Dear Ms Foley,

Re: Questions - Inquiry into Drug and Alcohol Treatment
Legislative Council, General Purpose Standing Committee No. 2

I am responding to your letter of 17 May 2013 that has a list of additional questions raised subsequent to the above parliamentary inquiry after the hearing on 10 April 2013 where I appeared on behalf of the Australasian Professional Society on Alcohol and other Drugs (APSAD).

In response to the specific questions:

1. **At the public hearing you mentioned some research papers on the Portuguese approach to drug and alcohol. Could you please provide the Committee with at least one of those papers which may assist the Committee in its deliberations?**


   A summary document “Drug Policy in Portugal” is also attached as an appendix.

2. **Could a copy of the PhD on heroin dependence in ethnic Vietnamese in Australia be provided?**

   A copy of the thesis has been attached as an appendix.

3. **Are there any papers or references to the Portuguese model that could be made available, including any evaluation reports?**

   The following peer review papers are attached as appendices:

4. **Could you provide any evidence on the success of residential rehabilitation treatments?**

   A Cochrane review on the effectiveness of Therapeutic Communities for Substance Abuse is attached as an appendix.

The Plain Language Summary States:
Therapeutic Communities (TCs) are a popular treatment for the rehabilitation of drug users. The results of this review show that there is little evidence that TCs offer significant benefits in comparison with other residential treatment, or that one type of TC is better than another. Prison TC may be better than prison on its own or Mental Health Treatment Programmes to prevent re-offending post-release for inmates.

5. Is there any evidence that supports what time frames are recommended for rehabilitation in terms of residential treatment and what the funding costs are for such services?

An article is attached that compares three policy options for reducing heroin dependence: pharmacotherapy maintenance, residential rehabilitation and prison:

6. Do you have any evidence of the link between substance dependence and mental health and whether or how mental illness predetermines substance dependence and or if substance dependence results in mental illness?

The NSW Health co-morbidity guidelines and the National Drug & Alcohol Research Centre Guidelines for co-morbidity (i.e. co-occurring mental health and substance use problems) are both attached as appendices. The links between the two conditions are complex. Many persons with substance use problems may experience mental health problems (for example anxiety or depression). Substance use is classified under the section 'Mental and behavioural disorders' under the International Classification of Diseases (ICD-10).

7. Could you provide the papers you referred to in relation to methadone programs and other health issues in response to Helen Westwood?

The following articles have been attached as appendices. These papers make comparisons between the treatment of drug addiction and chronic illnesses, as discussed by the Hon H.M. Westwood.

8. Do you have evidence about the success of the methadone and or buprenorphine treatments and the period of use?

A copy of the following book has been mailed to the committee;

The following Cochrane review articles have been attached as appendices:

9. In relation to workforce capacity in Drug and Alcohol, do you have any papers or information that would provide an insight into the improvements that would be required to improve capacity?

While somewhat dated, the following publication is attached as an appendix.

The Committee may consider requesting information of the Drug and Alcohol Community Care Packages Program (DA-CCP) from NSW Health for a current model with estimates of unmet need.

10. What action has been taken to make naltrexone and disulfiram available through the PBS?

The following article is attached as an appendix - this describes the reasons disulfiram is not on the PBS.

Naltrexone is listed on the PBS for the treatment of alcohol dependence as part of a comprehensive treatment program. It is not listed beyond this indication (e.g. for opioid dependence) due to poor retention in treatment and subsequent low effectiveness outside selected highly motivated populations.

11. Do you have information relating to the proposed trail by NDARC for Vivitrol?

NDARC was funded to undertake a randomised controlled trial using sustained release naltrexone (Vivitrol) in 2009/10. I understand it was not possible for the investigators to obtain the product from the manufacturer.

12. Do you have information relating to the poor treatment of alcohol dependence in relation to your response to Helen Westwood?

The following articles have been attached as appendices

13. Can you provide the publication regarding the trial of naltrexone at Turning Point?

The article is attached as an appendix
14. Could a reference be provided for the Aboriginal study in relation to rural and regional issues?

There is not a current study. The Committee could contact NSW Health Mental Health Drug and Alcohol Office for information regarding two current projects: The Murdi Paaki Project and the New England Aboriginal Drug and Alcohol Project. The Committee could also contact the Aboriginal Health and Medical Research Council and speak to a representative from the NSW Aboriginal Drug and Alcohol Network.


15. What impact is known about Fetal Alcohol Syndrome and is there information available about the prevalence in NSW and specific locations or regions?

A good deal is known regarding Fetal Alcohol Syndrome. Fetal Alcohol Syndrome, together with other conditions are grouped as the Fetal Alcohol Spectrum Disorders (FASD). The Federal Government has recently held an inquiry into FASD, a copy of the report is attached together with a plan for action by Foundation for Alcohol Education and Research.


A recent relevant monograph is also attached.

16. What type of brief interventions are available and what could be done to improve the level of availability?

Brief interventions have been developed for tobacco and alcohol use. There is a robust body of evidence for their use summarised in the following Cochrane reviews. A significant gap in our healthcare system remains the limited update of brief interventions by primary care and hospital based clinicians.


I am happy to provide further advice should the Committee require such.

Yours sincerely,

A/Prof Adrian Dunlop
Immediate Past President, APSAD