SURVEY OF FACILITIES AND SERVICES FOR DRUG USERS IN PERTH

BY

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The report it is hoped will also be of significant value to other agencies in Perth who also are giving assistance to drug users. As is recognised by all the agencies working in the field of drug abuse, it is a most complex problem, with no simple and immediate answers.

The report seeks to make some contribution towards a more complete understanding of the most effective and appropriate responses to the consequences of drug abuse in Perth, Western Australia.

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Director.

August 1981.

CHAPTER 1

INTRODUCTION

This report presents the results of a survey of facilities in Perth for the treatment and rehabilitation of those using legal and illegal drugs, except alcohol.

The impetus for commencing the survey came from the establishment of a therapeutic community in Perth, Natural High, which after a year of operation was not functioning according to expectations. Two reasons were put forward by staff at Natural High and members of its sponsoring committee, the Drug Rehabilitation and Research Association, to explain the apparent lack of appeal to potential residents -

(i) Inadequate finance had prevented both the establishment of a facility which had suitable accommodation and therapeutic space, and the employment of enough trained and experienced staff.

(ii) The existence of the Alcohol and Drug Authority oral methadone programme was believed to have decreased the appeal of the Natural High programme.

However, it was believed by members of the Alcohol and Drug Authority's Therapeutic Community Committee, a body set up to explore the potential for the establishment of drug free residential treatment programmes, that further explanation could be given for the disappointing results of the first year of operation -

(i) The existence of a likely clientele for drug free residential treatment may not have been adequately established.

(ii) The assumption that all persons receiving methadone treatment for opiate addiction were potential applicants to a therapeutic community may have been erroneous.

(iii) The low number of referrals from other agencies may possibly be interpreted as showing a lack of confidence in the level of expertise of the staff.

(iv) It did not have a well defined treatment programme that was known to be relevant to the needs and characteristics of drug users in Perth.

(v) It appeared to be preoccupied with offering a service to heroin users, when the usage of other drugs, for example, barbiturates, sedatives, hypnotics, anti-histamines and hallucinogens, was a problem which appeared to involve a much larger number of people (see for example, Senate Standing Committee on Social Welfare "Drug Problems in Australia" 1977).

Illegal drug use remains the most visible aspect of the wider problem. This is the area where Government and other treatment agencies have mobilised their resources in order to combat the problem at preventative, control and treatment levels.

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As a specific group, heroin users are catered for by the methadone treatment programme provided by the Western Australian Alcohol and Drug Authority. This form of treatment, however, is applicable only to those with a physical dependence on opiates, and is thus unsuitable for those displaying symptoms of abuse of other drug categories. It is therefore important to determine the extent of the problem in Perth and the facilities available to those abusing drugs, legal or illegal.

The recent development of therapeutic communities, the existence of the methadone programme and various voluntary agencies and statutory organisations that assist drug users in Perth, suggest a fragmented approach to drug abuse problems. As a result, this report aims to establish the range of services currently available and to suggest possible response and special services that may best assist drug abusers.

Drug abusers would seem to need assistance in the areas related to accommodation, crisis and emergency treatment and criminal sanctions. The need for a range of services to cater for those displaying such needs will be examined in terms of what is currently available, and the perceived inadequacies of such services to meet the more frequently encountered problem areas.

A major focus concerns the use and applicability of the therapeutic community concept to the Perth treatment environment. Given the uncertain nature of Perth's drug problem, it is important to examine their full potential, and their ability to adapt treatment methods and appeal to the needs of the local environment.

CHAPTER 2

RESEARCH DESIGN

2.1. Study Design and Methodology

The aims and objectives of this project were :

(a) to identify the characteristics in terms of age, group, sex, employment and marital status, and approximate number of those abusing drugs, who make up the clientele of the agencies surveyed,

(b) to examine agency perception of the problems and extent of drug abuse in Perth,

(c) to investigate treatment and referral practices of agencies,

(d) to gather information on the perceived deficiencies in the provision of rehabilitation facilities,

(e) to examine the special needs of certain groups of drug users, notably :

(i) those facing criminal sanctions,
(ii) those experiencing difficulties with accommodation,
(iii) those admitted to hospital for emergency treatment,
(iv) those in need of long-term treatment, possibly within a therapeutic community setting or on a long-term outpatient basis.

The research design utilised for this study was that of a sample survey, and the primary method of data collection was that of the personal interview. In order to meet the aims and objectives of the study an interview schedule was designed to assist in the gathering of information through the interview process. This was to be administered to a sample of agencies throughout the Metropolitan area that the researcher believed would have some contact with those using illegal drugs or abusing legal drugs.

Statistical Collection

The first objective of the research was to attempt to gain an indication of the extent of drug abuse and the personal characteristics of users. This was an area fraught with difficulties. From an early stage it was recognised the collection of accurate statistics would be hindered because of -

(i) a problem in definition. When does legitimate 'use' of drugs become 'abuse'? Does any use of illegal drugs whether experimental or compulsive constitute 'abuse'?

(ii) problems of recognition. How does the worker, or the individual concerned recognise that drug 'use' has become 'abuse'?

Consequently, it was decided that statistics would be collected only in specified areas, such as non-Government and Government welfare organisations, accommodation centres, hospital emergency departments, prisons, probation and parole and therapeutic communities.

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Collection of statistics in the first two areas mentioned above proved difficult and was eventually abandoned. Instead, a reliance was placed upon the assessments of workers interviewed in these organisations in an attempt to gain an approximate indication of the extent to which their services were utilised by drug users. The major reasons for this difficulty were found to be :

(i) an unwillingness to maintain records for reasons relating to confidentiality, and the possible stigma resulting from being 'on the books'.

(ii) the difficulties of recognising a 'drug problem', particularly where staff lack expertise in dealing with this area,

(iii) the fact that many agencies are concerned with more recognisable areas, for example, accommodation or income maintenance. As a result, a problem with drugs may be considered secondary, or contributory to the primary presenting problem, and therefore not the province of the particular agency involved,

(iv) the reticence of many users to admit that they have 'a problem' and to seek help as a result.

In the remaining areas access was given to departmental information. The statistical division of the Department of Medical Services provided information on admissions to emergency departments of Royal Perth Hospital, Fremantle Hospital and Sir Charles Gairdner Hospital of overdose victims. A cross-tabulation of the variables sex, age, length of stay and admission source with overdose resulting from the use of drugs in three categories (see Chapter 5) was carried out.

The Department of Corrections, provided information regarding prisoners convicted of drug offences. The Probation and Parole Service conducted a survey of all known users of drugs (including alcohol) currently under supervision. In this survey, cross-tabulations were carried out of those under supervision with the variables of age, sex, birth place, income source, offences, contact with treatment agencies, and current level of drug use.

2.2. Sample and Method

In the selection of a sample of agencies to be surveyed, it was recognised that the Perth Metropolitan area may be considered deficient in the provision of drug rehabilitation facilities, particularly when compared to more populous centres in Australia and overseas.

Reference was made to an extract from the Australian Royal Commission into Drugs, which asserted that "... a variety of treatment facilities should be available in any one locality. These facilities include :

*information centres;
*drop-in centres to allow contacts to be made in the early stages of drug mis-use;
*outreach programmes for contacting those who may require assistance
*detoxification centres;
*opiate maintenance clinics, and
*residential centres, both long-term and short-term". (Book C.21 AGPS 1980).

An examination of facilities operating in Perth revealed that it would be impossible to categorise according to these classifications, owing primarily to the small numbers of agencies specifically oriented to the drug user.

Consequently, organisations were selected for interview in the belief that a major or minor involvement with drug using clients would be evident. Random sampling was not considered owing to the relatively small number of facilities in this State. Hence, the researcher was able to cover most of the agencies operating in the broad area of 'rehabilitation'.

Owing to the limited time (3 months) available for the completion of the project, significant areas have been avoided. Of these the most important are :

(i) General Practitioners and Psychiatrists in private practice
(ii) Schools and the Education System
(iii) Chemists
(iv) Police
(v) Lawyers

There is evidence that these groups would have varying levels of contact with drug users, and a wide influence where prevention and referral are concerned. In order to achieve a more valid inference as to the extent of drug abuse, and establish types of referral practices and treatment procedures with an aim of full co-ordination of available services, research into these areas would be required.

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2.3. Organisations Surveyed

(1) Association for the Care and Rehabilitation of Alcoholics, Drug Addicts and Homeless People (ACRAH), Field Street, Mt Lawley.

ACRAH operates three houses in Field and Walcott Streets, Mt Lawley, providing houses for homeless men and women, many of whom have alcohol problems.

(2) Anglican Health and Welfare Services, Mount Street, Perth.

Provides a range of welfare services in the field of caring for the aged, immigrants and youth services. Emergency relief is also provided on a limited basis.

(3) Camillus House, St Vincent de Paul Society, Perth.

A night shelter for homeless men.

(4) Centre Care, Victoria Place, Perth.

Provides an extensive welfare service, notably for immigrants. CYSS schemes also run under this organisation's auspices, and emergency accommodation houses in Aberdeen Street, Mt Lawley and Fremantle, for homeless youth.

(5) Christian Welfare Centre, Beaufort Street, Perth.

Provides an extensive welfare and casework service, as well as some emergency relief.

(6) Community Development Centre of Mental Health Services, Selby Street, Daglish.

Concentrates on running groups to assist in the development of certain skills, for example, relaxation and assertiveness training. At present does not offer any programmes specifically aimed at those suffering from drug abuse, nor does it have much contact with drug abusers.

(7) Community Youth Support Schemes

(i) Fremantle
(ii) Melville.

All CYSS schemes operate various programmes aimed at the unemployed.

(8) Court Volunteers (WACOSS), East Perth Court.

A voluntary group which provides a referral and information service to those facing court proceedings.

(9) Department of Community Welfare, St George's Terrace, Perth.

Through the Drug Abuse Unit, the Department provides an information and advice service in the area of drug and alcohol abuse. This service is utilised mainly by departmental officers seeking assistance with various cases.

(10) Department of Corrections, Hay Street, West Perth.

(11) Department of Social Security, Mt Newman House, Perth.

(12) Fremantle Hospital, Alma Street, Fremantle.

(13) GROW, Beaufort Street, Perth.

Provides a support service through group work for those who have recently been discharged from psychiatric care and wish to wean themselves off prescribed drugs.

(14) Health Education Council

Provides information on a wide range of subjects concerned with health, including drug abuse; no direct contact with those seeking assistance for health problems.

(15) Holyoake City Centre, Havelock Street, West Perth.

Provides a rehabilitation service for drug abusers, particularly alcoholics, through a family therapy programme.

(16) Jesus People, Hay Street, Perth.

Runs three houses for young, homeless people in the Perth metropolitan area. A counselling service is also provided for those seeking assistance with various problems.

(17) Perth Inner City Youth Service

An out-reach service, aimed at providing support for Perth's 'street kids'. Also operates 'The Cave' coffee house/drop-in centre.

(18) Probation and Parole Service, Murray Street, Perth.

(19) Royal Perth Hospital, Wellington Street, Perth.

(20) Salvation Army, Balga.

Operates a community centre, and through this provides welfare services to the local population.

(21) Sir Charles Gairdner Hospital, Nedlands.

(22) St Bartholomew's House, Brown Street, East Perth.

Provides accommodation for homeless men many of whom have drug problems, particularly with alcohol. Also provides a counselling and referral service.

(23) Telateen/Good Samaritans, Bagot Road, Subiaco.

A telephone crisis counselling service for the desperate and suicidal. Also provides person to person counselling in some cases, and referral.

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(24) Uniting Church Welfare Service, Pier Street, Perth.

Provides a welfare service, with emphasis on youth services.

(25) University of Western Australian Counselling Service.

Oriented to students facing problems with courses and study methods.

(26) Victoria Park Counselling Service.

Provides a limited counselling service to local parishioners.

(27) Visitor's Centre, Fremantle Prison.

Operated by the Civil Rehabilitation Council, the Centre aims to provide a service for those visiting inmates.

(28) Wesley Central Mission, Cnr Hay and William Streets, Perth.

Provides a general welfare service, and some emergency relief. Also operates houses to accommodate homeless and destitute men. Previously ran the 'Omega Centre', a drop-in centre for those addicted to opiates. This was terminated early in 1981, but could re-open if financial and staffing problems are overcome.

(29) Youth Affairs Council, Murray Street, Perth.

An organisation with a particular concern for homeless and destitute youth.

Over a period of nine weeks, a total of forty-three persons were interviewed. These respondents consisted of sixteen social workers, fourteen persons who described themselves as welfare officers, eight psychologists, two medical practitioners, two education officers and one nursing sister. Personnel approached for interviews were contacted initially by telephone to determine the feasibility of proceeding with an interview. Frequently, initial contact was used to direct the researcher to those with appropriate skills and interests in areas concerned with drug abuse and rehabilitation. In most cases, a single interview was considered sufficient, although in large organisations, such as Government Departments and Hospitals, a number of staff were interviewed, particularly those having contact with drug users. This remained the major criterion for selection for interview and to a large extent enabled the researcher to avoid situations where the subject was unfamiliar with the area.

Those who participated in interviews generally did so to the extent of their knowledge and were prepared to set aside significant periods for this purpose. Interviews generally lasted from three quarters of an hour to two hours, with one lasting four and a half hours. The length of time needed to successfully complete the interview varied according to the knowledge of the subject, and the amount of information they were willing to impart.

Although the interview was the primary source of information, valuable information was also obtained through informal discussion with staff in agencies specialising in the treatment and rehabilitation of drug dependent people. Certain staff members at the William Street Clinic of the Alcohol and Drug Authority, 'Natural High' and 'Cyrenian House' were willing to discuss issues relating to drug abuse. These discussions resulted in an accumulation of invaluable material.

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2.4. The Survey

An interview schedule was the primary method of data collection.

During the first two weeks of the research project, the outline for the schedule was completed and some of the questions formulated. Following a pretesting period of five interviews, extensive modification of the schedule was undertaken.

Probably the least satisfactory aspect of the research project was the necessarily rushed nature by which all stages had to be undertaken. A preparation period of two weeks is insufficient and it quickly became apparent that the schedule, even in its modified form, contained certain weaknesses. A number of questions gained similar responses to those preceding, while others failed to elicit the type of response that was required. As a result, on occasions, it was difficult to present the questionnaire in a standardised manner, and wording was sometimes adapted and questions added or deleted to make it more appropriate to the situation at hand. A copy of the questionnaire is provided in Appendix A.

The schedule was made up of open-ended questions with the intention of eliciting the maximum amount of descriptive information. The schedule was divided into five sections :

(i) Section A, a general section aimed at determining the agency's perception of the broad area, and its treatment and referral policies. This section was applied to all agencies participating in the survey and included a statistical item, discussed on page 3. The remaining sections were answered only by those agencies who had an interest in the area concerned.

(ii) Section B, drug offenders.

(iii) Section C, homeless and destitute drug users.

(iv) Section D, emergency hospitalisation.

(v) Section E, long-term residential treatment.

2.5. Analysis of Data

The practice of using open-ended questions in an interview schedule presents certain problems in analysis of the data obtained. However, in a research project of this type, the major object is to gather as much information as possible in an attempt to tap the expertise of those with experience of the field in question. For this reason, the open ended format proved to be highly informative. The subjects were required to answer questions fully, and probing techniques were used to encourage this.

Following completion of interviews, responses were catalogued into a card-index system. This meant the subjective grouping of responses into categories, though the choice for division with most subject answers caused few problems, with their partition into categories easily identifiable.

The findings from the interviews from the agency samples are presented in chapters four, five and six of this report.

Treatment Methods

Many questions and much uncertainty arise when methods of treating drug abuse are considered. Initially, it is important to note the lack of facilities and seeming lack of consensus in the treatment of drug misuse involving legally obtained sedatives, analgesics and minor tranquillisers, although major health problems appear to be associated with those drugs. Most treatment centres appear to be oriented towards treating illicit opiate addiction rather than misuse of prescribed drugs.

As has been noted numerous times, treatment of addiction involves the mental and social health of the individual as well as the physical. Drug use appears to become an important aspect of individual lifestyle, and may be used to help alleviate tension or anxiety, or simply for pleasure. There seems to be a reasonable consensus of opinion as to the treatment implications of drug dependence in that the psychological recovery is recognised as well as the physical. However, different treatment programmes place different emphasis on one or the other. (See generally New South Wales Royal Commission Into Non-Medical Use of Drugs, 1980, (Williams Report), section on "Approaches to Treatment").

In the following sections, brief descriptions are given of the main treatment methods operating in Western Australia, with reference to overseas practices and the Eastern States.

3.1. Therapeutic Communities.

Therapeutic communities attempt to treat addicts by dealing with the underlying cause of addiction on the basis that it is brought about as a result of psychological problems, or problems within the maturation process. The aim of the therapeutic methods used is to teach individuals new patterns of behaviour until a point is reached where drug use is no longer needed. Within a residential setting it is believed that total social learning changes can take place, and abstinence from drug use achieved. These changes are effected through encounter group sessions where an individual is helped to examine the origins of his or her behaviour with the aim of gradually changing it. Desirable behaviour is rewarded while that deemed 'undesirable' is punished.

Most therapeutic communities trace their antecedents to the Synanon organisation and employ its philosophy to varying degrees, quoted extensively on this subject from the Canadian Commission of Inquiry into the Non-Medical Use of Drugs. The major characteristics of therapeutic communities following the Synanon philosophy were stated as being :

(i) They demand total abstinence.

(ii) They emphasise the 'here and now' rather than events in the past that may have been factors in the development of drug dependence.

(iii) They force the addict to accept responsibility for his/her behaviour. His/her past conduct is labelled as 'stupid' rather than 'sick'.

(iv) They stress participation in small group encounter 'games' which confront the individual with aspects of his/her behaviour and use peer group pressure to modify his/her conduct.

(v) They rely heavily on the influence of ex-addicts in the operation of the community.

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The report continues :

"Although each programme claims distinctiveness from other ... programmes, it is relatively difficult for an outside evaluation to determine major differences, with the exception of these two areas :

a The use of professionals in the programme. Synanon is operated entirely by 'non-professional' ex-addicts and rejects the use of professional therapists and thier methods. Odyssey House and Phoenix House use a combination of the traditional approach by professionals and innovative methods by ex-addicts.
b The goal of the programme. In virtually all programmes a major goal is the production of successful 'graduates', at least some of whom will continue as members of a 'treatment team' within the community or in similar settings. However, some programmes are designed to facilitate re-entry of the graduate into outside society, ... while others ... consider the community as a life-time habitat for its members." (The Le Dain Commission p19).

Most therapeutic communities have three identifiable phases of treatment :

(a) Induction
(b) Treatment
(c) Re-entry.

Induction is an important stage, although requirements vary with different communities. Candidates for admission to a programme are expected to display a strong motivation to cease using drugs. Most communities reserve the right to reject applicants.

The treatment phase may last for any period up to eighteen months, although requirements regarding length of stay vary considerably. An important aspect is the work programme which operates within an hierarchical structure which is intended to achieve two goals :

(a) To give a resident the opportunity of exploring, accepting or even seeking more responsibility for himself and others in order to encourage the individual to become involved in the running of the community.

(b) To give a resident the opportunity of creating stress situations where he can experience psychosocial problems which may be used to heighten awareness in encounter groups, in order to help make them more dynamic.

A new resident enters the structure at the bottom of the hierarchy. Progress in the structure and the responsibility acquired are a measure of the individual's personal growth. If a resident fails in responsibility or abuses his position in some way, he may be fired by the staff and start again at the bottom.

Encounter sessions, or group therapy, are the most important aspect of treatment. Emphasis is placed on the view that drug taking is immature and reflects problems of inadequacy or incompetence in dealing with stress. Chosenparticipants (usually advanced residents or staff members) 'take apart' the resident and review undersirable behaviour in a verbally brutal manner. Especially 'sick' patterns of behaviour are highlighted. An attempt is made to put the individual 'back together' at the conclusion of the session.

Residents may be treated as if they are child-like in order to break down inflated self images or any false sense of superiority. It is demonstrated to the person concerned that he has never learned to accept responsibility or lived comfortably with authority; that he has not related openly and honestly with others and has been lacking in concern.

Encounters are harsh and demoralising but it is part of the philosophy that the motivation is concern and love, rather than hostility. By residents admitting and recognising shortcomings, the foundation is laid for the adoption of the philosophy of the therapeutic community and the resident is then able to be directed through steps of relearning. The purpose is not to detroy people, but rather to destroy their negative attitudes and behaviour.

When a resident approaches the stage of re-entry into society, he or she begins to experience some life beyond the confines of the community. This can take many forms; outside employment, re-association with family, and the taking of an educational course. When a resident is considered by the staff and his peers to have established a stable pattern outside the community, he/she is then ready for discharge.

A number of therapeutic communities operate in Australia. Probably the most successful of these are the Odyssey Houses in New South Wales and Victoria. The first Odyssey House was established by the James McGrath Foundation at Campbelltown in 1977. This facility can accommodate 150 persons at a time. 60% of referrals for admission come from the addicts' families, doctors, friends, self or another programme. The remainder come from the courts and other related services. The staff ratio is one staff member to eight residents. (The Williams Report p1548).

In evaluating the success of therapeutic communities, figures given by Williams (1549) indicate that probably 10% of those entering the programmes will graduate. Around 86% leave before graduation, most in the first few weeks. However, of those who remain resident beyond the initial orientation period, it is likely that 60% will leave and around 20% will graduate. However, as Williams points out, regardless of the numbers who graduate "...they do maintain addicts in a drug free and socially functioning state for considerable periods, and this is a significant measure of success in itself." (p1550).

Williams goes on to evaluate therapeutic communities as a mode of treatment in the following terms :

(a) They are selective in their intake and reserve the right to reject those who are considered unsuitable for the programme and who may disrupt the functioning of the community.

(b) It seems that a large proportion of residents fail to last through the induction period. As such, graduation is a highly selective process. Therapeutic communities therefore cannot be seen to have the capacity to treat drug addiction on a mass basis.

(c) "Residential involvement for one to two years makes the treatment expensive in terms of both money and human resources. Nevertheless the value of the therapeutic community has been demonstrated for those who are able to maintain themselves in adequately funded programmes." (p1551).

Perth has recently witnessed the commencement of two private residential programmes for drug addicts. Both use therapeutic methods developed overseas claiming a high rate of success in encouraging addicts to resume a drug-free lifestyle.

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"Natural High" is operated under the auspices of the Drug Rehabilitation and Research Association and has its premises in Palmerston Street, North Perth. With a full time staff of one, assisted by one part-time staff member, the programme is run in a three bedroom suburban house with dormitory type accommodation.

Over the twelve months to May 1981 a total of sixteen people used the facilities on an inpatient basis. Of these, eight were female and eight male. The average age of the female residents was twenty years old; the average length of stay in the programme was fifteen days. For the male population, the average age was twenty-six; the average length of stay, thirty-one days. Two residents remain drug free. Of these, one stayed in the programme for ninety-two days, the other is still resident at the time of writing. Excluding these, the average length of stay for both males and females was fourteen days.

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ID Number	Criminal Record	Prison	Hospital	Detox.	Stay Days	Period of Use
1	Yes	No	Hepatitis (1)	1	4	Less than 1 year
2	No	No	Overdose (3)	1	4	4 years
3	Yes	Yes	Overdose (5)	1	1	7 years
4	Yes	No	Hepatitis (2) Overdose (3)	2	4	13 years
5	Yes	No	Overdose (8)	2	15	5 years
6	Yes	No	Overdose (14)	Nil	3	3 months
7	Yes	No	Overdose (7)	Nil	3	6 months
8	Yes	No	Nil	1	92	1 year

Table 1 : Females at Natural High - 12 months to May 1981.

ID Number	Criminal Record	Prison	Hospital	Detox.	Stay Days	Period of Use
9	No	No	Mental (1)	3	3	Not stated
10	Yes	No	Overdose (5)	3	28	Not stated
11	Yes	Yes	Mental (2)	Nil	5	10 years
12	Yes	No	Mental (3)	1	3	11 years
13	Yes	No	Mental (1)	3	5	7 years
14	Yes	No	Nil	Nil	58	Not stated
15	No	No	Nil	2	39	10 years
16	Yes	Yes	Mental in/out Overdose (2)	2	111	15 years

Table 2 : Males at Natural High - 12 months to May 1981.

"Cyrenian House" was opened in April 1981 and occupies a spacious former hospital in Newcastle Street, Perth. The facility has been well utilised, and residents have spent time working to restore the house to its full accommodation potential. Two full-time staff are employed, both of them ex-addicts, and volunteer help is used.

Staff at the facility reject the term 'therapeutic community' to describe Cyrenian House, and there are significant differences between this organisation and those of the type described above. Potential residents who are dependent on drugs are admitted to a small detoxification unit at the rear of the premises. After undergoing detoxification such persons are admitted to the drug-free residential programme that constitutes the major portion of the building. Encounter group sessions are not used, instead it is compulsory for residents to attend Narcotics Anonymous and Alcoholics Anonymous meetings a number of times per week. A Narcotics Anonymous meeting, open to outsiders, is held one evening each week on the premises. Rather than utilising a confrontational medium of therapy, residents are given support and understanding and attempts are made to build up individual insight into behaviour which has led to present patterns of drug use.

3.2. Opiate Maintenance

The National Policy on Methadone emphasises that methadone has a small role to play in the treatment of opiate addiction and that it should be used as only one element in a total treatment approach. The objectives of methadone treatment as stated in the National Policy are seen as comprising "... a combination of reduced mortality, improved physical and psychosocial wellbeing, diminished involvement in anti-social behaviour, and containment of drug abuse ..."

Methadone treatment is used for two distinct purposes, withdrawal and maintenance. For use of methadone the National Policy recommended that patients should :

(a) be over eighteen years of age,
(b) have a history of fairly continuous opiate use over at least one full year,
(c) be demonstrably (usually by use of an antagonist) physically dependent on opiates.

Maintenance treatment, the regular administration of oral methadone over a long period of time, may be used where there is chronic, intractable addiction, which is severely impairing health or social functioning. The goals of methadone maintenance are therefore to reduce mortality, to reduce ill-health, to reduce crime, to reduce the contagions of illegal drug use, to increase productivity, and to assist the individual addicted person in coping. The goal of a drug-free existence is at least temporarily deferred.

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The benefits of this form of treatment appear to be ;

(i) it keeps the addicted person in contact with the treatment agency,

(ii) it partially satisfies the needs of the addicted person while reducing the effects from use of other opiates,

(iii) it removes the need for addicted persons to be preoccupied with obtaining and using illegal drugs,

(iv) it allows the addicted person to place greater emphasis on the organisation of his or her life.

In Western Australia the Alcohol and Drug Authority administers a methadone programme through the William Street Clinic. This is the only outlet in the state for methadone for the treatment of heroin addiction.

For a concise summary of the arguments for and against methadone maintenance, see Book C "Approaches to Treatment" in the Royal Commission into Drugs (1980).

3.3. Counselling

Counselling techniques are used usually in conjunction with other forms of treatment, for example, in methadone maintenance as well as in residential drug free programmes. The National Policy on Methadone recommends counselling of all participants in methadone maintenance programmes at least once every two weeks.

The Western Australian Alcohol and Drug Authority follows this recommendation as a general rule, with the employment of three social workers at the William Street Clinic. However, given the variety of individuals, their different personal problems, motives for drug taking, family circumstances and support, and motivation for seeking treatment, it is obvious that some will seek and respond to counselling, others will not. Many drug users do not see that they have a problem for which they need counselling. As a result, enforced counselling may be counter-productive in that a person who objects to counselling may abandon treatment altogether if it is forced, and thus all contact with the treatment centre would be lost.

Counselling services for drug users in Western Australia take several forms :

(a) Round-the-clock telephone counselling by the Samaritan organisation and its subsidiary Telateen. This agency offers a service for those in crisis and referral services to other organisations.

(b) Informal drop-in centres provided mostly by voluntary agencies. At present, since the closing of the "Omega Centre" there is no such facility oriented specifically to drug users. Others, such as "The Cave" in Murray Street, are of a general nature, but counsellors, some trained, are available if needed. These facilities are invaluable as they may enable contact to be made with drug users in the early stages of use, before addiction becomes a problem.

(c) Assessment and referral centres are operated in Western Australia by both Government and voluntary agencies, and have a variety of primary functions. Some may be oriented essentially towards provision of general welfare services, others to a more specific area such as Social Security or Probation and Parole. In such centres, counselling for drug related problems may be carried out or referral made to more appropriate agencies.

(d) Detached worker programmes aim to establish contact between youth or treatment agencies and young people who may have a drug problem. In Perth there is only a single detached youth worker in the City of Stirling, although a number of others operate on a purely voluntary basis. It is claimed that such workers, who usually utilise a relationship development model of counselling, can become strong positive influences on young people and this has important implications where the early detection and treatment of drug abuse is concerned.

(e) Family counselling as provided by the Holyoake City Centre in Havelock Street, West Perth. This organisation aims to help the family to solve the problems that led to drug use, by the provision of counselling and moral support.

.../18.

Little systematic evaluation has taken place as to the level of positive response in the counselling of drug users. However, high 'success' rates are frequently claimed by individual counsellors using a particular model or technique. The major inference that can be drawn from the prevalence of counselling methods is that different individuals respond to different techniques and that no single treatment method can set itself up as a panacea for the cure of drug addiction.

3.4. Private Medical Practitioners

It is important to note the function of medical practitioners in treating patients suffering from drug abuse.

It appears that many people seek treatment for drug dependence from private medical practitioners in preference to attendance at treatment centres. One major advantage of such treatment concerns the continuity of the contact. This can promote a stable and trusting doctor/patient relationship.

Another advantage concerns the privacy and lack of stigma associated with treatment by a private practitioner.

Results and Interpretation

4.1. 'Low-contact' Agencies

Of the twenty nine agencies in the sample, twelve were found to have an insignificant contact with drug users of any age. Most of these were in fields where their clientele either had little contact with drugs, or approached the agency for particular reasons unrelated to health.

Three examples were :

(1) The University of Western Australian Counselling Service. This agency was selected in view of the popular belief that university campuses have seen widespread misuse of drugs, particularly illegal drugs, among the student population. The counselling service operates to assist students who are having problems relating to their couses. Although personal problems often impinge upon this area, the respondent could not recall any instances where clients were plainly effected by misuse of drugs of any sort. It was further stated that besides the use of alcohol and cannabis, drug taking by university students appears to have decreased in popularity over the last five years. To gain a more complete indication of drug use within universities and centres of higher education, other services would have to be surveyed, such as the Student Health Service, as well as the campuses at Murdoch, WAIT and others.

(2) Health Education Council is concerned with the area of education and information where health matters are concerned, and have little contact with those affected by health problems. The researcher was informed that the Council responds to requests for information on drug abuse, but does not become further involved.

(3) CYSS groups approached in Fremantle, Midland and Stirling although having high contact with the young unemployed had a primary interest in skills and vocational training and report little contact with drug users. It was suggested that this could be explained in terms of motivation; most of those regularly attending CYSS groups are seen to be attempting to do something about their predicament. The 'amotivational syndrome' was mentioned in connection with the apparent lack of interest in such activities shown by regular drug users.

4.2. 'Medium-contact' Agencies

Of the remainder of the sample, only eight reported a high level of contact with regular drug users. Of these, three were hospitals, two were statutory organisations and three were non-Government agencies. The rest of the sample reported some contact with drug abuse effecting a range of age groups. Generally, these 'medium contact' agencies had the following characteristics :

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(i) The primary function of the agency tended to lie in other areas, rather than overall concern for health or particular concern for drug abuse.

(ii) A lack of expertise among staff members was acknowledged in dealing with drug abuse.

(iii) A general policy was referral of drug users to agencies perceived as being able to cope with the problem.

Four of the agencies in the 'medium contact' group operated short to medium term accommodation facilities for homeless men and women. The major drug problem experienced by users of these facilities is alcohol. The majority are in the older age brackets, usually over forty, and there are a large number of men than women. However, among this population drug abuse is quite widespread. It was noted by a majority of respondents that drugs prescribed initially for therapeutic reasons are sometimes used in combination with alcohol to intensify effects. (Note - the additive effects of combined alcohol and drug abuse have been noted on numerous occasions. For a full description see Sidney Cohen, "The Effects of Combined Alcohol-Drug Abuse on Human Behaviour" in Drug Abuse and Alcoholism Review (Vol.2. No.3. 1979) (ppl-13).

In addition, prescribed drugs may be taken in quantities exceeding the directions of the doctor. Most frequently mentioned as the drugs abused by this group were sedatives, particularly serepax and valium, and hypnotics, particularly mogadon and noctec (chloral hydrate).

In these agencies, comparatively little contact is had with younger drug users. At ACRAH only three young drug users have been accommodated over the last six months. However, in the experience of the staff "most of them have been 'end of the road' types, who use booze often as an alternative. Usually they have overdosed a number of times and overdoses /on the premises/ have been reasonably frequent".

Most of the experience of staff in these accommodation centres was in the management of alcohol related programmes and a lack of competence was felt in dealing with young drug users. "Junkies" were also seen to present problems in the smooth running of the facilites and to be the cause of antagonism and ill-feeling between the alcoholic population and the younger drug using population. As a result the effectiveness of rehabilitation programmes offered is believed to be adversely affected by the presence of young drug users.

Hence, referrals are usually made to other agencies, most commonly to the William Street Clinic where the individuals concerned are often already known. A dearth of accommodation facilities for young people with drug problems was noted by respondents from these organisations. This makes the job of referral particularly difficult, as most of those concerned have already "done the rounds" of emergency accommodation centres. It was stated that there is nothing for drug users facing this problem, and that "... there is a definite need for 'wet' crisis centres", where it is not necessary for individuals to detoxify, but which is run in a supportive and caring way, with a long-term goal of promoting abstinence from drugs.

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Referrals have rarely been made to 'Natural High' as it is believed that drug users must detoxify before being accepted there. At the time of the interview, 'Cyrenian House' had been open for only two weeks. It would be interesting to find out whether its establishment has improved the accommodation prospects for these so-called 'end of the line junkies.'

Also having regular, but not constant, contact with drug users, is the Telateen/Samaritan organisation in Bagot Road, Subiaco. This organisation offers a telephone crisis service, which operates 24 hours a day. Face to face counselling is also offered and referrals are made. The organisation maintains an extensive and thorough resource index. However, a small percentage phone in with drug related crises, "about three per month". Parents worried about their children's possible drug taking behaviour phone in regularly. Calls have often been concerned with prescription drugs with fears of becoming over-dependent or threats of over-dose. It was difficult to determine whether this was a problem experienced primarily by mature age groups as no records were available, and a reliance was placed on the memory of the subject. However, it was stated that it was extremely rare for someone of any age group to call with a problem concerning illegal drugs.

It was stressed that Telateen/Samaritans is not a treatment agency and that referrals are usually made as a matter of practice. Drug problems are usually referred to the William Street Clinic although it was noted that there was a certain reluctance on the part of callers to use this facility. Hence, general practitioners were often the target of referral. The subject was aware of the existence of Natural High and Cyrenian House, but knew little about either.

Another category of those having 'medium contact' with drug users are non-Government welfare offices usually run under the auspices of a religious denomination. Included in this group are the Christian Welfare Centre, Anglican Health and Welfare Services and the Wesley Central Mission.

Each of these organisations, as well as running a general welfare service for the provision of counselling and emergency relief, run a number of projects in associated areas. The Christian Welfare Centre for example runs a house for homeless youth, Anglican Health and Welfare also has an interest in youth work, while the Wesley Central Mission runs a number of houses for accommodating homeless or alcoholic men.

Each of these agencies report some contact with drug users presenting for welfare assistance. In the case of the Christian Welfare Centre, numbers of such contacts were estimated to be in the realm of 5 or 6 individuals per week. It was not possible to get accurate statistics, as drug abuse would not generally be treated as a primary problem, but rather one contributing to a variety of other social problems, for example, marital or family. In addition, a number of counsellors contribute to the work of the Centre, each keeping their own records and case notes. Records are kept of those drawing on the agency resources of money, clothing and furniture.

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This is also the case with the Wesley Central Mission and Anglican Health and Welfare. Consequently, problems of drug use are "hidden" behind requests for other kinds of assistance. In addition, the ethic of confidentiality is an important concern in considering any release of private information, especially in such a sensitive area as drug abuse.

Among the younger age categories of those using drugs, abuse of prescription drugs was considered the most widespread. Particularly mentioned were sedatives (Serepax and Valium) and hypnotics (Mogadon). Barbiturate abuse was also considered to represent a problem, although this was noted mainly among longer-term drug users who were frequently also on the methadone maintenance programme and addicted to opaites. Cannabis was considered to be the most widely abused illegal drug, with heroin use being significant.

Only one of these three agencies is prepared to accept some responsibility for treating clients displaying drug related problems. Individual counsellors are prepared to offer counselling at a social work level and also to adopt an educational approach to the effects of drug abuse. In addition, family therapy may be attempted in the belief that dysfunctional family relationships have contributed to the need to take drugs.

Generally, these agencies refer drug users to William Street Clinic in cases where they felt unable to offer constructive treatment. However, it was noted that most drug users requesting welfare assistance were already out-patients at William Street, also having approached other agencies for assistance. Most were long-term users who also were having problems with finance and accommodation. In the case of the Christian Welfare Centre, referrals were sometimes made to Natural High, but only in cases where a strong motivation to become abstinent was present. In situations where overdose had taken place or was likely, referral was immediately made to the Royal Perth Hospital.

At this point, it is worth mentioning a project of the Wesley Central Mission which was aimed specifically at methadone patients from the Alcohol and Drug Authority. The 'Omega Centre' was set up with funding from the Alcohol and Drug Authority, but was closed early in 1981. This facility operated as a recreational rather than a rehabilitation centre. Originally, the agency had hoped to run certain therapeutic programmes in co-operation with staff from the William Street Clinic. As such, it was envisaged that such a facility would function as a therapeutic centre of low intensity, in an attempt to keep the alternative of a drug-free lifestyle in the minds of those attending, while at the same time applying no pressure to change, and requiring no commitment.

The 'Omega Centre' functioned for a number of months with regular attendance of a number of methadone patients. However, the subject of the interview considered that there had been an over-dependence on addicts to run the centre, and those who had taken responsibility eventually proved unreliable. However, there remains the hope that the 'Omega Centre" or one similar to it, will re-open given adequate financial assistance. Many of those interviewed agreed that there was a need for such a 'drop-in' centre staffed by a paid welfare Officer. It was widely believed that such a centre, while being primarily recreational, should also be able to re-inforce any desire to become drug free by the running of structured voluntary therapeutic programmes and by acting as an information centre on drugs and drug abuse.

The Holyoake City Centre in Havelock Street, West Perth, provides a therapeutic service for all drug dependents, particularly for alcohol dependents. The Centre provides its own model of treatment, based on the Hazeldon Community in the USA, utilising family therapy. It is believed that drug users often come from both dysfunctional and alcoholic families, and treatment concentrates on working through and correcting these family relationships. As a result, those who are socially isolated are not considered suitable for the programme and are generally referred elsewhere, in the case of drug users to Natural High or Cyrenian House. Once again, accurate statistics were not available, but drug users, excluding alcohol dependents, seeking the programme's assistance were generally low in number, about twenty per year. From the agency's experience, marijuana use presents the greatest problem, particularly within high schools, from the age of about fifteen. Prescribed drugs, particularly sedatives, are also a significant problem, but it was asserted that heroin use appears to be declining.

From the point of view of the person interviewed, William Street Clinic possesses the greatest potential as far as medical assessment of the drug dependent person is concerned. However, most available rehabilitation programmes are considered to be "... ineffective and unstructured." Half-way houses and therapeutic communities need to be positively re-evaluated and no treatment facility should be funded until the agency concerned thoroughly documents its treatment procedure.

Two further non-Government agencies in the sample are both operating in the correctional area. The Visitor's Centre at Fremantle Prison is operated by the Civil Rehabilitation Council, and provides a service for the families and friends of inmates. Given the high proportion of drug offenders serving prison sentences (see below Chapter 6), it seemed likely that this facility would also have contact with those abusing drugs. In fact, only six drug users had been assisted over the previous three months, although I was told that there were probably many more who either did not seek the assistance of the staff, or who neglected to reveal their drug using behaviour. Those who had sought assistance were between 18 and 24, and there were more females than males.

In the interview subject's work experience, a commonly used drug among the 18 to 25 age group is heroin, with cannabis being used "... almost universally" and rapidly becoming socially acceptable. Prescribed drugs also were seen to be increasing in popularity particularly among the younger age groups where sedatives and hypnotics are used. It was also claimed that "speed" (psychostimulants) was increasing in popularity. ("Speed", or such drugs as amphetamines, methylamphetamines and dexamphetamines, have been unavailable in Australia for some years, owing to Legislative restrictions on their prescription by doctors. However, other respondents also commented on this category's limited use as a recreational drug; it therefore seems possible that illegal importations and distribution may be taking place to a limited extent).

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The predominant form of contact with drug users using the services of the Visitor's Centre is providing a referral service, although there is generally little involvement with clientele except on a friendly, supportive basis. Referrals are usually to the William Street Clinic, although Natural High has also been utilised. In general, resources for rehabilitation of drug users were considered to be deficient, particularly as most of those in the subject's experience had found methadone maintenance unsatisfactory as a means of achieving abstinence.

The Court Volunteers, a voluntary organisation affiliated with the Western Australian Council of Social Services, runs a service aimed at assisting those who are facing court proceedings in orientation to what is considered to be an "... unfamiliar and often confusing setting". The service has volunteers situated at the East Perth, Beaufort Street and Fremantle Courts of Petty Sessions. Although many drug offenders pass through these courts, the service has little contact with them. This is explained by two factors :

(i) 'Serious' drug offenders are either imprisoned or placed under the supervision of the Probation and Parole Service.

(ii) 'Petty' drug offenders rarely seek assistance or advice for problems concerning their drug use. These, it is believed, consist mainly of cannabis offenders.

However, in the rare cases where assistance is sought, referral is invariably to the William Street Clinic, which is considered to be the best equipped agency to deal with problems of drug use.

The Department of Social Security has branches in Perth, West Perth, Cannington, Fremantle, Midland, Mirrabooka, Innaloo and Victoria Park. Its primary area of interest is income maintenance, and a number of categories of benefit for supporting single parents and those unable to work are offered. Interviews were conducted in the Perth Office and Mirrabooka. In both cases, social workers informed that regular contact was made with clients displaying symptoms of alcohol abuse, while a much lower number were recognised as having problems with other drugs.

It was not possible to gather statistics on drug users applying to the department, as departmental statistics only show the numbers drawing different benefits, and other variables such as age and place of birth. However, drug abuse, particularly alcohol, was considered to be one of the major problems, and one of the more recognisable. Other problems, for example accommodation for women, seem to be less visible. The Perth Office particularly reported a high incidence of drug abuse, although as this office draws clients from the inner city area, the sample may be unrepresentative.

Besides alcohol, barbiturates and sedatives were mentioned as being the most commonly abused drugs among the clientele, particularly noticeable among middle aged women. Illicit drug use among the younger age groups is not as noticeable, possibly for 2 reasons :

(i) The control function of the Department may restrict the numbers willing to seek help for a problem with drug abuse.

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(ii) As most younger people contact Social Security to apply for Unemployment Benefits, contact with social work staff is unlikely. Referrals from counter staff and assessing officers will usually only be made on request from the client or if the counter officer concerned suspects a problem which may indicate the necessity of social work intervention. Even then, the client would need to be willing to accept social work help. Following assessment for income maintenance at Social Security for unemployment benefits, further contact will be mainly with staff at a Commonwealth Employment Service.

In cases where Sickness Benefit or Invalid Pension is warranted, however, social work intervention is often required with the result that health problems are more likely to come to notice. In cases where drug abuse was exposed as being a problem, staff interviewed were generally unprepared to involve themselves in counselling in an area where it was felt they lacked expertise and familiarity.

Instead, referrals are made most often to William Street Clinic, although this depended upon the attitudes and motivation of the client. Staff interviewed had an unusually wide awareness of alternative resources for treatment of drug problems. Other referral targets mentioned were a psychologist at Centre Care and a doctor of the board of management of the same organisation. In cases of opiate addiction, referrals may be directed to Royal Perth Hospital, Aston Hospital or various private medical practitioners who are prepared to 'bulk bill'. Referrals have also been made to Natural High.

No follow-ups are carried out following referral, so staff were unwilling to comment fully concerning the subsequent treatment of referred clients. However, the comment was made that facilities for drug users, both accommodation and treatment, often "...seem to be based around punishment and retribution. Many facilities, for example Aston Hospital, mix 'junkies' and alcoholics who appear antagonistic to each other. This tendency could indicate a lack of awareness of individuality, and a categorisation of problems under the one umbrella."

It was also noted that there seemed to be a reluctance by many agencies to deal with those who had multiple problems, for example, drug and emotional problems. Those displaying such problems tend to be "...palmed off from Mental Health Services to the Alcohol and Drug Authority and vice versa".

4.3. 'High Contact' Agencies

The results described in this section concern those agencies and individuals within agencies who have regular and continuing contact with those using drugs, or those who have come into contact with agencies as a result of offences.

A staff member at the Uniting Church Welfare Office described his experiences as a 'detached' youth worker, which takes place partly through his involvement with the Perth Inner City Youth Service and the Scarborough Beach Community. Both of these services have functioned as 'out-reach' organisations specifically for youth, and have run drop-in centres. The person interviewed also is one of a number who make their homes available to homeless teenagers, where he sees his role as attempting to provide "...friendship, affirmation and a sense of worth..." and acting as a "...significant uncle-figure."

Regarding the use of drugs among teenagers from the age of about fourteen, the respondent reported widespread use of a variety of drugs. In order of popularity, it was tentatively stated that sedatives, hypnotics, barbiturates, cannabis, heroin and LSD were used. However, virtually any chemical substance that could be used "... to get out of it" would have its adherents.

Among the causes of drug use social dissatisfaction, boredom and a sense of alienation from family, peers and society in general were noted. Use of drugs may relieve boredom, provide a means of escape and also provide a sense of identification with drug using peers. Consequently, "rehabilitation" of adolescent users should be oriented towards providing an opportunity to identify with mainstream society; tackling the sense of alienation rather than an emphasis on treating the symptoms, one of which may be drug use.

Detached youth work is seen as the most constructive means of achieving these diverse and complex aims, in the following manner :

(i) acting as a non-threatening, undemanding 'role-model'
(ii) being knowledgeable of community resources
(iii) providing assistance with problem-solving
(iv) providing friendship and support
(v) bringing the benefit of greater life experience
(vi) being known or "known of" to a large group of teenagers.

Only one funded detached youth worker operates in Perth. Of the others, their activities with youth take place at their own expense and in their own time outside work hours. Government funding is difficult to obtain for various reasons :

(i) the unemployed and "hopeless" are less attractive than the smaller percentage of youth who are seen to be "going somewhere" in terms of mainstream society's expectations. Consequently, youth funding tends to be directed to youth clubs, camps and vocational training, rather than to providing services for the so-called "aimless" street youth

(ii) difficulties in evaluating the role of detached youth work over a period of time, with the lack of defined and specified programmes.

The output efficiency of detached youth work was noted by the respondent in the following terms : "I am probably known by about 500 kids in the area. Intimately by about 100, the rest by acquaintance or through someone else." In the opinion of the researcher, detached youth work as described by the respondent has great potential in the preventative area of drug abuse of teenagers, but needs to be explored further.

The Jesus People Organisation, with its headquarters in Hay Street, has been active in the field of accommodating homeless youth for a number of years, operating three short to medium term hostels for males and females. Most residents at the hostel are aged between 15 and 25; a large proportion are from interstate or overseas, although many come from home situations which have broken down.

The Director of the organisation agreed to be interviewed and informed that a large number of residents were either periodic users of drugs or more compulsive. However, it was pointed out that the organisation operates primarily to provide accommodation for homeless youth and hence does not seek to involve itself in the treatmnet of drug users, unless asked to do so by the person with the problem.

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The researcher was allowed access to the organisation's records in order to attempt to gain a numerical indication of residents who also used drugs. Admission forms were phrased in such a way that there was a low response to such items as : "Have you a drug problem?" and "Are you willing to accept counselling for a drug problem?" Few applications for admission admitted an involvement with drugs. Those who did, usually had a criminal record involving drug offences or a recent history of medical treatment for drug abuse.

However, in the experience of staff members, besides alcohol abuse, prescribed drugs were widely used by residents, in addition to cannabis. Heroin and LSD users did not frequently apply for accommodation at the hostels.

Counselling is generally not attempted at the crisis accommodation centre in Hay Street. However, longer-term centres in South Perth and Morley will counsel residents if willing. For drug users, counselling by staff was thought to be successful in helping abusers, but of little assistance to those addicted to opiates or barbiturates. "If the user is prepared to listen, the success rate is high". It is considered to be very difficult to provide adequate services for addicts, but meals and accommodation are seen to be of some service in answering basic needs for shelter and adequate nutrition.

Opiate addicts and chronic drug abusers are usually referred to William Street Clinic, who are seen as having the expertise and experience to properly assess patients. However, as a treatment centre, the Alcohol and Drug Authority is believed by staff to have little success, as it is "...an institution and therefore it is difficult for staff to establish close relationships with drug users". Friendship and caring is seen by staff as being one of the most effective mediums for treatment of drug users.

Other facilities, including Natural High, are unsatisfactory in that they provide insufficient accommodation space.

GROW is situated in the Church of Christ building in Beaufort Street, and is a branch of a National organisation running groups and drug-free residential treatment centres in the Eastern States. The organisation commenced operation in 1957 under the name "Recovery", utilising and developing some of the concepts of Alcoholics Anonymous. Since this date, the organisation has spread overseas, with branches operating in the United States and Hawaii. In Australia, branches operate in each state and in every capital city.

The aim of the organisation is to assist people to rehabilitate themselves from mental illness to a healthy, drug-free state of functioning. In Western Australia, most of those attending GROW initially are using prescribed drugs. "Many come feeling that medication is necessary but feel that they are missing out on something. They feel doped." It is felt that doctors tend to prescribe drugs as a ready solution to a person's problems without attempting to provide help for their patients to work out problems for themselves.

The GROW method of treatment takes place through group therapy, where participants are invited to talk about matters that they feel they cannot cope with, for example, a task, a fear or an anxiety. The rest of the group attempts to draw out and understand the thoughts behind this feeling as a way of building insight into the problem. Friendship between group members is considered an

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important part of the programme, and members are encouraged to keep in contact between meetings. In these ways it is hoped that a person may be encouraged to learn how to cope better, to improve the self-image and to enhance their personal value. (For further information on the GROW programme, see "Special Drug Issue" 1976 No.3 or contact GROW for "Submission to the Commission of Inquiry into Drugs").

The GROW programme is well attended, although statistics were not available, as the programme provides for the anonymity of users and no records are kept. Referrals come from general practitioners, Heathcote Hospital, but mainly by word of mouth or through information pamphlets. The organisation as it operates in Perth does not involve itself in physical aspects of drug use. Consequently, those who are addicted to opiates or other drugs are advised to detoxify before attending GROW meetings. They may be referred to William Street Clinic for this purpose or if this is unacceptable to a general practitioner. Once detoxification has been successfully completed, group meetings can be attended. GROW considers that psychological dependence is more difficult to overcome than physical dependence and concentrates most of its efforts in this area.

Centre Care is a welfare organisation run by the Catholic Church in Victoria Place, Perth. It runs a variety of programmes including special ones for immigrants, and a CYSS programme. It also has a number of houses, two in the inner city, one in Mt Lawley and one in Fremantle, that are used for emergency accommodation for homeless young people. The interview was carried out with a social worker who takes a particular interest in these houses, although the actual running is done mainly by volunteers.

Through the accommodation service, drug use is frequently encountered mainly by the young (between 13 and 19), many of whom are unemployed. Drug abuse is considered to be a growing problem in the running of the houses and this year appears to be worse than ever before, reflected by the increasing number of overdoses taking place on the premises - "... about one a week". The most popular drugs, in the experience of the respondent are sedatives (particularly valium and serepax), and marijuana, although alcohol use is far more widespread. In general though, it was considered difficult to categorise drug abuse, which was seen as "... generally a chemical escapism from the social environment..."

A number of strategies are used to deal with those using drugs. As each of the houses has a rule that 'no drugs' are to be used "... illegal drugs are treated as just that" with threats to call in police. The first concern usually felt by volunteer staff is thus the effect on other non-using residents and a "feeling of helplessness" to do anything constructive about the problems which may effect the user.

When it is felt that prescribed or legal drugs are being abused, counselling by the agency psychologist or social workers may be initiated, utilising a diagnostic approach or personal contracts to stay away from drugs. The agency also has access to a farm at Gidgegannup, and drug users may be sent there for short periods to work in a country setting and to isolate themselves from the city.

Outside agency resources, alternatives are seen to be lacking. Hospitals, particularly Royal Perth Hospital, are frequently used for those in danger of overdose. Users have also been referred to Aston Hospital for detoxification. However, these facilities have been found to be unsatisfactory as they are believed to concentrate on the medical aspects of the problem, leaving the social almost untouched. "As a result, within a few days, they are frequently back on our doorstep, having solved none of their problems and being little improved in general condition".

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It was stated that, of the other alternatives, Natural High is unpopular with drug users, as is Narcanon. William Street Clinic is rarely able to come up with any further alternatives. The respondent had high hopes that Cyrenian House would fill a need that was becoming more and more pressing.

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Hospital Treatment

Information regarding the numbers and characteristics of overdose victims admitted between 1 June 1980 and 31 May 1981, to emergency departments at Royal Perth Hospital, Fremantle Hospital and Sir Charles Gairdner Hospital, was obtained from the statistical Division of the Department of Medical Services.

The information on cases of overdose is classified by the 9th Revision of the International Classification of Diseases (World Health Organisation), into three broad categories, as follows :

Code 965

Analgesics	
965.0 Opiates and related narcotics	
Codeine	Methadone
Heroin	Morphine
Pethidine	Opium
965.1 Salicylates	
Acetylsalicylic acid	Salicylic acid salts
965.4 Aromatic analgesics	
Acetanilide	Phenacetin
Paracetamol	
965.5 Pyazole derivatives	
Aminophenazone	Phenylbutazone
965.6 Antirheumatics	
Indometacin	Gold Salts

Code 967

Sedatives and Hypnotics	
967.0 Barbiturates	
Amobarbital	Pentobarbital
Barbital	Phenobarbital
Butobarbital	Secobarbital
967.1 Chloral Hydrate	
967.2 Paraldehyde	
967.3 Bromine Compounds	
Bromide	Carbromal
Carbamic esters	
967.4 Methaqualone compounds	
967.5 Glutethimide group	
967.6 Mixed Sedatives	

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Code 969

Psychotropic Drugs	
969.0 Antidepressants	
Amitriptyline	Imipramine
969.1 Phenothiazine-based tranquillisers	
Chlorpromazine	Prochlorperazine
Fluphenazine	Promazine
969.2 Butyrophenone-based tranquillisers	
Haloperidol	Trifluperidol
Spiperone	
969.4 Benzodiazepine-based tranquillisers	
Diazepam	Lorazepam
Chlordiazepoxide	Medazepam
Flurazepam	Nitrazepam
969.6 Hallucinogens	
Cannabis	Mescaline
LSD	Psilocybine

Table 3 : Drug Categories according to I.C.D. Classification

From the evidence of the descriptive section of the survey, which included a number of hospital staff, it is likely that the most frequently encountered drug abuse in each category is as follows :

(i) Analgesics : Heroin, Pethidine, Methadone, Morphine, Codeine and Pentazocine (Fortral) and paracetamol.

(ii) Sedatives and Hypnotics : Barbiturates, Chloral Hydrate (Noctec), Methaqualone (Mandrax).

(iii) Psychotropic Drugs : Diazepam (Valium), Oxazepam (Serepax), Nitrazepam (Mogadon).

Over 12 months the three hospitals admitted a total of 983 patients to emergency departments, where drug overdose was the major or minor diagnosis. It is not possible to distinguish recurrent admissions from statistics available. The break-up of this total according to hospital, drug of overdose, and sex, is represented in Table 4.

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Category	Royal Perth Hospital				Fremantle Hospital				Sir Charles Gairdner Hospital				Total	Percentage
	Number			%	Number			%	Number			%		
	Males	Females	Total		Males	Females	Total		Males	Females	Total			
Analgesics	52	79	131	20	15	23	38	26	6	20	26	15	195	20
Sedatives and Hypnotics	48	49	97	15	9	18	27	18	8	21	29	17	153	15
Psychotropics	133	300	433	65	30	53	83	56	46	73	119	68	653	65
TOTAL	233	428	661	100	54	94	148	100	60	114	174	100	983	100

Table 4 : Admission by Drug Category and Sex - 1 June 1980 to 31 May 1981

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As was expected from the views of those participating in the agency survey, the 'psychotropic' category which includes such popular drugs as valium, serepax and mogadon, showed a far greater rate of abuse to the other categories. That categorised as 'sedatives and hypnotics' which includes barbiturates, showed the lowest rate of abuse, while 'analgesics' including opiates, were marginally higher. The limitations of having only distinguished broad categories of drugs are apparent. Further research is necessary to gain a more accurate indication of drug abuse leading to overdose.

Female overdose accounts for 636 out of the 983 admitted patients, and tend to occur most often as a result of abuse of 'psychotropic agents'.

As may be seen from Table 4, Royal Perth Hospital treats much larger numbers of overdose patients than other hospitals. Certain implications may be drawn from this. Royal Perth Hospital has the busiest and most widely used emergency department of the three major hospitals. It also services the inner city area, and populous suburbs to the north, south and east of the city, such as Victoria Park, North Perth and Belmont. It is therefore the most convenient major hospital to some of the higher density suburbs. In contrast, the emergency departments at Sir Charles Gairdner Hospital serves a smaller area. Fremantle Hospital figures are consistent with information given by interview of staff. Although the hospital serves a wide and populous area, the emergency department is generally not as busy as that of Royal Perth.

Royal Perth Hospital, being the most accessible to the inner city area, would also be the most likely to draw patients from the itinerant and homeless population who are accommodated in boarding houses and hostels in the area. From the evidence obtained in an interview at the Department of Social Security, Perth Office, it appears that a disproportionate number of those with alcohol or drug problems may be homeless or dependent on government benefits, and therefore be reliant on hostel or boarding house type accommodation, which tends to be concentrated in inner city suburbs.

In all three hospitals, admission for overdose is usually through the emergency department as a result of 'accident', or 'emergency, not accident'. This distinction refers to whether the patient is self-admitted, knowing that overdose is likely to result in the case of the latter category, or whether they are brought into hospital by ambulance or other means having overdosed. In either case, they are admitted through the emergency department. Other sources of admission are as follows :

(i) waiting list

(ii) referral from a private medical clinic

(iii) booked readmission

(iv) transfer from other hospital.

In each case, admissions from these sources for overdose victims are minimal, as Table 5 indicates ;

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Hospital	Emergency	Percentage	Other	Percentage	Total
Royal Perth Hospital	633	96	28	4	661
Fremantle Hospital	132	89	16	11	148
Sir Charles Gairdner Hospital	152	87	22	13	174
Total	917	93	66	7	983

Table 5 : Admission Source - 1 June 1980 to 31 May 1981

Age groups of those admitted for treatment of overdose are summarised in Table 6 :

Age Group	Royal Perth Hospital				Fremantle Hospital				Sir Charles Gairdner Hospital				Total	Percentage
	Males	Females	Total	%	Males	Females	Total	%	Males	Females	Total	%		
11 - 15	6	11	17	3	3	8	11	7	1	0	1	0	29	3
16 - 20	40	91	131	20	12	16	28	19	8	21	29	17	180	18
21 - 25	51	73	124	19	7	13	20	13	9	23	32	18	176	18
26 - 30	39	66	105	16	9	15	24	16	12	21	33	19	162	16
31 - 35	38	59	97	15	10	10	20	13	6	12	18	10	135	14
36 - 40	23	43	66	10	4	7	11	7	4	7	11	6	88	9
41 - 45	13	23	36	5	6	6	12	8	7	16	23	13	71	7
46 - 50	13	22	35	5	0	7	7	5	1	4	5	3	47	5
51 -	10	39	49	7	2	12	14	9	10	11	21	12	84	9
Total	233	428	661	100	54	94	148	100	60	114	174	100	983	100

Table 6 : Age Groups - 1 June 1980 to 31 May 1981

As can be seen, a high proportion of emergency patients were in the 16 to 30 age group. In all three hospitals, 187 males out of 347 (54%), and 339 females out of 636 (53%) were in this age group. By hospital, the figures are reasonably consistent with the totals -

(i) Royal Perth Hospital - 55% of males and 53% of females between 16 and 30

(ii) Fremantle Hospital - 51% of males and 46% of females between 16 and 30.

(iii) Sir Charles Gairdner Hospital - 48% of males and 57% of females in this age group.

With over half of all admissions for overdose being in the younger age groups, these findings appear to confirm evidence given in the survey that there is widespread drug abuse among teenagers and young people. However, it bears repeating that recurrent admissions are not possible to extract from the findings. It is probable that some are re-admitted a number of times. Tables 1 and 2 on page 14, figures from Natural High show that many residents have suffered more than a single overdose, and this could cause a significant bias in the hospital statistics.

Of those between 16 and 30 years of age, 129 (25%) were admitted for overdose of "analgesics", 74 (14%) for overdose of "sedatives and hypnotics" and 321 (61%) for overdose of "psychotropic agents".

The majority of those admitted because of overdose were short-term patients, most of them staying only one day, although quite a significant number stayed over one week, as indicated in Table 7.

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Length of Stay (Days)	Royal Perth Hospital	Fremantle Hospital	Sir Charles Gairdner Hospital	Total	Percentage
1	435	68	105	608	62
2	54	23	21	98	10
3	34	14	7	55	5
4	30	16	4	50	5
5	17	8	3	28	3
6	13	4	4	20	2
7	7	4	4	15	1
Over 7	71	11	27	109	11
Total	661	148	174	983	100

Table 7 : Length of Stay.

.../37.

The longest length of stay for each of the hospitals was :

(i) Royal Perth Hospital - 130 days, although the next longest was 71 days.

(ii) Fremantle Hospital - 52 days, next longest 32 days

(iii) Sir Charles Gairdner Hospital - 93 days, next longest 52 days.

These statistics confirm the statements of hospital social workers who participated in the survey. The majority of those admitted for overdose are treated symptomatically, and either discharged after the immediate medical problem has been solved, or they discharge themselves. This frequently takes place after the first day of hospitalisation.

In cases of chronic drug abuse, or where an individual has been admitted for treatment of overdose on a number of occasions, medical assessment may indicate the need for a longer period of hospitalisation. This usually means that the patient is transferred to a psychiatric ward for assessment, which then leads to decisions being made about the management of the case. In these wards of each of the three hospitals surveyed, the 'milieu therapy basis' or team approach operates. Decisions involving treatment of patients are reached by teams comprising medical officers, psychologists and social workers, and each member subsequently takes some responsibility for treatment.

In general, patients admitted to psychiatric wards for treatment of chronic drug abuse may stay for between two and three weeks. During this time, medical problems are treated, while the support staff engage in short-term crisis work with the patient. Due to the limited time of hospitalisation, work on social problems may be seen as inappropriate, and the patient referred elsewhere for further treatment following discharge. It was pointed out that all three hospitals suffer from problems of space. Consequently, particularly in the psychiatric ward, logistical problems may prevent necessary longer-term treatment. Referrals almost invariably are made to the William Street Clinic, although it was pointed out that although referrals may be made, it is up to the individual to keep any appointments made. Consequently, there is no assurance that follow-up treatment will take place.

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Treatment of Offenders

6.1. The Probation and Parole Service

An important aim of this report is to examine the treatment of drug users who offend against the law, and who, as a result, serve gaol sentences or come under the supervision of the Probation and Parole Service.

The following categories of drug offenders may be distinguished :

(i) Those who offend against the Commonwealth Customs Act, which covers the importation of drugs known as "narcotic goods". Under this Act, a scale of penalties are prescribed for different quantities of imported drugs. For instance, a "commercial quantity" carries a maximum sentence of life imprisonment, a "traffickable quantity" a fine of $4,000 and/or 10 years imprisonment, less than a "traffickable quantity" $2,000 and/or 2 year imprisonment.

(ii) Those who offend against the State Police Act and the Poisons Act, which relate to the use, possession, cultivation and selling of "drugs of addiction", a category which includes cannabis. When a person is in possession of a prescribed quantity of a greater amount of a "drug of addiction" it is deemed that he/she is in possession with intent to sell or supply.

(iii) Those whose offences appear unconnected with drug use, but who use or may admit to using drugs.

The Probation and Parole Service has a number of statutory responsibilities related to offenders :

(i) Officers are responsible for writing pre-sentence reports on an offender who has been found guilty, to assist the magistrate or judge in determining an appropriate penalty.

(ii) Supervision of offenders placed on good behaviour bonds by the court.

(iii) Placement and supervision of those placed on Community Service Orders.

(iv) Supervision of offenders placed on probation

(v) Supervision of those released from prison on parole. This may occur when a prisoner has fulfilled certain conditions of his/her sentence, such as being of good behaviour. A prisoner does not become eligible for parole until the minimum sentence set by the court upon sentence has been served.

(vi) Maintaining contact with prisoners who have become eligible for parole but who have elected to continue in prison instead, or who have not been recommended for parole.

The Probation and Parole Service, through their Research Officer, contributed to this project by conducting a comprehensive survey of drug and alcohol users under the supervision of officers in each office of the Service. The survey was also used to gather data for the Service's proposed Alcohol Education Programme.

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The method by which the survey was carried out involved distribution of data collection sheets to each officer of the service, asking them to identify current clients :

(i) where a probation order or prison sentence is in respect of drug-related offences

(ii) who are known to abuse drugs and/or alcohol.

In addition, some background material such as age bracket, sex, education and employment history was requested.

By the return deadline of 10 June 1981, 615 questionnaires had been returned to the Research Officer. Only three officers of the Service were unable to complete and return data sheets.

The 615 cases included in the survey represented 25% of the Service's current caseload of 2,358, 549 were male and 66 were female. As can be seen in Table 8 about 40% of the Probation and Parole Service's clients who were under a pre-parole order were surveyed whilst a smaller proportion of the Service's clients on probation were surveyed. Clients on both probation and parole are not in a custody situation, whilst pre-paroles are, in fact, awaiting release from prison.

The survey gathered data under the category of those whose present order or sentence was in respect of a drug offence, and of field officers' assessment of clients in this caseload known to officers to abuse alcohol and/or drugs.

Out of the sample of 615 clients surveyed, 181 were convicted under their current sentence or order for a drug-related offence. Table 9 shows that 29% of the whole sample was in this category. It is of some interest that in the sample of 615 Ss, 151 persons, 25% had a <u>previous</u> conviction for a drug-related offence. As can be seen in Table 8, column 8, about one third of those Ss who were in prison, or recently discharged from prison (ie parole), had a prior drug conviction. Of these 151 Ss who had a <u>previous</u> drug conviction, 74 of these persons current conviction was also for a <u>drug-related</u> offence and the remaining 77 Ss were convicted for a <u>non-drug</u> offence.

There would seem to be a tendency for females to be placed on probation rather than sentenced to prison, as Table 8 reveals that 35% of the males were on a probation order, whilst 59% of the females were on a probation order. When one has regard to the disposition of <u>drug offenders</u> Table 11, one finds a higher proportion of females on probation, 11 persons (33% of all females), compared to 39 males, (26% of all males) on probation. It may be possible females get involved in less serious drug offences, and the courts adopt a differential sentencing approach towards them.

Table 10 has details of the types of drug offences, commited by the 181 drug offenders surveyed. Cannabis offenders constitute the most significant group, 50% of the sample, followed by 43% of sample (77 persons), convicted of a narcotics offence, and remaining 14 offenders unspecified drug offenders.

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There is a tendency for cannabis offenders to be placed on probation, 30 persons, 60% of probation sample and for narcotics offenders to be sent to prison. If one combines parolees and pre-parolees as one group of drug offenders who have been imprisoned, one obtains a clearer picture as follows :

	Probation		Imprisonment	
Cannabis	30	17%	60	33%
Narcotics	14	8%	63	35%
Not specified	6	3%	8	4%
	50		131	

The percentages calculated are of the whole sample of 181 drug offenders, which indicates imprisoned narcotics offenders are the most significant group, 35%, closely followed by imprisoned cannabis offenders, 33%.

Of some interest in Table 10 is the finding that 74 (41%) of the 181 Drug Offenders had a prior drug conviction. As can be seen almost half of the parole group had a previous drug conviction, whilst one third of the probation group had a previous drug conviction. There does not seem to be any difference between cannabis and narcotics offenders with previous drug convictions being sentenced on either a probation order or imprisonment. In the cannabis offenders group, 6 persons out of the total of 32 were placed on probation, ie 19% of the sample. In the narcotics offenders group, 7 persons out of the total of 35 were placed on probation, ie 20% of the sample.

However, a clearer picture emerges of the likelihood of a previous conviction of any kind leading to a more severe penalty if one has regard to the findings in Table 11, in the section "criminal record". Thus it is shown around 30% of drug offenders with no prior criminal record are imprisoned, and 40% of drug offenders without any prior criminal record are placed on probation. Therefore it is evident as one would expect, that more serious drug offenders, eg importation, or possession with intent to sell or supply, are imprisoned. In Table 10, one sees that the largest proportion of offenders in the parole and pre-parole groups are for more serious drug offences.

The survey also collected data on the present and past efforts by drug offenders to seek treatment from the Alcohol and Drug Authority. It can be seen in Table 11 24 of the drug offenders, 13% of the sample, had sought treatment prior to 1981 from the Alcohol and Drug Authority. There is also data on this group's involvement with treatment in 1981. Some 97 persons, 54% of the sample, did not receive treatment to the knowledge of their officers up to the time of the survey. If treatment was undertaken it was most likely to be with the Probation and Parole Service, as one would expect. A smaller proportion, 5% were treated from other sources (including general practitioners), and 2% were treated by the Alcohol and Drug Authority. These results could suggest a minimal involvement with drug users and drug offenders by the state's statutory agency that is wholly concerned with drug (and alcohol) abusers, the Western Australian Alcohol and Drug Authority.

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The other portion of the survey data was on known abusers of alcohol and/or drugs. The results of this part of the survey are presented in Table 12. Perhaps what is most interesting about this group of Ss (most of whom may have been included in the survey data presented in Tables 8-11), is the large number of Ss with a previous drink-driving condition - there were 195 persons, 45% of the sample. This data reinforces the need for a concerted effort to treat alcohol abusers who use motor vehicles.

The data on treatment engaged prior to 1981 is illuminating by the low proportion of persons who had attended the Alcohol and Drug Authority : of the 435 Ss, 11% (48 persons) had prior treatment for drug abuse, and 7% (32 persons) had prior treatment for alcohol abuse.

Treatment undertaken in 1981 suggests a low involvement with agencies outside the Probation and Parole Service. It is noteworthy that 50% of the Ss had in 1981 received "treatment" from the Probation and Parole Service for alcohol abuse, suggesting a significant effort towards managing alcohol abusing criminal offenders. This "treatment" has taken the form of alcohol education and awareness programmes.

The current alcohol and/or drug abuse of the three groups of offenders is of some interest. The pre-parole group one would have thought was not able to at present abuse alcohol, as they are in prison. There seems to have been a misunderstanding by officers participating in the survey up to the rating of current abuse. If, however, the alcohol use rating of the parole group is accurate, it is suggestive of a significant alcohol problem in this group. Some 43 of the 94 Ss were rated as using alcohol, ie 46%, with 24% of parolees rated as abusing alcohol (ie using it either habitually, chronically or life-threatening use).

Order/ Sentence	Male	%	Female	%	Total	% P&P Case load	Total P&P Case Load	Prior Drug Conviction	
Probation	192	35	39	59	231	17%	1314	33	14%
Parole	135	25	18	27	153	33%	456	54	35%
Pre-Parole	222	40	9	14	231	39%	588	64	28%
Total	549		66		615	25%	2358	151	25%

Table 8 : Sample - Surveyed at 1 May 1981.

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Order/ Sentence	Number	Percentage of Sample
Probation	50	22%
Parole	59	39%
Pre-Parole	72	31%
Total	181	29%

Table 9 : Persons Whose Current Order or Sentence Was In Respect of A Drug-Related Offence.

.../43.

	Probation	Parole	Pre-Parole	Total
Cannabis				
Possession-Use	12	2	3	17 9%
Possession-Intent to sell	6	11	13	30 17%
Deal-Supply	6	13	5	24 13%
Import	-	5	7	12 7%
Cultivation	6	-	1	7 4%
Total	30 60%	31 53%	29 40%	90 50%
Narcotics				
Possession-Use	7	1	3	11 6%
Possession-Intent to sell	1	10	13	24 13%
Deal-Supply	2	7	15	24 13%
Import	3	5	9	17 9%
Other	1	-	-	1 1%
Total	14 28%	23 39%	40 56%	77 43%
Not Specified				
Possession-Use	-	1	1	2 1%
Possession-Intent to sell	2	-	-	2 1%
Deal-Supply	-	-	-	- -
Import	-	4	2	6 3%
Other	4	-	-	4 2%
Total	6 12%	5 8%	3 4%	14 8%
Prior Drug Convictions				
Cannabis Offenders	6	13	13	32 18%
Narcotics Offenders	7	13	15	35 19%
Not specified Offenders	4	2	1	7 4%
Total	17 34%	28 47%	29 40%	74 41%
Sample	50	59	72	181

Table 10 : Drug Offenders by Type of Offence at 31 May 1981.

.../44.

	Probation	Parole	Pre-Parole	Total
Male	39 78%	47 80%	65 90%	151 83%
Female	11 22%	12 20%	7 10%	30 17%
Total	50	59	72	181
Current Drug Abuse				
None	25 50%	45 76%	72 100%	142 78%
Marginal	5 10%	4 7%	- -	9 5%
Habitual	5 10%	1 2%	- -	6 3%
Unknown	15 30%	9 15%	- -	24 13%
Criminal Record				
None	20 40%	18 30%	23 32%	61 34%
Prior-Prison	4 8%	17 29%	21 29%	42 23%
Prior-Not Prison	26 52%	24 41%	28 39%	78 43%
Treatment Prior 1981				
ADA-Yes	8 16%	6 10%	10 14%	24 13%
ADA-No	40 80%	45 76%	49 68%	134 74%
ADA-Unknown	2 4%	8 14%	13 18%	23 13%
Treatment 1981				
None	29 58%	33 56%	35 49%	97 54%
P&P	14 28%	23 39%	25 35%	62 34%
ADA	3 6%	- -	- -	3 2%
Other	2 4%	1 2%	6 8%	9 5%
Unknown	2 4%	2 3%	6 8%	10 5%
Aboriginal	1 2%	- -	- -	1
Current Offence				
Cannabis -				
Male	21 42%	27 46%	31 43%	79 44%
Female	9 18%	6 10%	1 1%	16 9%
Narcotics -				
Male	18 36%	20 34%	34 47%	72 40%
Female	2 4%	6 10%	6 8%	14 7%

Table 11 : Drug Offenders by Sentence or Order at 31 May 1981.

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	Probation		Parole		Pre-Parole		Total	
Respondents Surveyed by P&P Officers	182		94		159		435	
Total No. of Respondents available for Survey	192		135		222		549	
Proportion Sampled		95%		70%		72%		79%
Aborigines	25	14%	16	17%	65	41%	106	24%
WA Born Persons	120	66%	62	66%	114	72%	296	68%
Previous Convictions								
Prison Sentence	24	13%	56	60%	103	65%	183	42%
Drug	16	9%	26	28%	35	22%	77	18%
Drunk-Driving	65	36%	55	59%	75	47%	295	45%
Treatment Prior to 1981 ADA								
Drug - Yes	21	12%	12	13%	15	9%	48	11%
No	153	84%	77	82%	138	87%	368	85%
Unknown	8	4%	5	5%	6	4%	19	4%
Alcohol -								
Yes	17	9%	8	8%	7	4%	32	7%
No	144	79%	76	81%	138	87%	358	82%
Unknown	21	12%	10	11%	14	9%	45	10%
Treatment in 1981								
Drug - Not Applicable	142	78%	74	79%	125	79%	341	78%
P&P	22	12%	16	17%	22	14%	60	14%
ADA	8	4%	1	1%	2	1%	11	3%
Other	4	2%	2	2%	6	4%	12	3%
Unknown	6	3%	1	1%	4	2%	11	3%
Alcohol -								
Not Applicable	63	35%	38	49%	60	38%	161	37%
P&P	95	52%	43	46%	79	50%	217	50%
ADA	6	3%	2	2%	2	1%	10	2%
Other	8	4%	6	6%	9	6%	23	5%
Unknown	10	5%	5	5%	9	5%	24	6%
Currently Abusing								
Drug - Not Applicable	144	79%	80	85%	152	96%	376	86%
Marginal	15	8%	2	2%	2	1%	19	4%
Habitual	12	7%	2	2%	-	-	14	3%
Chronic	-	-	-	-	2	1%	2	1%
Life-Threatening	-	-	-	-	-	-	-	-
Unknown	11	6%	10	11%	3	2%	24	6%
Alcohol -								
Not Applicable			35	37%	115	72%	150	34%
Marginal	(Not		21	22%	6	4%	27	6%
Habitual			15	16%	19	12%	34	8%
Chronic	Pro-		6	7%	10	6%	16	4%
Life-Threatening	cessed)		1	1%	4	3%	5	1%
Unknown			16	17%	5	3%	21	5%

Table 12 : Known Abusers of Drugs And/Or Alcohol : Selected by Probation & Parole Officers (31 May 1981)

.../46.

Agency Survey

In the agency survey, five officers were interviewed. Although there is no firm policy in assigning drug cases to any particular officers, the researcher was directed to certain staff members who were known to have particular interest and expertise in the area.

The officers were unanimous in agreeing that they encountered a greater amount of prescribed drug abuse in the work than abuse of illegal drugs. Sedatives and barbiturates were claimed to have particularly wide use. Heroin and cannabis appeared to be the most popularly used illegal drugs. It was also mentioned that women seemed to constitute a higher portion of those abusing legal drugs, usually prescribed by a medical practitioner. Abuse of either illegal or legal drugs seemed to be particularly concentrated in the 18 to 30 age group. Few illegal drug users over 30 were encountered.

The treatment method utilised by officers is counselling, which varies according to the expertise and experience of the counsellor, but may include confrontation and educational approaches. In cases where addiction to opiates or barbiturates is present, or when a medical crisis is perceived, referral is usually made to William Street Clinic, or sometimes to a General Hospital. In some cases, referrals may be made to private psychiatrists, or when prescribed drugs are being abused liaison may occur with the prescribing doctor.

As far as alternative forms of treatment are concerned, few were found to be satisfactory. Holyoake City Centre was mentioned as being used in cases that seemed appropriate to that organisation's treatment methods. However, it was widely felt that Natural High had yet to establish credibility and officers were therefore reluctant to refer cases there.

Support was expressed for the concept of therapeutic communities and drug-free residential programmes. At the time of interview, Cyrenian House had only recently commenced operation and consequently officers were tentative about evaluating the programme. However, the Community Service order placement team had expressed an interest in using Cyrenian House as a work placement for drug offenders against whom such an order had been placed. At present, a number of Community Service orders have been completed at the centre.

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6.2. The Prison Population

On 31 May 1981, a total of 103 prisoners were being held in Western Australian prisons on charges relating to drugs. Ten of these were women at Bandyup Training Centre, while two of the males were aboriginal.

The breakdown of this total by offence is shown in Table 13 ;

Offence	Male	Female	Total	Percentage
Importing -				
Cannabis	6	-	6	6
Opiates	9	1	10	10
Other Drugs	4	2	6	6
Selling with Intent -				
Cannabis	29	2	31	30
Opiates	27	4	31	30
Other Drugs	3	1	4	3
Possession, obtaining -				
Cannabis	8	-	8	8
Opiates	3	-	3	3
Other Drugs	1	-	1	1
Miscellaneous	3	-	3	3
Total	93	10	103	100

Table 13 : Prisoners on Drug Related Offences at 31 May 1981.

As can be seen from Table 13, an overwhelming majority (66) of prisoners had been convicted on charges relating to selling or possession with intent to sell, of either opiates or cannabis. These prisoners generally received sentences in the range of two to four years. In contrast, the prisoners on charges of importing drugs received longer sentences, while those on possession charges received sentences usually of one year or less. The breakdown of offenders according to the length of sentence is shown in Table 14.

Length of Sentence (Months)	Number	Percentage
1 - 12	12	12
13 - 24	6	6
25 - 36	7	7
37 - 48	13	12
49 - 60	17	16
61 - 72	8	8
73 - 84	21	20
85 - 96	6	6
97 -108	3	3
109 -120	2	2
121 & over	7	7
Total	103	100

Table 14 : Length of Sentence

.../48.

The breakdown of prisoners according to age is represented in Table 15. As will be noted, an overwhelming majority (90%) were in the 21-35 age bracket, while 67% were between the ages 21 to 30. It is noted that the ages of the prison population are significantly higher than for probationers, where 36% of the Probation and Parole sample of the preceding chapter were under the age of 20 years old.

Age (Years)	Number	Percentage
18 - 20	1	1
21 - 25	27	26
26 - 30	38	37
31 - 35	25	24
36 - 40	8	8
40 & over	4	4
Total	103	100

Table 15 : Ages of Prison Population.

Interviews for the agency survey were conducted with two social workers, two clinical psychologists, one welfare officer and one nursing sister covering Fremantle Prison, Barton's Mill Prison and Bandyup Treatment Centre. Owing to a shortage of time, the researcher was unable to interview staff at the C.W. Campbell Remand Centre.

It was pointed out that not all drug users admitted to gaol are readily identifiable by the offence committed. As well as those offending against the state drug laws, there are also those whose offences are unidentifiable as being connected with drug use. Hence, there are an unspecified number of prisoners who have been sentence for an offence but who also have been abusing, or addicted to, drugs.

For those who are physically dependent on opiates, particularly if they are on methadone maintenance, detoxification is performed by means of rapid reduction doses, under the supervision of the medical officers. This process occurs when the opiate addict is first imprisoned while on remand. During and immediately after detoxification, the prisoner has access to psychological counselling, who may also carry out relaxation therapy in an attempt to alleviate the discomforts of withdrawal. It was pointed out that counselling may often be sought for assistance with the effects of withdrawal from other drug categories as well as opiates. There are also an unspecified number of opiate addicts who choose to 'cold turkey' without any medical supervision and at no time seeking assistance from a member of the support staff.

Regarding the general characteristics of drug offenders in prison, it was suggested that they frequently come from different socio-economic backgrounds to other inmates, as well as being better educated. They tend to form cohesive sub-groups with other drug offenders who frequently share similar values and philosophies. As a result they may be mistrusted by other inmates, prison officers and the administration alike. ("They are the ones who ask for vegetarian meals and insist on watching Channel Two on television"). In addition, as a group they tend to be more articulate in demanding rights and privileges allowed within the prison system and therefore are often suspected of being 'manipulative'.

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During the period of sentence, few distinctions are apparent between treatment available to drug offenders and that available to other prisoners. All have access to prison support staff of psychiatrists, medical officers, psychologists, social workers and welfare officers, as well as to education officers. The prerogative to seek assistance or treatment rests with the prisoner. It was stated that there are certain periods of prisoners sentences when they appear to be more receptive to treatment and counselling. While on remand awaiting trial and sentence, the individual may be motivated to face problems that may have directly or indirectly contributed to the offence. This may be tentatively viewed as an attempt to appear in a more favourable light to the trial court. Once a sentence is commenced, the prisoner will often take some time to settle into the prison system. Resentment and denial of guilt may hinder any possible treatment initiatives. However, towards the middle of the sentence until the end, treatment may be beneficial if the individual is willing to improve his/her situation, although it was noted that many drug offenders show little motivation to alter their pre-custody lifestyles once the sentence terminates.

No special groups are conducted for any category of offenders, drug or otherwise. In all cases, it is up to the individual to seek assistance. However, it was noted that Natural High had made overtures to instigate programmes for drug offenders at Bandyup and Barton's Mill. Although the Barton's Mill programme never got under way, a group was conducted at Bandyup for a number of weeks. Mixed reactions were noted as to the efficacy of this programme. The reactions of the prisoners involved were described as being initially "positive" towards the group sessions, that something was being done for them in an attempt to meet their special needs. It was also noticed that there was a sharp reduction in the prevalence of drugs being smuggled into the prison. On the other hand, staff reactions to the programme were negative. It was felt that the drug offenders were being treated as a special group which possibly enhanced their already "exclusive nature", and the group sessions were extremely noisy, with participants being encouraged to release their frustrations and aggressions. Unfortunately, these emotions often involved relationships with prison officers, and it was felt by many that such "anti-authoritarian" statements were both inflammatory and counter-productive to the rehabilitation process. The group eventually terminated through the combination of a loss of interest and commitment, and the termination of the sentences of a number of participants.

The majority of those interviewed were of the opinion that special programmes for drug offenders in prison would be beneficial to the individual. These programmes could be specifically oriented to reinforcing the enforced abstinence from drugs during the course of the sentence. It was stated by two respondents that, while many approach the end of their sentences with the firm intention of remaining abstinent, they have frequently failed to achieve this, following a return to their pre-sentence social network. In this regard, the programme which operated briefly through Natural High was seen as being potentially beneficial in assisting prisoners to attain long-term abstinence.

In addition, the period of supervision while on parole, could also focus upon the individual's drug using behaviour, assisting the individual to remain abstinent following release. Personal counselling by supervising Probation and Parole Officers could be undertaken. Also, group work programmes could possibly be instituted with the intention of re-inforcing abstinence.

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CHAPTER 7

Discussion

In general it appears that drug users may come into contact with the treatment system in one of four ways :

(i) through emergency accommodation
(ii) through the criminal justice system
(iii) through the emergency department of a major public hospital
(iv) by seeking treatment for a drug problem from agencies specifically oriented to their needs, for example the Alcohol and Drug Authority.

7.1. Identification

From the evidence collected during the survey, there appears to be little doubt as to the widespread use of drugs by the younger age groups in the population. Although not considered a problem of the same magnitude as that of alcohol abuse, the use of legal drugs gained either by prescription or through a 'black-market' was encountered regularly by the staff of many agencies in the survey.

Sedatives of the benzodiazepine group, particularly Serepax and Valium, were mentioned more often than other drug categories. Less popular, though still common among teenagers, were barbiturates, particularly Tuinal. The researcher was informed that use of barbiturates is considered to be a cheap way of gaining similar effects to that produced by alcohol. "A couple of Tuinal costing $2 and a glass of beer will get you drunker at quarter the cost." Abuse of sedatives and barbiturates was also noted within other age groups, although not to the same extent as among teenagers and those between twenty and thirty years of age.

Of the illegal drugs, cannabis was considered the most widely used. Many considered that this drug had almost become socially acceptable as a recreational substance, and opinions were given that it was less harmful than alcohol and that its use should be decriminalised. In contrast, many others held the point of view that cannabis is a dangerous drug, whose harmful effects are possibly more insidious, but ultimately just as harmful as the more physically addictive drugs. Heroin was the most frequently encountered of the opiate based drugs although many felt that its use was declining and that it no longer constituted a problem of the same magnitude as legal drug abuse. Reasons to explain this decline in popularity were :

(i) the expense of heroin
(ii) difficulties in obtaining a regular supply of the drug.

Many agencies had difficulty recognising drug users. They usually rely on the individual drawing their attention to a drug problem and frequently users are unwilling to do this, often having approached an agency for assistance in areas which do not include personal health. Many agency personnel are unused to dealing with drug users and are unaware of the symptoms and signs that may indicate drug abuse. In one instance, the method by which a drug user may be identified was described as follows :- "They usually have a general air of physical decay - lank, unkempt hair, extremely skinny, pasty complexion, abscesses and needle marks. Their clothes are most often ill-fitting, old and dirty." While it is acknowledged that such an appearance may fit some chronic abusers, the limitations of such identifying criteria are obvious. Thus it appears that many welfare agencies identify drug users in one of two ways :

(i) through a direct request for assistance with drug abuse, or
(ii) where the client's appearance fits that of the stereotypical drug user.

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It appears that many voluntary organisations and social welfare agencies have problems when it comes to identifying the user and hence are unable to offer assistance or referral.

Accommodation agencies, however, usually have a longer period of exposure to the drug users, and may become aware of drug use in an individual more effectively than the limited contact of the welfare agency. The greater period of contact allows the opportunity to observe the behaviour of the resident over a number of days. It is also noted that the accommodation agencies interviewed provided emergency accommodation for the homeless or destitute. The presence of alcohol and drug problems among members of this population is known and as a result staff may be more attuned to identifying drug users.

7.2. Referrals and Treatment Centres

In the majority of agencies surveyed, the William Street Clinic of the Alcohol and Drug Authority was seen as the major treatment resource for drug users. It is believed that this facility constitutes the State's greatest collection of expertise in the treatment of drug abuse. Although objections were noted as to the methods of treatment used at William Street, in general the facility's greatest value was seen in its ability to provide a thorough medical and social assessment of drug users in attendance.

Four general deficiencies of William Street Clinic as a treatment facility were brought to the researcher's notice :

(i) In many cases, objections to methadone maintenance treatment were made, most of which are summarised in Chapter 3.2 of this report. In the opinion of the researcher, the basis of most of these disagreements lay in the widely held view that treatment of heroin addicts should have abstinence from drug use as its primary goal. The concept of methadone maintenance of providing an avenue for the individual heroin addict to stabilise his/her life both physically and socially, was frequently misunderstood.

(ii) Treatment methods utilised at the William Street Clinic were oriented primarily towards heroin addict, and provided few effective alternatives for those abusing other types of drug. In view of the actual and perceived more widespread abuse of sedatives, hypnotics and barbiturates compared to heroin use, it was considered by many that the Alcohol and Drug Authority should consider re-allocating its resources to better meet the more prevalent forms of drug abuse.

(iii) In many cases it was mentioned that clients were unwilling to attend William Street Clinic for fear that their drug usage would come to the notice of Government law enforcement authorities. It was also stated that the treatment of patients by staff led to feelings of being stigmatised, and of being entered as "... just another Government statistic", while being unable to offer few constructive alternatives for treatment.

(iv) William Street Clinic was perceived as a "meeting place for junkies". Consequently, not only are those who are genuinely motivated to seek treatment unwilling to further involvement in the drug social scene, but also referral agents have second thoughts about sending clients to the William Street Clinic.

As a result, many referrals for medical treatment of drug abuse are made to private medical practitioners in preference to William Street Clinic, particularly to those who profess an expertise in the treatment of drug related problems.

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Besides the William Street Clinic, few alternative agencies were considered to be adequate. Natural High, although being widely known, was considered deficient in a number of areas :

(i) Potential participants in the programme were often unwilling to attend. The reasons most often given were that there was nothing to do at Natural High, and that residents were expected to share in rather cramped quarters. In view of the acknowledged inadequacy of the facilities at Natural High, this seems to be a valid criticism and one that has undoubtedly contributed to the lack of appeal of the programme.

(ii) Doubts concerning the qualifications of the personnel at Natural High to adequately manage the treatment of drug abusing residents were frequently expressed. There was also a general lack of awareness of the treatment methods used. Where respondents did have a knowledge of the treatment philosophy of therapeutic communities, two misconceptions were apparent; (a) that Natural High's treatment is only appropriate for heroin addicts and is therefore unsuitable for multi-drug users. (Natural High personnel claim that therapeutic methods used equip them to offer therapy for abuse of any drug, not just heroin). (b) the belief that users had to be detoxified before being accepted into the programme. However, although it is necessary that participants be drug-free in order to commence the treatment stage, the staff claim to have the expertise to assist detoxification, either on the premises or through Aston Hospital.

From the observations of the researcher, many of the criticisms of Natural High from agency personnel are justified. Natural High functions on an inadequate budget, which only provides for one full-time staff member, one part-time, as well as the rent of the premises and certain running costs, The lack of sufficient numbers of trained staff is considered to have prejudiced the development of the programme. Established therapeutic communities, as a rule, have a high staff-resident ratio. The pressures and responsibilities of running an effective programme with inadequate staffing numbers is too great, and for this reason a number of therapists are considered necessary. In addition, the co-ordinator's position has usually involved mostly administrative and liaison functions with minimal active involvement in therapy. Some staff with qualifications in medicine and health care are also considered necessary, in order to supervise detoxification, and other matters of a medical nature. The numbers of staff have most frequently been evenly divided between the sexes, in order to better meet the needs of both male and female residents.

The researcher agrees that the facilities at Natural High are inadequate for the purposes of a therapeutic community. As well as cramped residential areas, therapy areas are also small for the purpose of group and encounter work. Not more than six residents could be comfortably accommodated at the one time. The house also has small grounds, insufficient for instituting any outside work programme, which is an important aspect of therapeutic community programmes.

In addition, the situation of Natural High does not provide the necessary seclusion to provide the break from social ties that is an important pre-requisite for participation. Attempts have been made by staff and the management committee to obtain a rural property with adequate housing, within reasonable reach of the city. Mainly owing to a lack of funds, these have been unsuccessful. However, moving to larger, more spacious premises would better suit the purpose of providing a therapeutic community, although the researcher would consider it essential to fully evaluate this claim through detailed research. At present, lack of such facilities is seriously inhibiting the functioning of Natural High, to the extent that it barely functions as a treatment and residential centre.

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The need for such a facility was widely acknowledged by respondents. It was felt that a therapeutic community was suitable particularly for those who had a strong motivation to become abstinent, but was unsuitable for those experiencing a range of other problems, such as accommodation or chronic polydrug use.

There were also those who maintained that there was not enough demand for residential drug-free treatment programmes to justify the establishment of such a facility as Natural High. The low number of residents over the first year of operation appeared to justify this view. However, Cyrenian House since its opening in May 1981 has maintained a consistently high intake of residents and accommodates an average of eight to ten people. At the time of writing, approximately thirty people had passed through Cyrenian House and most of them remain abstinent. This success strongly indicates that a need is being met but when viewed in conjunction with the apparent failure of Natural High, questions inevitably arise as to whether the existence of two facilities which apparently duplicate services can be justified.

During the period of data collection, few respondents were familiar with the existence of Cyrenian House except for the information gained through the media coverage of its operation.

Few agency personnel were willing to refer clients to Natural High for the reasons outlined above.

GROW is an organisation which claims a high success rate in helping drug users to resume a healthy, drug free existence. It also appears to be one of the few organisations that has a programme oriented to assisting those with multiple problems, for instance drug and emotional problems. Liaison between GROW and certain mental hospitals particularly Heathcote is close and referrals regularly take place between these two organisations. In addition, some general practitioners recommend the GROW programme to patients who may benefit from the form of therapy offered.

Holyoake City Centre also provides a method of treatment that may benefit some drug users, particularly those who retain their family supports. It is important that referral agents are aware of these two resources, retaining a consciousness of when a referral to either is appropriate. It is of little benefit to refer to GROW if there is a continuing addiction to illegal drugs as to refer to Holyoake if a client is socially isolated. Only one agency in the survey referred clients to GROW. Holyoake was much better known although there was a general ignorance of the treatment methods used.

Emergency accommodation for homeless and destitute drug users posed a particular problem for many agencies. Many chronic drug users are in receipt of social security benefits, and are dependent on these as the sole source of income. It was found that such incomes are insufficient to adequately cover the individual's need to maintain a satisfactory intake of drugs while being able to sustain adequate standards of accommodation, hygiene and nutrition. Consequently, there are a significant number of drug users who become dependent on hostel-type accommodation and boarding houses.

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Emergency accommodation centres, such as ACRAH, Camillus House and St Bartholomew's House, are primarily concerned with homeless men or women, many of whom have alcohol problems. Although younger people are accommodated, certain problems have been experienced which have made staff at these centres wary of accommodating young drug users. There have been experiences of antagonism and discord between alcoholics and drug users which have had deliterious effects on the effectiveness of any treatment or therapy offered. In addition, staff at these agencies may be unused to dealing with drug users, and as a result may mistrust their undertakings to abide by the rules of the particular institution. It is noted that most of these attitudes are founded on the experiences of the agency personnel.

It was stated that accommodation centres orientated to the older person are also unsatisfactory to the younger drug user in need of accommodation. The two groups have little in common; "The 'junkies' despise the 'alkies' as being dirty, bottom of the barrel types, while the 'alkies' have the same attitude to the junkies." As a result of these factors, at least one of these agencies (ACRAH) now has a policy that, wherever possible, young drug users will be referred elsewhere.

The Jesus People, being concerned particularly with homeless youth, also has a lot of contact with drug users. However, as the primary aim of the organisation is to rehabilitate youth to permanent accommodation, (possibly reconciliation with family) and employment, staff may be unable to devote time to dealing with personal problems such as drug abuse.

Each accommodation agency stressed the need for emergency accommodation to be provided for those with whom drug abuse was a major problem, and for staff to be employed at this facility who were used to dealing with young drug users. Natural High and Cyrenian House both have strong treatment orientations, where a user is required to make a commitment to attempt detoxification soon after admission. This requirement was seen as having a deterrent effect on many drug users. Hence, it was believed that an emergency accommodation facility where the resident was required to make no such commitment would meet a widely experienced need of homeless drug users. Such a facility could provide a way of stabilising the individual's lifestyle by providing medium to long-term accommodation and ensuring adequate nutrition and hygiene while also keeping the individual in contact with a therapeutic milieu. Health education could also be a part of the programme, as an aspect of a low key approach to motivating the user to seek some form of treatment of his/her drug abuse.

7.3. Hospitalisation of Drug Users.

Hospital staff who were interviewed stated that there may be a number of underlying causes contributing to an individual taking an overdose of drugs resulting in admission to a hospital through the emergency department. In many cases, this may be an isolated occurrence, but frequently a person may be re-admitted in a separate incident some time later. When recurrent incidents of overdose are identified, the individual may be admitted for a longer period of hospitalisation for treatment in a psychiatric ward as described in Chapter 5.

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In describing the characteristics of overdose victims, respondents were generally in agreement that such incidents were more significant psychologically than medically. (NB the short time of hospitalisation for most cases). In particular, it was felt that overdose should be seen as 'a cry for help', or attention seeking behaviour. "They are often lonely, no peer group support and no family support and are frequently unemployed. They frequently come from extremely unstable backgrounds. Many have left school early, have travelled and are itinerant." Overdose should therefore be seen as a manifestation of a pre-existing condition rather than a purely chemical problem.

When viewed in this way, overnight or short-term hospitalisation cannot be seen to be meeting their most pressing needs, rather than treatment for the medical condition. Discharge usually follows without resolution or treatment of the psychological problems which were probably most significant in the incident taking place in the first place. It is noted that many overdose patients discharge themselves before any further assessment can be made. Notwithstanding this, few overdose patients are admitted for longer-term treatment once the immediate medical problem has been treated.

It was also stated that few patients having been discharged are referred to hospital after-care; often for logistical reasons. Rather than use up hospital resources that are needed for inpatients, referral may be made elsewhere. In cases of overdose, these referrals are usually made to the William Street Clinic. However, as in any referral, it is up to the individual as to whether appointments are kept or referrals followed up, and where referrals are made to William Street Clinic, patients often may have their own reasons for not attending for further treatment.

In contrast, some agency personnel stated that in amny cases, referrals were not made, particularly following short-term hospitalisation. It was felt that such referrals should occur, in order that a full physical and social assessment could take place.

7.4. The Criminal Justice System

It appears that only those drug offenders who are considered to have committed 'serious' offences, such as importing and dealing in illegal drugs, are sentenced to a period in custody. Very few of those currently serving prison sentences are on 'possession' charges; those who are, usually have a number of other offences for which they are serving time, with the 'possession' sentences adding a few days to the sentence, often served concurrently.

Prison support staff interviewed were generally of the opinion that imprisonment should not be seen as rehabilitative, but rather as a punishment. No programmes or groups are run for purposes of assisting rehabilitation of any category of offender. It is the prerogative of the prisoner to seek individual assistance from the support staff of psychiatrists, social workers, welfare officers and psychologists.

In terms of the high rate of recidivism and frequent relapse to drug use among drug offenders, imprisonment was considered to be of limited value as far as rehabilitation is concerned. However, one respondent felt that a short period, amybe up to six months, of incarceration could serve some purpose. This would ensure an enforced break from drug use and the individual's drug using peer network. Having detoxified, the prisoner then has a chance to re-assess his/her lifestyle. In the experience of this respondent, a number of drug users have benefitted from short-terms of imprisonment. They have detoxified maybe for the first tine in many years

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and this, as well as being isolated from the pressures of the social contacts, has enabled some to reach clear conclusions as to where their lives are leading them and the destructive effects of drug use on their lifestyles. However, in many other cases, drug offenders fiercely resent their status as 'criminals', and serve out their time with the conscious intention of resuming their former drug using lifestyle as soon as the sentence finishes.

Prison may have, and has been seen to have, certain other beneficial effects on the prisoner. For example, it may help people examine aspects of their personalities which have been impossible previously. Educational and practical programmes may allow the individual to explore creative aspects of the personality, and there are many instances where a prisoner has gained important skills which have been of great benefit upon returning to civilian life.

Besides these possible benefits, prison terms were seen as being able to offer little that was constructive in a rehabilitation sense. More importantly, it is possible that it can have extremely damaging long-term effects, for example -

(i) the stigma of having been a prisoner will often remain with an individual for many years afterwards, effecting employment prospects,

(ii) contacts with other prisoners may lead to damaging contacts,

(iiI) being imprisoned and classed as a 'criminal' may serve to reinforce rather than deter an individual's socially destructive lifestyle, and encourage a sense of aberation from mainstream society.

In general, it was believed that while physical detoxification from drugs usually take place, the psychological aspects of drug dependence are not acknowledged and treated. A drug user in prison, despite being drug-free, continues to be classified as a "druggie" by other staff and prisoners, and may, as a result, develop a self-concept dominated by drug-use, whether currently being used or not.

The limited benefits of imprisonment for drug offenders has led to consideration of alternatives to imprisonment which may better serve the rehabilitation needs of the individual. 'Diversion' programmes may be described as those that are an alternative to prison and emphasise the rehabilitative rather than retributive aspects of the criminal justice system. Such programmes already exist in a number of forms; (a) probation where an offender is placed under the direction and supervision of a probation offer rather than be sent to prison, (b) community service orders, where an offender is ordered to do a period of community work. Efforts are made to involve the offender in activities which may provide longer-term rehabilitation prospects.

'Diversion' from imprisonment is considered particularly appropriate where there are doubts about an offender's level of responsibility in committing an offence. Hence, special arrangements are made to keep children under eighteen out of gaol, on the grounds that their age and inexperience imply an inability to understand fully their social responsibilities.

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A number of respondents believed that drug use should be seen as the 'child' in the drug offender, and that in many cases the individual's need for drugs causes a lessening of responsibility for any criminal activities that may result. Consequently, it was believed that it would be more beneficial to the individual, and in the longer-term, to society as a whole, to concentrate resources on the treatment of the underlying problem, rather than adopt a retributive approach.

It was suggested that 'diversion' schemes for drug offenders could operate through the Probation and Parole Service. It was emphasised that no further legislation would be necessary, and that no amendments would need to be made to the current provisions of the Offender's Probation and Parole Act, to allow diversion programmes for drug offenders to be instituted. However, at the present time, there are insufficient facilities with adequate credibility to allow such a scheme to commence operation. What would be needed, in the opinion of one respondent, would be a range of facilities as follows :

(i) Drug detention centres, or secure facilities where some drug offenders may be held for a period of time with the emphasis being on treatment. The security aspect would serve to satisfy community demands that offenders be 'locked-up', while allowing for a secure environment to perform treatment and therapy

(ii) Therapeutic communities, where an offender could choose to undertake treatment rather than attend detention centres. The individual would be under the supervision and control of the staff, and any attempt to leave the programme before considered ready would be treated in the same way as 'breach' of a probation order.

(iii) Prior to sentence, 'bail hostels' may be used instead of remand in custody. This would provide an environment suitable for a full psychological and social assessment to determine suitability for one of the above mentioned programmes, or the alternative of imprisonment.

(iv) Assessment prior to sentence, as is the case in New South Wales. Offenders who are considered to be suitable for diversion are instructed to attend drug treatment centres prior to sentence. Court proceedings are suspended while assessment and treatment takes place, over a period of eight weeks. Following this, and with the benefit of a full medical, social and psychological assessment from the treatment team at the drug clinic, it should be possible to more accurately determine what is an appropriate sentence, whether further treatment is necessary, or whether prison appears to be the only alternative.

Pre-sentence assessments could be carried out at the request of the magistrate or judge, while treatment orders at the time of sentence could be appended to probation orders as special conditions. It was stressed that diversion would not be feasible for all drug offenders, or all offenders who had a drug problem. The success of such a programme would depend on the accuracy and efficiency of assessment procedures to determine those likely to benefit from treatment rather than imprisonment.

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There was disagreement among respondents concerning the issue of compulsory treatment. Some felt that compulsion would be an essential aspect of treatment as most drug users have little motivation to do anything about their problems and coercion of some sort is needed to help provide this motivation. Others felt that compulsory treatment would be counter-productive, and would be a weak point in any diversion programme.

However, it is noted that coercion of some sort remains an important aspect of motivation to seek treatment, and it is believed that very few people will present voluntarily for treatment once drug abuse or addiction is established. An individual may be coerced into a therapeutic situation by the law, through a lawyer, judge or police officer, possibly by a doctor or by peers; indeed by anyone who succeeds in convincing the person that a problem exists. These same coercive elements can then be used in order to keep the person in a treatment situation.

Conclusions and Recommendations

8.1. Conclusions

The establishment of Cyrenian House has seen a much needed addition to the range of treatment facilities available to drug users in Perth. The level to which it has been utilised can be taken as strong evidence that such a facility is meeting a previously unanswered need. However, it was necessary to provide accommodation which was suited to the purpose for which it was intended. In obtaining a building which previously had housed a third class hospital, the organisers of Cyrenian House obtained a highly suitable property. This, in combination with dynamic and enthusiastic leadership and a therapeutic programme which encourages a high degree of participation from residents, has helped the facility achieve many of its aims over the first three months of operation.

In contrast, Natural High has been running for approximately eighteen months. Housed in unsuitable premises, and with constant financial problems, the programme has never at any stage seemed likely to attract and retain sufficient numbers of active participants. The appearance of Cyrenian House, which is located nearby, leads the researcher to believe that the situation for Natural High is unlikely to improve in the near future. From the experience of overseas therapeutic communities appears that it is impossible to run such a facility on a shoe-string budget. Funding is necessary to adequately provide sufficient numbers of staff and suitable accommodation.

There are also doubts as to whether the size and population of Perth can justify the presence of two organisations of a similar nature, particularly when they are situated in such close proximity.

For the reasons stated above, it is felt that the managers of Natural High should examine changing the direction of their facility. Preferably, this should be done in consultation with other agencies in the field, particularly the William Street Clinic and Cyrenian House, with the aim of providing a co-ordinated range of services which have intervention potential aimed at the different levels of motivation of drug users. The premises at Natural High while being considered unsuitable as a residential facility could be well utilised as a crisis, contact and resource centre aimed specifically, but not exclusively, at drug users. Such a centre would have a number of functions :

(i) A drop-in centre, providing recreational facilities such as games, recorded music and television, as well as a kitchen for food and drinks.

(ii) An initial contact centre where a trained staff member would be available to talk over problems, provide ideas for management of these problems and be knowledgeable of local welfare, treatment and educational resources. The staff member would also be envisaged as providing low level encouragement with the aim of motivating drug users to consider treatment or therapy for their problems.

(iii) A resource centre, with an information board concerning a range of activities and other subjects of interest.

(iv) An educational, vocational and arts and crafts centre, where regular classes are held covering a range of activities and areas of interest. Enrolment and regular participation of users would be encouraged. Funding for such a purpose may be possible through the Commonwealth "School to Work Transition" Scheme.

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Such a facility would need to have enough to offer to ensure that potential participants were attracted to it. For this reason, its treatment orientation would need to remain in the background with its recreational and educational function being stressed. However, the means to obtain treatment and encouragement to do so would be of primary importance. For a facility such as this to achieve its ams, certain conditions would be needed :

(i) constant liaison with other facilities offering services to drug users,

(ii) active involvement of a number of participants in a voluntary capacity, while being co-ordinated by a paid staff member,

(iii) extensive community involvement in the provision of services to enable educational and other activities to take place.

At the other end of the treatment scale, the establishment of a rural facility for long-term drug free residential treatment should be regarded as a priority. Such a facility could be established on the principles of a therapeutic community, providing a strong work orientation to complement the therapeutic activities of the programme. It is considered essential that such a programme be able to adapt to the treatment needs of the local environment without being overly dependent on the experiences of overseas facilities. The importance of a rural facility such as that envisaged was stressed to the researcher by a number of respondents.

As well as providing an uncluttered environment for outside work and activities, such a resource also provides the opportunity to break completely with social pressures and destructive contacts, a factor which is considered vitally important in the total rehabilitation of the long-term drug user.

As with the proposed crisis centre, a rural facility would be the subject of close liaison between other facilities in the treatment area. Cyrenian House personnel have stated that their centre is suitable as a medium-term facility, and that a long-term country centre would be well-utilised by many of those who have passed through their programme. However, before any such programme was implemented, it would be important to thoroughly research its feasibility.

In the emergency accommodation sector, there are obvious gaps in services to the young, homeless drug user. While facilities exist for older homeless people through a number of organisations such as ACRAH and St Bartholomew's House, and for the younger homeless group through Jesus People hostels, staff at each of the facilities stated that they are not oriented to those with drug problems. It was also suggested that emergency accommodation for such a group would be likely to attract sufficient users to make it a feasible project. This centre would be envisaged as being 'wet', ie there would be no requirement that residents detoxify and enter a therapeutic programme. At the same time, therapeutic facilities would be available and residents encouraged, though not pushed, to participate.

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The primary orientation of this facility would be towards providing short to medium term accommodation in a supportive and caring environment. A small number of staff would be necessary, one of whom could be qualified to act as a nurse or nursing aide. An area from which a number of potential residents could be drawn would be the hospitals. In this way the facility could act as a "half-way house" following hospital treatment, or as a way to enter further treatment for drug abuse. For this reason, close liaison would be necessary with both the hospital emergency departments and other treatment organisations.

Throughout the agency survey, it became apparent that many personnel were unfamiliar with the broad area of drug abuse, and when confronted with the problem were uncertain as to the most appropriate course of action. In addition, this unfamiliarity and lack of expertise raises to possibility that intervention of the welfare agency level may not be taking place to its full potential. A number of respondents stated that further education in this area would be beneficial both personally and to their client population.

Consideration should therefore be given to initiating courses which concentrate on the identification, characteristics and methods of managing the treatment of those using drugs. Such a programme could also emphasise referral alternatives, with speakers from other organisations in the treatment environment, such as GROW, Alcoholics Anonymous, Cyrenian House, Natural High and Holyoake City Centre.

The use of detached youth workers, or street workers, should also be considered as an aspect of early intervention or prevention. It appears from the information given in the survey, that such a technique is highly efficient in terms of the numbers of youth that a single worker can maintain contact with. From the experience of street work organisations in the Eastern States, for example the Newcastle Youth Service, such a technique allows contact to be made and maintained with those who may not be reached by traditional welfare agencies. This is done by the worker frequenting the places where young people go, for example pubs, discos, pinball parlours, pool halls, etc.

In this way, workers are available to be contacted in the person's own environment.

A number of respondents in agencies particularly concerned with youth work stated, without being able to offer substantive evidence, that there are "...a lot of kids with drug problems 'out there', who are .... not coming into contact with helping agencies." If is therefore considered that the feasibility of providing funding for an unspecified number of detached workers should be examined in the near future.

Respondents working in the criminal justice system, ie the Probation and Parole Service and the Department of Corrections were generally of the opinion that imprisonment of drug offenders had few beneficial effects as far as treatment is concerned. This view was widely supported by staff in other agencies who had contact with drug offenders. There was a consensus of opinion that the emphasis on the treatment of drug offenders should be on rehabilitation rather than retribution. At the same time, it was also recognised that there were certain expectations from the community at large, concerning punishment for those who have committed 'socially destructive' offences. It appears that those who are convicted of importing or dealing in large quantities of drugs, regardless of the category, are classified as 'socially destructive.'

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Any consideration of alternatives to imprisonment of drug offenders needs to consider the expectations of the society at large and balance these with the needs of the offenders. For this reason, thorough assessment of each individual offender is important, as well as the adoption of a set of criteria to help magistrates determine whether the individual should be considered for diversion from prison into the treatment system.

As stated in Chapter 7.4, no amendments to legislation would be necessary to institute a diversion scheme for drug offenders. Such a scheme could operate through the Probation and Parole Service under the provisions of the Offender's Probation and Parole Act. In effect, the offender would be placed on probation under the supervision of the Probation and Parole Service, but with an order that treatment through a specified facility is obtained. As with probation, an offender could be "breached" for failure to abide by the conditions of the court order.

While the legislative and administrative machinery of such a diversion programme is already in existence, to become a feasible proposition, facilities for treatment would be necessary, as follows :

(i) Having been found guilty of an offence relating to drugs, court proceedings could be suspended for a specified period to enable the offender to attend a treatment clinic for assessment and treatment. Following this, a pre-sentence report provided by Probation Officers in liaison with staff at the clinic would be passed on to the court recommending what is considered to be the most appropriate course of treatment - possibly a prison sentence or diversion to one of a number of treatment facilities. William Street Clinic could adequately fulfil the role of assessment and recommendation for appropriate management of the case.

(ii) A range of treatment facilities such as those described in Chapter 7.4. These are :
(a) bail hostels
(b) drug detention centres
(c) a rural treatment facility.

It is envisaged that such facilities used for diversion could also be utilised on a voluntary treatment basis. For example, if a rural facility such as that described earlier in this chapter was established, it could be used by offenders on diversion from prison sentences who had been assessed as being suitable for participation in the programme which is offered.

.../63.

8.2. Recommendations

The recommendations of this report are as follows :

(i) The Drug Rehabilitation and Research Association should urgently reconsider the future of Natural High and examine the possibility of using the premises as a crisis, contact and resource centre.

(ii) The feasibility of establishing a rural facility for long-term residential treatment should be examined, in order to provide a range of treatment facilities in conjunction with Cyrenian House and the Drug Rehabilitation and Research Association.

(iii) The possibility of providing educational courses and seminars on drug abuse and its management should be considered, oriented particularly to staff in welfare agencies.

(iv) The possibility of establishing a network of detached youth workers should be examined.

(v) Research should be carried out into the possibility of establishing a diversion programme as an alternative to imprisonment for drug offenders.

(vi) For those drug offenders in prison, programmes should be provided with the aim of reinforcing prisoners' abstinence from drug use. Such treatment programmes should also be extended to those released from prison on parole.

(vii) A residential facility oriented specifically to drug users should be examined. This could be envisaged as being particularly pertinent to the homeless and destitute user; and to those who have recently been discharged from hospital.

(viii) Further surveys and research into the treatment and referral practices of the following areas need to be carried out :
(a) private medical practitioners
(b) schools
(c) the legal profession
(d) chemists and pharmacists

in order to gain a clearer indication of the extent of drug abuse in Perth and the resources available for its treatment.

(ix) Because of the large number of admissions to the teaching hospitals surveyed in Perth, further investigation should be undertaken into the incidence of drug abuse by admission to hospitals in Western Australia, and of intervention approaches to alleviate the short term crisis and effect long term social and psychological stability.

APPENDIX A

SURVEY SCHEDULE

SECTION 1

1(a) Does your agency have contact with people whose major presenting problem concerns the abuse of legal or illegal drugs?

(b) If so, is it possible to provide statistics to help determine the :

(i) number

(ii) sex

(iii) age groups (ie 10-14, 15-19, 20-24, 25-29, 30 and over)

(iv) employment status

(v) marital status

2(a) Does your agency have contact with clients whose drug abuse is considered to constitute a causative factor in their presenting problems (ie legal, marital, employment)?

3 As a result of your work experience, do your consider drug abuse to be a significant problem in Perth?

.../65.

4 What in your experience, are the most currently abused drugs?

5 Is the use of these drug categories often influenced by factors such as age, background or sex?

6 What advice, treatment or therapy, if any, do you offer to those exhibiting symptoms of drug abuse?

7 If unable to offer assistance, do you refer drug abusers elsewhere? Where?

8 How satisfactory have you found currently operating treatment programmes?

9 Could you detail deficiencies you see in treatment facilities currently available to drug users

.../66.

SECTION 2

Some groups of drug users have special problems, and this report aims to obtain some insight into the particular problems faced by four such groups.

A

(1) Does your agency have contact with those who face criminal proceedings and possibly incarceration?

(2) How satisfactory do you find the treatment of drug offenders?

(3) Do you see a need for diversification of treatment facilities available to those in this category, ie therapeutic measures, diversion?

.../67.

(4) How do you think such a scheme as diversion would satisfactorily fit into the justice system?

B

(1) Does your agency have contact with those who are destitute and in need of emergency accommodation?

(2) If so, can you help, or do you refer them elsewhere?

(3) Do you find presently functioning facilities satisfactory?

(4) How do you think they could be improved?

.../68.

C

(1) Does your agency have contact with those who have been hospitalised as a result of chronic drug abuse?

(2) What particular problems do you feel are experienced by such people?

(3) How do you feel services could be improved, ie longer periods of hospitalisation, therapy in hospital, after-care?

.../69.

D

(1) Are you familiar with the existence and methods of therapeutic communities?

(2) Do you refer certain drug users to such communities?

(3) Do you feel therapeutic communities could be able to answer a demonstrated need among drug users in Perth?

(4) How could you see such facilities fitting into the treatment environment as a whole?