadership team, especially given the increasing funding demands on governments from communities on a range of health, social, economic and environmental issues.

It is within this context that WHOS has sought to help the wider community better understand the important impact our services can have on the lives of people with alcohol and other drug problems. The sad reality is that many of WHOS clients and their friends, families and loved ones, have endured years of problems. They have often been impacted upon by the criminal justice system, family and community services, hospital emergency wards and countless other systems and services when they arrive at WHOS. It is here that the true value of the work we do at WHOS is realised. Turning lives around is not an easy process and some people require more than one attempt to achieve their goals. This is often mis-represented as a failure by those outside our system, but it is not. The time people spend at WHOS has an incremental positive impact on their lives and increases their chance of sustained change in the future.

The message we need to have understood, is that the communities we live in, the families we are a part of and the lives our children will have are far better served when organisations like WHOS are able to provide its services for anyone with problems regardless of their financial status. However, to achieve this goal requires far greater financial commitments and support from governments, the corporate sector and philanthropists.

It is important at this time to also reflect on the year that has passed. It is impossible to thank all the people that need to be thanked, so instead I will say we operate and deliver our services thanks to the expertise, experience and commitment of our staff.



**Break Free – Contact us on 02 8572 7444**  
or ... [info@whos.com.au](mailto:info@whos.com.au)

## WHOS®



### **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**

### **Penrith Day Program**

### **Lilyfield Day Program**

### **Nambour Day 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

# OUR YEAR IN NUMBERS

WHOS treated 800 individuals during the 2018-2019 financial year in our 3-to-4 month TC program (166 beds) and operated post-treatment Transitional (50 bed), Aftercare (30 bed) and Day Programs.

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 FY 2018-2019 treatment outcomes showing:



**Reduced Severity of Dependence by 47%**

**Reduced illicit drug and alcohol use to zero**

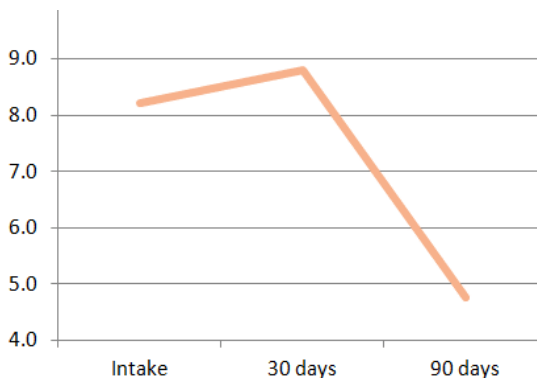
**Psychological Health and Quality of Life improved by 15% and 20% respectively\***

**96% of clients demonstrated improved knowledge in Hepatitis C, HIV and safer sex**

**Reduced BBV exposure risk taking activities by 100%**

# EVIDENCE-BASED OUTCOMES

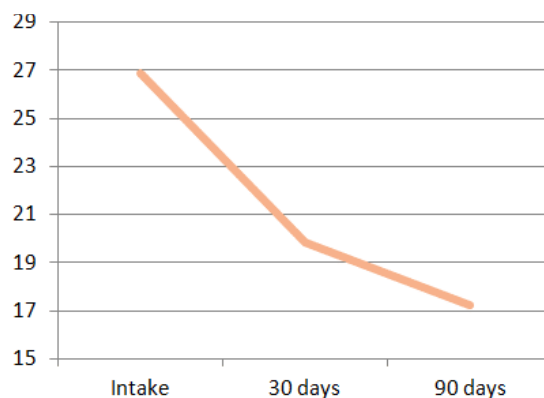
## Reduced Severity of Dependence



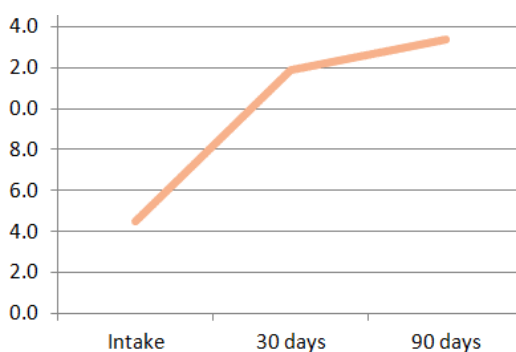
The SDS is a brief five-item screening measure of psychological aspects of dependence. This short yet effective tool is easy to administer to evaluate the level of severity of substance dependence perceived by the client.

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.

## Reduced Psychological Distress

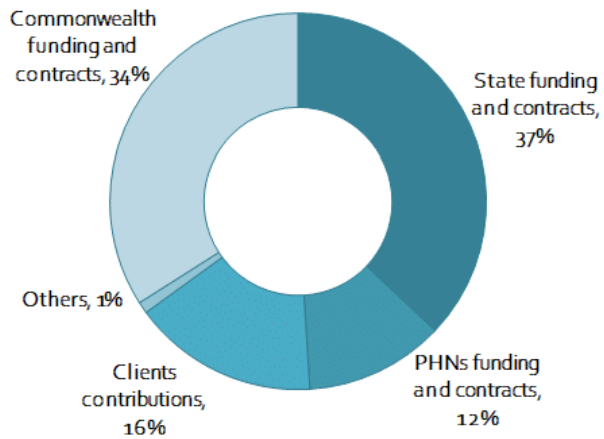


## Improved Quality of Life

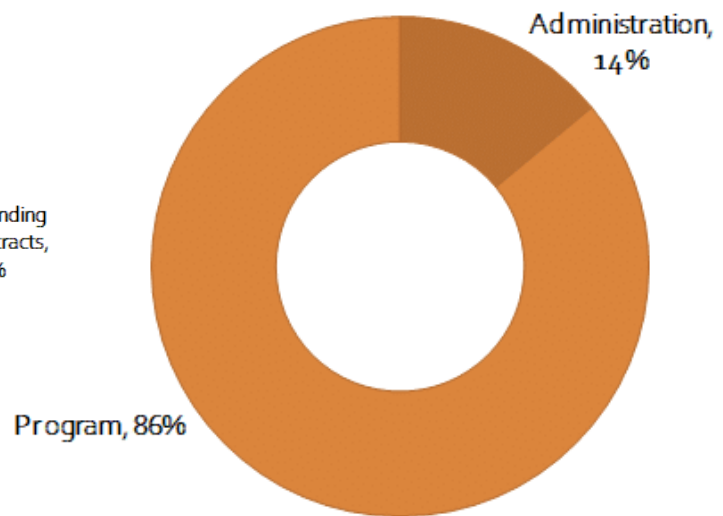


The WHO QoL-8 is a broad domain based measure that records quality of life across health, physical life, psychological life, social relationships and living environment.

## Income



## Expenditure



## UTILISATION STATS CONTINUE TO SHOW HIGH DEMAND FOR OUR SERVICES IN 2018-2019

### Drug-free Clients

- 605 Admissions
- 100% Occupancy
- Average Length of Stay: 83 days

### Opioid Treatment

- 175 Admissions
- 92% Occupancy
- Average Length of Stay: 107 days

## PRIMARY DRUG OF CONCERN

- 01 *Ice*
- 02 *Alcohol*
- 03 *Heroin*
- 04 *Opioids*

# VALUE FOR MONEY

Over 40,000 people have been treated by WHOS in the last 47 years with estimated savings to the community from WHOS treatment of \$106 million annually and over \$2 billion since formation. WHOS track record is set against the cost of AOD to the Australian community of \$40 billion each year.



Cost of funding a Drug-free Program bed per day \$225



Cost of funding an Opioid Treatment Program bed per day \$310



Average cost of admitted acute hospital bed per day is of \$1,086 to \$8,630 \*



Average cost of specialised mental health hospital bed per day is \$1,200 \*



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

Bed costs includes program enhancements such as nursing staff (mental health, OST, dosing, medical), aftercare, family support and HIV/Infectious diseases education. WHOS offers holistic care to treatment within the Therapeutic Community model of care.

\*Sources: Independent Hospital Pricing Authority; Australian Government Productivity Commission reports; ATCA Conference material



WHOS Hub Penrith (funded through Nepean Blue Mountains Primary Health Network) . Clients have access to a Day Program consisting of case management and a combination of groups according to the client's needs - this includes Acceptance and Commitment Therapy groups, developed by WHOS.



WHOS was awarded a Certificate of Commendation for its Cognitive Remediation Project at the third biennial AOD Awards for the NSW Non Government sector. WHOS Nursing Unit Manager, Carolyn Stuble, accepted the award.

# INNOVATION

**WHOS is a true pioneer and a world leader in residential treatment. Our list of innovation in the sector is extensive.**

WHOS was the first Therapeutic Community (TC) in Australia and since then WHOS has provided numerous innovations to the sector such as integrating harm reduction initiatives (1988), the first women-only TC (1992), first TC to run a methadone to abstinence program (2000) and opioid/methadone stabilisation program (2008), as well as the first NGO to be licensed to practice opioid dosing (2010).

Other WHOS innovations on service delivery include:

- PTSD and anxiety symptom management psycho-education groups (MHDAO Research Grant, 2014).
- Acceptance and Commitment Therapy Mental Wellness Groups (NADA Women's Grant, 2014).
- Cognitive Remediation Group Work (Partnerships Grant, University of Wollongong, 2015).
- Improvements in management of Borderline Personality Disorder (Project Air, NADA Training Grant, 2015).
- Evaluation of Acceptance and Commitment Therapy Group work for clients utilising Newcastle DATS (University of Newcastle, Clinical Masters Psychology Student, 2015).

WHOS was awarded the 2017 ATCA Award for Excellence in Research and Evaluation and the project has been selected by the Agency of Clinical Innovation for implementation to services across NSW. WHOS was awarded a Certificate of Commendation for its Cognitive Remediation Project at the third biennial AOD Awards for the NSW Non Government sector. This excellence in research and evaluation award category recognises individuals or organisations that have contributed to building the evidence base for practices to reduce alcohol and other drugs related harm.

Most recently, WHOS was awarded a Certificate of Commendation for its Cognitive Remediation Project at the third biennial AOD Awards for the NSW Non Government sector. The awards were presented as part of the NADA Conference dinner on 8th June 2018 and was accepted by WHOS Nursing Unit Manager, Carolyn Stublely (pictured opposite page).

# NEW HOUSE FOR WHOS NAJARA

More women from the Sunshine Coast suffering alcohol and drug addiction will have access to a rehab bed thanks to Federal funding to build a new transitional home.

Member for Fairfax, Ted O'Brien, said \$256,060 awarded under the Building Better Regions Fund (BBRF) helped pay for a women-only 6-bedroom rehabilitation building in the Nambour area.



Trevor Hallewell, WHOS Najara Manager, formally inaugurated the new transitional house for woman in Nambour, NSW.

This transitional house enables WHOS to support female clients in their recovery from drug and alcohol dependence in regaining their lives. The project is one of 136 in Australia funded under the \$200 million BBRF Infrastructure Projects stream.

Mr O'Brian joined WHOS Executive Director, Garth Popple, and the Manager of WHOS Nambour residential therapeutic community, Trevor Hallewell, for the inauguration ceremony at WHOS Najara service in Nambour.

The new 6-bedroom home was built at the existing WHOS Najara property, which currently had a capacity for up to 20 clients at a time. The new transitional home will enable up to 40 additional people each year to access the live-in service, a 20% increase on current admissions.

"There is a huge need in the community for residential-style rehab centres like this, which is evidenced by the fact that only 15% of people enquiring are currently able to access a bed", said Mr O'Brian.

WHOS Executive Director, Garth Popple, said without the chance at rehabilitation, people could end up in prison, homeless or dead.

"We have huge demands for beds and timing is so important. It's vital that someone is able to get a bed when they need it," said Mr Popple.





**OUR STAFF  
IS OUR BIGGEST  
ASSET**

# Staff recognition awards on 10 and 25 years of service at WHOS

**The Executive Director, Garth Popple, presented WHOS staff with a Recognition Award to mark their 10 and 25 years of service.**

(top) Garth Popple, Executive Director of WHOS presenting Simon Blow with a 25 year service award.

(middle) Garth Popple, Executive Director of WHOS presenting Jo Lunn with her 10 year service award.

(bottom) Garth Popple, Executive Director of WHOS presenting Min Ni & Susie Xu with their 10 year service award.



**Simon Blow, Tai Chi Instructor - 25th year service award**

"When I started teaching Chinese Health Cultivation practices (what we call Qigong) in 1990, I was interested in sharing these self healing techniques with others who would not normally come into contact with holistic principles. In 1992 I was invited to see if I could help at an organisation called WHOS. Over the last 25 years I have been fortunate enough to have had the opportunity to learn and grow from my experiences at WHOS. Twice weekly I lead groups at three different programs with an average of 100 residents (students) per week. In 2004 I conducted a research project to see if the regular Qigong program was helping. I presented this paper to an International Medical Qigong Conference in Beijing May 2005 and it has been published in many wellness magazines"

**Jo Lunn, Service Delivery and Innovation Manager - 10th year service award**

Jo came to us back in 2008 and it very soon became clear that Jo was an amazing asset and was someone we wanted to be part of the WHOS team. She is a registered Psychologist and has been working in the drug and alcohol field since 1996. Jo has been instrumental in getting essential training implemented into WHOS for the staff. Her main focus is working with clients with complex needs and has helped WHOS to gain Dual Diagnosis capability via the University of Wollongong. Jo has been successful in obtaining one-off grants for WHOS which has enabled us to provide much needed training to our staff and has implemented so many new initiatives at WHOS for our complex needs clients. Jo introduced to WHOS another important tool that increased consumer feedback. Jo is currently working on our e-Learning platform and this will provide our staff with all of our essential policy training. Jo is a tireless worker who has so much energy and passion. She is very dedicated to WHOS and ensuring our clients get the best care possible and our staff are equipped to provide that care.

**Min Ni, Finance and Accounts - 10th year service award****Susie Xu, Finance and Accounts - 10th year service award**

Our dynamic finance and accounts personnel have both now clocked up 10 years of service each! Min came to us as a bookkeeper back in 2002 and worked with us on a consultancy basis until 2005 when we put her on the payroll as we didn't want to lose her. Min achieved her 10 years back in 2015 and is now joined by Susie achieving her 10 year milestone. Susie started with us also as a consultant back in 2005 and became a full-time employee in 2008. Both Min and Susie are tremendously dedicated, hard working and have an amazing knowledge of how all the WHOS funding works. They are professional, meticulous, helpful and supportive. Nothing is ever too much trouble and they are often asked to quickly get a budget done for a new grant application or stats for a particular project and it is done without complaint and always on time. They are such an appreciative asset to WHOS we would be lost without them and we look forward to celebrating many more anniversaries in the future with them.

### **Gaye Byron, Clinical Nurse Manager for Rozelle - 10th year service award**

Gaye came to WHOS as our Multiple Complex Needs Nurse when we were setting up our Rozelle services. She was the only clinical nurse on campus at the time and now we have a team of nurses and Gaye is the Clinical Nurse Manager for Rozelle. Gaye is a committed and dedicated staff member at WHOS who you will often find working late ensuring the client's needs have been taken of. Gaye came from the public hospital system working at Langton Clinic for many years so Therapeutic Communities was a new area for her but she embraced it and is a very genuine and caring nurse who ensures clients get the best possible care. Gaye has been part of the growth to our medical services which provides an invaluable service to all our clients. I think the clients all have a soft spot for Gaye as she really goes over and above to ensure that their mental health and medical needs are taken care of. We look forward to many more years of your nursing care.

### **Carolyn Stublely, Nurse Manager - 10th year service award**

Carolyn commenced her employment as the Manager of WHOS RTOD which was established when we moved to Rozelle. Carolyn worked at Rankin Court Clinic for many years and had a good understanding of people on methadone and other OST's. RTOD was our brand new initiative of providing a stabilisation service for clients on OST so Carolyn was perfect for this role. Carolyn then moved to the position of WHOS Nurse Manager overseeing all matters of opioid substitution treatment as well as overseeing the nursing roles at our rural services WHOS Hunter and WHOS Sunshine Coast. WHOS was successful in obtaining an OST dosing licence to dose on site and Carolyn oversees all aspects of this service. Carolyn is a keen advocate of marketing OST and harm reduction services that WHOS provides and has presented at many conferences over the years. Carolyn, is a hard working, committed and dedicated Manager at WHOS and has a wealth of knowledge. She has introduced many new initiatives to WHOS for our clients health and well-being such as the liver clinic, dental and optical services etc., ensuring all aspects of their health are attended to.



# Client Stories

**WHOS clients share their recovery stories, hoping to inspire other people to seek help and support in their recovery goals.**

## Mary's story

My addiction in my early teens and early 20's was horrible. My father was murdered when I was 2 and my mum later overdosed on heroin, this obviously left me feeling lost and betrayed. My grandparents had been granted guardianship of me – my grandmother is a loving woman, and my grandfather an evil man. When I was 17 I left to go live in Newcastle where I lost all control of my life. I was arrested for assaulting my aunty and running from police. I overdosed myself and went into a coma for 7 days, I self harmed and was very angry. I started using heroin at the age of 20 and smoking Ice.

What brought me here to WHOS New Beginnings was that I had lost all hope for myself and no longer cared what happened to me. I just wanted to drink and go out where I felt free. I started to not make it to work and crashed my car drink driving twice which costed me thousands of dollars and a criminal record.

Here I am nearly 30 in the seats of the WHOS NB TC community. I believe it is a wonderful place, it's safe, kind and caring and I believe for this moment it's the only place that can save me from myself. I have learnt to get out of myself and support my peers. I have learnt that no matter the situation it is best I speak to people with respect and kindness. Accepting my situation and doing the best I can with it. I have slowly stopped fighting the world around me, my fellow people and the program. NB holds a mirror to my face and shows me myself and supports me to not run and fix what needs fixing. I'm very grateful to the peers of this community and the uniqueness and well picked staff that guides this community.

When all this was happening in my life nobody ever really was angry with me, they knew I made silly decisions and was a wreck but I never felt anger from them only pity which annoyed me further. I whip myself the hardest and always have.

My partner's advice, my friends and my mum's advice to me was to go away and learn to love myself. NB is doing that for me and allowing me to want to live a good life. One where I care about myself.

### Paul's story

I came from a well to do stereotypical family of which both my parents and brother afforded me with much love and kindness. I attended a private boarding school for a short amount of time then left to join the workforce at 17 as an accounts clerk for a stock broking firm for 7 years, then left to work for an IT company for the next 15 years.

My introduction to drugs started at the age of 21 years old. I was a late bloomer into the drug scene. My status as a drug user was that of a recreational / party drug user which I kept to once a fortnight on weekends so as it would not impact my job.

I was introduced to heroin at the age of 29 years old from a work colleague. My life soon became unmanageable. To sustain my heroin addiction I had to supplement my income with fraud /larceny which then led to many court appearances, total disgust and disappointment from my family. Heroin took my soul and everything good in my life and within a few years of using heroin I wanted to stop the pain and torment that addiction inflicts on you and thought deeply into suicide.

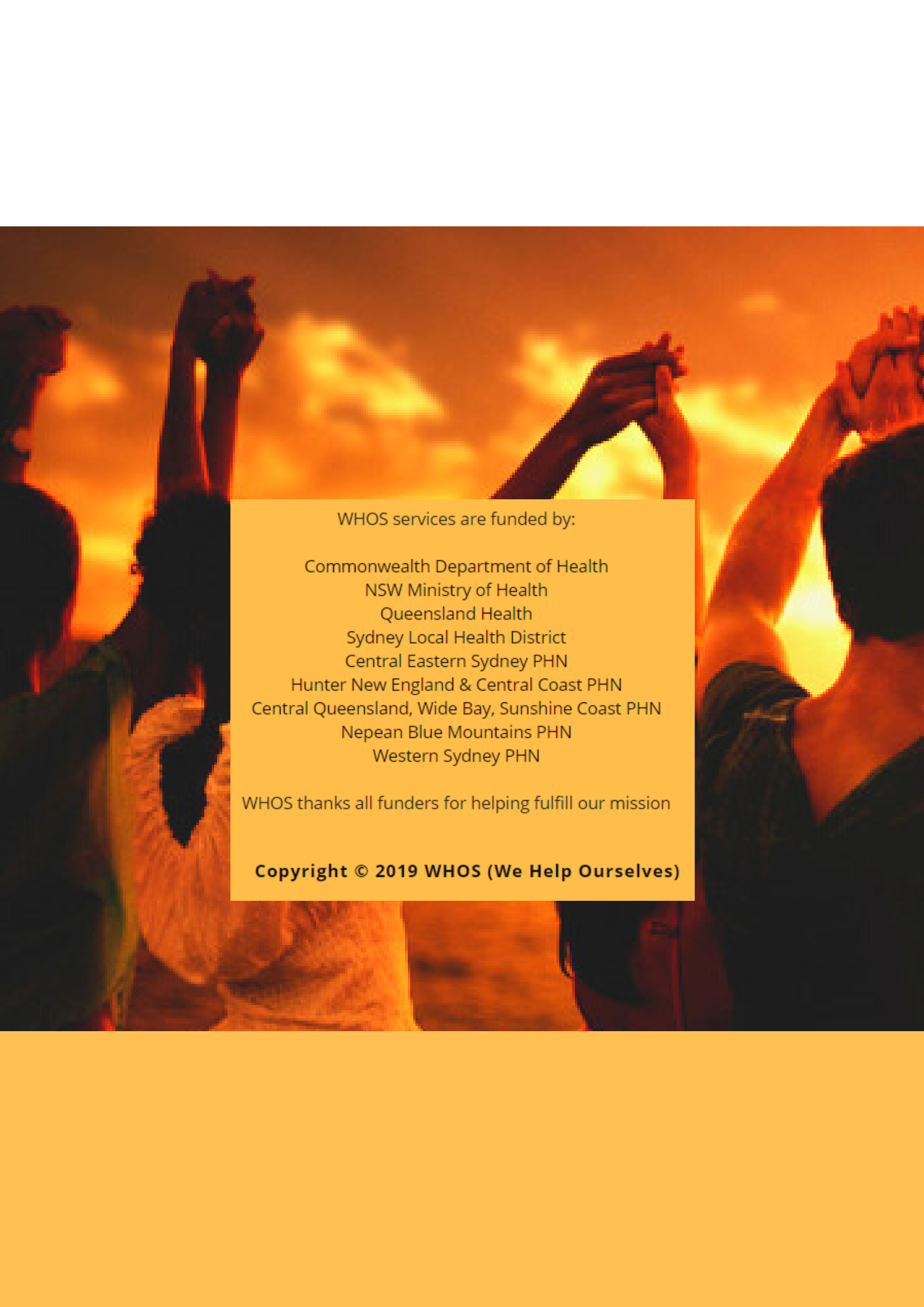
I joined a methadone program at the age of 38 years old which gave me some stability but at the same time it felt like I was imprisoned and trapped. A MERIT worker suggested I give a rehabilitation program a go. We Help Ourselves is one of the very few treatment centers that offers opiate reduction to abstinence inside a therapeutic community.

This is my third attempt at attaining sobriety. Two years ago I was fortunate enough to remain one year off all drugs including alcohol from the OSTAR program. Unfortunately I was unable to hold onto my recovery although it gave me a taste of what living drug-free is all about and I loved it. I wanted to come back. I still have a way to go but each time I come through the program I gain a little more confidence in myself.

I have almost completed my OST withdrawal and look forward to the day I reach nil OST. Currently I have higher client responsibilities at OSTAR and the extra confidence supports the additional responsibility I have in supporting the community.

I now have a better understanding of what I can and can't do in order to remain abstinent. Relapse Prevention groups have been additional support and resourcing to help me with recognising triggers and delaying picking up drugs, particularly when I have an emotional trigger.

The most important thing that I have taken from WHOS is that I am worth it and recovery from addiction is possible by showing me how to love myself again.

The background of the entire page is a photograph showing the silhouettes of several people from the chest up, with their arms raised and hands clasped together in a gesture of unity or celebration. They are positioned against a bright, orange-hued sky, likely during a sunset or sunrise, with soft clouds visible. The overall color palette is warm, dominated by oranges, yellows, and dark silhouettes.

WHOS services are funded by:

Commonwealth Department of Health  
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Hunter New England & Central Coast PHN  
Central Queensland, Wide Bay, Sunshine Coast PHN  
Nepean Blue Mountains PHN  
Western Sydney PHN

WHOS thanks all funders for helping fulfill our mission

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