



Department of the  
Attorney General

Our Ref:  
Your Ref:

Dr Janet Woollard MLA  
Chairperson  
Education and Health Committee  
Legislative Assembly  
Parliament House  
Level 1, 11 Harvest Terrace  
WEST PERTH WA 6005

Dear Dr Woollard

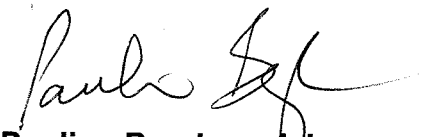
**RE: SUBMISSION TO THE INQUIRY INTO THE ADEQUACY AND  
APPROPRIATENESS OF PREVENTION AND TREATMENT  
SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN  
WESTERN AUSTRALIA**

Please find enclosed the submission from the Public Advocate into the Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia.

The Public Advocate welcomes the opportunity to contribute to this inquiry as many of the clients under guardianship orders have substance abuse problems and a decision-making disability, requiring an integrated service mix rather than a stand alone service response. In Western Australia, there are limited service options for this group of people with extremely complex needs.

If you have any queries or require further information in relation to this submission please contact either myself or Ms Vicki Kelly, A/Senior Policy Officer, on 9278 7300.

Yours sincerely



**Pauline Bagdonavicius**  
**PUBLIC ADVOCATE**

10 August 2009



Office of the  
**Public Advocate**

**The Public Advocate's submission to the Inquiry  
into the Adequacy and Appropriateness of  
Prevention and Treatment Services for Alcohol and  
Illicit Drug Problems in Western Australia**

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## Introduction - The Office of the Public Advocate

The Public Advocate<sup>1</sup> is an independent statutory office holder appointed by Government under the *Guardianship and Administration Act 1990* to protect and promote the rights of adults with a decision-making disability and to reduce their risk of abuse, exploitation and neglect.

A decision-making disability may result from an intellectual disability, dementia, a mental illness or an acquired brain injury. There are an estimated 65,300 Western Australians who have such a disability.<sup>2</sup>

In the financial year 2008-2009 the Public Advocate undertook 1020 investigations involving the personal or financial welfare of people with a decision-making disability across the State. In the financial year 2008-2009 there were 231 new appointments as the Public Advocate as guardian of last resort. As of June 2009 the Public Advocate was guardian for 484 adults with a decision-making disability, 32% of these involved a person with an intellectual disability, 32% dementia, 18% a mental illness, 13% an acquired brain injury and 5% other conditions.

As a general comment, the Public Advocate would like an increased focus on the point that while alcohol is a legal substance, it can cause significant health problems, including acquired brain injury. Some types of acquired brain injury include:

- Korsakoff's syndrome, which is a type of dementia, acquired from alcohol abuse,
- serious head injury sustained as a result of a motor vehicle accident or the consequence of risk taking while under the influence of drugs and/or alcohol
- dementia as a result of significant abuse of volatile solvents.

For some clients of the Public Advocate, substance abuse may be a current problem secondary to their decision-making disability or it may be of a historical nature that led to their decision-making disability but is no longer an issue. This is because these people do not have access to alcohol or other drugs through their permanent placement in a facility such as nursing homes.

The Public Advocate supports the recent developments to provide drug and alcohol services in partnership with mental health services as there is significant overlap between these two areas. Within the client group of this office there are a number of people who have a diagnosed mental illness and substance abuse issues. The Public Advocate is also pleased to note the inclusion of drug and alcohol service provision in the Homelessness National Partnership Agreement. Better supports will be provided to assist people to

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<sup>1</sup> There are Public Advocates in other Australian states so please note that in this submission any reference to the Public Advocate, or OPA, refers to the Western Australian office.

<sup>2</sup> The Public Advocate of Western Australia *Annual Report 2007/08*.

break the cycle of homelessness through the use of assertive outreach teams supported by specialist mobile clinical teams for mental health, drug and alcohol assessment treatment and referral to provide intensive support including access to stable accommodation for rough sleepers. The Western Australian Implementation Plan will improve support for homeless people, many of whom have drug and alcohol problems, by providing integrated responses and better connection with mainstream services.<sup>3</sup>

The establishment of the Western Australian Council on Homelessness, to provide the Minister for Child Protection with information and advice on homelessness related areas, is welcomed as another avenue to bring these key issues to the policy agenda, highlighting the need to develop supports for people with mental illness and drug and alcohol problems who have limited accommodation or support options to remain living in the community.

### **Collaboration and Integration**

#### **People with Exceptionally Complex Needs (PECN)**

The PECN project is partnership of key government agencies working together to provide a coordinated, whole-of-government service delivery response to improve the well being of a small group of people with extremely complex needs who are known to multiple agencies. It is estimated that WA's expenditure on this cohort to be \$20 to \$25 million per year, with little sustained benefit for the individuals, their families or the community. It is estimated that there are 80 to 100 people with exceptionally complex needs in Western Australia.<sup>4</sup>

The target group is defined as adults with two or more of the following conditions – mental disorder; acquired brain injury; intellectual disability; or substance abuse problem AND who pose a significant risk of harm to self and others AND who require extensive support and would benefit from receiving coordinated services AND for whom the current system is not working as well as it should.

Partner agencies in the PECN project are the Mental Health Division (Department of Health), Disability Services Commission, Office of the Public Advocate, Departments of Housing and Corrective Services, and the Drug and Alcohol Office.

Given the complexity of the prospective cases, six clients have been accepted into the 2009 pilot. This has been made possible by funding from the Mental Health Division and the Disability Services Commission. The Public Advocate is appointed guardian for five of the six accepted clients. All five clients have significant substance abuse problems in addition to their other complex needs.

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<sup>3</sup> Western Australian Minister for Child Protection; Federal Minister for Families, Housing, Community Services and Indigenous Affairs; Federal Member for Hasluck. *Governments target homelessness in Western Australia*. Joint Media Statement.

<sup>4</sup> Government of Western Australia, 2007. *People with Exceptionally Complex needs Project Phase 1* Report, Social Policy Unit, Department of the Premier & Cabinet, Perth WA

The Public Advocate welcomes the inclusion of the People with Exceptionally Complex Needs (PECN) project into the National Partnership Agreement on Homelessness and is keen to see an ongoing and expanded commitment by government for projects of this type.

### **Recommendation**

1. It is important that the People with Exceptionally Complex Needs pilot project become embedded as government policy across the board and be sufficiently resourced to become sustainable for agencies to participate when working with this cohort of people with complex needs.

### **Treatment Services**

Although their needs vary, access to appropriate and secure accommodation is a concern for all groups with a decision-making disability and being able to live in an area that minimises their risk of abuse or exploitation is essential. There is a shortage of appropriate accommodation options for people with an acquired brain injury and substance abuse problems.

Quite often people with problems such as mental health, cognitive impairment or intellectual disability are stigmatised and denied adequate services because of their substance abuse. Many mainstream service providers have difficulty managing the behaviour of this group and force them to exit residential programs prior to completing the treatment program.

Many people who have an acquired brain injury due to alcohol abuse, and are still drinking, generally do not respond well to current treatment programs. Many of the drug and alcohol treatment programs in Western Australia are based on cognitive, psychodynamic approaches. This type of treatment is not very effective for people with a cognitive impairment as they lack the capacity to understand what is required, or to engage in these services in an ongoing way.

Many people with complex needs and substance abuse problems face the additional problem of homelessness. Many will require specialist services to address how they will withdraw from drugs/alcohol and support to maintain their accommodation needs for the rest of their lives.

In some cases, younger adults who have an acquired brain injury due to their previous substance abuse, and are no longer abusing substances, may be placed in a nursing home due to a lack of appropriate accommodation and treatment options for this type of disability.

### **Recommendation**

2. There is need for additional funding to provide a range of accommodation options for people with multiple diagnoses and substance abuse problems to address their needs and provide treatment as appropriate.
3. Specialist training programs and resources should be developed for professionals and service providers to identify and manage people with

acquired brain injury, mental health or intellectual disability and substance abuse issues.

### **Aboriginal specific issues**

#### **Elder Abuse**

Elder abuse is defined as 'Any act occurring which causes harm to an older person and occurs within an informal relationship of trust such as family member or friends. This can include financial or material abuse, emotional or psychological abuse, physical abuse, sexual abuse, social abuse or neglect.'<sup>5</sup> One of the risk factors identified as influencing perpetrators of elder abuse is alcohol and substance abuse.<sup>6</sup> Research by the Office of the Public Advocate (2005) found that drug and alcohol abuse was a major factor that contributed to older Aboriginal people experiencing elder abuse. The research found that people were unsure of where to go in a crisis situation and that treatment should start immediately when: '...family members are prepared to undertake detoxification or to seek assistance.'<sup>7</sup> The Fitzroy Valley Alcohol Restriction Report identifies that targeted programs will benefit the wider community as well as those with drug and/or alcohol problems.<sup>8</sup>

#### **Petrol Sniffing**

It would appear that petrol sniffing in some areas in Western Australia is on the increase.<sup>9</sup> This has partly been attributed to the failure of certain rural and remote areas to stock the non-sniffable Opal fuel. In areas where Opal fuel is stocked, the issue of petrol sniffing appears to have decreased. ABC News has reported that the Senate inquiry into petrol sniffing has heard that the problem has been reduced by as much as 95 per cent in some communities since the introduction of the low-aromatic Opal fuel.<sup>10</sup>

The ABC Health and Wellbeing fact file notes that the list of health problems caused by sniffing is enormous. The poisonous chemicals in petrol gradually damage the brain, the heart, the lungs, the immune system, the liver and kidneys. The longer a person sniffs, the worse they damage these organs. Sniffing also leads to behavioural and social problems and sniffers often get in trouble with the law for vandalism, violence, robbery, rape and sexual promiscuity. They find it difficult to stay at school and hold down jobs.<sup>11</sup>

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<sup>5</sup> APEA:WA, 2006. *Elder Abuse Protocols: Guidelines for Action*, Perth, Alliance for the Prevention of Elder Abuse: Western Australia, p3.

<sup>6</sup> Ibid., p11.

<sup>7</sup> Office of the Public Advocate, 2005. *Mistreatment of older people in Aboriginal communities project: An investigation into elder abuse in Aboriginal communities* Perth, Office of the Public Advocate, p35.

<sup>8</sup> Kinnane, S., Farrington, F., Henderson-Yates, L., and Parker, H., 2009. *Fitzroy Valley Alcohol Restriction Report: An evaluation of the effects of a restriction on take-away alcohol relating to measureable health and social outcomes, community perceptions and behaviours after a 12 month period*, p10.

<sup>9</sup> ABC News, 2009. *Indigenous group demands non-sniffable fuel*, Wednesday, 29 July 2009, viewed 4 August 2009, <http://www.abc.net.au/news/stories/2009/07/29/2640064.htm>

<sup>10</sup> ABC News, 2009. *Drugs council urges Govt to capitalise on petrol sniffing decrease* Sunday 15 March 2009, viewed 4 August 2009, <http://www.abc.net.au/news/stories/2009/03/15/2516610.htm>

<sup>11</sup> Cairney, S. 2005 *Petrol Sniffing* ABC Health and Wellbeing Fact File, 24 November 2005, viewed 4 August 2009, <http://www.abc.net.au/health/tag/petrol-sniffing/>

Sadly, the Public Advocate has been appointed as the guardian for a small number of younger adults with acquired brain injury attributed to volatile solvent abuse. These young people will not recover from the damage caused by their substance abuse. The following case study illustrates some of the complexities in providing appropriate treatment and support programs for people who have an acquired brain injury due to petrol sniffing.

### Case Study

In 2000, the Public Advocate was appointed limited guardian for a 20 year old Aboriginal man from a remote community who committed a minor offence and was found unfit to stand trial as a result of dementia secondary to the abuse of volatile solvents. The young man had commenced sniffing solvents from about nine or ten years of age. It was first noted by a child psychiatrist that he may suffer some residual, mild brain damage as a result of his substance abuse at sixteen years of age. He became subject to a custody order under the *Criminal Law (Mentally Impaired Accused) Act 1996* and was placed in prison. Although prison was not considered the most appropriate place for him, there were no suitable alternative placements.

He was in prison for more than six years, with the last two of these in the Special Handling Unit at Casuarina, where he was in solitary confinement and only able to leave his cell for an hour per day. He had ongoing difficulty coping with life in prison and was involved in a number of incidents, including stealing from other offenders and assaults on staff. These incidents escalated over time as a reaction to the prison environment.

Following the involvement of a senior interagency steering committee through the first PECN pilot, he was released on a Condition Release Order and returned to his community where he later commenced abusing illicit substances and was at risk of offending when his support broke down. It has been reported that when under the influence of solvents, the young man becomes physically aggressive and a risk to others.

In the absence of appropriate alternatives, the young man has been placed in Graylands Hospital to protect him from further substance abuse and probable contact with the justice system. He is in effect, homeless.

This person is one of the people included in the 'People with Exceptionally Complex Needs' Project.

### **Recommendation**

4. Further consideration is given to developing specific short and long term strategies to address the prevention and treatment of Aboriginal drug and alcohol abuse issues, including petrol sniffing, throughout Western Australia, with particular reference to remote communities.