

WESTERN AUSTRALIAN
ALCOHOL AND DRUG AUTHORITY

ANNUAL REPORT

FOR THE YEAR ENDING JUNE 30, 1976

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

To the HONOURABLE MINISTER FOR HEALTH

In accordance with Section 20 of the Western Australian Alcohol and Drug Authority Act No. 32 of 1974, I have pleasure in making this Report on the progress and activities of the Authority, together with appropriate financial and statistical information relating to the operation of Centres for the year ending June 30, 1976.

he Western Australian Alcohol and Drug Authority Act No. 32 of 1974 was established for the purpose of constituting a body corporate with the functions of providing treatment, management, care and rehabilitation of persons suffering from the consumption of alcohol or intoxicating liquors or drugs to excess. It was also introduced to subsidize research and educational facilities directed at alcohol and drug abuse and with other functions related thereto. The Act, which was assented to on November 4, 1974, together with the Inebriates Rehabilitation Act, 1963 amendment, came into operation by proclamation on November 29, 1974. Amendments to the Western Australian Alcohol and Drug Authority Act and associated regulations have since been drafted to provide the Authority with greater flexibility. The objectives of the Western Australian Alcohol and Drug Authority constitute an approved project under the Australian Community Health Programme and the Authority's capital and operating costs of the administration and the clinic are met on a shared basis between the State and Commonwealth Governments. Hospitals administered by the Authority are funded from recoupments made under the Commonwealth/State Hospitals Cost Sharing Agreement.

AUTHORITY MEMBERS

The following personnel appointed by the Lieutenant Governor on November 29, 1974, for the term of office lasting three years constitute the Authority:

Hon. R.J.L. Williams, MLC, (Chairman)
Mr. L.S. Turnbull, (Deputy Chairman)
Dr. F.G. Farrelly, (Member)
Dr. W.A. Newnham, (Member)

During the year, twenty-nine official Authority Meetings have been held.

GENERAL

The year has been a period of consolidation for the Authority after the somewhat traumatic seven months following its establishment. It was in this preceding period that the more noticeable events took place, such as the formation and publication of the Members of the Authority, acquisition of properties, establishment of initial core staff, etc. Since then, albeit less noticeable to the casual observer, the year has seen a steady widening and deepening in the scale and extent of facilities being made available by the Authority to the alcohol and drug dependent person in this State. Through the far seeing provisions of both State and Commonwealth Governments and the efforts of a trained professional staff and the administration, the facilities available to the public equate favourably with those existing in any State in the Commonwealth. Throughout the year, Authority Members and staff have been active in promoting and extending the services and facilities of the Authority to an ever widening section of the community. Staff members have attended and given talks to interested outside groups such as Service Organisations, Medical personnel, Government and Private Welfare Agencies,

educational establishments, aboriginal groups, etc. These have not been limited to the metropolitan area, but have extended as far North as Dampier, Port Hedland, the new mining towns in the Pilbara, East to the Goldfields and the wheatbelt towns, and South to Albany and Esperance. Usually these visits have been in response to requests from concerned groups in the areas. Public interest has invariably been enthusiastic, often because for the first time, here was a conscious effort being made by a Government organisation to awaken the public interest and conscience and to motivate the community to do something about a growing social problem. As a result, a number of local communities have evolved consisting of usually a representative cross section of medical, church, business and public spirited individuals. A local committee will, for example, purchase or lease a building to act as a Halfway House for alcoholics and drug dependent persons to gradually stage his/her re-introduction back into the normal community. In the more remote areas, particularly after conventional medical treatment following his illness, without the facilities and encouragement provided by, for example, the Halfway House, a patient would frequently relapse into the old pre-treatment routine.

As well as giving talks, lectures and encouraging and assisting in the establishing of alcohol and drug treatment centres outside the metropolitan area, both field and administration staff have, throughout the year, attended many and varied conferences and seminars, thereby broadening not only their own appreciation and understanding of the alcohol and drug problem in this State, but contributing their own acquired knowledge and skills to the search for a solution to that which is, after all, not just a State problem, but a national one.

During the year, the Chairman of the Authority and the Medical Director accepted invitations from various parts of the world to visit a number of centres abroad. Centres visited were all specialising in alcohol and drug treatment. As the basic philosophy of the alcohol and drug problem varies considerably from country to country with attendant variations in treatment methods, a valuable and comprehensive insight was gained within a very short period of time into the best and most advanced technology and methods existing today in the treatment field. Experience gained from this trip provided a platform for a critical look at the Alcohol and Drug Authority's current treatment methods and to evaluate them, and the general direction of the Authority to date, from a comparative standpoint. It was reassuring and encouraging to observe that the facilities and treatment available in this State equate favourably with those existing anywhere in the free world.

ADMINISTRATIVE OFFICES

Due to the rapid expansion and the demand for the facilities and related caseload of patients at the Carrellis Centre, the administrative staff were forced to look for accommodation elsewhere. Alternative premises were subsequently leased at Charob House, 25 Richardson Street, West Perth, which is

within close proximity to patient facilities. All the administrative functions of the Authority are conducted from this address.

CARRELLIS CENTRE

Situated at 9-11 Ord Street, Carrellis Centre is the primary reception area for patients with drug and alcohol problems. It is basically an outpatient clinic for both treatment and counselling. Patients are referred from a wide variety of sources, including social and welfare agencies, church and voluntary bodies, hospitals, private and medical practitioners. Self referral is also encouraged. Staff are rostered to provide for immediate assessment on casual patients who call without prior appointment. Evening aftercare therapy groups and marriage counselling services are conducted by field staff and nurses. The clinic is manned by the Medical Director, four Medical Officers, a Social Work Co-ordinator and a team of five Welfare and Graduate Field Officers. The normal levels of clerical and other support staff are also employed at the clinic.

During the year to June 30, 1976, approximately 1,000 patients attended the clinic for assessment and treatment. The patients represented a statistic of some 4,638 attendances which can be further dissected as follows:

<u>Male</u> <u>Alcoholics</u>	<u>Male</u> <u>Drug Addicts</u>	<u>Female</u> <u>Alcoholics</u>	<u>Female</u> <u>Drug Addicts</u>	<u>Total</u>
1,469	2,407	140	622	4,638

After assessment by medical and para-medical staff and the patient's problem diagnosed, a course of treatment is prescribed which, depending primarily on the nature and extent of the illness, and partly on the wishes of the patient, will be either on an outpatient basis, whereby the patient resides outside and calls in for regular treatment, or alternatively, as an inpatient in the adjacent Ord Street Hospital.

In addition to individual counselling, the married couples groups (for patients and spouses whose relationship has been undermined by drinking or drugs) have continued to grow.

Plans have also been made to establish groups for narcotic dependent patients. Because of the limited success of additional psychotherapeutic groups for such patients in overseas and interstate settings, a somewhat different basic structure will be adopted. Patients and staff will interact in a variety of exercises designed to improve understanding of others and their own particular problem. A clear understanding of the nature of their illness and the means to be used to rectify it, is the first basic step in the patient's recovery.

The establishment of a public volunteer service is underway. Volunteers who will be individually interviewed and will have attended a series of indoctrination lectures by Alcohol and

Drug Authority staff will be used in a variety of services such as conveyance of patients on outings, organising social functions, etc., thereby releasing regular staff members for concentration on treatment procedures.

Of the field staff based at the Carrellis Centre, one member received outside recognition by the granting of a combined Rotary/Utah University scholarship to spend six weeks in the United States of America studying American Indian drinking problems; the acceptance of a Social Worker's Paper to be read at the St. Vincents Hospital Autumn School of Studies in Melbourne and the invitation to a Social Worker to join the Western Australian Institute of Technology Social Worker Course Advisory Committee.

ORD STREET HOSPITAL

The four Members of the Western Australian Alcohol and Drug Authority have been appointed by the Governor in Council as the Board of Management of the Ord Street Hospital. This unit, which is leased, consists of 26 registered beds with the Commonwealth Health Department for Hospital Benefit purposes. The complex is made up of two double storey buildings with group therapy, treatment, and staff offices in the front and kitchen-dining facilities and the majority of beds occupying the rear of the premises.

The hospital is staffed by Psychiatric and General trained nurses, Social Workers and a Clinical Psychologist, all of whom work in close liaison with the Medical Director regarding treatment methods. These employees are supported by the normal levels of clerical and domestic workers.

The main objectives of the treatment programme at the Hospital are:

- a) to provide full assessment of the patient's personality, motivation and resources;
- b) to determine the most appropriate method of treating the patient;
- c) to explore with the patient, the causal factors for the condition;
- d) to assist the patient to improve self-image and to foster the desire to change adverse life styles;
- e) to assist the patient in deciding how to cope with social pressures after discharge, and be able to adapt to normal day to day stressful situations;
- f) to assist with any intra-personal, marital or sexual problems which may impede recovery;
- g) to help in decisions regarding employment work patterns.

All nursing staff possessing psychiatric qualifications are trained in group procedures and other therapeutic techniques. Nursing staff are also involved in conducting aftercare groups with discharged patients.

QUO VADIS CENTRE

As with Ord Street Hospital, the Members of the Authority have been formally designated as the Board of Management of the Quo Vadis Centre.

Since the Centre was transferred to the Authority on June 1, 1975, and with the first patients admitted on June 23, 1975, significant progress has been made in establishing and developing the Centre as a viable unit in the Authority's programme for the treatment of the alcohol and drug dependent person. The Centre provides those patients whom the doctors consider would most benefit, with a longer term stay in rural surroundings, three miles up into the Darling escarpment above Byford. All patients at Quo Vadis are admitted on a voluntary basis via the Carrellis Centre, where they have first been assessed by a medical officer and by field staff.

During the initial period of 10-14 days at Quo Vadis, the patient is assessed as to his needs and capabilities in relation to what treatment the Centre provides. A programme is then planned for him/her covering the next 10 weeks. This programme is comprised of three main areas:

- 1) Therapy, in which it is sought to develop the patient's personal and interpersonal skills, basic social skills and introduction to Alcoholics Anonymous;
- 2) Work Programmes, here is emphasized the development of regular work habits, retraining and work skills and continuous assessment and evaluation with the view to eventual re-entry into the work force on discharge;
- 3) Leisure activities with the development of leisure time activities such as crafts, hobbies, sports, etc., coupled with regular outings to places with non-drinking facilities.

At the Centre, all patients have 24 hour nursing coverage with emphasis on nutrition, hygiene, and the improvement of physical condition.

Patients are expected to stay at the Centre for the full 12 weeks of treatment. They may, of course, discharge themselves at any time if they choose to do so. They may also be discharged at the discretion of the Matron and Medical Officer if it is felt the patient would not benefit from further inpatient treatment, or if he has not abided by the conditions agreed to on admission.

The Estate comprises 126 acres and includes both a market garden and farming. Considerable development has gone into both. By mid-year, sufficient vegetables were being

produced to cater for both Quo Vadis and Ord Street Hospital. On the farming side, a small herd of Murray Grey Beef cattle were purchased and it is intended to increase this by selective breeding. The live stock includes chickens and turkeys with the overall objective of providing eggs, fowl and meat to the Authority hospitals. To this end, additional poultry runs are currently under construction to permit better control of egg production and to allow for breeding of our own stock. A considerable amount of boundary fencing was carried out during the year, as well as construction of cattle yards.

Considerable time was spent on plans and site inspections for the new 80 bed hospital due to be built on the property. Test drills were carried out and sites surveyed by the Public Works Department. Water Supply staff also visited the site in connection with increasing the dam area for the new hospital. In the event, due to various circumstances, work was suspended on the new hospital, but when the decision is taken to reactivate the project, much valuable ground work and research has been accomplished.

Statistical data of patients hospitalized in both the Ord Street and Quo Vadis hospitals is illustrated in Appendix 1. A financial statement of Income and Expenditure for the Year Ended June 30, 1976, is also appended. This statement covers all aspects of the Authority's operations and does not dissect expenditure and revenue into individual cost centres.

DETOXICATION FACILITIES

It became quite apparent during this period of operation that specialized facilities were needed to handle the person who presented for treatment in a toxic state. Currently these people are being attended by a multitude of agencies which include the voluntary sector, church bodies, and other charitable organisations. The more serious cases are invariably referred to the Casualty Departments of the Teaching Hospitals. Whilst acknowledging that all these organisations have an important role to play in the treatment and resocialization of the alcoholic, it is the Authority's intention to establish an Immediate Care Recovery Unit to deal with the sobering up and detoxication process.

AFTERCARE

Prior to discharge, and if the patient requests, every effort is made to obtain accommodation and employment. Regular outpatient follow-up is usually important and encouragement is given to the patient to continue until the Authority is satisfied maximum recovery has been achieved. In the year to June 30, 1976, a total of 172 patients were admitted to the hospital for treatment.

VOLUNTARY AGENCIES

During the year, applications were received from several organisations for funding. After detailed investigation by

officers of the Authority, it was found that two bodies, Daughters of Charity and the Kalgoorlie Halfway House Committee qualified for assistance under the terms of the Western Australian Alcohol and Drug Authority Act. Funding, both capital and operating, was provided through Community Health. Regular over-seeing by officers of the Authority ensures that such funding is restricted to alcohol and drug problem areas within the funded bodies. It is anticipated that as these funding facilities become more generally known throughout the various organisations working in the field of alcohol and drug treatment and rehabilitation, considerable escalation in demand can be anticipated.

AUSTRALIAN FOUNDATION ON ALCOHOLISM AND DRUG DEPENDENCE

The Western Australian Alcohol and Drug Authority which has accreditation with the Australian Foundation on Alcoholism and Drug Dependence, has worked closely with the Foundation throughout the year on all matters on a national level concerning alcoholism and drug addiction. The Australian Foundation on Alcoholism and Drug Dependence is a national body financed by the Australian Government for promoting and developing treatment and administrative skills in the joint fields of alcohol and drugs. The close ties between the national body and the Western Australian Alcohol and Drug Authority have been of considerable benefit to the Authority in the past and will continue to be so in the future. The Secretary, Mr. Collyn Lee, is a Senior Vice-President of the national body. This serves to strengthen the bond and facilitates communication between the Foundation and the Western Australian Alcohol and Drug Authority.

EDUCATION

To cope with daily public demand both by correspondence and callers in person, the Authority maintains a supply of resource material covering the fields of alcoholism and drug dependence. The volume of enquiries is increasing steadily, and close liaison is maintained with the Health Education Council to further this function.

STATE AND COMMONWEALTH OFFICERS CONFERENCE

This Seminar held over three days, 10th to 12th November, 1975, was the first of its kind ever to take place in Australia. Chaired by the Hon. R.J.L. Williams, it was attended by delegates from every State in the Commonwealth including Tasmania and the Australian Department of Health.

The Conference objective was to afford an opportunity for an in depth look on a national scale, at a rapidly escalating social and medical problem and to provide administrative and treatment guidelines to officers already working in this field throughout Australia.

The Conference was acclaimed as a breakthrough in communication and a marked success by all who attended and it established a pattern for future conferences within the Commonwealth.

ABORIGINAL AFFAIRS CO-ORDINATING COMMITTEE

The Authority has a representative on the Drug and Alcohol Subcommittee. This Committee, as its title implies, deals with the serious and growing problem of aboriginal drinking and drug dependence. The resulting problems differ in certain respects to those encountered in a white society, and as such, require different handling. The Authority is working closely with this Committee in an effort to provide the specialised treatment for the aboriginal patient.

COMMITTEE INVESTIGATING MEDICAL FITNESS TO DRIVE

The problem of the drunk driver is too well known to warrant further explanation. With the increasing road toll, a large percentage of the blame rests with the driver of a vehicle being unfit through over consumption of drugs or alcohol. The Committee was formed in May 1976, to combat this trend. Through its representatives, the Hon. R.J.L. Williams and Mr. L.S. Turnbull, the Authority has made several submissions to this Committee and a close liaison has been established.

DRUG AWARENESS YEAR

During the year, this was promoted by Rotary International and an inaugural meeting was called by the Australian Department of Health to formalize the project. It reflected a global anxiety on the alarming increase in the consumption and abuse of drugs, not only the traditional narcotics like opium and heroin, but also of psychotropic substances like hallucinogens (L.S.D., etc.) stimulants and depressants, e.g. amphetamines and barbiturates.

RESIGNATION OF MEDICAL DIRECTOR

It was with regret the Board accepted the resignation of its Medical Director, Dr. John Pougher, on June 7, 1976. Dr. Pougher had formulated the clinical and treatment policy of the Authority from its inception and under his direction, the Methadone Programme was initiated and put into operation. The Board wishes Dr. Pougher well on his new appointment at Mental Health Services.

ADVISORY COUNCIL

The Chairman, Members and their Committee have been active within the community during the year. The assistance given to the Authority has been greatly appreciated, particularly in Education and the Private Sector Committee.

COUNCIL OF SOCIAL SERVICES OF WESTERN AUSTRALIA

A one day seminar sponsored by the Alcohol and Drug Authority was an outstanding success. By bringing workers from many disciplines together, it is anticipated that this will become an annual event.

ACKNOWLEDGEMENT

The Authority would place on record its appreciation to the Hon. Minister for Health, Hon. N.E. Baxter, and his staff for his support and assistance during the year. The Community Health Secretariat and the Medical and Health Services have both rendered valuable service to the Authority and their efforts must not go unrecorded. Thanks are also due to the many departments both State and Federal, Community Services, Voluntary Agencies, and individuals, whose contributions have been of such help in the Authority's efforts to provide treatment facilities for alcohol and drug dependent persons in Western Australia. The Authority wishes to express thanks to the Australian Foundation for the information and material which has been made available to the Authority. The supply of film, tapes and slides have been of great assistance both to staff and patients. One could not conclude this report without bringing to attention and thanking sincerely, a skilled and dedicated staff for their loyalty and devotion.

The provision of facilities for treatment of alcohol and drug dependent persons is a sometimes difficult and unrewarding field of endeavour, but I and the Members of the Authority, are confident that the progress which has been achieved to date will continue to grow and increase in the future.

R.J.L. WILLIAMS
CHAIRMAN

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED JUNE 30, 1976

		<u>1975/76</u>
Balance July 1, 1975		\$ -
INCOME:		
Commonwealth Contributions		327,100
CONTRIBUTIONS FROM:		
Consolidated Revenue Fund		46,347
Hospital Fund Allocation		370,016
COLLECTIONS FROM:		
Hospital Inpatient Fees		69,737
Medibank Daily Bed Payments		156,032
Hospital Benefit Fund		-
Other income		12

		\$969,244
EXPENDITURE:		
Salaries including on cost	\$688,845	
Administrative Expenses	61,132	
Rent	28,485	
Repairs, renewals and maintenance	29,472	
Fuel, light, power and water	16,136	
Grounds and gardening maintenance	-	
Domestic charges	20,846	
Medical and surgical	8,435	
Food supplies (net)	32,016	
Furnishings and equipment	41,419	
Purchase of vehicles	20,521	
Other	-	
Payments to Voluntary Agencies	34,436	
Special Service Departments	2,927	
	-----	984,670
Excess of Expenditure Over Income at June 30, 1976		\$ 15,426
		=====
Excluding fixed assets, the financial position of the Alcohol and Drug Authority at June 30, 1976, was:		
Creditors:		\$ 15,426
		=====

A.J. HOLLIS
ACCOUNTANT
STATE HEALTH SERVICES

R.J.L. WILLIAMS
CHAIRMAN

INPATIENT STATISTICS OF INDIVIDUAL HOSPITALS 1975/76

HOSPITALS	INPATIENTS								INPATIENTS										
	Inpatient Individuals Treated			Patient Dissection				Average Number of Days in Hospital	Bed Days		Bed Average		Available Accommodation as at 30/6/76					Percentage Occupancy Excluding Extra Ward and Verandah Beds (18)	Percentage Occupancy All Beds (19)
	In Hospital 1/7/75 (2)	No. of Admissions (3)	Total (4)	Male		Female			General (10)	Total (11)	General (12)	Total (13)	Planned Ward Beds		Extra Beds in Wards (16)	Verandah Beds (17)			
				Alcohol (5)	Drug (6)	Alcohol (7)	Drug (8)						General (14)	Total (15)					
(1)							(9)												
Ord Street	17	319	336*	273	16	33	14	18.4	6,187	6,187	16.7	16.7	26	26	-	-	65%	65%	
Quo Vadis	-	172	172*	-	-	-	-	39.7	6,829	6,829	18.7	18.7	18	18	8	-	103.7%	74.6%	