

1984

WESTERN AUSTRALIA

REPORT

of the

SELECT COMMITTEE

of the

LEGISLATIVE ASSEMBLY

appointed to inquire into

ALCOHOL AND OTHER DRUGS

in

WESTERN AUSTRALIA

PRESENTED BY: MR GORDON HILL, M.L.A.

On Tuesday, 8 May 1984.

Wednesday, 3 August 1983.

11. Alcohol and Other Drugs - Select Committee.

Mr Gordon Hill, pursuant to notice, moved, -

That a select committee be appointed to review and report upon the services available for the prevention and treatment of problems associated with the use of alcohol and other drugs, including the education of the general population in the use of these substances. The review shall include consideration of:

- (a) the desirable balance of statutory and non-statutory services;
- (b) the funding of non-statutory services;
- (c) the co-ordination of the non-statutory sector, and its relationship to the statutory sector;
- (d) the location of services for the treatment of those suffering from alcohol and other drug related problems;
- (e) the availability of appropriate training for those providing services to those suffering from alcohol and other drug related problems;
- (f) the breadth and variety of programmes available for the treatment of those suffering from alcohol and other drug related problems;
- (g) the adequacy of existing resources for the education of the general public regarding the responsible use of alcohol and other drugs;
- (h) the legislative remit of the Alcohol and Drug Authority;
- (i) the adequacy of information relating to the production, use and abuse of alcohol and other drugs in Western Australia; and
- (j) the relationship of the Alcohol and Drug Authority to those Government departments and instrumentalities having responsibilities in areas related to the use of alcohol and other drugs.

Mr Williams moved, That the debate be adjourned.

Question - put and passed.

Wednesday, 24 August 1983.

14. Alcohol and Other Drugs - Select Committee.

Ordered - That this Order of the Day be now considered.

The Order of the Day having been read for the resumption of the debate on the motion moved by Mr Gordon Hill.

Debate ensued.

Question - put and passed.

Mr Gordon Hill moved-

That the following members be appointed to serve on the Select Committee, together with the mover:- the Member for Pilbara (Mrs Buchanan), the Member for Balcatta (Mr Bertram), the Member for South Perth (Mr Grayden), and the Member for Subiaco (Dr Dadour).

Question - put and passed.

Mr Gordon Hill moved -

That the Committee have power to call for persons and papers, to sit on days over which the House stands adjourned, to move from place to place, and to report on 16 November, 1983.

Question - put and passed.

Wednesday, 16 November 1983.

7. Select Committee on Alcohol and Other Drugs.

The Order of the Day for the bringing up of the report of this Select Committee having been read,

Mr Gordon Hill moved,

That the time for bringing up the report of this Select Committee be extended for four weeks, being 15 December 1983.

Question - put and passed.

Tuesday, 20 December 1983.

8. Select Committee on Alcohol and Other Drugs.

The Order of the Day for bringing up of the report of this Select Committee having been read,

Mr Gordon Hill moved,

That the time for bringing up of the report of this Select Committee be extended to 1 May, 1984.

Question - put and passed.

Tuesday, 1 May 1984.

5. Select Committee on Alcohol and Other Drugs.

The Order of the Day for the bringing up of the report of this Select Committee having been read,

Mr Gordon Hill moved,

That the time for bringing up of the report of
this Select Committee be extended until 10 May, 1984.

Question - put and passed.

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CHAPTER ONE

INTRODUCTION

The Parliamentary Select Committee on Alcohol and Other Drugs has addressed its terms of reference conscientiously over a period of nine months, including 31 meetings and numerous visits to statutory and non-statutory agencies in Western Australia and other States.

This Committee considered it necessary to visit several States to examine facilities and to determine the adequacy of the various systems on the basis of its terms of reference. Comparisons with other systems needed to be made. In fact, it may have been appropriate to examine overseas experiences, however the Committee took the view that difficult financial circumstances for Governments today had to be considered and therefore limited its examination of overseas systems to extensive research.

The extent of the alcohol and drug abuse problem has been documented in many State and Australian Government reports, including Royal Commissions, Parliamentary Select and Standing Committees, annual departmental and other reports. Such reports usually address the obvious alcohol and other drug abuses without detailed examination of the true extent of the problem in the community. Although this Committee has been unable to determine with any accuracy the extent of the problem, it has been mindful of the fact that abuse of alcohol and other drugs constitutes a considerably greater problem than the evidence which is documented in most reports would suggest.

The major drugs of abuse - nicotine, alcohol and pharmaceuticals - are legally manufactured and widely accepted by the community. Alcohol consumption in particular is a socially acceptable form of drug taking. These legal, and most abused drugs, are the subject of enormous media attention in the form of advertising, and in more subtle forms.

This Committee wishes to emphasise that the most effective means of minimising alcohol and other drug abuse is to promote healthy life-styles and this begins with parental example and influence. Parliamentarians and Governments can only take action to the extent that the community will allow them.

It is apparent to this Committee that there has been a failure on the part of all past Governments to undertake any determined action to help overcome the problems of alcoholism amongst Aborigines. This failure to seriously tackle this issue causes widespread poverty and acceptance by many Aborigines of alcohol as part of their way of life. For many, the depths of poverty, a sense of hopelessness, and a minority voice in the community has led to use and abuse of alcohol. This has been, and is, an area of considerable neglect.

There are a number of matters which have come under consideration by this Committee, but which do not strictly fall within its terms of reference. The most obvious, and most distressing, and a matter which cannot be ignored, is the question of daily breaches of the Liquor Act by some liquor retailers. The Liquor Act prohibits the sale of alcohol to inebriated persons, but this occurs frequently, and occurs particularly with Aborigines. The policing of the Liquor Act in this respect, and to a lesser degree, the sale of liquor to minors, appears to have been inadequate. Whilst increasing their sales, offenders are imposing the costs of this abuse on society. It is not only unlawful, it is also unethical.

Other matters which warrant further consideration include random tests in prisons to ensure that prisoners are not using alcohol or other drugs, occasional use of "sniffer" dogs in prisons to detect drugs, and the marking of the passport of persons who have been convicted of serious drug offences.

This report must be read in its entirety. There is considerable overlap between the terms of reference and each should not be read in isolation. Since this Committee commenced its deliberations, action, precipitated by this inquiry, has been taken on some of the recommendations.

This Committee is pleased to see the direction that is being taken by the Western Australian Alcohol and Drug Authority in recent times. It congratulates the staff of the Western Australian Alcohol and Drug Authority in performing a very difficult and stressful task without adequate resources.

CHAPTER TWO

SOURCES OF FUNDING

WA ALCOHOL AND DRUG AUTHORITY

- 1 Consolidated Revenue Fund:
operational nett expenditure
- 2 General Loan Fund:
capital projects, as approved
- 3 Private borrowings:
capital projects, as approved
- 4 National Drug Education Programme
(Commonwealth Government)
small grant via Public Health Department
for expenditure relating to drug education,
excluding alcohol. This grant was \$32,000
in 1981/82; \$31,000 in 1982/83; and \$41,000
in 1983/84
- 5 Other:
the Authority has on one occasion obtained
funds from the Commonwealth Department of
Health to undertake a specific research project

SOURCES OF FUNDING

Non-Statutory Agencies

- 1 WA Alcohol and Drug Authority:
 grants for agencies delivering approved
 formal rehabilitation programmes.
- 2 Lotteries Commission:
 grants usually for purposes other than
 operating expenses.
- 3 Department of Social Security:
 grants under the Homeless Persons Assistance
 Programme (for those agencies which qualify)
- 4 Public Health Department:
 grants under Womens Refuges (for those agencies
 that qualify)
- 5 Department of Aboriginal Affairs:
 grants to Aboriginal organizations
- 6 State Treasury (Industry and Welfare Branch)
 receives applications for grants from voluntary
 and welfare organizations meeting certain criteria
- 7 Community Employment Programme:
 grants to agencies to employ specified staff
- 8 Telethon Foundation:
 grants to agencies who qualify
 (Note: Jesus People Inc. are known to receive
 funds from this source)
- 9 Service Clubs (Lions, Rotary etc)
 grants to agencies on a one-off donation or
 "project" basis
- 10 Self-help fundraising activities with the community
- 11 Fees and Charges:
 for services and accommodation to clients.

Non-statutory Agencies in Western Australia (from the Directory compiled by the Western Australian Alcohol and Drug Authority).

Name & Address	No. Beds.	Description.
1. Kulila Association, 154 Edward Street, East Perth.	N/A	Provides non-residential individual counselling for Aborigines.
2. Wandering, C/- Post Office, Wandering. 6308	35	For treatment, rehabilitation, family counselling and psychological assessment of alcoholic Aborigines.
3. New Era Homes, 2-4 Norbert Street, East Perth. 6000	25	Residential care and non-residential care of homeless Aborigines, some of whom are regarded as chronic alcoholics.
4. Anawin, 14-16 Lane Street, Perth. 6000	14	Residential care and non-residential care for female Aborigines only who have alcohol and other drug problems. Provides rehabilitation, individual counselling and medical treatment.
5. Tranby Day Centre, 1st Floor, 283 Murray Street, Perth. 6000	N/A	Provides non-residential individual counselling, referrals and follow-ups for abusers of alcohol and prescription drugs.
6. Daughters of Charity- De Paul Centre, 33 Shenton Street, Perth. 6000	N/A	Provides non-residential individual counselling, occupational therapy, referrals and follow-up.
7. Saint Patrick's Care Centre, Parry Street, Fremantle. 6160	N/A	Day care centre, individual counselling, rehabilitation and outpatient therapy.
8. The Bridge (Jesus People Inc.) 30 Beaufort Street, Perth. 6000	12	Short-term residential care, and non-residential care for young people with other drug problems.
9. Saint Bartholomew's Night Shelter, 111 Kensington Street, East Perth. 6000	30	Residential care for males only. Provides detoxification, individual counselling, referrals and follow-up for alcohol and other drug abuses.

Name & Address	No. Beds	Description
10. Camillus House, 15 Bronte Street, East Perth. 6000	27	Residential and non-residential care for males only, some of whom have alcohol problems.
11. Association for the Care and Rehabilitation of Alcoholics, Drug Addicts and Homeless Persons Inc. (A.C.R.A.H) 13 Field Street, Mount Lawley. 6050.	55	Residential care for alcoholics providing detoxification, rehabilitation and individual counselling.
12. Lentara - Salvation Army, Cnr. Nash and Short Sts., East Perth. 6000	70	Residential care for males, alcoholic and other drug users. Provides rehabilitation, individual counselling, referrals and follow-up.
13. Nelson Homes Inc., 120 Whatley Crescent, Maylands. 6051	6	Residential care for alcoholic men, providing individual counselling and medical treatment.
14. Nelson Homes, Bicton, 37 Yeovil Crescent, Bicton. 6157	4	Residential care for homeless, not necessarily alcoholics. Provides rehabilitation, individual counselling, medical treatment and follow-up.
15. Nelson Home, East Fremantle, 52 Staton Street, East Fremantle. 6158	6	Residential care for homeless males, not necessarily alcoholics. Provides rehabilitation, individual counselling, medical treatment and follow-up.
16. Saint Bartholomew's House, 78 Brown Street, East Perth. 6000	37	Residential care for males, some of whom have an alcohol or other drug problem. Provides non-medical detoxification, rehabilitation, individual counselling, referrals and follow-up.
17. Waterloo House, 153 Waterloo Street, Tuart Hill. 6060	6	Residential care for male alcoholics only providing rehabilitation, individual counselling and referrals.
18. Wesley Rehabilitation Centre, Walcott House, 286 Walcott Street, Mount Lawley. 6050	6	Residential care for young women providing individual counselling.
19. Wesley Rehabilitation Services, Frances Street House, 42 Frances Street, Perth. 6000	10	Residential care for male alcoholics only, providing rehabilitation, individual counselling and referrals.
20. Martindale Hospital, 105 Tweedale Road, Applecross. 6156		"A" class hospital for the treatment of alcoholics.

Name & Address	No. Beds	Description
21. Holyoake, 65 Newcastle Street, East Perth. 6000	20	Residential care for males only, and non-residential care (mixed) for alcoholics and other drug users providing treatment, rehabilitation individual and family counselling, and referrals.
22. Palmerston Centre, 134 Palmerston Street, Perth. 6000	N/A	Non-residential care for drug users other than alcohol; providing treatment, rehabilitation, individual and family counselling, psychological assessment, referrals and follow-up.
23. Cyrenian House, 49 Newcastle Street, Perth. 6000	14	Residential and non-residential care for drug users other than alcohol; providing detoxification, treatment, rehabilitation, individual and family counselling, occupational therapy, psychological assessment, referrals and follow-up
24. "Carmel House" (Jesus People Morley Hostel) Camboon Road, Morley. 6062	15	Residential and non-residential care for young people; providing detoxification, treatment, individual and family counselling, referrals and follow-up.
25. Lincoln Street Youth Centre-Wesley Central Mission, 19 Lincoln Street, Highgate. 6000	10	Residential care for alcoholics and other drug users, providing rehab- ilitation, individual counselling, psychological assessment and follow-up.
26. Palmerston Farm, Woolcoot Road, Wellard. 6170	20	Residential care for chronic drug users; providing rehabilitation, individual counselling, medical treatment, psychological assess- ment, referrals and follow-up.
27. Salvation Army Tanderra Bridge Programme, 106 Pier Street, Perth. 6000	66	Residential and non-residential care for alcoholic and other drug users; providing detoxification, treatment, rehabilitation, individual counselling, occupation- al therapy, psychological assess- ment.
28. Salvation Army Seaforth Alcoholic Rehabilitation Centre, 2498 Albany Highway, Gosnells. 6110	30	Residential care for alcoholic and other drug users; providing rehabilitation, individual counselling, occupational therapy, medical treatment, psychological and psychiatric assessment.

Name & Address	No. Beds	Description
29. Serenity Lodge, 163 Kent Street, Rockingham. 6168	102	Residential care for alcoholics, providing treatment, rehabilitation, individual and family counselling, occupational therapy, follow-up.
30. "Rosella House" Halfway House, 11 Bayley Street, Geraldton. 6530.	10-12	Residential care for alcoholics and other drug users; providing individual and family counselling, referrals and follow-up.
31. Mullewa Rehabilitation Centre.	7	Residential and non-residential care for alcoholics; providing rehabilitation, individual counselling, medical treatment, referrals and follow-up.
32. Eastern Goldfields Halfway House, 11 Porter Street, Kalgoorlie. 6430	5	Residential and non-residential care for alcoholics and prescription drug abusers, providing rehabilit- ation, referrals and follow-up.
33. Alcoholics Recovery and Rehabilitation Foundation of Mandurah, 7 Cooper Street, Mandurah. 6210	10	Residential and non-residential care for alcoholics; providing treatment, rehabilitation, family counselling.
34. Holyoake Northam Regional Service.	N/A	Non-residential care for alcoholics and other drug users; providing family counselling and referrals.

NOTE: This Committee has found that, although many non-statutory agencies claim to provide referrals and follow-up work with clients, not many do so.

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- 1966 SOUTH AUSTRALIA. Parliament. Royal Commission into the operation of the liquor laws. Report. Commissioner: K Sangster. Adelaide: Government Printer, 1966.
- 1969 WESTERN AUSTRALIA. Parliament. Report of the committee appointed to inquire into and report on the operations of the liquor laws of the state. Perth: Government Printer, 1969.
- 1973 AUSTRALIA. Parliament. Senate Select Committee on Drug Trafficking and Drug Abuse. Report. Chairman: J.E. Marriott. Canberra: Australian Government Publishing Service, 1971.
- 1973 WESTERN AUSTRALIA. Parliament. Honorary Royal Commission on the treatment of alcohol and drug dependents in Western Australia. Report. Perth: Government Printer, 1973.
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- 1977 AUSTRALIA. Parliament. Senate Standing Committee on Social Welfare. Drug Problems in Australia - an intoxicated society? Report. Chairman: Peter Baume. Canberra: Australian Government Publishing Service, 1977.

- 1977 AUSTRALIA. Expert Group on Road Safety.
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Sydney: Government Printer, 1978.
- 1979 WESTERN AUSTRALIA. Department of Labour and Industry.
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Perth: Government Printer, 1979.
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Chairman: Ronald Sackville.
Adelaide: Government Printer, 1979.
- 1979 NEW SOUTH WALES. Parliament. Select Committee of the Legislative Assembly upon liquor trading.
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Chairman: E.N. Quinn.
Sydney: Government Printer, 1981.
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Sydney: Government Printer, 1979.
- 1979 DAVIDSON, Lindsay.
Health Promotion in Australia, 1918-1979: a report prepared for the Commonwealth Department of Health by Lindsay Davidson assisted by Simon Chapman and Catherine Hull.
Canberra: Australian Government Publishing Service, 1979.
- X 1980 WESTERN AUSTRALIA. Liquor Act.
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Chairman: J.F. Syme.
Perth: Government Printer, 1980.
- 1980 VICTORIA. Interdepartmental Working Party on the Drug Problem in Victoria.
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Canberra: Australian Government Publishing Service, 1980.

- 1980 AUSTRALIA. Parliament. Australian Royal Commission of Inquiry into Drugs.
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- 1980 AUSTRALIA. Parliament. Australian Royal Commission of Inquiry into Drugs.
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Canberra: Australian Government Publishing Service, 1980.
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Report.
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Report.
Chairman: Oliver Frances Dixon.
Perth: Government Printer, 1981.
- 1981 NEW SOUTH WALES. Committee of Inquiry into the Legal Provision of Heroin and other Possible Methods of Diminishing Crime Associated with the Supply and Use of Heroin.
Report.
Chairman: James Rankin.
Sydney: Government Printer, 1981.
- 1981 AUSTRALIA. Parliament. Senate Standing Committee on Social Welfare.
Another side to the drug debate...a medicated society?
Report.
Chairman: Shirley Walters.
Canberra: Australian Government Publishing Service, 1981.
- 1982 AUSTRALIA. Parliament. House of Representatives Standing Committee on Road Safety.
Education training and licensing of drivers including the special needs of disabled drivers.
Chairman: R.C. Katter.
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- 1983 AUSTRALIA. Parliament. Royal Commission of Inquiry into Drug Trafficking.
Report.
Commissioner: D.G. Stewart.
Canberra: Australian Publishing Service, 1983.

1. INTRODUCTION

This section of the report was prepared by Mr D.E. Smith, Research Psychologist with the Western Australian Alcohol and Drug Authority, at the request of the Select Committee. The purpose of this section of the report is to outline the extent and diversity of alcohol and illicit drug-related problems in Western Australia.

Throughout the report the emphasis will be on alcohol statistics as tobacco, the other major drug of abuse, is the responsibility of the Health Education Unit, Public Health Department, while the Pharmaceutical Services Branch in the same Department is responsible for the drugs which are included in the various schedules to the Poisons Act. In comparison to alcohol, the illicit drug problem in Western Australia is very small. For instance, as at 1979 the South Australian Royal Commission into the Non-medical Use of Drugs estimated that in South Australia from 500 to 1,500 persons were non-therapeutic opiate users whose use was likely to cause them trouble of some kind. A similar figure would probably have also applied to Western Australia. By contrast, if one uses the rule of thumb that approximately 5% of men over the age of 18 years in Western countries have alcohol related problems (Bewley, 1979), then as at June 30, 1979, an estimated 21,000 men in Western Australia may have been seriously affected by alcohol. Due to increased consumption of alcohol and the apparent greater willingness of women to admit to alcohol-related problems, the 1% figure traditionally used for adult women is now regarded as an under-estimate. If a 2% figure is used, then as at June 30, 1979 an estimated 8,400 women in Western Australia over the age of 18 years could have had alcohol-related problems. In total therefore, as at 1979 the number of adults with alcohol-related problems in Western Australia was 20 to 60 times greater than the estimated number of people with non-therapeutic opiate-related problems.

Wherever possible Western Australian statistics will be quoted throughout the report. However, due to the non-availability of local statistics for every aspect of the diverse problems associated with alcohol and other drug use, frequently it will be found that Eastern States and even overseas figures have to be used. If nothing else, these latter statistics give an indication of the possible magnitude of the particular aspect of the problem in question which could be anticipated had Western Australian figures been available.

2. ALCOHOL

a. Traffic Safety

i. Drink-driving Convictions

The 1981-82 Annual Report of the Police Department contained the following details of evidentiary tests for blood alcohol levels (excluding tests from victims of fatal traffic accidents):-

Offence	<u>Breath Tests</u>		Blood Tests W.A.	Total
	Metro	Country		
Driving under the influence	2,971	2,281	300	5,555
Excess 0.08%	3,161	1,713	170	5,044
Refuse	444	285	-	729
No charge	759	457	78	1,294
Totals	7,335	4,736	551	12,622

A difficulty in interpreting the above statistics is that only a very small proportion of alcohol-affected drivers are even arrested. For instance, a United States study (Beital *et al.*, 1975) found that the probability of a driver being arrested on any given trip when his blood alcohol level was in the 0.05% to 0.09% range was only 0.00012 (about 1 in 10,000). The probability of arrest while driving with a blood alcohol level over 0.10% was 0.0058 (about 1 in 200). In spite of the above very low probabilities, studies in Pennsylvania, America (Donnelly, 1978), Queensland (Lumsden, 1983) and Sweden (Norstrom, 1981), found that the greater the overall level of alcohol consumption, the significantly greater was the number of persons convicted for drink-driving offences.

With a view to obtaining information on the extent to which persons convicted of drink-driving offences have alcohol-related problems, a survey was conducted at the five Courts in the Perth metropolitan area. During a four week period in November and December, 1979, some 203 persons completed a short questionnaire. Particularly as very few persons refused to participate, it was believed that the respondents were a representative sample of metropolitan convicted drinking drivers. On the basis of scores obtained on the Short Form of the Michigan Alcoholism Screening Test (SMAST, Selzer *et al.*, 1975), 27% of the respondents were classified as possible problem-drinkers, and 51% as problem-drinkers (Smith, 1980b).

ii. Traffic Accidents

Between January, 1973 and December, 1981, post mortem blood alcohol levels were assessed for 2,006 persons killed in traffic accidents in Western Australia (Reports of the Government Chemical Laboratories, 1973 to 1981). The blood alcohol levels for the various categories of road users were as follows:-

Blood Alcohol Level %	Category of Road User					Total
	Motor Vehicle Drivers	Motor Cycle Riders	Passen- gers	Pedest- rians	Other and Unknown	
0.000	384	91	276	131	16	898
0.001-0.050	57	10	26	20	1	114
0.051-0.079	22	6	23	5	2	58
0.080-0.099	29	10	24	5	3	71
0.100-0.149	81	31	43	19	7	181
0.150-0.199	115	30	41	33	3	222
0.200-0.249	106	14	56	45	1	222
0.250-0.299	69	9	25	26	1	130
0.300+	39	5	25	40	1	110
Total	902	206	539	324	35	2,006
% above 0.080%	49%	48%	40%	52%	46%	47%
% above 0.150%	36%	28%	27%	44%	17%	34%

Before commenting on the above Table, attention should be drawn to the fact that the Western Australian "road toll" for the nine years from 1973 to 1981 was 2,749. The discrepancy results from the fact that post mortem blood alcohol analyses are not always requested by the Police (e.g., in the case of a two year old pedestrian fatality) or are not always appropriate (e.g., victim dies more than twelve hours after the accident).

From the Table it can be seen that 49% of the motor vehicle drivers and 48% of the motorcyclists had blood alcohol levels exceeding the legal limit of 0.08%. Included in these percentages are the 36% of motor vehicle drivers and 28% of motorcyclists with blood alcohol levels in excess of 0.150%. In the case of pedestrian fatalities subjected to post mortem blood alcohol analysis, 52% had a blood alcohol level of 0.08% or more, while 44% of the total exceeded 0.15%. The corresponding figures for passengers were 40% and 27% respectively.

While the above figures document the blood alcohol levels of road users killed in traffic accidents in Western Australia, they do not contain any information on the blood alcohol levels of road users similarly exposed to, but not involved in accidents. One Australian controlled

study has been conducted to establish the blood alcohol levels of drivers who were and were not involved in casualty accidents (McLean and Holubowycz, 1981). Some 299 drivers involved in casualty accidents to which an ambulance was called in metropolitan Adelaide formed the accident group. The matching criteria for the selection of the control drivers were the age and sex of the accident involved driver, and the time of day, day of week and location of the accident. Four control readings were obtained for each accident case. The accident-involvement ratios for the different blood alcohol levels were found to be as follows:-

Blood Alcohol Level %	Accident-Involvement Ratio
0.00	1.0
0.01 - 0.03	0.69
0.04 - 0.06	1.83
0.07 - 0.09	3.20
0.10 - 0.14	7.10
0.15 +	30.44

The authors suggested that the apparent reduction in the risk of accident involvement for drivers with a very low blood alcohol level was possibly an artifact arising from an association between the high accident risk levels of young persons who are inexperienced at both driving and drinking (Allsop, 1966). From the Table it can be seen that from a blood alcohol level of 0.04%, the accident-involvement ratio increases rapidly. A driver with a blood alcohol level of 0.15% has a thirty fold increased risk of a casualty accident compared to a sober driver.

b. Mortality (deaths)

Drew (1982) developed the following table of indices of attributable risk associated with the use of alcohol for selected causes of death:-

Cause of Death	I.C.D. Code (a)	Index %
		<u>Persons</u>
Malignant neoplasm of oesophagus	150	20 (b)
Malignant neoplasm of liver, primary	155.0	50 (b)
Alcoholic psychoses	291	100
Alcohol dependence syndrome	303	100
Non-dependent abuse of alcohol	305.0	100
Alcoholic cardiomyopathy	425.5	100
Alcoholic liver disease	571.0-571.3	100
Diseases of pancreas	577	15 (c)
Motor vehicle traffic accidents	E810-819	50
Accidental poisoning by alcoholic beverages	E860.0	100
Accidental falls	E880-888	10 (c)
Accidental drowning and submersion	E910	30 (c)
Suicide and self-inflicted injury	E950-959	20
Homicide and injury purposely inflicted by other persons	E960-969	33.3

(a) International Classification of Diseases 9th Revision
(W.H.O., 1977).

(b) 35 years and over only.

(c) 15 years and over only.

Using the above table Drew (1982) then estimated that the following number of deaths in Western Australia during 1980 were due to alcohol:-

<u>Cause of Death</u>	<u>Number</u>
Alcohol dependence and alcoholic cardiomyopathy	26
Alcoholic liver disease	47
Motor vehicle traffic accidents	146
Other causes	<u>59</u>
TOTAL	278

The possibility should not be overlooked that the above total of 278 is conservative as no deaths were attributed to alcohol for the following causes:-

Malignant neoplasm of lip, oral cavity and pharynx;
Malignant neoplasm of rectum, rectosigmoid function and
anus;
Malignant neoplasm of female breast;
Ischaemic heart disease;
Cerebrovascular disease; and
Hypertension.

For each of the above diseases, alcohol is an important contributory factor (Smith, 1983).

c. Hospital Admissions (Morbidity)

In 1977 Williams *et al.*, (1978) conducted a survey of 457 patients in Royal Prince Alfred Hospital, Sydney. Some 19% of the patients were considered to have alcohol-related problems, while a further 14% were considered to have a possible alcohol-related problem. The finding that up to 33% of all admitted patients had concomitant alcohol problems has been frequently quoted in the Australian medical literature (e.g., Royal Australasian College of Physicians, 1983). Williams *et al.* (1978) also reported that 30% of their male patients and 9% of their female patients were consuming more than 80 grams of alcohol per day. This is the level above which alcohol-damage is likely to occur, although recent evidence (Royal Australasian College of Physicians, 1983) indicates that the safe level of daily consumption does not exceed 60 grams of alcohol in men and 40 grams in women.

In the absence of Western Australian figures it does not seem unreasonable to suggest that if surveys were to be conducted at Fremantle, Royal Perth and Sir Charles Gairdner Hospitals, similar results to those of Williams *et al.* (1978) would be obtained. While a figure of up to 33% of all admissions to these three teaching hospitals being alcohol-related might come as a surprise to some, the figure is a consequence of alcohol being a factor, and in many cases of considerable importance, in the occurrence and causation of the following types of admissions:-

- Liver cirrhosis
- Alcoholism
- Alcoholic psychosis
- Cancer of the upper alimentary tract (e.g., lip, tongue, salivary gland, gums, mouth, oropharynx, nasopharynx, hypopharynx and oesophagus)
- Cancer of the rectum
- Cancer of the breast
- Cancer of the pancreas
- Cancer of the liver
- Pancreatitis
- Hypertension
- Ischaemic heart disease
- Alcoholic cardiomyopathy
- Cerebrovascular disease

- Traffic accidents (especially fatal and severe injury accidents for both pedestrians and vehicle occupants)
- Non-traffic accidents (e.g., industrial accidents, drowning, fire accidents and burns, and falls)
- Injury purposely inflicted by other persons (e.g., fights, brawls, rape, assault, child battering)
- Suicide, attempted suicide and parasuicide.

A detailed review of the evidence relating alcohol consumption to the above factors is contained in Smith (1983).

d. Mental Health Services

In 1980 a study was undertaken of all admissions to Mental Health Services approved hospitals for alcoholism and alcoholic psychosis in the ten years ended June 30, 1979 (Smith, 1980 a). Each year, on the average, 56 male and 16 female admissions were made for alcoholic psychosis. With the exception of the number of male admissions for alcoholic psychosis being slightly higher during the middle four years of the study, little variation occurred by year.

By contrast the number of admissions with a diagnosis of alcoholism progressively declined during the period of the study. From 545 admissions (463 male and 82 female) in 1969-70, the number had declined to 113 (80 male and 33 female) in 1978-79. The commencement of the decline in admissions for alcoholism during 1974-75 coincided with the opening by the Alcohol and Drug Authority of Ord Street Hospital in January, 1975 and Quo Vadis Hospital in June, 1975. The notable decline in admissions for alcoholism to Mental Health Service approved hospitals during 1976-77 also coincided with the opening by the Alcohol and Drug Authority of a new hospital (Aston) in January, 1977.

Factors other than the opening by the Authority of its three hospitals undoubtedly contributed to the above trend. For instance, the total number of all admissions to Mental Health Services approved hospitals declined substantially during the ten years of the study. Approximately half of the difference between the total number of admissions in 1969-70 and 1978-79 was attributed to the decline in admissions for alcoholism as noted in the preceding paragraph.

Over the ten years of the study 3.4% of all admissions to approved hospitals in the Mental Health Services were for alcoholic psychosis. For alcoholism, the corresponding figure was 15.6% (males 23.1%, females 6.0%). In 1969-70 alcoholism amongst male patients accounted for nearly 31% of all male admissions, but in 1978-79 the percentage had reduced to 9.6%. For females a similar trend was also evident.

When admissions for alcoholic psychosis and alcoholism were combined, 27.9% of all male and 7.6% of all female admissions during the decade were accounted for. Or expressed in another way, nearly one-fifth of all admissions to approved hospitals in the Mental Health Services were for these two diagnostic categories.

e. W.A. Alcohol and Drug Authority

From November, 1974 to June, 1983 a total of 4,909 persons have registered with the Authority as having alcohol-related problems:-

Period of Registration	Male	Female	Total
November 1974 to June 1976	642	85	727
July 1976 to June 1977	696	98	794
July 1977 to June 1978	430	58	488
July 1978 to June 1979	468	77	545
July 1979 to June 1980	551	97	648
July 1980 to June 1981	486	84	570
July 1981 to June 1982	427	74	501
July 1982 to June 1983	530	106	636
TOTAL	4,230	679	4,909

Since the Authority opened its Ord Street Hospital in January, 1975 a total of 1,788 admissions have taken place up until June 30, 1983. There have been 1,510 admissions to Quo Vadis Hospital since it accepted its first patient on June 23, 1975. A small number of persons with drug-related problems are included in the above figures. In the case of the Authority's detoxification unit, Aston Hospital, between January, 1977 and June, 1983 there were a total of 8,516 admissions, of which approximately 7% were for drug-related problems. It should be stressed that all the above figures are for admissions and not persons. Particularly in the case of Aston Hospital, the number of persons admitted would be considerably less. In total, to June, 1983 there had been 11,814 admissions to the Authority's three hospitals.

f. Alcohol-Related Brain Damage

In the past few years a number of research projects have been conducted in Western Australia with a view to determining the extent of alcohol-related brain damage.

For their fifth year Social and Preventive Medicine project, Brown and Baxter (1982) obtained details of patients in Western Australia with Korsakoff's psychosis in the period July 1, 1980 to June 30, 1981. The incidence of the disease was determined to be 16 valid cases per million adult population, while the prevalence was 365 per million adult population. Heavy drinkers are a high risk group for developing Korsakoff's psychosis.

During the four year period 1973-1976 inclusive, 51 cases of Wernicke's encephalopathy were diagnosed at necropsy at the Royal Perth Hospital, including cases performed by the Perth City Coroner (Harper 1979). Only seven of the cases had been diagnosed during life, while the 51 cases represented a 1.7% incidence rate for all necropsies during the period of the study. Subsequently Harper (1982) reported that during the period from 1973 to 1980 a total of 101 cases were diagnosed at necropsy, but only 21 cases were diagnosed during life. The incidence rate had increased from 1.7% to 2.5%. On the basis of his 1979 paper Harper suggested that Wernicke's encephalopathy was a more common disease than realised, while in the 1982 paper Harper stated that there was "an extraordinarily high incidence of the disease in Perth". Excessive intake of alcohol is a frequent agent in the occurrence of Wernicke's encephalopathy.

The severity and extent of cerebral atrophy was assessed on cranial computerized axial tomographic (CAT) scans in 240 alcoholics by Cala and Mastaglia (1980). A group of 59 male heavy social drinkers and a group of 115 normal volunteers who were either abstainers or light infrequent drinkers, were also given CAT scans. Some 95% of the alcoholics and 67% of the heavy social drinkers had abnormal CAT scans. They all showed a degree of cerebral and/or cerebellar atrophy in excess of that found in the normal subjects in a comparable age bracket. Atrophy was most frequent and most severe in the frontal lobes and superior vermis of the cerebellum, but, in most cases, there was more widespread cerebral and cerebellar cortical atrophy. The researchers commented that the data from the group of heavy social drinkers suggested that subclinical brain damage may occur with levels of alcohol intake less than 80 grams per day.

g. Department of Corrections

The 1981-82 Annual Report of the Department of Corrections contains a table which details the major offence of each prisoner received. The following categories are of special interest:-

Nature of Offence	Male		Female		Total
	Aboriginal	Other	Aboriginal	Other	
Drunkenness	168	36	65	0	269
Traffic Act - Alcohol-related offences	173	260	20	5	458
Licensing Act	15	3	16	0	34
Sub-total	356	299	101	5	761
Sub-total as a percentage of grand total of all prisoners received	22.5%	16.4%	34.8%	5.9%	20.1%

On the night of June 30, 1982 a census of prisoners was conducted and gave the following information for the same three categories:-

Nature of Offence	Male		Female		Total
	Aboriginal	Other	Aboriginal	Other	
Drunkenness	3	1	4	0	8
Traffic Act - Alcohol-related offences	22	38	1	0	61
Licensing Act	2	0	0	0	2
Sub-total	27	39	5	0	71
Sub-total as a percentage of all persons in prison on June 30, 1982	6.7%	4.9%	21.7%	0%	5.6%

The different figures in the above two tables are due to the fairly short period of imprisonment for the three offences in question, with the consequence that on a daily basis such prisoners only represent approximately 6% of all the State's prisoners, yet they account for some 20% of all imprisonments in a year. A shortcoming of the two tables is that they are restricted to the three offences for which, by definition, alcohol is always involved. There is a substantial body of literature (Smith, 1983) which indicates that alcohol is also a factor of some importance in the occurrence of homicide, assault, rape, robbery, burglary and even motor vehicle theft.

h. Drunkenness

The following table summarises the number of charges and number of convictions for drunkenness and habitual drunkenness in Western Australia from 1977 to 1981, while the last two columns express the previous two figures as percentages of the appropriate Grand Total:-

Year	No. of Charges	No. of Convictions	Drunkenness Charges as a Percentage of all Charges	Drunkenness Convictions as a Percentage of all Convictions
1977	11,215	10,289	10.3%	10.9%
1978	12,306	11,393	10.5%	10.8%
1979	11,803	11,100	9.6%	9.9%
1980	13,546	12,007	10.7%	10.4%
1981	14,241	13,234	13.7%	13.3%
Total	63,111	58,023	10.9%	11.0%

Whether viewed from the perspective of charges or convictions, from the above figures it can be seen that drunkenness accounts for approximately 11% of the work of Lower Courts in Western Australia. All the figures in the table were supplied by the Australian Bureau of Statistics (1981 a, 1981 b, 1982).

i. Liquor Laws

Appendix N to the 1981-82 Annual Report of the Police Department contains the following details of charges laid under the Liquor Act in Western Australia during 1981-82:-

	Charged	Con- victions	With drawn or Dis- missed	B/W's	Bail Est.	Fines \$
Having liquor in sports ground	24	21	3			460.00
Park Drinking	167	154	11	1	1	4,083.00
Street Drinking	613	548	62		3	10,826.60
Consume liquor in any class of premises	2	2				40.00
Drinking in a sports ground	35	35				1,150.00
Permit unauthorized person in bar	9	7	2			445.00
Fail to keep Register of Lodgers	1	1				50.00
Trading contrary to licence	40	37	3			2,375.00
Trading contrary to condition	9	7	2			530.00
Betting on licensed premises	7	7				550.00
Supply liquor to an intoxicated person	1		1			
Supplying liquor to a juvenile	12	11	1			825.00
Permit intoxicated person at bar	2	2				80.00
Permit Juveniles on licensed premises	13	12	1			705.00
Selling liquor contrary to permit	1	1				15.00
Obtaining liquor contrary to licence	327	286	37	1	3	6,027.00
Falsely pretend to be a lodger	2	2				100.00
Supply liquor to juvenile	6	5	1			175.00
Juvenile purchasing liquor	36	20	16			269.00
Juveniles on licensed premises	250	143	107			2,413.25
Enter or remain in a bar when closed	10	7	3			410.00
Refuse to leave or re-enters licensed premises	417	396	17	2	2	8,999.85

i. Liquor Laws continued...

Appendix N to the 1981-82 Annual Report of the Police Department contains the following details of charges laid under the Liquor Act in Western Australia during 1981-82:-

	Charged	Con- victions	With- drawn or Dis- missed	B/W's	Bail Est.	Fines \$
Juvenile furnishing false certificate	9	9				137.00
Prohibited from entering lic- ensed premises	71	70			1	1,220.50
Entering licensed premises when prohibited	70	70				1,362.75
Unlawfully dealing in liquor	18	16	2			924.50
Possession of liquor without licence	8	7	1			490.00
Having liquor for sale	2	1	1			5.00
Prohibit supply of liquor to inebriates	2	2				
Total	2,164	1,879	271	4	10	44,668.45

j. Summary

In 1977 the Senate Standing Committee on Social Welfare made the following statement with respect to the problem of alcohol in Australia:-

- . "Alcohol has been a major factor causing the deaths of over 30,000 Australians in the last ten years.
- . Deaths from cirrhosis of the liver have risen 75 per cent in the last ten years.
- . From 1965 to 1976, the per capita increase in the consumption of beer has been 27 per cent, of wine 122 per cent and of spirits 50 per cent.
- . Over one-quarter of a million Australians can be classified as alcoholics.
- . One million two hundred thousand Australians are affected personally or in their family situations by the abuse of alcohol.
- . One in every five of our hospital beds is occupied by a person suffering from the adverse effects of alcohol.
- . Two in every five divorces or judicial separations result from alcohol-induced problems.
- . In 1972-73, problems directly related to alcohol, including industrial accidents and absenteeism, cost the national economy more than \$500m.
- . Some 73 per cent of the men who have committed a violent crime had been drinking prior to the commission of the crime.
- . Alcohol is associated with half the serious crime in Australia.
- . Alcoholism among the young is increasing dramatically and as many as ten per cent of school children between the ages of 12 and 17 get 'very drunk' at least once a month."

Faced with the above summary of the extent of alcohol problems in Australia today, the Senate Standing Committee on Social Welfare (1977) concluded:-

- . Alcohol is the major drug of abuse in Australia.

- . The problem of alcohol abuse now constitutes a problem of epidemic proportions.
- . Any failure by governments or individuals to acknowledge that a major problem - and potential national disaster - is upon us would constitute gross irresponsibility.

From the extent and diversity of statistics quoted in Sections 2.a. to 2.i. above it will be readily apparent that the above conclusions are also applicable to Western Australia.

3. ILLICIT DRUGS

a. W.A. Alcohol and Drug Authority

As can be seen from the following table, from November, 1974 to June, 1983 a total of 2,250 persons registered with the Authority as having drug-related problems:-

Period of Registration	Male	Female	Total
November 1974 to June 1976	303	113	416
July 1976 to June 1977	276	139	415
July 1977 to June 1978	196	114	310
July 1978 to June 1979	214	113	327
July 1979 to June 1980	114	60	174
July 1980 to June 1981	116	62	178
July 1981 to June 1982	116	70	186
July 1982 to June 1983	156	88	244
Total	1,491	759	2,250

b. Department of Corrections

The following extract is taken from a table in the 1981-82 Annual Report of the Department of Corrections showing the major offence for each prisoner reviewed in the drug offences category:-

Nature of Offence	Male		Female		Total
	Abor.	Other	Abor.	Other	
Importing -					
Cannabis	-	2	-	-	2
Opiates	-	3	-	2	5
Other Drugs	-	1	-	2	3
Selling, Intent to Sell -					
Cannabis	1	39	-	4	44
Opiates	-	11	-	-	11
Other Drugs	-	5	-	-	5
Possessing, Obtaining, Using -					
Cannabis	2	34	-	5	41
Opiates	-	1	-	1	2
Other Drugs	-	6	-	1	7
Cultivating, Manufacturing -					
Cannabis	-	5	-	1	6
Opiates	-	-	-	-	-
Other Drugs	-	2	-	-	2
Miscellaneous Drug Offences	-	1	-	-	1
Sub-total	3	110	0	16	129
Sub-total as a percentage of grand total of all prisoners received	0.2%	6.0%	0.0%	18.8%	3.4%

As was the case with the alcohol figures (see Section 2.g.), it is also possible to examine the figures detailing the number of persons in prison on June 30, 1983 for drug offences:-

Nature of Offence	Male		Female		Total
	Abor.	Other	Abor.	Other	
Importing -					
Cannabis	-	4	-	-	4
Opiates	-	8	-	3	11
Other Drugs	-	3	-	1	4
Selling, Intent to Sell-					
Cannabis	1	26	-	2	29
Opiates	-	22	-	-	22
Other Drugs	-	7	-	-	7
Possessing, Obtaining, Using -					
Cannabis	-	6	-	-	6
Opiates	-	1	-	-	1
Other Drugs	-	2	-	-	2
Cultivating, Manufact- uring -					
Cannabis	-	-	-	1	1
Opiates	-	-	-	-	-
Other Drugs	-	-	-	-	-
Miscellaneous Drug Offences	-	-	-	-	-
Sub-total	1	79	0	7	87
Sub-total as a percent- age of all persons in prison on June 30, 1982	0.2%	9.9%	0.0%	19.4%	6.9%

c. Police Department

Arrests for drug dealing offences increased from 104 in 1980-81 to 209 in 1981-82 according to the 1981-82 Annual Report of the Police Department. The Table below shows the age groups and sex of those charged with dealing in 1981-82:-

Age	Arrests	Males	Females	Total Charges
Over 21 years	153	144	9	212
18-21 years	52	42	10	59
Under 18 years	4	4	0	4
Totals	209	190	19	275

The following table, which was also taken from the 1981-82 Annual Report of the Police Department, shows the number of persons charged and charges for the past five years for drug-related charges:-

Year	Under 18 yrs		18-21 years		Over 21 yrs		Total	
	Persons	Charges	Persons	Charges	Persons	Charges	Persons	Charges
1977-78	65	72	315	365	414	757	794	1,194
1978-79	45	72	310	414	519	654	874	1,140
1979-80	28	29	377	431	705	912	1,110	1,372
1980-81	50	51	522	637	1,051	1,347	1,623	2,035
1981-82	78	87	482	556	976	1,254	1,536	1,897
Total	266	311	2,006	2,403	3,665	4,924	5,937	7,638

For the years 1978, 1979 and 1980 the Australian Federal Police (1980, 1981) have published national statistics for drug abuse in Australia. With respect to Western Australia, the following information was given for fines and gaol sentences:-

Year	No. of Fines	Mean Fine \$	No. of Gaol Sentences	Mean Gaol Sentence (Months)
1978	437	158	82	29.4
1979	718	172	83	20.1
1980	924	241	23	4.7
Total	2,079	-	188	-

d. Court Statistics

During the calendar year 1981 the following convictions were given for drug offences, as detailed by the Australian Bureau of Statistics (1983):-

Class of Offence	Supreme & District Courts	Courts of Petty Sessions	Children's Court	Total
Possession/use of drugs	90	1,379	99	1,568
Dealing & trafficking in drugs	53	13	-	66
Manufacturing, growing & other drug offences	-	252	11	263
Total	143	1,644	110	1,897

e. Summary

Those tables appearing in Section 3 while only illustrative and in themselves incomplete nonetheless indicate the presence of a drug problem in Western Australia. The evidence they provide would be complemented by an examination of the reports of a number of those voluntary agencies providing services to this population. Nor of course is the extent of the problem discernable only from those bodies, whether statutory or non-statutory, which cater exclusively to these clients. Much drug abuse will be reflected in emergency admissions for overdose while other will be known only to individual general practitioners.

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LEGISLATION RELEVANT TO THE USE AND ABUSE OF
ALCOHOL AND ILLICIT DRUGS IN WESTERN AUSTRALIA

Western Australia

Aboriginal Affairs Planning Act
Aboriginal Communities Act
Alcohol and Drug Authority Act
Bail Act 1982
Convicted Inebriates Rehabilitation Act
Coroners Act
Criminal Code
Health Act
Health Education Council Act
Hospitals Act and Regulations
Liquor Act
Licensing Court Rules
Listening Devices Act
Mental Health Act
Misuse of Drugs Act
Offenders Probation and Parole Act
Poisons Act and Regulations
Police Act
Prisons Act and Regulations
Road Traffic Act
 Road Traffic Act Regulations
 Blood Sampling Analysis
 Breath Analysis
 Drivers Licences
 Urine Sampling and Analysis
Road Traffic Code

Australia

Australian Federal Police Act
Crimes Act
Customs Act
Customs (Prohibited Imports) Regulations
Customs Amendment Act
Judiciary Act

Narcotics Drugs Act and Regulations

Postal Services Act

Psychotropic Substances Act

Therapeutic Goods Act

SUBMISSIONS RECEIVED

Serenity Lodge,
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Inglewood. 6052

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Perth. 6000

J.M. Parker,
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North Beach. 6020

Djimununga Alcohol Committee,
Sub-committee Barula Corporation,
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Derby. 6728

Salvation Army,
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"Lincoln"
Boyup Brook. 6244

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Duncraig. 6023

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East Perth. 6000

Vincent Lee,
C/- A.D.A. William Street Clinic.

Charles Westheafer,
The Family Therapy Institute,
Box 77,
West Perth. 6005

Public Health Department,
60 Beaufort Street,
Perth. 6000

Indrad Services,
74a Hay Street,
Subiaco. 6008

Cyrenian House Drug Rehabilitation Centre,
419 Newcastle Street,
Perth. 6000

L. Fitzgerald,
7 Cooper Street,
Mandurah. 6210

Jesus People, Inc.,
Box 6282, Hay Street,
East Perth. 6000

Association for the Care and Rehabilitation of Alcoholics
and the Homeless,
Box 92,
Mount Lawley. 6050

D. & M. Cooper,
Chateau Barker Winery,
Box 102,
Mount Barker. 6324

Mrs Carol Armstrong,
Winterset Appaloosa Stud,
Lot 7, Prosperity Road,
Mount Helena. 6555

Western Australian Hotels Association,
Box 146,
Leederville. 6007

The Women's Christian Temperance Union,
14 Aberdeen Street,
Perth. 6000

R.J. Mitchell,
Onslow. 6710

Aboriginal Medical Service,
Kalgoorlie. 6430

Dr. Coid,
Community Health,
Kalgoorlie. 6430

Australian Council on Smoking and Health,
705 Murray Street,
West Perth 6005.

EVIDENCE TAKEN

Name	Occupation	Transcript Page No.
Mrs C. Armstrong	Public Servant	631 - 649
K. Ashton	Administrator	387 - 454 in camera
R.F. Atlee	Company Director	499 - 519
R.K. Bailey-Brooks	Clinical Psychologist	in camera
R. Bilson	Fencer	728 - 744
D. Bockman	Medical Superintendent	675 - 694
E.F. Bridge	Member of the Legislative Assembly	133 - 172
J.V. Brooksbank	Senior Supervisor	557 - 581
Ms. H. Carmody- Sheehan	Industrial Health Consultant	336 - 360
Dr. D.R. Coid	Regional Director	716 - 727
K. Colbung	Voluntary Worker	650 - 674
Dr. P. Cranley	General Practitioner	203 - 230
S.R. Draper	Accountant	257 - 289
Mrs J.P. Dunn	Nursing Sister	in camera
P.J. Frizzell	Education Officer	539 - 556
Geoff	Private Citizen	in camera
J. George	Deputy Director	557 - 581
Greg	Private Citizen	in camera
D.R. Gudgeon	Salvation Army Officer	455 - 478
R.C. Hammersley	President, W.A. Council on Addiction	1 - 69
Professor D.V. Hawks	Director	70 - 132
Mr. J.McC. Henderson	Salvation Army Officer	455 - 478
Dr. J.M. Henzell	Medical Practitioner	605 - 630
Monsignor B.J. Hickey		1 - 69
R.M. Ince	General Manager	520 - 529
D.S. James	Director of Nursing	in camera
R.C. Johnston	Clergyman	728 - 744
Karl	Private Citizen	in camera
Katherine	Private Citizen	in camera
J.V. Keating	Director	479 - 498
Marion Kickett	Private Citizen	133 - 172
Dr. G.N. Lagan	Medical Practitioner	231 - 255

EVIDENCE TAKEN

Name	Occupation	Transcript Page No.
R.V. Lonnie	Barrister and Solicitor	173 - 202
J.C. McNulty	Commissioner	605 - 630
J. Meneely	Public Servant	316 - 335
Mrs P. Meneely	Private Citizen	290 - 314
P. Moss	Medical Practitioner	in camera
T. Murphy	Counsellor	1 - 69
Mrs J. Nudding	Health Worker	695 - 715
L. Pavy	Superintendent	539 - 556
J.A. Pickworth	Executive Director	499 - 519
A.G. Prior	Project Officer	631 - 649
Dr. S. Seow	Deputy Director	70 - 132
R. Smith	Manager	745 - 752
T. Syddall	Stipendary Magistrate	582 - 604
A.F. Terry	Director	361 - 386
Ms. A. Thayne	Welfare Officer	695 - 715
I.M. Vodanovich	Director	557 - 581
B. Wilson	Proprietor	499 - 519

STATUTORY AND NON-STATUTORY AGENCIES VISITED

STATUTORY AGENCIES

Alcohol and Drug Authority Facilities:

Aston Hospital
William Street Clinic
Ord Street Hospital
Carrellis Clinic
Quo Vadis

Prisons Department Institutions:

Bandyup Women's Prison
Canning Vale Prison
Bartons Mill Prison
Karnet Prison Farm

NON-STATUTORY AGENCIES

Serenity Lodge
Alcoholics Recovery and Rehabilitation Foundation
Cyrenian House
Drug Rehabilitation Association
Holyoake, The Western Australian Institute
on Alcoholics and Addictions
Aboriginal Medical Centre
St Bartholomew's House
Jesus People Inc.
Seaforth Alcoholic Rehabilitation Centre
Bloodwood Tree Association
Milliya Rumurra Rehabilitation Centre

In addition to the above, this Committee visited New South Wales, Victoria, and South Australia where a large number of statutory and non-statutory agencies were inspected.

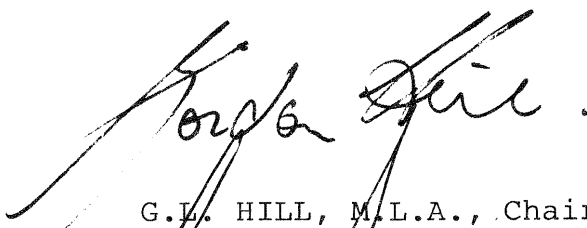
ACKNOWLEDGEMENTS

This Committee owes a debt of gratitude to the many people who assisted in the enquiry. Particular mention must be made of the Secretary, David Green, for arranging the itineraries, inspections and interviews, typist Mrs J. Vanderfeen for typing the report and meeting difficult deadlines, Hansard reporters for the many hours of accurately taking evidence, and Hansard typists for the many hours of typing the transcripts of evidence.

We also express many thanks to the non-statutory agencies which prepared submissions, and some of which also gave evidence before the Committee. These agencies are of great importance in the field of treatment of those dependent upon alcohol and other drugs. Many non-statutory agencies willingly gave time to this Committee to either give evidence or accept the Committee into their premises and explain their operations.

Mention must also be made of the hospitality accorded this Committee by statutory and non-statutory authorities in New South Wales, Victoria and South Australia. This Committee found the evidence provided in other States to be extremely valuable in formulating the recommendations.

Finally, but by no means least, the Committee expresses its gratitude to the Western Australian Alcohol and Drug Authority for its co-operation in providing information requested and its frank and open approach generally. The Western Australian Alcohol and Drug Authority provided a very worthwhile submission to this Committee and continued to meet its requests expeditiously throughout its period of operation.



G.L. HILL, M.L.A., Chairman



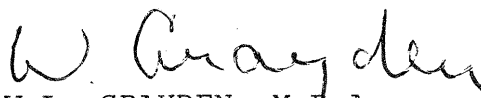
R.E. BERTRAM, M.L.A.



P.A. BUCHANAN, M.L.A.



G.T. DADOUR, M.L.A.



W.L. GRAYDEN, M.L.A.

DEFINITIONS

- A.D.A. ... In this report the Western Australian Alcohol and Drug Authority is also referred to as "the A.D.A."
- Non-statutory Agencies ... except where the intention is clearly to the contrary, the expression "non-statutory agencies" includes any organisation, whether or not incorporated, established other than by legislation for the purpose of treating persons who are or may be adversely affected in consequence of their abuse of alcohol and/or other drugs.
- This Committee ... refers to the Parliamentary Select Committee on alcohol and other drugs.
- Diversion system ... refers to a system of referral by the penal and/or court system of alcohol or other drug offenders to a statutory assessment or treatment centre.

CHAPTER THREE

This Chapter contains a list of each term of reference together with its recommendations.

(a) The desirable balance of statutory and non-statutory services

RECOMMENDATIONS:

1. That the general health care system, including general hospitals, develop facilities for the diagnosis and treatment of those of its patients with alcohol and other drug related problems.
2. That as an interim measure the Western Australian Alcohol and Drug Authority be encouraged to establish clinical units within each of the major general teaching hospitals and such other general or other regional hospitals as may be appropriate.
3. That responsibility for those units referred to in 2 above be absorbed as soon as is practicable by the restructured Health Department.
4. That the Western Australian Alcohol and Drug Authority retain its current limited involvement in specialised treatment to those with alcohol related problems and that its occupancy of the Mount Lawley Annexe for alcohol and drug treatment be expedited.
5. That the Western Australian Alcohol and Drug Authority staff be given greater opportunity of transfer in employment within the restructured Health Department.
6. That the Western Australian Alcohol and Drug Authority remain as the only body responsible for the methadone maintenance treatment programme. (See also Recommendation 9, term of reference [d]).
7. That additional staff be employed in client counselling at the Western Australian Alcohol and Drug Authority's William Street clinic.

(b) The funding of non-statutory services

RECOMMENDATIONS:

1. That non-statutory agencies be required to meet conditions of grant, as outlined in this Report, before funding is provided by the Western Australian Alcohol and Drug Authority.
2. That the approval of the Western Australian Alcohol and Drug Authority be obtained by all statutory authorities (State and Federal) before making grants to non-statutory agencies.
3. That a clinical review team be set up within the Western Australian Alcohol and Drug Authority to establish and/or maintain minimum standards of treatment by non-statutory agencies.
4. That a finance monitoring and co-ordinating facility be established within the Western Australian Alcohol and Drug Authority to assist non-statutory agencies in budgeting, examining the effectiveness of the agencies' programmes, ensuring that proper and standard accounting procedures and auditing are conducted and to assist in other administrative procedures, as required by the Authority.
5. That the audit report of non-statutory agencies contain such specific details as the Authority may require, and that the auditor be a person who is registered as an auditor under the provision of the Companies Act or such other person as may be specified by the Western Australian Alcohol and Drug Authority.
6. That the Lotteries Commission and all other statutory bodies be required to obtain receipts and a statement of expenditure from all bodies to which it makes grants and to certify as to the proper expenditure of all funds given by them to non-statutory agencies.
7. That the Western Australian Alcohol and Drug Authority be empowered to make specific grants to non-statutory bodies for specified purposes.

(c) The co-ordination of the non-statutory sector, and its relationship to the statutory sector

RECOMMENDATIONS:

1. That the Council of non-statutory agencies be required to meet regularly.
2. That where appropriate requirement for attendance at the meetings of the Council be made a condition of grant.
3. That the Council of non-statutory agencies elect a Chairperson and Secretary and that these officers, in consultation with the Director of the Western Australian Alcohol and Drug Authority, or his representative, prepare the agenda for council meetings.
4. That a finance monitoring and co-ordinating facility within the Western Australian Alcohol and Drug Authority be established and that it employ officers to liaise with the non-statutory agencies.
5. That the Director of the Western Australian Alcohol and Drug Authority, or his representative, be given power to investigate complaints against non-statutory agencies where the Director is satisfied that an investigation is warranted.
6. That the Director of the Western Australian Alcohol and Drug Authority be given the power to enter non-statutory agencies and associated premises, take possession of documents, papers and/or financial records to facilitate any investigation by the Western Australian Alcohol and Drug Authority.
7. That non-statutory agencies be listed in a register kept by the Western Australian Alcohol and Drug Authority, and that it be unlawful for non-statutory agencies to operate unless they are so listed.
8. That the Board of the Western Australian Alcohol and Drug Authority shall have the right to suspend or de-list non-statutory agencies following an investigation.
9. That delisted or suspended non-statutory agencies shall have an appropriate right of appeal against such de-listing or suspension.

- (d) The location of services for the treatment of those suffering from alcohol and other drug related problems
-

RECOMMENDATIONS:

1. That Alcohol and Drug Services Units be established in hospitals. (See recommendation 2, term of reference a.)
2. That detoxification units, non-medical or medical, be established adjacent to regional and metropolitan sub-regional hospitals and the major teaching hospitals where appropriate.
3. That where practicable admission to detoxification units be administered directly by these units and not through the hospital casualty section.
4. That additional funds be allocated to these detoxification units to ensure their proper status in the health care delivery system.
5. That the Western Australian Alcohol and Drug Authority, together with the Commonwealth Department of Aboriginal Affairs, undertake a study into the specific needs of Aboriginal people in the field of alcohol and drug treatment, establish the areas of priority for treatment, and research effective education and prevention techniques.
6. That there be established an office of Regional Co-ordination in both the Kimberley, and Pilbara regions to assist in the development of treatment programmes, to distribute educational material, and to liaise with the hospitals, health professionals, teachers, police officers and courts there.
7. That additional facilities and resources be allocated in the Murchison, and Eastern Goldfields regions.
8. That the State Government urge the Australian Government to widen the use of Isolated Patients Travel and Accommodation Assistance Scheme so as to include chronic alcoholics and drug abusers.
9. That the Western Australian Alcohol and Drug Authority increase the number of methadone dispensing outlets.
10. That there be established, as instrumentalities of the Western Australian Alcohol and Drug Authority, centralised assessment and referral centres to accept voluntary admissions and referrals and through which clients will be admitted for pre-trial and other reports as required by the courts.
11. That simultaneously with the introduction of a diversion system, a centralised statutory assessment and referral centre be established for users of drugs other than alcohol.

- (e) *The availability of appropriate training for those providing services to those suffering from alcohol and other drug related problems*
-

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority accept responsibility for ensuring that adequate training is provided to all personnel engaged in the provision of services to those suffering from alcohol and other drug related problems.
2. That all personnel involved in the provision of treatment be required to participate in training courses, either on an in-service or external basis, or both.
3. That graduates from training courses be given appropriate accreditation by the Western Australian Alcohol and Drug Authority.
4. That a national minimum level of training and accreditation be established.
5. That in-service training also be conducted with non-statutory agency staff working on secondment to the Western Australian Alcohol and Drug Authority or general health care delivery system.
6. That the Western Australian Alcohol and Drug Authority have input into the doctor and nurse training curricula.
7. That all health professionals and welfare workers receive pre-service and where appropriate in-service training in the area of alcohol and drug education and treatment programmes, co-ordinated by the Western Australian Alcohol and Drug Authority.

- (f) The breadth and variety of programmes available for the treatment of those suffering from alcohol and other drug related problems
-

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority undertake research into the needs of the community in terms of treatment methods and establish geographic priorities.
2. That the Western Australian Alcohol and Drug Authority investigate the desirability of establishing a treatment programme of controlled drinking within non-statutory agencies.
3. That non-medical detoxification units be established adjacent to hospitals where practicable and appropriate.
4. That the Western Australian Alcohol and Drug Authority research the appropriateness of non-medical detoxification of alcohol and other drug dependents in their own homes, with a view to extending its use.
5. That the Western Australian Alcohol and Drug Authority and the Department of Aboriginal Affairs in co-operation with Aboriginal communities undertake research into the appropriateness of methods for the treatment of Aborigines dependent upon alcohol and/or other drugs.
6. That greater emphasis be placed on the provision of funds for treatment facilities for Aborigines, and for the training of staff.
7. That provision be made within non-statutory agencies for treatment facilities catering exclusively for women.
8. That the Western Australian Alcohol and Drug Authority examine the evidence and findings of the Smith Report and the Sackville Royal Commission Report in South Australia with a view to making an assessment of the appropriateness of the existing criteria for the dispensing of methadone in Western Australia.
9. That the Western Australian Alcohol and Drug Authority engage private counsellors to assist the counselling of drug addicts outside of normal working hours, and/or roster its existing staff at its William Street Clinic.
10. That the State Government contribute greater funding to the Western Australian industry programme and that additional staff be provided to INDRAD Services to enable it to extend its successful services.

- (g) *The adequacy of existing resources for the education of the general public regarding the responsible use of alcohol and other drugs*
-

RECOMMENDATIONS:

1. That a policy on alcohol and drug education be developed nationally.
2. That the Western Australian Alcohol and Drug Authority be charged with responsibility to advise Government on legislative, fiscal, commercial, industrial and other matters that may influence the incidence of these problems in our society.
3. That the Western Australian Alcohol and Drug Authority be provided with additional financial and staff resources to enable it to fulfil the educational role and its role as an advisory body to the Government as outlined in this report.
4. That the Western Australian Alcohol and Drug Authority in collaboration with appropriate bodies be charged with responsibility to co-ordinate and promote educational activities in the community at large, using all available techniques and resources for this purpose.
5. That "safe" or "responsible" levels of alcohol consumption be established.
6. That alcohol and other drug advertising in its widest meaning be strictly regulated by statute.
7. That the various organisations, including Government Departments involved in health matters, undertake an assessment of current health promotional activities in Western Australia with a view to ensuring appropriate levels of healthy lifestyle promotion, including alternatives to alcohol and other drugs.
8. That the study recommended in point (7) above be co-ordinated by the Western Australian Alcohol and Drug Authority and the Health Education Unit of the restructured Health Department.
9. That the Western Australian Alcohol and Drug Authority prepare a statement of health objectives relating to alcohol and other drugs and disseminate it to health professionals and other appropriate bodies.
10. That the Education Department of Western Australia and the Western Australian Alcohol and Drug Authority establish a specialist unit to conduct teacher pre-service and in-service education, and to assist within the schools.
11. That a specialist in education be appointed to the Board of the Western Australian Alcohol and Drug Authority.

12. That a study be undertaken to determine-

- (a) the impact of the Alcoholic Liquor Fund on education levels, consumption of alcohol and in meeting the other objectives of the New Zealand Alcoholic Liquor Advisory Council; and
- (b) the levels of financial input by the alcohol industry and the current use of that revenue in Australia.

And action be taken to implement the recommendations made.

13. That the State Government make representations to the Australian Government to ensure that an adequate proportion of revenue collected from excise duty be directed to the States for the purpose of alcohol and other drug education programmes.

(h) *The legislative remit of the Alcohol and Drug Authority*

Many of the recommendations contained in this report may be implemented within the ambit of the Alcohol and Drug Authority Act 1974. Other of this Committee's recommendations clearly call for that Act to be amended.

- (i) The adequacy of information relating to the production, use and abuse of alcohol and other drugs in Western Australia

RECOMMENDATIONS:

1. That greater resources be allocated to the collection of information relating to the true extent of the problems of alcohol and other drug use.
2. That research and educational activities be co-ordinated between the Territories and States and collated nationally in a computerised system.
3. That the Western Australian Alcohol and Drug Authority establish a closer and more continuous liaison with the Addiction Research Foundation in the Province of Ontario, Canada.
4. That consideration be given to allocating funds to competent non-statutory agencies and/or individuals in appropriate circumstances for the purpose of research into aspects of alcohol and other drug abuse and related problems.
5. That the Western Australian Alcohol and Drug Authority devise a system of data collection for use by hospital staff and that hospital staff be encouraged to use this system.
6. That clinical staff involved in the field of alcohol and other drug abuse be encouraged to become more involved in research activities in these areas.

CHAPTER FOUR

FINDINGS AND RECOMMENDATIONS

- (j) *The relationship of the Alcohol and Drug Authority to those Government Departments and instrumentalities having responsibilities in areas related to the use of alcohol and other drugs.*
-

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority be given access to all appropriate information from Government departments relating to alcohol and other drugs and should be consulted in determining policy on these matters.
2. That a pre-trial diversion system be established in Western Australia, and that assessment of alcohol and other drug offenders take place at the assessment centres to be operated by the Western Australian Alcohol and Drug Authority.
3. That the Prisons Department be required to liaise with the Western Australian Alcohol and Drug Authority to co-ordinate follow-up treatment for alcohol and other drug offenders upon their release from prison.

(a) The desirable balance of statutory and non-statutory services

This Committee is concerned with the view held by many people in our society - that alcohol and drug abuse is a massive problem for the A.D.A. and a few voluntary agencies to handle but not one in which the general health delivery system is greatly involved. It was estimated by the 1977 Senate Select Committee on Social Welfare (Baume Committee) that 20 per cent of admissions to hospitals are as a result of alcohol related illnesses. This Committee has considerable evidence that this is the case and the percentage may be even greater.

A study conducted at the Royal Prince Alfred Hospital in Sydney in 1977, showed that 15 per cent of patients had an admission directly precipitated by alcohol abuse and up to a third of the patients in hospital had an alcohol related problem which may or may not have been the reason for their admission.

This Committee believes that greater attention needs to be given by medical practitioners to the problem of alcohol. Too often a symptom is treated and not the cause, namely alcohol. The level of awareness of medical, nursing and other disciplines to one of the most prevalent medical problems in our community needs to be improved. The integration of alcohol and drug treatment facilities and services into the general health care delivery system would help to serve this purpose.

In its submission to this Committee the A.D.A. recognised its responsibility as being in part -

"to enhance the competence of (non-statutory) agencies".

The A.D.A. also submitted that it -

"should not be principally involved in providing services to those clients profoundly dependent on alcohol whose long term care can more appropriately, and less expensively, be undertaken by voluntary agencies".

The A.D.A. also recognises the need to play a larger role -

"in providing services and consultation within the major general hospitals, and in establishing services more acceptable and accessible to the general practitioner and industrial sectors".

This Committee has recommended that the A.D.A. retain its current limited involvement in specialised treatment to those with alcohol related problems and that its occupancy of the Mount Lawley Annexe for alcohol and drug treatment be expedited.

Long term treatment can be more appropriately undertaken by non-statutory agencies.

In addition this Committee has recommended the establishment of Alcohol and Drug Service Units at general hospitals. Ultimately these units would be financed and administered by the restructured Health Department.

This recommendation is in no way an adverse reflection on the service delivery of the A.D.A., or its staff. The staff are dedicated and highly professional. This proposal will give A.D.A. staff an opportunity for advancement. At the moment there are very few avenues for promotion in the A.D.A. Under this Committee's proposal, staff would be guaranteed continuity of service in their field of interest and expertise and would have opportunities for promotion within the Health Department generally and so have the opportunity to transfer into alternative areas of health care. This is important since the alcohol treatment service is extremely demanding and stressful.

This Committee has observed the poor morale of some A.D.A. staff working in the field of alcohol treatment. In recent years, for example, the demands on staff, lack of promotional opportunities, and other reasons has meant a high rate of staff turnover at the Ord Street Hospital.

The Drug and Alcohol Authority in New South Wales allocates approximately 80 per cent of its budget towards the funding of non-statutory agencies. The Chairman of the New South Wales Drug and Alcohol Authority told this Committee that if the Authority-

"becomes too large and too bureaucratised it will alienate those really sensitive groups in the community".

The same applies in Western Australia. This Committee accepts the view expressed by the A.D.A. in its submission that it should be a relatively small and specialised unit - concentrating in the areas of co-ordination, research, education and prevention and having a small treatment component.

The non-statutory agencies have an important role to play in service delivery but they require considerable co-ordination of funding, treatment programmes, and the provision of appropriate training for people involved in the treatment of those suffering from alcohol and other drug related problems. The A.D.A. should also be involved in establishing a set of minimum standards of treatment for the non-statutory agencies.

Prior to the recently announced decision by the A.D.A. to close Quo Vadis the Committee had concluded that the A.D.A. should dispose of that property. In 1978 and 1979, the research psychologist of the A.D.A., namely Mr. D.I. Smith, conducted an evaluation of the inpatient alcohol rehabilitation programme at Quo Vadis and found that the value of the establishment was highly questionable. Certainly it appeared that Quo Vadis was not cost-effective.

Mr. Smith's study also showed a higher than expected level of recidivism.

This Committee accepts the A.D.A. submission that it should not itself be involved in -

"providing services to those clients profoundly dependent on alcohol".

Many of the clients at Quo Vadis require long term care - care which could be provided effectively and in a more cost-efficient manner by non-statutory agencies. Accordingly this Committee has supported the decision to close Quo Vadis.

The A.D.A. provides an important and valuable facility for the treatment of opiate addicts at its William Street clinic.

Staff at that clinic are dedicated people, working in a depressing and stressful situation.

That clinic not only provides methadone maintenance, but provides drug information, advice and counselling to clients and their families. Unfortunately the staff, limited in number, are unable to cope with the increasing clientele and accordingly their consultation function has suffered. There has also been a decline in the recall of patients for counselling and programme review. It is noted that in the twelve months from July 1981 to June 1982, there were 186 new registrations. In the year, July 1982 to June 1983, there were 243 registrations - an increase of 30 per cent. Over the same period, there was an increase of only 8.5 per cent in the number of occasions of service.(1)

This Committee believes that counselling, and continuous and regular patient contact is important and should be emphasised just as much as, perhaps even more than methadone maintenance. Accordingly this Committee has recommended additional staff be employed for these purposes.

- (1) The A.D.A. defines this as the number of times patients have received a consultation, treatment or an examination.

RECOMMENDATIONS:

1. That the general health care system, including general hospitals, develop facilities for the diagnosis and treatment of those of its patients with alcohol and other drug related problems.
2. That as an interim measure the Western Australian Alcohol and Drug Authority be encouraged to establish clinical units within each of the major general teaching hospitals and such other general or regional hospitals as may be appropriate.
3. That responsibility for those units referred to in 2 above be absorbed as soon as is practicable by the restructured Health Department.
4. That the Western Australian Alcohol and Drug Authority retain its current limited involvement in specialised treatment to those with alcohol related problems and that its occupancy of the Mount Lawley Annexe for alcohol and drug treatment be expedited.
5. That the Western Australian Alcohol and Drug Authority staff be given greater opportunity of transfer in employment within the restructured Health Department.
6. That the Western Australian Alcohol and Drug Authority remain as the only body responsible for the methadone maintenance treatment programme. (See also Recommendation 9, term of reference [d]).
7. That additional staff be employed in client counselling at the Western Australian Alcohol and Drug Authority's William Street clinic.

(b) The funding of non-statutory services

This Committee is concerned with the level, co-ordination and administration of funds allocated to the non-statutory agencies.

Recently, the A.D.A. has established a directory of the non-statutory agencies providing treatment services to people dependent upon alcohol and other drugs. This directory does not sufficiently identify the types of treatment provided. In addition, the A.D.A. has failed, possibly due to lack of resources, to evaluate the services provided by the non-statutory agencies. If an evaluation is conducted, and if the A.D.A. could be confident of the standards, effectiveness, integrity and administrative competence of the non-statutory agencies it would be in a better position to assess the appropriate level of funding, if any, to the various non-statutory agencies.

Accordingly, this Committee has recommended the establishment of a clinical review team to establish minimum standards of treatment by non-statutory agencies. The team may form part of a finance monitoring and co-ordinating facility within the A.D.A. Such facilities would be to assist the non-statutory agencies in budgeting, examining the effectiveness of their programmes, ensuring that proper and standard accounting procedures and auditing are conducted and to assist in other administrative procedures, as required by the A.D.A.

During the course of its deliberations, this Committee received submissions which complained about poor financial administration and other matters associated with Serenity Lodge (Inc.) of Rockingham. Some of the complaints were based on circumstantial evidence, but, having regard to all of the evidence and the records of Serenity Lodge (Inc.) including interviews with the Administrator, a medical practitioner who is Chairman of the Board, and the Lodge's treasurer, this Committee is dissatisfied with certain aspects of the administration, accounting procedure and management. It is clear that Serenity Lodge (Inc.) has not always conformed with its Constitution. This Committee understands that Serenity Lodge (Inc.) has willingly taken action to correct some of these things. In the best interests of everyone concerned, organisations and individuals providing finance to non-statutory agencies need to be sure that their funds are being used in accordance with the expectations of the donors. It is in the interest of the non-statutory agencies that there is proper scrutiny of their financial management and thorough auditing.

The A.D.A. has drafted a document entitled "Terms of Agreement and Conditions of Grant" (see Appendix B) which should be completed and signed by all non-statutory agencies seeking funds. The conditions relate to the maintenance of records, training of staff, purchase of capital equipment, evaluation of the service, the maintenance of proper and sufficient accounts, financial reports and similar and incidental matters.

This Committee strongly believes that under no circumstances should funds be granted to a non-statutory agency that has not agreed to and signed the Terms of Agreement and Conditions of Grant.

This Committee is concerned that non-statutory agencies can make submissions to other statutory bodies seeking funding without prior reference to the body with expertise in this field namely the A.D.A. Accordingly, this Committee has recommended that the written approval of the A.D.A. be obtained by all statutory bodies before making grants to non-statutory agencies.

The Lotteries Commission occasionally provides funds to non-statutory agencies for capital purposes. Funds are also provided on occasions to assist a non-statutory agency in its first year of operation and then, having demonstrated its ability to survive, it often seeks to obtain funds from the A.D.A.; the Lotteries Commission having ceased its funding after 12 months. This Committee is not satisfied that the Lotteries Commission sufficiently checks the expenditure of its grants. Receipts are not obtained for the money expended. The Lotteries Commission often checks balance sheets and conducts inspections of the property but this Committee believes that this could be open to abuse and is not sufficient scrutiny. This Committee, therefore, has recommended that the Lotteries Commission and other statutory bodies be required to satisfy themselves as to the proper expenditure of all funds given by them to non-statutory agencies by obtaining receipts and certification as to the proper expenditure of all funds given by them to non-statutory agencies.

As a co-ordinating body, the A.D.A. should be given the opportunity of promoting the establishment of new projects where the need exists. It is appropriate that the A.D.A. provide finance, either totally or in part, to initiate the establishment of new facilities and new treatment programmes where an assessment has indicated that such a facility is required. For example, it may become apparent that family counselling for alcohol and drug related problems should be introduced in a particular regional centre. In this case, the A.D.A. may approach local private counsellors, service organisations, local government or any other appropriate body to offer assistance in establishing such a service. Financial assistance would be made on a contractual basis and the Terms of Agreement and Conditions of Grant applied.

RECOMMENDATIONS:

1. That non-statutory agencies be required to meet conditions of grant, as outlined in this Report, before funding is provided by the Western Australian Alcohol and Drug Authority.
2. That the approval of the Western Australian Alcohol and Drug Authority be obtained by all statutory authorities (State and Federal) before making grants to non-statutory agencies.
3. That a clinical review team be set up within the Western Australian Alcohol and Drug Authority to establish and/or maintain minimum standards of treatment by non-statutory agencies.
4. That a finance monitoring and co-ordinating facility be established within the Western Australian Alcohol and Drug Authority to assist non-statutory agencies in budgeting, examining the effectiveness of the agencies' programmes, ensuring that proper and standard accounting procedures and auditing are conducted and to assist in other administrative procedures, as required by the Authority.
5. That the audit report of non-statutory agencies contain such specific details as the Authority may require, and that the auditor be a person who is registered as an auditor under the provision of the Companies Act or such other person as may be specified by the Western Australian Alcohol and Drug Authority.
6. That the Lotteries Commission and all other statutory bodies be required to obtain receipts and a statement of expenditure from all bodies to which it makes grants and to certify as to the proper expenditure of all funds given by them to non-statutory agencies.
7. That the Western Australian Alcohol and Drug Authority be empowered to make specific grants to non-statutory bodies for specified purposes.

(c) The co-ordination of the non-statutory sector, and its relationship to the statutory sector

This Committee is anxious to see that some control is exercised over the establishment of non-statutory agencies. At the moment, inefficiencies and duplication of non-statutory agencies can occur.

At present there is competition for clients and funds and jealousy exists between non-statutory agencies. The regular meetings of administrators of non-statutory agencies, initiated by the A.D.A., helps to alleviate this concern. However, there is no compulsion to attend and few, if any, visible benefits from participation. Some non-statutory agencies are not represented, although there is overwhelming agreement as to the potential value of these meetings. Accordingly, this Committee has recommended that attendance at these meetings be compulsory except for those non-statutory agencies situated in isolated areas, or as may be determined by the Director of the A.D.A.

The Senior Consultant Psychiatrist from the Royal Edinburgh Hospital in Scotland, Dr. E.B. Ritson, recommended that the non-statutory agencies should -

"form a Council incorporating the diverse interests in the alcohol and drug field and require this Council to then negotiate for funds on behalf of its constituents".

This suggestion has considerable merit as it would encourage co-ordination and co-operation within the non-statutory agencies. It is understood that a Council has now been officially formed, but without the mandatory attendance recommended by this Committee. This Committee has recommended that the meetings be regular and that the Chairperson and Secretary be elected by the non-statutory agencies.

The agenda for these meetings should be drawn up by these officers in consultation with the Director of the A.D.A., or his representative.

Under term of reference (b) this Committee recommended the establishment of a finance monitoring and co-ordinating facility within the A.D.A. It would be appropriate for this facility to have a liaison officer or officers for continuous contact with the non-statutory agencies. There can be considerable value in the non-statutory agencies raising issues, complaints and outlining needs with and seeking advice from, the same officer in the A.D.A. Considerable rapport has been established in New South Wales between the liaison officers and the non-statutory agencies in this way.

Improved co-ordination can be obtained with greater attention being paid to the training of the staff of non-statutory agencies by the A.D.A., and with a system of staff exchange. Both of these issues will be addressed under term of reference (e).

This Committee supports the A.D.A. in its intention to introduce a listing system in Western Australia.

It is this Committee's view that every alcohol and drug agency in the State should be listed by the A.D.A. rendering it unlawful for an unlisted non-statutory agency to operate. Non-statutory agencies must be required to provide the A.D.A. with information about the treatment facilities, services provided, and statistical and other appropriate data so that the A.D.A. can effectively conduct an evaluation of the services provided.

As the statutory body currently with responsibility for the treatment of alcohol and drug dependent people in Western Australia, the A.D.A. must be concerned with standards of treatment by the non-statutory agencies. Further, it plays a crucial role in the successful operations of the non-statutory agencies through the distribution of funds to them. It follows, therefore that the A.D.A. should have the right to oversee the operations of the non-statutory agencies, including financial management - after all, taxpayers' funds are being spent on these non-statutory agencies. This does not imply that non-statutory agencies should not raise their own funds. On the contrary, it should be required that they raise other than from Statutory sources a significant proportion of the funds they require.

Accordingly, this Committee has recommended that the Director of the A.D.A. or his representative, should have the right to investigate complaints against non-statutory agencies. The Director should have the right to enter premises, and take possession of documents and papers and/or financial records for investigation by the A.D.A.'s finance division. This Committee believes that the Director should be given authority to act in this manner if he has reason to believe that an investigation is warranted. Following an investigation the Director, or his representative, shall report to the Board of the A.D.A. If there are sufficient grounds to do so the Board may either suspend or de-list a non-statutory agency. Any aggrieved non-statutory agency should have the right of appeal to an independent forum against any decision.

It is worth noting that the A.D.A. itself is subject to investigation by the Parliamentary Commissioner for Administrative Investigations (Ombudsman).

There are many factors that militate against effective co-ordination of non-statutory agencies. They include-

1. Inadequate records kept by non-statutory agencies, thus limiting accountability and evaluation of treatment services.
2. A disinclination of non-statutory agencies to recognise the effectiveness of other non-statutory agencies.
3. A variety of attitudes toward alcohol and drug problems and management of treatment methods to overcome these problems.
4. Lack of research to determine the most effective treatment techniques and matching of clients to appropriate forms of treatment.

This Committee believes that financial controls and co-ordination will not, in themselves, automatically result in improved co-ordination. Liaison with individual officers of the A.D.A., regular non-statutory agency meetings, the establishment of a centralised assessment centre, (referred to under term of reference [d]), and standardisation of non-statutory agency records will facilitate co-ordination at the funding, non-statutory agency and client level.

RECOMMENDATIONS:

1. That the Council of non-statutory agencies be required to meet regularly.
2. That where appropriate requirement for attendance at the meetings of the Council be made a condition of grants.
3. That the Council of non-statutory agencies elect a Chairperson and Secretary and that these officers, in consultation with the Director of the Western Australian Alcohol and Drug Authority, or his representative, prepare the agenda for council meetings.
4. That a finance monitoring and co-ordinating facility within the Western Australian Alcohol and Drug Authority be established and that it employ officers to liaise with the non-statutory agencies.
5. That the Director of the Western Australian Alcohol and Drug Authority, or his representative, be given power to investigate complaints against non-statutory agencies where the Director is satisfied that an investigation is warranted.
6. That the Director of the Western Australian Alcohol and Drug Authority be given the power to enter non-statutory agencies and associated premises, take possession of documents, papers and/or financial records to facilitate any investigation by the Western Australian Alcohol and Drug Authority.
7. That non-statutory agencies be listed in a register kept by the Western Australian Alcohol and Drug Authority, and that it be unlawful for non-statutory agencies to operate unless they are so listed.
8. That the Board of the Western Australian Alcohol and Drug Authority shall have the right to suspend or de-list non-statutory agencies following an investigation.
9. That delisted or suspended non-statutory agencies shall have an appropriate right of appeal against such de-listing or suspension.

(d) The location of services for the treatment of those suffering from alcohol and other drug related problems

This Committee supports the establishment of Alcohol and Drug Services Units located at general hospitals. These Units would provide medical students and other health professionals with an opportunity to be exposed to, and develop recognition of, the extent of the alcohol and drug problem and the treatment services available. Because of the size of the problem - possibly a third of admissions to hospitals - such Units would not be expected to take over and manage the entire problem. This Committee believes that the Unit's task would merely be to facilitate other disciplines in the hospital, for example, psychologists and social workers to undertake the work required.

The establishment of these facilities adjacent to or within hospitals and administered in the general health care delivery system will aid the process of early intervention. There needs to be emphasis placed on this. Often professionally trained people can detect problems of life-style and life situations that result in a lack of self-esteem and failure to confront and deal with problems.

Alcohol and drug abuse may be a short term "solution" or manifestation of these problems. Hospital staff will become increasingly aware of the underlying causes and therefore be better able to effect early intervention with the adoption of this recommendation.

The establishment of Alcohol and Drug Services Units would facilitate the provision and co-ordination of a wider range of health facilities around the State and should result in regional and metropolitan sub-regional location of detoxification facilities. This Committee supports the initiatives taken in New South Wales, and the recommendation of the South Australian Smith Report, (1983), to relocate detoxification units in, or adjacent to, hospitals. Such units situated adjacent to hospitals will provide ready access to medical staff in the case of an emergency, enabling the confident application of non medical detoxification. No additional work load should be placed on the hospital casualty staff if appropriate admissions are dealt with by the Unit.

In its submission, the A.D.A. recognised the need for, and is now taking steps towards, establishing a clinical presence within the major teaching hospitals. This presence needs to be enhanced and extended with an increase in resources and with the Health Department taking responsibility ultimately for the Alcohol and Drug Services Units.

These recommended changes have important funding implications. Additional funds will need to be provided to ensure that these treatment services do not remain the "Cinderella" of the health care system.

A review of regional services is being, or is to be, undertaken by the A.D.A. The A.D.A. recognises the need for improved facilities in the country generally and makes specific reference in its submission to the needs of the Kimberley region. This Committee is of the opinion that lack of finance has inhibited the A.D.A.'s involvement in the Kimberley, Pilbara, and Goldfields regions.

The Kimberley is an area with serious alcohol and drug use problems but there is no regional co-ordinator of services. Further, in the Pilbara and Goldfields there are insufficient support and facilities to help deal with these problems. It is clear that employee assistance programmes need to be further utilised in these areas.

Pursuant to the powers of Section 51 of the Commonwealth Constitution, which reads-

"51. The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to: ...

(xxvi) The people of any race for whom it is deemed necessary to make special laws: ...

This Committee therefore believes that the Commonwealth must assume full responsibility for the funding of the Aboriginal programmes of rehabilitation. The Commonwealth Department of Aboriginal Affairs should undertake a major study, in co-operation and conjunction with the A.D.A., into the extent of the alcohol and drug problem, and the specific needs of Aboriginal people for treatment, and the need for effective preventative techniques.

This Committee has recommended the establishment of offices of regional co-ordination to assist in the development of treatment programmes, the distribution of educational material, and to liaise with hospitals, health professionals, teachers, police officers, and courts.

Unfortunately the Isolated Patients Travel and Accommodation Assistance Scheme provided by the Australian Government does not cover assistance to chronic alcoholics or drug abusers needing to travel to Perth for treatment. The facilities for appropriate treatment of some people do not currently exist in the Pilbara and Kimberley and travel to Perth is necessary. Costs are an inhibitive factor.

This Committee has recommended that the State Government negotiate with the Australian Government to permit the extension of the Isolated Patients Travel and Accommodation Assistance Scheme to apply in these circumstances.

This Committee is aware of the A.D.A.'s desire to provide additional distribution points for the dispensing of methadone. For some individuals it is an unreasonable demand for them to present daily at the William Street Clinic. It may be more convenient for some to present at a peripheral hospital. As a first step, the A.D.A. has negotiated with the Fremantle Hospital and a trial dispensing outlet is to be provided at that hospital.

The value of additional dispensing outlets is mainly two-fold. Firstly, in providing treatment to addicts it is recognised that additional complications to daily routine and lifestyles will only impair progress made in rehabilitation. Secondly, it is a recognised fact that a single outlet for methadone dispensing attracts those pushing illicit drugs. In a sense there is potentially a captive and large market daily congregating for a methadone dose. This Committee has recommended that the A.D.A. continue its efforts to provide additional dispensing outlets located at peripheral hospitals.

In discussion under term of reference (j) this Committee has recommended diversion of those dependent upon alcohol and other drugs from the courts and imprisonment, to treatment centres. The introduction of this process would require, amongst other things, centralised statutory assessment centres. Centralised assessment centres will also enhance a shared approach to case management and improved co-ordination of non-statutory agencies at the client level.

Research has indicated that treatment results can be improved by matching clients to the appropriate non-statutory agency. Whilst most professionals involved in the treatment of alcoholics and drug addicts will agree that it is extremely difficult, if not impossible to make such a connection at present, there is also agreement that it will be possible to more accurately make that assessment in the near future.

Centralised assessment and referral centres for alcoholics and drug addicts will facilitate the allocation of a client to the appropriate non-statutory agency. The knowledge of treatment programmes acquired by the A.D.A. through its clinical review team will greatly assist the matching process.

This Committee has recommended the establishment of, as instrumentalities of the A.D.A., centralised assessment and referral centres to accept voluntary admissions and referrals, and to which clients will also be admitted for pre-trial and other reports as required by the courts.

At the moment the William Street Clinic is involved in client assessment and referral of drug dependents. The assessment results in referral to non-statutory agencies, detoxification at the Aston Hospital, or admission to the methadone programme. Given the number of opiate and other drug users processed through the court system, it may not be possible for the William Street Clinic to accept the additional assessments required from the diversion programme as recommended under term of reference (j). The Clinic has neither the space, nor the staff to cope.

This Committee has recommended that simultaneously with the introduction of a court and prison diversion procedure, an additional centralised assessment and referral centre for drug abuse other than alcohol be established.

RECOMMENDATIONS:

1. That Alcohol and Drug Services Units be established in hospitals. (See recommendation 2, term of reference a.)
2. That detoxification units, non-medical or medical, be established adjacent to regional and metropolitan sub-regional hospitals and the major teaching hospitals where appropriate.
3. That where practicable admission to detoxification units be administered directly by these units and not through the hospital casualty section.
4. That additional funds be allocated to these detoxification units to ensure their proper status in the health care delivery system.
5. That the Western Australian Alcohol and Drug Authority, together with the Commonwealth Department of Aboriginal Affairs, undertake a study into the specific needs of Aboriginal people in the field of alcohol and drug treatment, establish the areas of priority for treatment, and research effective education and prevention techniques.
6. That there be established an office of Regional Co-ordination in both the Kimberley, and Pilbara regions to assist in the development of treatment programmes, to distribute educational material, and to liaise with the hospitals, health professionals, teachers, police officers and courts there.
7. That additional facilities and resources be allocated in the Murchison, and Eastern Goldfields regions.
8. That the State Government urge the Australian Government to widen the use of Isolated Patients Travel and Accommodation Assistance Scheme so as to include chronic alcoholics and drug abusers.
9. That the Western Australian Alcohol and Drug Authority increase the number of methadone dispensing outlets.
10. That there be established, as instrumentalities of the Western Australian Alcohol and Drug Authority, centralised assessment and referral centres to accept voluntary admissions and referrals and through which clients will be admitted for pre-trial and other reports as required by the courts.
11. That simultaneously with the introduction of a diversion system, a centralised statutory assessment and referral centre be established for users of drugs other than alcohol.

- (e) *The availability of appropriate training for those providing services to those suffering from alcohol and other drug related problems*
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It is evident in Western Australia that there is insufficient training of non-statutory agency personnel and health professionals involved in the provision of services to alcohol and drug dependents. Immediate steps should be taken to correct this position.

The A.D.A., in collaboration with the Western Australian Institute of Technology, is planning the establishment of training courses for personnel involved in this field. This is clearly the responsibility of the A.D.A. It is imperative that a satisfactory level of competence be achieved in non-statutory agencies. This Committee believes that the implementation of other recommendations in this Report, inter alia, the establishment of a clinical review team, greater co-ordination by the A.D.A., the application of conditions of grant, and listing of non-statutory agencies will assist in the maintenance of an acceptable standard of treatment services.

Whilst a situation exists, however, whereby non-statutory agencies can be established without reference to the A.D.A., and with relative ease, there is always the danger that unqualified, untrained, although possibly well-meaning individuals do not tackle the real problems and may even do irreparable harm using their inappropriate treatment methods.

Accordingly this Committee has recommended that all personnel involved in the treatment of those suffering from alcohol and drug related problems be required to undergo a minimum standard of training, and attain a minimum standard of proficiency.

The A.D.A. should have the responsibility for organising regular training courses, whether in-service or externally, under this recommendation.

At the conclusion of a training course, and having established an understanding of appropriate treatment methods and achieved a minimum standard, graduates of the course should be given appropriate accreditation. It has been recommended that training courses and accreditation be established nationally. The question of alcohol and drug abuse is a national problem and drug abusers in particular are a transient population. A national minimum level of training and recognition of those who have undergone training should be established.

This Committee has also recommended in-service training where appropriate by the adoption of staff from non-statutory agencies to the statutory agencies.

It is felt that a great deal of benefit can be obtained - rapport established, co-ordination enhanced, and an understanding of treatment methods and standards achieved - from such a system. There would certainly be value for the non-statutory agencies in having staff work for a period of time with the A.D.A. or general health care delivery system. This could be achieved if the A.D.A. were to finance the salary of an additional staff member for a period of time to fill the gap left at the non-statutory agency. Alternatively - and this may not always be possible or desirable - the A.D.A. or public hospitals could provide staff members to work with the non-statutory agency on an exchange basis.

As indicated in discussion under term of reference (a), this Committee is concerned at the failure of many health professionals to recognise the prime cause of many admissions to hospitals and merely address the symptoms. This often leads to late intervention on the part of those specifically involved in the treatment of alcohol and drug dependents. Through the Alcohol and Drug Services Units recommended by this Committee, this problem will be identified and hopefully resolved. There is also a need for an examination of the doctor and nurse training curricula in order to ensure appropriate focus of attention and early recognition of the alcohol and drug problem.

For some years the Public Health Department has funded an associate professor of social and preventative medicine at the University of Western Australia. The work undertaken by the incumbent in this position appears frustrated by the absence of a special and preventative medicine department.

This Committee accepts the proposition presented by the Academic/Professional Committee of the W.A. Alcohol Education Project in its submission: "... that courses should be designed and organised through present tertiary educational institutions having the necessary breadth of expertise and able to provide credible qualifications (or certification). Such endeavours should be collaborative efforts with the appropriate agency, namely the A.D.A."

Education of the general public discussed later (term of reference [g]) involves input from many sources. Health professionals are important in communicating with the general public and participating in education programmes directed towards attitudes and behavioural change in the community. It follows, therefore, that health professionals and welfare workers should be equipped with knowledge of the problem, and skills to convey the message to the public at large.

This Committee has recommended that all health and welfare workers receive pre-service and in-service training in the area of alcohol and drug education and treatment programmes.

The A.D.A. would play a co-ordinating and training role in this area, in collaboration with the existing tertiary institutions and possibly with non-statutory agencies where appropriate.

A statement by the Commonwealth Royal Commission on Human Relationships (1980) is significant. That Royal Commission supported the argument that alcohol problems and how to deal with them should be regarded as an important part of the training of all relevant professionals, both at the undergraduate and graduate level.

This Committee believes that there is sufficient evidence for it to confirm that view.

A number of Royal Commissions and other inquiries have revealed an enormous potential for the inappropriate use of prescribed medication in Australia. It is widely recognised that levels of prescription medicine consumption are considered to be quite high in Australian society. This is supported, in particular, by Australian Bureau of Statistics health surveys and a Report of the Senate Standing Committee on Social Welfare.

It has been suggested that between 5 per cent and 15 per cent of public hospital beds are occupied by people with diseases induced by drugs other than alcohol. It was reported that in one hospital alone 25 per cent of admissions were the result of patient errors in medication consumption.

This Committee reaffirms that there may be a number of reasons for the inappropriate use of prescription medicine, including the various influences on the patient, but it believes that there is a need for better education of doctors in pharmacology, particularly as it relates to elderly patients. The A.D.A. could have considerable input into doctor and nurse training in this very significant area.

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority accept responsibility for ensuring that adequate training is provided to all personnel engaged in the provision of services to those suffering from alcohol and other drug related problems.
2. That all personnel involved in the provision of treatment be required to participate in training courses, either on an in-service or external basis, or both.
3. That graduates from training courses be given appropriate accreditation by the Western Australian Alcohol and Drug Authority.
4. That a national minimum level of training and accreditation be established.
5. That in-service training also be conducted with non-statutory agency staff working on secondment to the Western Australian Alcohol and Drug Authority or general health care delivery system.
6. That the Western Australian Alcohol and Drug Authority have input into the doctor and nurse training curricula.
7. That all health professionals and welfare workers receive pre-service and where appropriate in-service training in the area of alcohol and drug education and treatment programmes, co-ordinated by the Western Australian Alcohol and Drug Authority.

- (f) The breadth and variety of programmes available for the treatment of those suffering from alcohol and other drug related problems
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The establishment of centralised assessment centres for alcoholics and drug addicts, referred to under term of reference (d), is in line with the core-shell philosophy of the Addiction Research Foundation in the Province of Ontario, Canada. The principle is that alcohol and drug dependents are assessed at the centres and "farmed" out to the appropriate treatment agency. The assessment procedure identifies the most appropriate avenue for intervention, recognising that circumstances other than alcohol and drug abuse need to be given major attention.

In Western Australia, there is insufficient initiative in this area. This Committee recognises the importance of early intervention and the focus of attention on the circumstances of real concern to those dependent on alcohol and other drugs which give rise to that dependency.

The A.D.A. recognises also this deficiency in treatment programmes. However, because it has concentrated its financial resources in the non-statutory agencies and its own treatment centres, it has not been able to give appropriate attention to it.

This Committee notes the evidence given by an Industrial Health Consultant as follows-

"The trends have changed in Western Australia over the last few years. People with drug and alcohol problems have been pushed into the alcohol and drug system much earlier than they should have been. In most cases they are not alcoholics, they are just in strife with grog, which has affected their lives. You require different facilities to handle these people and not just the alcohol and drug facilities. Sometimes, for example, it is appropriate to refer them to the marriage guidance counsellor. You need some responsiveness." (1)

In Western Australia, non-statutory agencies have often been established because of the personal experiences of their founders. These agencies are often staffed by former addicts with very little experience in dealing with a range of complex social crises. The establishment of these agencies has been almost entirely without co-ordination, and sometimes without reference to the needs of the community.

- (1) Evidence given by Ms Heather Carmody-Sheehan, Indrad Services.

This Committee has recommended that the A.D.A. undertake research into the needs of the community in terms of treatment methods, and to establish geographic priorities. Flowing from this research this Committee would expect a rationalisation of the range and location of services required.

The A.D.A.'s Ord Street Hospital has recently developed a programme designed to cater for controlled drinking. The most visible, but not the most numerous group of persons in our community are those who are heavily dependent on alcohol and other drugs. These people have commanded the total attention of the non-statutory agencies and of the A.D.A. There is growing evidence that controlled drinking is possible amongst certain groups of alcoholics. Whilst the Alcoholics Anonymous approach of total abstinence still has its place, this approach can be counter-productive for some who have difficulty with alcohol and other drugs but who do not regard themselves as being heavily dependent.

This Committee is conscious of the need to limit the establishment of non-statutory agencies but nevertheless has recommended that the A.D.A. investigate the desirability of a treatment programme for controlled drinking within the non-statutory agencies.

This Committee is aware of a conflict of opinion amongst health professionals as to detoxification procedures. In Western Australia, almost exclusively, detoxification of alcoholics is carried out in a medical setting. Both medical and non-medical detoxification facilities exist for other drug users, although the balance is weighted towards medical detoxification.

Clinical psychologists tend to support non-medical detoxification. This Committee supports the view that non-medical detoxification is often desirable, depending upon the circumstances, and therefore has recommended the establishment of non-medical detoxification facilities in accordance with the recommendations under term of reference (d). (Recommendation 2)

In some circumstances, particularly for those not heavily dependent upon alcohol and other drugs, it may be possible to effect detoxification at home with supervision. Such a method of treatment would clearly be cost-efficient. Accordingly this Committee has recommended that the A.D.A. research the appropriateness of this method of detoxification and follow-up with a view to increasing its use.

Further study needs to be undertaken into the treatment methods for Aborigines. There needs to be recognition of the attitudes of the different Aboriginal groups and an

understanding of their family and community relationships and culture. This Committee sees little value, for example, in extracting individuals from their remote environment and having them undergo treatment in a foreign setting such as Wandering. The "revolving door syndrome" occurs particularly in these circumstances as often pressure is brought to bear on the individual once he or she has returned to the original environment. Discussions with Aborigines in the eastern goldfields and elsewhere have revealed dissatisfaction with current arrangements and the need for family, group, and community treatment, vis-a-vis individual treatment.

This Committee has clearly stated its view that it is the responsibility of the Australian Government, possibly through the Department of Aboriginal Affairs, to fund Aboriginal alcohol and other drug treatment facilities and programmes. It is this Committee's view, however, that the A.D.A. must be consulted and advantage taken of its expertise in the establishment of these facilities. It has also been recommended that the A.D.A. and the Department of Aboriginal Affairs undertake research into the appropriateness of methods to be used for the treatment of Aborigines dependent upon alcohol and other drugs, in conjunction with Aboriginal communities.

There is a great need to address the question of treatment methods and facilities for women dependent upon alcohol and other drugs. At present in Western Australia there is a serious lack of treatment facilities catering specifically for women. Many women need treatment in a totally female setting and the A.D.A. should encourage future development with this in mind.

In summary, this Committee believes that the recommendation from Holyoake, the Western Australian Institute on Alcohol and Addiction, in its submission best states the objectives referred to above, viz-

"That the A.D.A. define the services that constitute a Continuum of Care and require agencies to position their services within this Continuum."

Public discussion and the arguments which emanate from health professionals and para professionals, as to methadone maintenance and treatment methods warrants particular reference.

Methadone is itself an addictive drug. There is a considerable amount of conflicting opinion about the value of and the criteria for dispensing methadone.

This Committee believes that the use of methadone is appropriate as a method of treatment in certain cases. It is this Committee's view that it is important to provide a variety of treatment services to meet the differing needs of individual addicts.

In 1978 the Government of British Columbia in Canada closed the 15 or so methadone clinics in that Province. This policy has been under review for some time because of the pressure the closure had on addicts, doctors, and pharmacists. In consequence British Columbian Doctors have reportedly been swamped by drug addicts seeking other prescription drugs. Some addicts need drug support in the detoxification process. Some are afraid of the effects of withdrawal from drugs and for those people a methadone detoxification programme is appropriate.

Evidence shows that methadone treatment can result in improvements in health and social productivity and reduced crime rate. Obviously there are exceptions to this and such cases usually receive most attention from opponents of the use of methadone.

In Hong Kong where methadone treatment commenced in 1976 on a large scale, more than 8,000 patients are treated daily in government clinics. Over a five year period from 1976 the number of addicts admitted to prison for drug-related and other offences declined by 70 per cent.(1) This is not, in itself, an appropriate reason for methadone use.

It is generally suggested that whilst there still exists a high rate of recidivism, methadone maintenance provides the opiate addict with the time and support to stabilize his or her life situation.

This Committee holds the view that the A.D.A. has exercised careful scrutiny of admissions to the methadone programmes. This is evidenced in part by figures specified in its 1983 report which indicates that only 51 per cent of those new registrations classified as having "heroin" or "other opiate" as their primary drug of abuse, were accepted into the methadone programme.

The Inquiry into Mental Health Services in South Australia, 1983, Chaired by Dr. Stanley Smith from the Lancaster Health Authority, United Kingdom, stated that in South Australia, "tests and other delays which currently are built into the application (for treatment) process, preclude heroin addicts from promptly obtaining a safe, effective and clinically appropriate alternative to continued heroin use".

(1) Hong Kong Narcotics Report, 1981, p. 169.

The Smith Report, (p.60), and the Royal Commission into the Non Medical Use of Drugs (South Australia, 1979, p. 86) both express the view that policies on dosage and duration of methadone treatment should be flexible.

This Committee has recommended that the A.D.A. examine the evidence and findings of the Smith Report and the said Royal Commission Report in South Australia with a view to making an assessment of criteria for the dispensing of methadone in Western Australia.

This Committee received submissions which complained about the restrictive hours at the A.D.A.'s William Street Clinic for methadone doses. A recommendation to allow additional distribution points, under term of reference (d), will to a large extent help to overcome this problem. However, the Committee believes that the rules associated with attendance at the Clinic are too restrictive. For example, there is no provision for a client to receive counselling outside of normal working hours, yet this is an important part of the stabilisation process.

Accordingly this Committee has recommended that either the A.D.A. engages private counsellors to assist with counselling outside of normal working hours and/or roster the existing staff at the William Street Clinic.

The latter would also allow more flexibility in the dispensing hours of methadone.

A great deal has been said in recent months about temgesic as a drug to be used for heroin detoxification. This Committee is satisfied that the A.D.A. decision to conduct a controlled test of the effectiveness of temgesic is correct.

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority undertake research into the needs of the community in terms of treatment methods and establish geographic priorities.
2. That the Western Australian Alcohol and Drug Authority investigate the desirability of establishing a treatment programme of controlled drinking within non-statutory agencies.
3. That non-medical detoxification units be established adjacent to hospitals where practicable and appropriate.
4. That the Western Australian Alcohol and Drug Authority research the appropriateness of non-medical detoxification of alcohol and other drug dependents in their own homes, with a view to extending its use.
5. That the Western Australian Alcohol and Drug Authority and the Department of Aboriginal Affairs in co-operation with Aboriginal communities undertake research into the appropriateness of methods for the treatment of Aborigines dependent upon alcohol and/or other drugs.
6. That greater emphasis be placed on the provision of funds for treatment facilities for Aborigines, and for the training of staff.
7. That provision be made within non-statutory agencies for treatment facilities catering exclusively for women.
8. That the Western Australian Alcohol and Drug Authority examine the evidence and findings of the Smith Report and the Sackville Royal Commission Report in South Australia with a view to making an assessment of the appropriateness of the existing criteria for the dispensing of methadone in Western Australia.
9. That the Western Australian Alcohol and Drug Authority engage private counsellors to assist the counselling of drug addicts outside of normal working hours, and/or roster its existing staff at its William Street Clinic.
10. That the State Government contribute greater funding to the Western Australian industry programme and that additional staff be provided to INDRAD Services to enable it to extend its successful services.

(g) *The adequacy of existing resources for the education of the general public regarding the responsible use of alcohol and other drugs*

It is clear that action in this area has been minimal. State and Australian Governments appear to have treated health education as a low priority. This Committee acknowledges some recent improvements to this situation but suggests that there are a number of factors which militate against effectiveness of the new moves. They include-

1. The fragmentation of efforts towards education;
2. The adverse impact of the media;
3. The influence of some medical practitioners;
4. The failure to establish priorities in education; and
5. The lack of clearly defined health objectives relating to alcohol and other drugs.

In Western Australia, health education is part of the Education Department's responsibility and is also the responsibility of the Health Education Unit, of the Public Health Department. Whilst there is a very good relationship between the various bodies involved and the A.D.A., there is insufficient emphasis on and co-ordination of alcohol and other drug education.

The Commonwealth Royal Commission on Human Relationships, (1980), recognised this problem, stating that "the present system of health education is fragmented over the States, and disjointed within the States. In some States the task is part of the education system, in other States it is a Health Department function, or a welfare function. A national policy is needed to provide the necessary guidelines and unity."

This Committee supports that Royal Commission's recommendation and urges the State Government to pursue the matter with the Australian Government.

The A.D.A., in its submission, has urged an extension of its legislative remit to allow it to increase its involvement in an educational and preventive role. The enabling Act does not restrict involvement in this area of the treatment continuum, however this ought to be more clearly defined in the Act. The A.D.A. submits that-

"there is a need to commission an agency ... to keep under review all of those processes, legislative, fiscal, commercial and industrial which influence the incidence of these problems in our society."

This Committee fully endorses these comments, and has recommended that the A.D.A. be charged with the responsibility to advise Government on legislative, fiscal, commercial, industrial and other matters that may influence the incidence of these problems in our society. This Committee accepts the wide definition of the term "education" provided by Lawrence W. Green in his paper presented to the Health Section, Seventh Commonwealth and International Conference on Sport and Recreation, Brisbane, 1982 -

"any combination of learning experience designed to predispose, enable and reinforce voluntary adaptations of behaviour conducive to health". (1)

Not only must this role of the A.D.A. be clearly spelt out in its Act, it must be provided with additional financial and staff resources to perform this very important function. Further, it must be recognised by other statutory bodies that the body of expertise in alcohol and other drug matters - the A.D.A. - must be consulted in any area which may influence community understanding of the problems.

It follows therefore, that the A.D.A. in collaboration with appropriate bodies (eg Health Education Unit) should be charged with the responsibility to co-ordinate and promote educational activities in the general community, using all available techniques and resources for this purpose.

Educational activities should include the provision of a telephone counselling and walk-in information service to members of the community.

This term of reference addresses the need for education on the "responsible" use of alcohol and other drugs. Considerable evidence indicates the need for a greater concentration on education and a high correlation between diminishing consumption levels with a better informed public. A problem remains in the definition of the term "responsible". Obviously what may be considered responsible for one individual or group of people may not be for another. Research may already have been undertaken

- (1) A paper entitled The Self-Help Impulse and Emerging Policies in Health Around the World.

elsewhere in the world on this aspect and simply needs to be studied in Western Australia. This matter must be borne in mind when reading the discussion on term of reference (i).

The introduction to and maintenance of alcohol and other drug abuse in Australia is encouraged by the promotional efforts of some sections of the media and alcohol and pharmaceutical industries. Undesirable forms of promotional activities by these industries render less effective the attempts by the Education Department and the Health Education Unit to promote healthy lifestyles, responsible consumption and a drug-free society.

There are a number of voluntary codes of ethics which are used by the advertising industry for the purposes of self-regulation. It has been argued that the codes fulfil only a public relations role and are used to deter greater legislative regulation.

A New South Wales Interdepartmental Working Party on Adolescents and Alcohol (1977), said that these -

"tokenistic, loosely constructed, prescriptive codes are a challenge to the creativity and imagination of highly intelligent copywriters and media personnel".

Alcohol is symbolically associated with adult status. This Committee believes this also applies to tobacco products and it is therefore important to recognise the adverse impact that media presentation, including advertising, has on the attitudes of young people.

Whilst hundreds of thousands of dollars are spent on advertising alcohol and other drugs in the various media, society has not accepted that education of the general community should be regarded seriously. Governments can spend money in counter-advertising and various other approaches to education but its impact will be minimal whilst the efforts of the alcohol and drug industries, including tobacco, continue untrammelled in the advertising area.

Accordingly, this Committee has recommended that alcohol and other drug advertising should be strictly regulated by statute.

Such regulation would include greater restriction on the times during which advertisements can be televised, advertising during times when the television audience may be expected to include large numbers of young people, and advertising and other media presentation of alcohol and other drugs associated with identifiable heroes or heroines of the young.

As indicated in discussion under term of reference (e), a problem exists in Australia with respect to the inappropriate use of prescribed medication. This calls for a significant change in the attitudes of many medical practitioners.

The Committee also believes that a concentrated effort on the promotion of healthy lifestyles through the media, in the work-place and at health and education agencies would lessen the willingness of the public at large to resort to prescription drugs. The "Health Yourself" shop-front facility recently established by the State Government in Perth, should assist in this regard.

This Committee has recommended that the various organisations, including Government Departments, involved in health matters, undertake an assessment of current health promotional activities in Western Australia with a view to ensuring appropriate levels of healthy lifestyle promotion, including alternatives to alcohol and other drugs. This study and future promotional activities should be co-ordinated by the A.D.A. and the Health Education Unit of the Health Department.

Two workshops held early in 1983 and conducted by the W.A. Alcohol Project members identified a number of goals -

"which need to be achieved if alcohol problems in the community are to be reduced through preventive measures. These are:

- (a) increased community-knowledge regarding effects of alcohol, alcohol consumption patterns, cost of alcohol abuse;
- (b) modification of community attitudes towards the drinking of alcohol and an increase in support for the drinking of non-alcohol products;
- (c) reduction of alcohol consumption in Western Australia;
- (d) reduction of alcohol-related morbidity/mortality". (1)

The Project's submission addressed the difficulty of developing an effective alcohol education programme when no clear objectives have been established by Government or any other body in Western Australia.

- (1) Submission from the Co-ordinating and Community Education Committee of the W.A. Alcohol Education Project, comprising representatives from tertiary institutions and the A.D.A.

This Committee recognises the need for a statement of health objectives relating to alcohol and other drugs and has recommended that the A.D.A. prepare such a statement for dissemination to health professionals, para professionals and other appropriate bodies.

Evidence provided by officers of the Education Department responsible for physical and health education indicated a concern at the -

"inadequacy particularly of pre-service teacher education in the whole area of health and this would apply no less to alcohol and drug education. In terms of in-service we feel, again, inadequate to do what we believe is needed to be done; and that arises out of the limited funds for in-service generally". (1)

It is felt that school teachers do not have adequate and accurate information, nor do they generally feel competent to deal with alcohol and other drug education topics. Steps are gradually being taken to improve the situation in Western Australia with the development of a new comprehensive health education syllabus, however the effort across the State in this area is minimal, particularly at the primary school level. This Committee was impressed with the alcohol and drug education unit situated at the old Sydney Teachers' College in New South Wales, and established jointly by the Education Department and the Drug and Alcohol Authority of New South Wales. That unit has the responsibility for the collation and dissemination of material on alcohol and other drugs, for in-service training, and for some teaching within schools. No such facility exists in Western Australia, although the Education Department has a close relationship with the A.D.A. in this State. The level of co-ordination is inadequate in Western Australia and this Committee therefore has recommended the the Education Department and the A.D.A. establish a specialist unit to conduct teacher pre-service and in-service education and to assist within schools. It is important to recognise, however, that alcohol and other drug education should take place within the general framework of health education, rather than in isolation. This Committee believes that it is most important that due recognition be given to those areas of child and young adult development by the Education Department. Education in this area at this level will have wider implications for society in the long term.

(1) Mr L. Pavy and Mr P. Frizzell.

It must also be recognised that all of the material and teaching aids in the world will not be effective without equipping teachers with the ability to handle this issue effectively.

This Committee has recommended that greater emphasis be placed on pre-service and in-service teacher training in the area of health education generally, and alcohol and other drug education in particular.

This may involve residential in-service courses, teaching strategies and new techniques, as occurs in Queensland.

In an effort to further improve the relationship between the Education Department and the A.D.A., and to give greater emphasis to the question of education and prevention, this Committee has recommended that a specialist in the education field be appointed to the Board of the A.D.A.

As stated by Disraeli and quoted in the introduction to the A.D.A. submission, "the highest objective of Government is the health of the people". The Australian Government collects excise duty on alcohol consumption but very little if any of this revenue is directed to alcohol education programmes. The advantages of collecting excise duty should not be seen in purely economic terms but should be seen in terms of providing the opportunity to direct revenue towards health care generally, and education towards responsible levels of alcohol consumption in particular.

This Committee has recommended that the State Government make representations to the Australian Government to ensure that an adequate proportion of revenue collected from excise duty be directed to the States for the purpose of alcohol and other drug education programmes.

This Committee has not been able to examine the effect of the New Zealand scheme which allows for the funding of the Alcoholic Liquor Advisory Council's activities by means of a levy on alcoholic liquor imported into or manufactured in New Zealand. This scheme may well have considerable merit but it needs to be examined in the context of taxes currently applied to the liquor industry in Western Australia.

Accordingly, this Committee recommends that a study be undertaken to determine -

- (a) the impact of the Alcoholic Liquor Fund on education levels, consumption of alcohol and in meeting the other objectives of the New Zealand Alcoholic Liquor Advisory Council; and

- (b) the levels of financial input by the alcohol industry and the current use of that revenue in Australia.

As referred to earlier in this section, this Committee has recommended the development of a national policy on alcohol and other drug education.

It is suggested that the implementation of recommendations for the collection and allocation of revenue raised from alcohol also should coincide with the establishment of a national policy in this area.

RECOMMENDATIONS:

1. That a policy on alcohol and drug education be developed nationally.
2. That the Western Australian Alcohol and Drug Authority be charged with responsibility to advise Government on legislative, fiscal, commercial, industrial and other matters that may influence the incidence of these problems in our society.
3. That the Western Australian Alcohol and Drug Authority be provided with additional financial and staff resources to enable it to fulfil the educational role and its role as an advisory body to the Government as outlined in this report.
4. That the Western Australian Alcohol and Drug Authority in collaboration with appropriate bodies be charged with responsibility to co-ordinate and promote educational activities in the community at large, using all available techniques and resources for this purpose.
5. That "safe" or "responsible" levels of alcohol consumption be established.
6. That alcohol and other drug advertising in its widest meaning be strictly regulated by statute.
7. That the various organisations, including Government Departments involved in health matters, undertake an assessment of current health promotional activities in Western Australia with a view to ensuring appropriate levels of healthy lifestyle promotion, including alternatives to alcohol and other drugs.
8. That the study recommended in point (7) above be co-ordinated by the Western Australian Alcohol and Drug Authority and the Health Education Unit of the restructured Health Department.
9. That the Western Australian Alcohol and Drug Authority prepare a statement of health objectives relating to alcohol and other drugs and disseminate it to health professionals and other appropriate bodies.
10. That the Education Department of Western Australia and the Western Australian Alcohol and Drug Authority establish a specialist unit to conduct teacher pre-service and in-service education, and to assist within the schools.
11. That a specialist in education be appointed to the Board of the Western Australian Alcohol and Drug Authority.

12. That a study be undertaken to determine-
- (a) the impact of the Alcoholic Liquor Fund on education levels, consumption of alcohol and in meeting the other objectives of the New Zealand Alcoholic Liquor Advisory Council; and
 - (b) the levels of financial input by the alcohol industry and the current use of that revenue in Australia,
- and action be taken to implement the recommendations made.
13. That the State Government make representations to the Australian Government to ensure that an adequate proportion of revenue collected from excise duty be directed to the States for the purpose of alcohol and other drug education programmes.

(h) *The legislative remit of the Alcohol and Drug Authority*

Many of the recommendations contained in this report may be implemented within the ambit of the Alcohol and Drug Authority Act 1974. Other of this Committee's recommendations clearly call for that Act to be amended.

(i) The adequacy of information relating to the production, use and abuse of alcohol and other drugs in Western Australia

It is extremely difficult to make judgements about appropriate treatment methods to match clients and the appropriateness of educational activities without first making an accurate assessment of the nature and extent of alcohol and other drug abuse in our community.

This Committee was unable to obtain information which would provide a complete picture of the extent of alcohol and other drug abuse, in particular the inappropriate use of pharmaceutical drugs, and associated problems. This information does not exist in Western Australia. Statistics provided by the A.D.A., the Police Department, Probation and Parole Services the Prisons Department and other Government bodies indicate the numbers of people involved in the most serious cases, but the number of those potentially able to be assisted is not known. Arguably, they are the more numerous. Greater attention needs to be given to this group by the A.D.A., in terms of educational activities, counselling, and other assistance. The A.D.A. does not have the information at its disposal, nor the research staff to gather the information necessary to provide assistance to these people.

This Committee has recommended that greater resources be allocated to this area.

The A.D.A. recognises this problem and has stated in its submission -

"It would be the Alcohol and Drug Authority's submission that research activity in the general area of alcohol and drug use needs to be increased and that means need to be found to allow a much more complete picture of the problems associated with alcohol and drug use to be obtained including, where appropriate, information relating to the production and marketing of alcohol and other drugs".

Throughout Australia and overseas a great deal of research has been undertaken into various areas of alcohol and other drug problems. Much of this research has been of a clinical nature. This research material should be collated and made more readily available to both statutory and non-statutory agencies throughout the nation. Research can be repetitious but beneficial research should be made available to agencies no matter where it was conducted. Research efforts in Western Australia should therefore be concentrated in obtaining knowledge of local attitudes towards alcohol and other drug problems, local health care development, education and other matters of a peculiarly Western Australian nature.

This Committee has recommended that research and educational activities be co-ordinated between States and collated nationally in a computerised system.

It has been suggested by one non-statutory agency that a research hospital for alcoholics should be established in Western Australia. The A.D.A. may be able to indicate how this can be of benefit here, however such hospitals exist elsewhere and data collected by them may be sufficient for use in Western Australia.

This Committee has recommended that the A.D.A. establish a closer and more continuous liaison with the Addiction Research Foundation, a statutory body in the Province of Ontario, Canada.

Much of the research conducted by the A.R.F. could be of value to statutory and non-statutory agencies in Western Australia. The A.R.F. has three divisions of research:

1. the Clinical Institute Division, an 80-bed research and teaching hospital;
2. the Regional Programs Division; and
3. the Social and Biological Studies Division.

A submission from Indrad Services indicated that -

"experience overseas suggests that the allocation of research funds to non-statutory organisations encourages a high standard and a greater variety of research. The competitive nature of this process and the lack of bureaucratic constraints encourages broader interest and a wider spread of information".

This Committee accepts the view that in Western Australia funding for research into alcohol and other drug abuse and related problems is concentrated almost exclusively in statutory areas, and has recommended consideration be given to allocating funds to competent non-statutory agencies and/or individuals in appropriate circumstances.

It is expected that the establishment of Alcohol and Drug Services Units in hospitals will facilitate and assist the collection of data relating to the extent of problems, to factors influencing those problems, and to case histories. This Committee believes that the collection of information through the general health care delivery system relating to alcohol and other drug abuse has been grossly inadequate.

Accordingly, this Committee has recommended that the A.D.A. devise a system of data collection for use by hospital staff and that hospital staff be encouraged to use this system.

This Committee recognises the problems associated with placing additional workloads on hospital staff but at the same time recognises the importance of collection and collation of appropriate data. Therefore, such a system needs to be planned so that it may not be too time-consuming and onerous. Further, this Committee believes that there may be considerable value in greater liaison between research and clinical staff operating in the alcohol and other drugs field so that clinical staff can be more closely involved in the research undertaken.

RECOMMENDATIONS:

1. That greater resources be allocated to the collection of information relating to the true extent of the problems of alcohol and other drug use.
2. That research and educational activities be co-ordinated between the Territories and States and collated nationally in a computerised system.
3. That the Western Australian Alcohol and Drug Authority establish a closer and more continuous liaison with the Addiction Research Foundation in the Province of Ontario, Canada.
4. That consideration be given to allocating funds to competent non-statutory agencies and/or individuals in appropriate circumstances for the purpose of research into aspects of alcohol and other drug abuse and related problems.
5. That the Western Australian Alcohol and Drug Authority devise a system of data collection for use by hospital staff and that hospital staff be encouraged to use this system.
6. That clinical staff involved in the field of alcohol and other drug abuse be encouraged to become more involved in research activities in these areas.

- (j) *The relationship of the Alcohol and Drug Authority to those Government Departments and instrumentalities having responsibilities in areas related to the use of alcohol and other drugs.*
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The general thrust of this report has been to maintain the A.D.A. as an autonomous body and to recommend that its educational and advisory role be expanded.

To perform this function the A.D.A. must have access to all available and appropriate information from the various Government Departments, including the Education Department, the Police Department, the Probations and Parole Service and others.

At the moment an informal arrangement exists and the A.D.A. has some liaison with the various statutory bodies. There is no guarantee, however, that this situation will continue. The A.D.A. should be the co-ordinating body on all matters relating to alcohol and other drugs.

The need for consultation applies particularly in the funding of non-statutory agencies. At the moment, as indicated in discussion under term of reference (b), it is possible for a non-statutory agency to obtain funds from the Lotteries Commission without any reference to the A.D.A. The Secretary of the Lotteries Commission, in giving evidence to this Committee, revealed that the Commission had recently provided funds, (\$40,000), to a voluntary organisation to allow the purchase of premises, without any consultation with the A.D.A. In this case the grant was for a worthwhile purpose and is commendable, but this Committee remains concerned at the lack of consultation and co-ordination. Recommendation (2) under term of reference (b) will overcome this problem.

In giving evidence to this Committee, Stipendary Magistrate Syddall indicated that he commenced directing alcohol and other drug offenders to non-statutory agencies for treatment after being told by the A.D.A. at that time it did not get involved in the courts. It appears that the A.D.A. has at times been remiss in failing to accept its full responsibilities. In this respect it cannot hide behind the restrictions of its enabling Act as this Act provides the A.D.A. with a very wide description of its functions. It is clear from its submission to this Committee, that the A.D.A. now recognises the importance of establishing closer relationships with other statutory bodies and this need must be acknowledged by those statutory bodies.

This Committee believes that as the A.D.A. is increasingly recognised as a credible body of expertise in the alcohol and other drug field, it will obtain easier access to the various statutory bodies. Concentrating its efforts in the

research, education and prevention areas, and implementation of the recommendations contained within this report, will assist in establishing greater recognition and credibility for the A.D.A.

This Committee believes there is a need for statutory recognition for a diversion programme in Western Australia. The A.D.A. can play a very important role in providing the facility for assessing people who have committed a minor drug or alcohol offence.

Legislation was introduced into the South Australian Parliament in 1983, (Controlled Substance Bill) to, inter alia, provide for a system of diverting drug possession offenders to assessment panels immediately after arrest or apprehension by the police. In his second reading speech on the Bill, the South Australian Minister for Health stated -

"A panel will undertake a full assessment of the person referred and will have power to determine whether the prosecution for the alleged offence should proceed. However, the panel will have no power to determine disputed questions of fact and will not proceed to assessment if the person referred does not admit to allegations against him or does not wish the panel to proceed. The panel will have power to refer the matter back to the court if it considers such a course of action appropriate.

Panels will have power to require offenders to give undertakings for a period not exceeding six months. Such an undertaking may relate to the treatment a person must undertake; participation in a programme of an educative, preventive or rehabilitative nature; or any other matter which may assist the person to overcome personal problems leading to drug misuse. Failure to abide by an undertaking will be a ground to refer the matter to the court for prosecution in the usual way."

This Committee believes that a diversion programme in Western Australia should operate in precisely the same manner. This practice is not new either in Australia or elsewhere. A similar system operates successfully at the Bourke Street Clinic, a statutory facility in Sydney, where assessment is made of drug offenders only and a pre-sentence report prepared. Crown prosecutors in other countries are also given powers to divert offenders for assessment, and possible prescription of a treatment and rehabilitation programme.

Diversion would have the result of lessening the pressure on our court and penal system. There is substantial evi-

dence which indicates a lower ratio of prisoners in the various countries that have adopted this practice. At the same time, there has been no noticeable increase in the rate of crime.

The Committee therefore has recommended the establishment of a pre-trial diversion system in Western Australia, and that assessment of offenders take place at the assessment centres to be operated by the A.D.A.

There appears to have been a lack of follow-up treatment for alcohol and other drug offenders once they have completed a period of imprisonment. The A.D.A. has not been called upon to assist in that follow-up, even though it currently has statutory responsibility for treatment. The Probations and Parole Service clearly has too many clients and too few employees to handle this problem. It is expected that if there is greater liaison between the Prisons Department and the A.D.A. to ensure follow-up counselling and other appropriate assistance, whether provided by a non-statutory agency or the A.D.A., there would possibly be a reduction in the extent of recidivism and less pressure on our system.

Accordingly, it has been recommended that the Prisons Department be required to liaise with the A.D.A. to co-ordinate follow up treatment for alcohol and other drug offenders being released from prison.

This Committee has recommended three specific areas where the A.D.A. should be consulted or directly involved with other statutory bodies -

- Formalising the consultation process with the Lotteries Commission;

- Assessing alcohol and other drug offenders as part of a diversion system, and

- Co-ordinating follow-up treatment for alcohol and other drug offenders upon their release from prison.

In general terms, however, there is a need for recognition of the A.D.A. as the authoritative body of expertise in Western Australia on this subject and it should be involved in Government and Departmental decisions on policy matters relating to alcohol and other drugs.

It should also have access to the various statutory bodies which are in any way involved in this area.

RECOMMENDATIONS:

1. That the Western Australian Alcohol and Drug Authority be given access to all appropriate information from Government departments relating to alcohol and other drugs and should be consulted in determining policy on these matters.
2. That a pre-trial diversion system be established in Western Australia, and that assessment of alcohol and other drug offenders take place at the assessment centres to be operated by the Western Australian Alcohol and Drug Authority.
3. That the Prisons Department be required to liaise with the Western Australian Alcohol and Drug Authority to co-ordinate follow-up treatment for alcohol and other drug offenders upon their release from prison.

APPENDIX A.

In 1983 the South Australian Alcohol and Drug Addicts Treatment Board presented a submission to an enquiry into hospital services in South Australia, recommending the establishment of Drug Resources Units in general hospitals. The Board outlined the objectives of such a unit, from its point of view, to include:

- "1. The provision of assistance to hospital health care professionals who are involved in the treatment of patients who have alcohol and/or drug-related problems, in the:
 - . recognition of such problems
 - . establishment of appropriate management strategies for such patients
 - . giving of expert advice to other health care professionals regarding resources, skills and other rehabilitative and support networks for patients with such problems
 - . accepting of referrals for specific educational or treatment programmes
2. to be involved in hospital inservice training for health care professionals so that appropriate management skills can be developed by staff dealing with patients who have alcohol and drug-related problems
3. to be involved in undergraduate and postgraduate educational programmes on alcohol and drug-related matters
4. to develop and co-ordinate alcohol and drug services for the appropriate region."

APPENDIX B.

W.A. ALCOHOL AND DRUG AUTHORITY

TERMS OF AGREEMENT AND CONDITIONS OF GRANT

AN AGREEMENT made on the day of 19
BETWEEN the W.A. ALCOHOL AND DRUG AUTHORITY of 35 Outram Street, West Perth
(in this agreement called "the Authority" which expression shall include its
successors in office) of the one part and

of Western Australia (in this
agreement called "the Organization") of the other part.

WHEREAS:

- 1) The Authority is a body corporate constituted under Section 5 of the Alcohol and Drug Authority Act 1974.
- 2) The Authority has been supplied with funds by the Government of Western Australia for the development of alcohol and drug services in Western Australia.
- 3) The Authority has agreed to provide the Grant set out in the second part of the Schedule to the Organization for the purposes set out in the first part of the Schedule for a period of one year subject to the terms and conditions of this agreement.

IN CONSIDERATION of the Grant and of any further sums paid by the Authority to the Organization IT IS HEREBY AGREED as follows:-

- (1) Term
- This agreement is for the period set out in the Schedule and for such further period (if any) as the parties agree in writing.
- (2) Interpretation of Terms
- In this agreement unless inconsistent with the context or subject matter or unless a contrary intention appears
- "audited" means audited by a qualified accountant who has no interest in the Organization;
- "the Authority" means the W.A. Alcohol and Drug Authority;

"the Director" means the Director of the W.A. Alcohol and Drug Authority and includes his officers and delegates;

"the Organisation" means the organisation which conducts the Service in the Schedule;

"the Service" means the Service relating to Alcohol and Drug Abuse, described in the Schedule;

"the Schedule" means the Schedule to this agreement;

"the State" means the State of Western Australia and

- (a) words importing the singular include the plural and words importing the plural include the singular;
- (b) words importing persons include a partnership and a body whether corporate or otherwise; and
- (c) words importing the masculine gender include the feminine.

(3) Administration

The Director shall administer this agreement under the Direction of the Authority and all notices and correspondence and other documents required by this agreement to be served or sent to the Authority shall be addressed to the Director, W.A. Alcohol and Drug Authority, 35 Outram Street, West Perth, but this clause shall not prevent the exercise of any right under this agreement by the Board personally where it considers fit.

(4) Eligibility for Grant

In addition to any approval given by the Authority, organizations should produce evidence of registration with the Chief Secretary's department as a charitable organization and/or of incorporation with the Corporate Affairs Office.

(5) Application of Funds

The Organization shall within the current financial year, apply the funds granted to it by the Authority for the purposes of the Service as set out in the Schedule.

(6) Conformity with the Terms of this Agreement

The Organization shall not at any time, without the consent in writing of the Authority act in a manner that constitutes a material variation of or substantial departure from the basic concept of the Service as set out in the Schedule.

(7) Notification of Other Assistance

The Organization shall forthwith notify the Authority in writing if a payment is made at any time by the Government of the Commonwealth or the Government of the State or by any government or local government authority except pursuant to this agreement as assistance towards the cost of the Service

(8) Community Involvement

The Organization shall, where appropriate, encourage persons living in the local community where the Service is operating and persons using the services provided to be involved in the organization of the Service.

(9) Use of Facilities

Land and facilities in respect of which a Grant has been made, may be made available for general community activities which are consistent with the aims of the Authority, providing such use is recommended by the management of the project and endorsed by the Authority.

(10) Co-operation

The Organization shall co-operate with other health and welfare agencies to aid in the development of comprehensive, flexible and integrated services.

(11) Fees

Where salaries of staff are fully paid out of a grant from the Alcohol and Drug Authority fees shall not be charged for the services of that staff, except with the approval in writing of the Director.

Any income (other than Donation) derived from or directly or indirectly related to services by personnel whose salaries or wages are wholly or partly met from a grant from the Alcohol and Drug Authority shall be applied to the operating costs of the project in which the personnel are based before the application of any grants in respect of such costs.

(12) Insurance

The Authority may require the Organization to insure against any risks likely to be incurred while providing the Service and in such cases:-

- (i) the Organization shall maintain and observe the conditions of such insurance policies;
- (ii) the premiums on such policies shall be paid out of the grant; and;
- (iii) the policy or policies evidencing such insurance and receipts for premiums and other monies paid in respect thereof shall be produced to the Authority on demand.

(13) Records

The Organization shall maintain adequate records recording the progress of the Service, including relevant minutes of meetings held by the Organization. Such records and minutes shall be made available to the Authority on request.

(14) Commitments

The Organization shall not enter into any commitments in relation to the Service which are incompatible or inconsistent with the purpose of the Grant as set out in the Schedule.

(15) Variations

No variations in the conditions of the Grant shall be made unless the approval of the Authority has been obtained in writing.

(16) Staff

- (i) All staff employed by the Organization in whatever capacity shall be the sole responsibility of the Organization and the Authority shall not indemnify the Organization or any person in respect of such staff or any act or claim resulting from such employment.
- (ii) Organizations are expected, where possible, to facilitate training of staff by whatever means are available including attendance at appropriate training and education courses.
- (iii) Staff in receipt of grants from the Authority are expected to attend, where practicable, regular Field Workers Co-ordinating meetings at the Authority in order to communicate and exchange information, concepts and problems.
- (iv) For the positions fully or partly funded by the Authority:
 - (a) The organization will invite the Authority to be involved in the selection process before recruitment action commences.
 - (b) A curriculum vitae of the proposed appointee will be forwarded to the Authority, whose concurrence must be obtained before the appointment is offered.
 - (c) A written statement of duties and conditions of employment agreed to by the organization and the employee will be forwarded to the Authority within one month of the employee commencing duty.
 - (d) A variation in the role or title of the position will be made only after consultation with the Authority.

- (e) An employee will only be dismissed from a position in consultation with the Authority.

(17) Capital Equipment

The Organization shall not purchase any item of capital equipment costing more than \$500 without first obtaining three independent quotations and then shall accept the quotation which considering all circumstances is in the opinion of the Organization the most advantageous.

(18) Real Property

Where the Authority provides for the outright purchase of real property, such property will be purchased by the Crown and rented to the Organization. In cases where the Authority contributes less than the total purchase price of the property, or provides a grant for substantial improvements to a property, an agreement will be entered into with the Organization to preserve the Authority's equity in the property.

(19) Rent

Where any part of premises associated with the project, being premises in respect of which there is an Authority grant, are to be let or made available to persons other than salaried or sessionally paid staff of the project for the purposes of alcohol and drug dependency treatment or related services, the conditions of occupancy including any rental to be charged, shall require prior approval by the Authority.

Where premises have been acquired or constructed wholly or partly with a grant from the Alcohol and Drug Authority or are being rented wholly or partly with such a grant, the use of such premises by any person or organization for private profit-making purposes shall be conditional upon that person or organization paying a rental determined by the Authority, as being a fair and reasonable rental according to the general property policies and the income derived from any such rental shall be repaid to credit of vote, to credit of the operating costs of the project before the application of any Authority grant in respect of such costs.

(20) Authorship

The authorship of all documents referred to in the Schedule (if any) is the responsibility of the Organization and all reference to authorship in official journals, the public press and other publicity media, shall state that the Service has been provided in conjunction with the Authority.

(21) Publicity

The Organization shall not publish any material relating to the Authority, or any relevant non-government agency without the consent of the Authority in writing.

(22) Copyright

- (i) copyright in every report or other document, photograph, film, tape-recording, video, computer print-out or other record prepared or made as a requirement of or as a result of a specific provision by the Authority in this agreement, shall be vested in the Authority;
- (ii) the Organization shall be entitled to any profit on the sale or distribution of any material which it publishes with the consent of the Authority.

(23) Grant

The second part of the Schedule hereto stipulates the Grant approved by the Authority.

(24) Payment Not to Constitute a Release

Payment of the Grant or an instalment of the Grant to the Organization shall not constitute an admission on the part of the Authority that any action taken by the Organization conforms with this agreement and no payment shall be deemed to release the Organization from the requirements of this agreement.

(25) State Contribution

Where an organization is required to contribute to the State share of actual expenditure incurred, a certification must be made stating that the matching contribution has been deposited to the bank account of the Organization. If a contribution shortfall is evident, the amount deficient should be notified and accordingly the amount claimed for recoup will be adjusted until the contribution deficiency is made good.

(26) Evaluation of the Service

The Organization shall permit any person authorised by the Authority to evaluate the Service and shall provide all information required to enable evaluation to take place and shall furnish the Authority with particulars relating to the Organization and to the Services on request.

(27) Access

The Organization shall permit persons authorised by the Authority to have access to the Service and to enter any premises from which the Service is

provided or administered at any reasonable time.

(28) Amendment of Constitution or Rules

In matters relating to its eligibility to receive the Grant or to its performance under this Agreement, the Organization shall not without the consent in writing of the Authority at any time take any action within its competence to amend its memorandum or articles of association, its constitution or rules, or the terms or provisions under which the Organization is established, which may affect the Service.

(29) Accounts

- (a) The Organization shall keep proper and sufficient accounts and records of all money matters and transactions whatsoever passing through its hands or undertaken or handled by it in the administration of the Service. Whenever required by the Authority, the Organization shall produce such documents and records and render all explanations required by the Authority in respect thereof.
- (b) Before the final instalment of the Grant is paid the Organization shall furnish the Authority with an account of all monies expended in connection with the Service.
- (c) If the account shows that the Service has expended less than the total amount estimated in the budget in the Schedule the Authority shall pay only the balance of the amount expended by the Organization.
- (d) If at the date the account is received by the Authority the Authority shall have already paid to the Organization an amount greater than the total cost of the Service to the Organization, the Organization shall return the balance to the Authority within four weeks of the date the account is delivered to the Authority.

(30) Projected Cash Flow

On entering into this agreement the Organization shall provide the Authority with a projected cash flow to enable appropriate initial and subsequent quarterly payments of the Grant to be calculated.

(31) Payments

The Authority shall make payments of the Grant to the Organization as follows subject to all necessary conditions being observed by the Organization:

- (a) an initial payment to cover the period from the date of this agreement to the commencement of the next calendar quarter;
- (b) subsequent payments on the first day of July, the first day of October, the first day of January and the first day of April each year.

(32) Progress Report and Accounts

The Organization shall supply to the Authority on or before the 21st day of July, the 21st day of October, the 21st day of January and the 21st day of April in each year a progress report on the Service and an account of the financial transactions which occurred in the previous quarter.

(33) Financial Reports

On or before the first day of October in each year the Organization shall furnish to the Authority in respect to the previous financial year:-

- (a) an audited statement of income and expenditure set out in accordance with the budget in the Second part of the Schedule;
- (b) an audited statement of assets;
- (c) a certificate signed by at least two office-bearers one of whom shall be the principal officer or his deputy to the effect that:
 - (i) grant funds have been expended for the purpose for which they were funded; and
 - (ii) the Service is operating in accordance with this agreement.

(34) Financial Reports on Termination

Within three months of the termination of this agreement the Organization shall furnish to the Authority an audited statement setting out matters relating to the Service as follows:-

- (i) the income and expenditure during the period of the Service;
- (ii) the assets of the Organization purchased with the Grant remaining at the close of the Service.

(35) Audited Financial Reports

Audited financial statements shall be provided to the Authority on request.

(36) Supply Period

Pending notification of the approved budget allocation at the commencement of a new financial year, i.e., supply period, no operating expenditure shall be authorised beyond the level of activity previously approved and no capital cost shall be authorised or committed during this period.

(37) Termination

- (i) Either party shall have the right and power to terminate this agreement at any time by giving to the other 28 days notice in writing of their intention so to do. Upon termination the Organization:
 - (a) shall deliver up to the Authority all material prepared under or relevant to the Service, all remaining goods purchased with the Grant, and an up to date progress report;
 - (b) shall be entitled to payment for sums actually expended in accordance with the Schedule and shall return to the Authority within 14 days of the termination of this agreement any sum not so expended;
 - (c) shall within 30 days of the termination of this agreement provide the Authority with an audited account of all money whether provided by the Authority or otherwise expended for the purpose of the Service;
- (ii) On termination of this agreement by the Organization all rights to continue the Service or to profit from any publication of the results of the Service (if any) shall terminate and the Authority may make such arrangements as it in its absolute discretion considers appropriate to continue the Service and publish the results.

(38) Disposal of Capital Equipment

Any capital equipment purchased with the Grant shall be disposed of only on the instructions of the Authority.

(39) Discussions

- (i) If at any time the Authority has cause to consider that the Service is being conducted or operated by the Organization in a manner that is not or will not be in accordance with the provisions of this agreement the Authority may request that within such time appropriate in the circumstances as is specified in the request discussions be held between the

representatives of the Authority concerning the Service;

- (ii) The Organization and the Authority shall each for its part take appropriate action to have properly informed and mutually responsive discussions on such matters as are reasonably brought forward by either party;
- (iii) If having regard to the discussion the Authority is of the opinion that steps should be taken or changes made in the conduct or operation of the Service in order to ensure compliance by the Organization with the provisions of the agreement the Organization shall with due expedition take such steps or make such changes as are specified in writing by the Authority to the Organization as being necessary in the circumstances to achieve that compliance;
- (iv) If the Organization fails to take the steps or make the changes required by the Authority the Authority may reduce or suspend payment of the Grant or may terminate this agreement.

(40) Breach and Enforcement

In the event that the Organization at any time fails to perform or observe any of its obligations under this agreement, the Authority may terminate this agreement forthwith by notice in writing to the Organization and in such event any monies paid by the Authority to the Organization up to the date of termination shall be deemed to be in full satisfaction and discharge of all claims whatsoever the Organization has or may have against the Authority and the Authority may recover from the Organization any losses or damage suffered by the Authority as a consequence of the breach or breaches by the Organization.

(41) Disputes

All disputes or differences arising out of this agreement shall be decided as follows:

- (a) the Organization shall submit the matter in writing to the Authority for decision and the Authority shall within a reasonable time convey the decision to the Organization in writing, and;
- (b) if the Organization is dissatisfied with the decision of the Authority the matter shall be referred to a single arbiter under the provisions of the Arbitration Act 1896 as amended and the arbiter shall be a person agreed between the parties or in default of agreement a person appointed by the Solicitor-General of

42) Notices

Any notice demand consent requirement request or other communication to be given or made to the Organization by the Authority shall be deemed to be given if it is in writing signed on behalf of the Authority and if sent by registered mail to the Organization at its registered office or at the office at which the Organization is located and any notice request or other communication to be given or made to the Authority shall be duly given or made if it is in writing signed on behalf of the Organization and is sent in the manner provided by clause 3.

IN WITNESS WHEREOF this Agreement has been executed as at the day and year first above written.

Sealed by the W.A. Alcohol and Drug Authority.

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In the presence of -

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The Seal of the Organization was hereunto affixed

In the presence of -

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