

**EDUCATION AND HEALTH  
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF  
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND  
ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 11 AUGUST 2010**

**SESSION THREE**

**Members**

**Dr J.M. Woollard (Chairman)  
Mr P. Abetz (Deputy Chairman)  
Ms L.L. Baker  
Mr P.B. Watson  
Mr I.C. Blayney**

---

**Hearing commenced at 11.08 am****BATES-BROWNSWORD, MR HAROLD JOHN**

**Board Member and Class A Trustee, General Service Board of Alcoholics Anonymous Australia, examined:**

**NELSON, DR DAVID**

**Medical Practitioner, Alcoholics Anonymous, examined:**

**The CHAIRMAN:** On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference.

At this stage, I would like to introduce myself, Janet Woollard and next to me Mr Peter Abetz, Mr Ian Blayney, Mr Peter Watson and Ms Lisa Baker. We also have our principal research officer, Dr David Worth, and research officer, John Pollard, and Amanda from Hansard.

This committee is a committee of the Legislative Assembly. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

**The Witnesses:** Yes, we have.

**The CHAIRMAN:** Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

**The Witnesses:** Yes.

**The CHAIRMAN:** Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

**The Witnesses:** Yes, we did.

**The CHAIRMAN:** Do you have any questions in relation to being a witness at today's hearing?

**The Witnesses:** No.

[11.10 am]

**The CHAIRMAN:** Harold, would you please state your full name and the capacity in which you appear before the committee today?

**Mr Bates-Brownsword:** Harold John Bates-Brownsword, and I am a class A trustee on the general service board of Alcoholics Anonymous Australia.

**The CHAIRMAN:** David?

**Dr Nelson:** I am here to support Harold. I am a past trustee for Alcoholics Anonymous, too.

**The CHAIRMAN:** Is your full name Dr David Nelson?

**Dr Nelson:** Yes.

**The CHAIRMAN:** We will ask you both to make a presentation, and then the committee will have some questions for you. I have to apologise in that you will not have as much time as we had hoped because we are running a little late and Parliament sits today—I am very sorry. It means that we really are going to ask you to pack it in there for us.

**Mr Bates-Brownsword:** I can do that. I have some documents here that I am happy to leave with Hansard, if that is what you want.

**The CHAIRMAN:** Thank you; we will accept those documents by way of supplementary information when you have made your presentation.

**Mr Bates-Brownsword:** I can just do a summary of it. I am assuming you know something about AA and what it is for, but I think it is important for the committee and, in general, the people who might read the report that you understand the way AA works. It is a board of people set up by guarantee; it is a company limited by guarantee. It is very similar, in a lot of ways, to lots of other organisations and companies, but, in effect, AA is quite different to other organisations. It is really a member-driven organisation, and the board really carries out the work that the members want them to do, other than those things that are legally required. It is known as “Alcoholics Anonymous”, and that is because its members are anonymous in the public. They might appear in public and they might do things, but in general terms anonymity is something that they feel is very important to them. They have always taken care to preserve that anonymity. The one difference is that on the general service board they have class A trustees, like myself; we are people from the community who have been invited to join the board for various reasons with our various skills. Because we are not members of the Alcoholics Anonymous fellowship, we are able to appear in public and front committees like this. David is a past AA class A trustee, and he was president for a number of years.

The structure of the organisation is that it is a company, as I have said, and that is where it finishes. Other than the national office staff, there are no employees of AA, except in central service offices in some of the bigger states they might have two or three employees. But the central services offices are not part of the overall structure of AA; they are there to support the local people in the work that they do. All of the work is done by volunteers, and in that case it means that there are issues that arise from time to time, such as continuity and helping people. You are relying on volunteers to do things. We do not have staff that we can go out say, “Do this, do that, or do the other”. Again, one of the traditions of AA is that they like to do things by themselves for themselves for other people who are seeking help as far as alcohol is concerned. They like to be self-supporting; they will not accept money from outsiders. I cannot make donations. I have flown over here from Adelaide, and they insist on paying all my expenses, fares—I am not allowed to spend a penny of my money to support them. That is the way they like to operate, which is, really, an interesting operational thing.

The state of Western Australia is called the “western region” under the articles of association, and, really, I think you could say from Broome upwards is part of the northern region, which is operated out of Darwin; everything south of that is in the western region. There are about 1 800 members currently in AA in Western Australia. We do not know the exact number because we do not register members and we do not ask them to pay membership fees, so we really do not know. There might be 2 000 today and there might be 1 500 in three weeks’ time. People move in and out of the fellowship as they like. The organisation does not try to control them in any way.

The fellowship in Western Australia is divided into two areas—one north of the Swan River, one south of the Swan River—and those people have committees of their own that run the business here. There is a central services office located in East Perth, and it has a 24-hour helpline to help people seeking help, and that is all staffed by volunteers. There are about 111 meetings each week in Western Australia in the metropolitan areas; 50 in the country; and 199 after-hours calls come in

about, on average, a month to the helpline, and during the day about another 90. Like I said, there are 1 800 members.

The prison services are where a lot of work is done. Each one of the prisons in Western Australia is covered by members visiting. They all have the necessary clearances and things from prison authorities. There are some very good attendances at meetings within those prisons. Of course, you do not know whether the prisoners are attending because it is a good way to get out of whatever was happening on the day or whether it is more exciting than what was happening on the day, but for the most part I have had reports from local people that, for the most part, they are well attended and there are some people who attend on a regular basis, so you know that they are really trying to deal with their alcoholism.

**Mr P.B. WATSON:** In the prison system, you say they go along to get out of the work detail and things like that, but is there any sort of way of gauging how successful it is in the prison system?

**Mr Bates-Brownsword:** I might ask David that.

**Dr Nelson:** I think you would really have to ask prison officers that question. We do not really know the results. You see, AA does not have any way of following up people when they come out of prison; we do not know whether they have gone back to crime or whether they have not gone back to crime. Unfortunately, we have not got those sorts of statistics; they would be really handy for your committee. But we do know lots of AA members who have been in prison and they are happy to, at an AA meeting, say, "I committed the crime and I have done the time, and my life is now reorganised and I am at AA." We have plenty of members of the fellowship who will talk about their experiences and the benefit they have had from going to prison, but they might represent one per cent or 20 per cent. Who knows what percentage of men, and women, for that matter, have transformed their lives? I would hope that the prison fellowship helps other prisoners who perhaps have not gotten to the point of saying, "I've got an alcoholic problem", to nevertheless say, "This is a reasonable bloke who is actually going to an AA meeting", and perhaps it is drinking that actually got him into the prison. That might just change when he comes out, on the basis of people he has met within the prison system. It is a fellowship that spreads its tentacles through just association of friendship, and the idea is attraction rather than promotion. We feel that if people can see that an AA person has changed his life, then others are more likely to seek out that way of trying to do it. That is the attraction concept, rather than us pushing people into the fellowship or manipulating them. As a doctor, I am very tempted at times to say to people, "If you go to AA then such and such."

[11.20 am]

You cannot do that because once you start to push a person into AA, it is no longer voluntary. We offer AA as a way that people can get help. We give them plenty of examples. AA members are very happy to come to my surgery and talk to young people, or older people for that matter, who have an alcohol problem about what they have been through, whether it is prison or something else. By sharing that experience, the person sitting with me thinks, "My goodness; this is my life being re-enacted. I should get involved." We try to get doctors such as me involved who will use AA resources to share with the community so that that is a way of it being meaningful. I should not say too much.

**Mr P.B. WATSON:** As a follow-up question, David, have you noticed that the age group is dropping with the number of people turning up at your surgery?

**Dr Nelson:** When I started looking after alcoholics about 40 years ago, the average age was 42 when people would start to realise they had a problem. We are now looking at young people in their teens who regularly come to AA, and certainly lots of people in their 20s.

**The CHAIRMAN:** Do you think that the problems with alcohol have got worse over the past decade?

**Dr Nelson:** No, I do not think that. I think that people are now being much more comfortable about recognising that alcohol destroys their lives long before it used to, when they had actually lost their job, lost their wife and lost their money. They are now trying to find not just AA solutions, but also other alcohol solutions in their teens and 20s.

**Mr Bates-Brownsword:** I have some experience in a rehabilitation centre in South Australia —

**The CHAIRMAN:** When David just said “other alcohol solutions”, what are the other alcohol solutions?

**Dr Nelson:** Going to Next Step or some of the marriage guidance solutions or other ways of dealing with their problem apart from AA.

**The CHAIRMAN:** Anger management or whatever the problem is?

**Dr Nelson:** Yes.

**The CHAIRMAN:** Sorry.

**Mr Bates-Brownsword:** My experience in South Australia has been that when I first became associated with a rehabilitation centre in Port Adelaide, it was all older men in their 50s, 60s or 70s. I am not heavily involved there now, but I visit. It is young people; we have people who are 25 or 30. I agree with David. People are more willing to say, “I’ve got a problem” and get on and start dealing with it. That is something. Within the fellowship, there has been a lot of discussion about the age of people who are coming in. We now have young people in Alcoholics Anonymous groups in every state. I suppose there is a recognition and there is a tendency. We all know just from what happens in the media; AA does not make comments on what happens, but you can see alcohol is out there and it is a lot more visible than it was.

**Mr P.B. WATSON:** Is binge drinking a problem?

**Dr Nelson:** I am sure that there is a lot more alcohol damage in the community now than there was when I started 40 years ago. Young people are obviously having a wonderful time pickling themselves, fighting with one another and getting into trouble with the law, but only a small percentage of those—five to 10 per cent—are going to be alcoholics. It is the ones who survive the 15 to 25-year age bracket and start to settle down and get a job and a family and so on who stop drinking and become normal, which we are all very grateful for, but they will often have done some terrible things over those 10 or 15 years and will have done a lot of damage to their brains. Alcoholics Anonymous tends to look after those who know that they have lost control. That percentage stays about the same—five to 10 per cent—year after year. That tends to be the group that AA works with. These are people who know that this is a lifelong problem. If they try to start drinking socially again after they have got sorted out, they will tend to drift back into chronic addiction. I think there is more of an alcohol problem out there, but an alcoholic problem is a fairly constant percentage.

**Mr Bates-Brownsword:** That is right. The percentage of people who are recognised as members of AA over a period of time is fairly stable. Even though people come in and go out of the fellowship, some people stay there. It is about 20 000 around Australia and that number has been fairly stable for certainly the five years that I have been on the board. That has been about the number. That does not change. The numbers in Western Australia are reasonably stable as well at between 1 800 and 2 000. They are the people who are staying in the fellowship and getting something out of it.

As far as the prison services are concerned, the people who regularly visit prisons tell me that they find that there are some regular people who are obviously recognising that they have a problem. I made the comment that one of the prisons has a fairly large group, and the details are in the report for you. I think they have about 35 people attending. That is a pretty big group. You would not know exactly how many of those people were regulars, but the people who visit tell me that there is always a core of people who are really interested and come regularly. That is usually the indicator

that they have recognised that they have an alcohol problem and they are trying to do something about it.

**Mr P.B. WATSON:** Or there is a good cup of tea and a cake!

**The CHAIRMAN:** How many people would leave your meetings without dealing with their alcoholism?

**Mr Bates-Brownsword:** That is a pretty hard one to put a number on, but there are lots of people who come to an AA meeting once or twice out in the community and then they think that this is not for them. A lot of that comes from people who have not really recognised that they have a problem yet. Mum or dad or the husband or wife may have pressured them to come or, in some cases, courts have referred people to AA, and they front. Then they think, "I'm not like them; I'm not a drunk." Alcoholics Anonymous members call themselves drunks; they do not get offended by it. They say, "We're drunks and we recognise we are." These people have not realised that they are alcoholics, and that is what the problem is.

**The CHAIRMAN:** I do not know whether this would be one for David, but could you describe the AA's 12-step program for the committee?

**Dr Nelson:** The 12 steps are used through many different committees. My son developed a gambling problem and got to a debt of about \$60 000 and had people threatening his life if he did not pay it back. Because of my involvement with AA, I felt very comfortable sending him along to Gamblers Anonymous. He went to three meetings. They use the same 12 steps. He said, "Dad, I'm not as bad as them." This is the sort of thing that Peter was just saying about alcoholism. That was quite a few years ago and he has never, ever gone anywhere near the casino since then. Having been to the 12-step program and seeing where people can get to makes a huge difference. This has happened to many of my patients with AA, because I send a lot of patients to AA and many of them do not continue. But their lives are changed; everybody who goes to AA has a change in their life one way or another. They will see things at a different level. I think there must be a lot of people out there who are in the same group as my son with his gambling; he has never gambled since that time just through sharing with other people, yet he has never gone to another meeting. That was his three with Gamblers Anonymous.

The steps are based on, initially, spiritual principles that if you try to do it on your own, you are going to fail. You need to hand over to some higher power, which might be the power of the group, the power of the great spirit, a Christian power or a Buddhist power. You are recognising that there is more to life than just simply making money and losing it and getting married and losing it. The things that alcoholics go through, they try to hang onto their possessions, their family or whatever. There is a spiritual basis to AA. Most of the steps then deal with logical steps, such as getting forgiveness for things you have done wrong, and a lot of us feel bad feelings about things that have happened in the past. But if you have an underlying addiction, those guilty feelings can lead to you having another drink to squash your guilty feelings. Get rid of the guilt, sort out the things that you have done wrong and make amends and work out a different way of living. I spend all my life talking to people about how to relax and meditate and how to be peaceful and how to find positives. That is part of the 12 steps.

[11.30 am]

Then finally the most important step of all is the twelfth step where, having changed your life, having seen something different in your life through the fellowship of AA and the 12 steps, why do you not go and help somebody else? And that is what attracted me to AA 40 years ago. As a GP I could deal with so many patients, but there was going to be a limit to my amount of time. But if I encourage people to go to AA where they spread like yeast through the community, and they are helping one another, that is surely a more profitable way of working. So the twelfth step is the most important step of AA: having had an awareness of life changes, share that experience. And I have

tried to put it to them that it is just like helping a little old lady across the road; it is just looking outside of yourself and trying to care for somebody else. It does not have to be necessarily preaching to them about AA; it is just a sense of caring for the community. The alcoholic becomes very introspective, he becomes very selfish in the sense that his life is all that matters. Once they get to the twelfth step and they start to look outside themselves, they tend to get involved in community activities, they obviously help other alcoholics and they become whole citizens. And I think that is what we are trying to do with any program for helping people with addictions: to get to them to see the big picture and that it is no longer just me. I am sorry —

**Mr Bates-Brownsword:** No, no; I would agree with all of that. I think the 12-step program is really important and that last step is really recognising that together the alcoholics can do something that they could not do on their own and it is the togetherness of the fellowship. And they know that they can call on somebody else if they are feeling like I am going to have another drink. They can call on somebody else at any time, and they have mentoring programs and all those sorts of things. And the 12 steps seem to work from that perspective.

**The CHAIRMAN:** David, with the programs, how many people are coming to you? We are looking at both alcohol and drugs and other illicit drugs. How strong is the alcohol addiction and is that addiction just as strong with the other drugs with people who come to you?

**Mr P. ABETZ:** Narcotics Anonymous.

**The CHAIRMAN:** A lot of people would come to you who would have both.

**Dr Nelson:** Yes, dual addiction.

**The CHAIRMAN:** A dual addiction. How do you then deal with that?

**Dr Nelson:** I have always loved alcoholics. I feel like I had a special calling to be involved with alcoholics but, you know, you do not make a living out of looking after alcoholics. I deliver babies and do all the things that GPs do to stay alive. But when drug addicts started to come to me many, many years ago, I could never really relate to them the same way I could with alcoholics. I cannot fully answer your question. I look after a lot of drug addicts because it is hard to get GPs to look after them. I am involved with the methadone program; I give support and counselling to drug addicts, but I am always aware that drug addicts are wanting to get a prescription from me that they can sell to somebody else, that they can use in some nefarious ways that perhaps they should be really not using any sort of drugs. There are so many other issues with drug addicts that are much harder, and I would not regard myself as the shining light on drug addiction, because I think it is an area where you do not have total trust. I have got total trust in my alcoholic friends. They come to me because they want help. They listen to what we talk about. They go and try it out and they either come back and say, “No, I’m drinking again” or “I’m staying sober”. And they seem to be very comfortable about that; whereas with the drug addicts, you never quite know whether what they are saying is absolute bullshit or whether it is the real truth or whether they just want another prescription. So, I am sorry, I just regard them as two different groups, unfortunately.

**Mr Bates-Brownsword:** And as far as AA is concerned, they always have a singleness of purpose. They recognise that if people have two addictions—if they have got an addiction to alcohol and an addiction to drugs—they are very happy to help them deal with the alcohol problem and then go to Narcotics Anonymous to try to deal with the other. But AA has always had that singleness for purpose in making sure that they are there for alcoholics to deal with alcohol; they cannot deal with the others because they do not have that experience.

**The CHAIRMAN:** Before you said that you had teen groups. What would be the age range in WA and what would be the percentage of those 2 000 people? What is the age range, and also how many would be Indigenous and non-Indigenous?

**Mr Bates-Brownsword:** I cannot answer that question accurately, but I know from the prisons information that I have got that there are a number of Aboriginal people in the prison programs. I

know that there are Aboriginal people involved in the program, but I do not have exact numbers, because we do not register numbers. We do not sort of say, "Is he an Aboriginal or an Islander?" But there are a number of people in the program who are of Aboriginal descent.

**Mr I.C. BLAYNEY:** Doctor, I remember reading years ago about some kind of implant you could put in people who were drinking and if they then drank they became violently ill. Do you know anything about that?

**Dr Nelson:** Yes. Now, this is out of the province of AA, but as a doctor I can say —

**Mr I.C. BLAYNEY:** I am asking you as a doctor, not as anything to do with AA.

**Dr Nelson:** Yes. George —

**Mr P. ABETZ:** O'Neil?

**Dr Nelson:** — who puts naltrexone implants in puts in a chemical that takes away the ability of the body to get a lift out of gambling or drugs or alcohol, because part of the reward for using a chemical is your dopamine system getting enhanced, and you produce these endorphins in your body. Now, if you can neutralise the endorphins, you do not get a boost from whatever your addiction is. So, naltrexone seems to have an effect on alcoholics, on drugs, on gamblers. But that is a neutralising effect. Antabuse is a drug which is injected in America but it is not injected here.

**Mr I.C. BLAYNEY:** That is the one.

**Dr Nelson:** When you use antabuse, it stops the body from processing alcohol in the normal way and it gets turned into formaldehyde. And formaldehyde, as you remember from school, is the way you pickle dead rats and things like that. It is quite a toxic chemical. Formaldehyde goes through your system and makes you feel like you are going to die. Your heart races, and your pulse. So, it is a punishment sort of way of treating people. And every few years I have somebody who I give antabuse to but it is pretty rare, mainly because it does not really help for very long. If they are that bad that they need antabuse, they would be better to be pushed into one of the Next Step and inpatient services where they can actually stay in care for a while and try to get one of these 12-step policies working for them.

**Mr I.C. BLAYNEY:** So, they do use it in America, though, do they not? I remember reading about a court case.

**Dr Nelson:** Only if it is available by injection; yes.

**Mr I.C. BLAYNEY:** And how long does it last for when you have an injection?

**Dr Nelson:** I do not know. I think, as with naltrexone, you can make it up into longer-acting chemicals.

**Mr I.C. BLAYNEY:** I remember reading it as a court case. I remember a bit about it and the judge sort of basically said he had to have this stuff because whenever he drank, he went out of control and that was the solution. It just seemed to me a fairly simple, practical sort of thing to do.

**Mr Bates-Brownsword:** A lot of AA members would say that: that when they were drinking, they were out of control, and that is what really started to frighten them into wanting to give up drinking and that they lose control or they are using alcohol for the various reasons. The issues with all these treatments is that in the end the person has to decide that they want to give up heavy drinking, or you educate them early in life to enjoy alcohol but not get carried away with it. But even with that, you are still going to have a hardcore group of people who abuse it because they cannot see any other way of doing it. And once introduced to alcohol, the AA members tell me, they see it as a solution and, "I need more of that solution, thanks" and they keep going until —

**The CHAIRMAN:** Howard, I am going to ask you, because some committee members have to leave now, whether you would like to sum up, give us a summary because a lot of points I know were not covered.

**Mr Bates-Brownsword:** Yes.

**The CHAIRMAN:** Also in doing that summing-up, not worrying if you have something because we will have that submission and you can also put any additional information when you return your transcript.

**Mr Bates-Brownsword:** Certainly. I think there is just one thing that I would like to add from a Western Australian perspective, particularly with prisons. And that is that the system for AA members to get into prisons is different for each prison. Because these people are volunteers, it would be nice if you could have a form that David could fill in or I could fill in and we knew it was the same for each prison. The other thing is that there needs to be some way so that the information of who is approved to go in—we understand that not just everybody can wander in—is on some computer system so that when they front up at the gate, they do not have to wait around for 20 minutes while somebody decides, “Are we going to let him in today or not?”

[11.40 am]

Really, they are there to help them. I have visited prisons myself. I know that it can be an issue. I know that there are different groups running prisons, so it is a bit of a problem. But that would be helpful.

Overall, AA is very pleased to have been invited to come to speak to the committee. We know that there is a problem out there and we want to do whatever we can to help. One way we can help is by providing meetings in prisons, in hospitals and in rehabilitation services, and by being part of any program that can help us to get into schools to talk to people about the issues, because young people can hear a person not much older than them saying, “Look, I had an alcohol problem.” I must admit that from my experience with AA, just listening to some of these young people, they seem like my daughter. You think: what led them down that path? Young people are impressionable. They hear a person talking about their alcohol problem. It is really nice when they think, “Hang on a second. I do not want to be like that.” It is just a useful thing for the community. After all, we are all trying to be good citizens. That is really what AA is about—passing on the information that they have, to make sure that there are fewer alcoholics out there.

**The CHAIRMAN:** Are you getting into WA universities, because I know there are lots of drinking sessions in universities?

**Ms L.L. BAKER:** That is just engineering!

**Dr Nelson:** The doctors are always very proud of the fact that they drink more than the engineers!

The schools have now been given chaplains by various government initiatives. It would be my hope that in Western Australia chaplains start inviting AA members to come in and talk to schools. I remember being 18 years old and being in a group when two AA members visit them. Even though it was 50 years ago, I can remember to this day the enthusiasm of those young people and the impression it made on me as a young person that these guys had been through a helluva lot and they found an answer. It may have been one of the influences that made me later on look after alcoholics. I do not think you can underestimate how important it is for young people to share with other young people who are impressionable that there are some catastrophes lying ahead of them but there are some alternatives. We should have a schools program in Western Australia where they invite alcoholics to come in. AA cannot run a group in schools, obviously, but chaplains could invite AA members to come in and to share, as part of their program.

**The CHAIRMAN:** I would like to thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points,

please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you again very much.

**The Witnesses:** Thank you.

**The CHAIRMAN:** And thank you for coming along to support. We appreciate the work you are doing, too. Thank you very much.

**Hearing concluded at 11.42 am**