Background

- WHOS (We Help Ourselves) has been operating for 44 years (Established 1972)
- Ex-users self-funded and ran the service
- Name of We Help Ourselves due to self-help nature
- Therapeutic Community model – community as method
Our Mission
To foster personal growth within an Alcohol and Other Drugs therapeutic program, incorporating Harm Minimisation and Co-existing Mental Health Initiatives
Services (TCs)

- Gunyah for men
- New Beginnings for women
- OSTAR (Opioid Substitution Treatment to Abstinence) reduction program mixed gender
- RTOD (Residential Treatment of Opioid Dependence) stabilisation program mixed gender
- WHOS Hunter Valley (mixed gender)
- WHOS Sunshine Coast (mixed gender)
- WHOS Newcastle Day Program - OST
Client Group

- Over 18
- At risk of infectious diseases
- Multiple services users of drug treatment
- Poor quality of life
- Coexisting mental health issues
- Entrenched / chronic dependence
- Criminality e.g. MERIT, Drug Court
- Individuals on OST
- Australia-wide
Incorporating Harm Reduction

1986

- Evidence of users/clients presenting with HIV
- Drug overdose on the increase
- IV drug use on the increase
- Help limited in quantity and quality

Processes Undertaken

- Proposed introduction of NSP into the residential service
- Consulted residents in treatment at the time
- Interviewed ex-clients irrespective of using status
- Reviewed initial “internal” organisational challenges
- Consulted external stakeholders
Challenges

- “Abstinence Only” issues had to be resolved
- Dilemma: moral or reality based approach?
- Does NSP equipment pose a threat to recovery?
- Elimination of ‘success / failure’ thinking & more focused on health gains
- Counsellors feeling a loss of control

WHOS Approach

- Not all individuals can achieve total abstinence
- Drug users are much more likely to take multiple, small steps than a few huge ones
- Harm Reduction = keeping people alive and preventing irreparable damage
- Obtaining funding to increase the harm reduction initiatives in all programs
WHOS Approach

- Incorporating secondary NSP into all programs 1990
- Focus further strengthened by emergence of HEP C
- Developing comprehensive Harm Reduction education groups
- Introduction of OST residential programs in 1999 - OSTAR (OST reduction), 2008- RTOD (OST Stabilisation) and 2012- OST Day Program
- Balancing abstinence focus whilst incorporating OST and harm reduction strategies
**WHOS Harm Reduction Strategies**

- Access to safe kits (not monitored by staff)
  - If you use do it safely!
- Provision of resource kits
  - For non IVDU
- Harm Reduction Workers
  - Oversee HR strategies at each TC
  - Collect risk behaviour data from anonymous questionnaires
  - Conduct Educational Groups
  - Collect data monthly relating to HR initiatives

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**What Risk Behaviours**

Risk Behaviours 2014–2015 (740)

- Unsafe Sex: 435
- Operating Machinery whilst intoxicated: 374
- Needle Sharing: 133
WHOS Harm Reduction Strategies

- Harm Reduction Nurse
  - Oversees sexual health and BBV screening and referral
  - Pap smears and women's health clinic
  - Onsite Liver Clinic/ Hep C treatment/Hep B
  - Monitors those on Hep C treatment
- Education/Groups – OD prevention/CPR; BBV and Safe Sex Groups; infection control
- Opioid Treatment Programs

Are we telling clients something new?

- Health professionals may presume their clients have investigated their health issues or looked at the impact of risky behaviours when in the community

However

- In 2014-2015 of those admitted to WHOS – 97% of clients reported increased knowledge through attendance at all Harm Reduction groups.
Harm Reduction Maintained

- Continue to promote a “common sense” approach to drug treatment based soundly on HR evidence, e.g. Australian HIV prevalence for people who inject drugs is still less than 2%

- Is Harm Reduction and Abstinence Based Treatment compatible? Our experience demonstrates much common ground

- TC ideal model for pharmacotherapy, justice, mental health and sub population clients

WHOS OTP Services

- WHOS OSTAR reduction program commenced in 1999 as a supported reduction service for clients on OST with a goal of abstinence
- WHOS RTOD stabilisation program commenced in 2009 as a stabilisation service for chaotic OST clients and is an identified harm reduction service
- Newcastle Day Program commenced in 2012
- Family Support & Aftercare/outreach
- Dispensing services
Working with clients on OST

- OTP Services commenced in response to identified need of this client group
- Incorporating a goal of abstinence from problematic drug use and principles of harm reduction
- Identifying what more we can provide for individuals remaining on OST during the WHOS program and their return to the community

WHOS Dispensing Service

- First Residential AOD NGO to have a clinic onsite
- Up to 50 residents on OST at WHOS Rozelle
- Latest electronic dispensing system - iDose
- Biodone (Methadone) and Suboxone
- Reduction regimes
- Stabilisation
In 2012 the WHOS OTP Therapeutic Community Initiatives were awarded “Excellence in Treatment and Support” at the National Drug and Alcohol Awards.

In 2014 WHOS OTP Initiatives won the Australasian Therapeutic Community Association (ATCA) “Excellence in Treatment” Award

In 2016 the Harm Reduction program was given a commendation at the NADA Awards
Finally

- Continue to promote a “common sense” approach to drug treatment based soundly on evidence

- Are OST, Harm Reduction and Abstinence Based Treatment services irreconcilable opposites? No they complement each other

- Message to drug free TCs and rehabs - take the first step onto the HR continuum
WHOS CommUnity Café Fountain

Chinese Garden
WHOS Metro - Men's program

WHOS New Beginnings – Women’s Program
WHOS New Beginnings – Front Garden

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