

**Submission
No 69**

**THE PROMOTION OF FALSE OR MISLEADING
HEALTH-RELATED INFORMATION OR PRACTICES**

Name: Dr Robert Stacy
Date Received: 12/12/2013

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Our reference: RJS.13.1201

Chair
Committee on the Health Care Complaints Commission
Parliament of New South Wales

Attention: Mrs Leslie Williams MP

Dear Madam,

Submission Regarding Inquiry into Promotion of False or Misleading Health-related Information or Practices

References:

- A. Your newspaper advertisement dated 30 October 2013.
- B. Completed Development Application Form (781/2013) dated 4 October 2013 submitted to the Wyong Shire Council.
- C. Statement of Environmental Effects relating to 36 Rose Hill Lane, Yarramalong (Lot 95 DP 1101803) by ADW Johnson Pty Ltd dated October 2013.
- D. My submission (SLF 13-1101) to the Wyong Shire Council dated 11 November 2013.

I refer to your newspaper advertisement dated 30th October 2013 (Reference A.) inviting written submission to the inquiry into the promotion of false or misleading health-related information or practices. I wish draw to your attention the practices reportedly used by Narcanon in the practice of drug withdrawal and rehabilitation.

The reason for my concern comes from a Development Application made to the Wyong Shire Council by the Association for Better Living and Education Inc (ABLE) and its subsidiary, Narcanon (Reference B.). This is a proposal to change the use of an adjacent property from Residential to a Community facility. In the Statement of Environmental Effects (SEE) (Reference C.), which was submitted with the Development Application, it describes the purpose of this Community Facility is to provide (1) addiction recovery and (2) is a social life skills development program designed to assist individuals in improving the quality of their lives and learning about alternatives to drug/alcohol-use as a means of coping with life's pressures.

In my submission to the Wyong Shire Council (Reference D.) I cited pages 12-14 and Appendix 2 to the SEE, where it described the Narcanon program and its reported benefits to post drug and alcohol dependent individuals. They report using high doses of vitamins and prolonged exposure to sauna heat treatments. I am not a medical practitioner nor a psychologist, so will not attempt to analyse the strengths and weaknesses of such a program. However, I have worked as a Health and Safety manager for Melbourne Health, which included both extensive emergency response units and mental health facilities. In

discussing this with medical colleagues I am advised that this is not considered a conventional treatment. Moreover, some consider this program to have inherent dangers, particularly as they state they do not use medical practitioners or pharmaceutical agents.

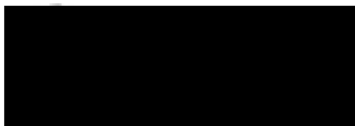
The recommendation I made to Council was that it sought advice from the Department of Health as to the status of the ABLE (Narcanon) program and its appropriateness in the rehabilitation of drug/alcohol addictions.

Since making my submission in response to the Development Application, I have sourced a court reference that adds further my concerns for the Narcanon program. A Supreme Court hearing *Hanna v ACT Commissioner for Community and Health Services Complaints* [2002] ACTSC 111 (6 November 2002) in which both Narcanon and ABLE were cited in the assessment as providing a "health service".

In addition to the observations above, I was recently discussing the Development Application with my mother who trained as an Occupational Therapist (1950-52). When describing the processes proposed for the Narcanon facility, she responded that these practices were surprising similar to those used at Callan Park / Broughton Hall where she completed some of her training. Her recollection was that these protocols were later banned and that the medical superintendent supervising the facility may also have been deregistered.

I look forward to receiving feedback on your inquiry into this matter.

Kind regards,



Dr Robert Stacy PhD, MSc
Executive Manager EHS

12 December 2013