



LEGISLATIVE COUNCIL

GENERAL PURPOSE STANDING COMMITTEE NO. 2

## **MEDIA RELEASE**

# **MORE TO BE DONE TO TREAT DRUG AND ALCOHOL ABUSE**

**FOR IMMEDIATE RELEASE**

**15 August 2013**

A Parliamentary Inquiry has found that more needs to be done if New South Wales is to better respond to the needs of individuals seeking drug and alcohol treatment.

The Inquiry by the General Purpose Standing Committee No. 2 was established last November to inquire into and report on the effectiveness of current alcohol and drug policies with respect to deterrence, treatment and rehabilitation.

Committee Chair, the Hon Marie Ficarra MLC, said, “It goes without saying that substance abuse is one of our most pressing social issues. The Committee believes that as a community we must continue to think about how we can respond to the scourge of drug and alcohol abuse more effectively.”

“The Committee has made seven recommendations all aimed at improving the lives of those with substance abuse issues. These recommendations relate to the development of a national approach to alcohol, expanding the treatment options available to treat opioid dependence, increasing the evidence base concerning the use of naltrexone implants, and encouraging the use of education in preventing substance abuse issues from developing” Ms Ficarra stated.

Ms Ficarra continued: “We have also recommended that the scope of the criminal justice system to effect positive change for offenders with substance abuse issues be increased and that funding levels keep pace with the growing demand for drug and alcohol treatment services”.

In regard to naltrexone implants, Ms Ficarra said “They show promise as part of a treatment program. Naltrexone implants have not yet been approved for use in Australia. However, I am keen for the evidence base regarding naltrexone implants to continue to develop. I am hopeful that in the future it will be practicable to conduct a randomised control trial comparing naltrexone implants with other licensed treatments used to treat opioid dependence, and thus expand the treatment options available”.

A list of the Committee’s recommendations is attached. The report is on the Committee’s website: [www.parliament.nsw.gov.au/gpsc2](http://www.parliament.nsw.gov.au/gpsc2). Hard copies are available on request.

-ENDS-

*For further information please contact Committee Chair Hon Marie Ficarra MLC, on 9230 2894*

## Summary of key issues

In November 2012, General Purpose Standing Committee No. 2 initiated an inquiry into drug and alcohol treatment. The Inquiry's most prominent theme was the use of naltrexone implants in treating opioid dependence. This is highlighted by the volume of evidence received regarding the current availability and manufacture of naltrexone implants, as well as the evidence base for their use. The Committee heard diverging views in relation to the efficacy of naltrexone implants; however, most addiction experts did agree about the need to expand the suite of treatment options available to treat to opioid dependence

A number of other important matters were raised during the Inquiry and the evidence presented highlighted the many negative effects of drug and alcohol abuse. It became clear that the way the community deals with substance abuse matters greatly.

The key issues considered during the Inquiry and this report, and the Committee's recommendations, are summarised hereunder.

### Alcohol abuse

We received evidence from numerous Inquiry participants that alcohol is the substance presenting the greatest challenge to public health, and that the negative social and economic effects of alcohol abuse are more significant than those caused by other substances. Alcohol is a unique challenge for policy makers because, unlike other substances, it can be used safely and it can also be used recklessly.

Because the attention of this Inquiry was primarily given to naltrexone implants, it is difficult for the Committee to draft detailed recommendations in response to alcohol misuse. However, we acknowledge the many negative effects of alcohol abuse and welcome all initiatives to address this important social issue. After we completed our hearings, the NSW Auditor-General published a report, entitled, *Cost of alcohol abuse to the NSW Government*, which indicated that the NSW Government could better respond to alcohol abuse if it had more information on the associated costs. No one actor can solve the problem of alcohol abuse: we believe that alcohol abuse is a nationally significant issue requiring the involvement of all levels of Government, as well as the alcohol industry and non-government organisations. Consequently, we think that New South Wales can play an important role in instigating and supporting national efforts to deal with this issue by recommending that the NSW Government approach the Commonwealth Government to request that a national summit on alcohol abuse be convened in a timely manner.

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### Recommendation 1

That the NSW Government, noting the report of the NSW Auditor-General, entitled, *Cost of alcohol abuse to the NSW Government*, and the evidence submitted to the General Purpose Standing Committee No. 2 Inquiry into drug and alcohol treatment, approach the Commonwealth Government to highlight the need for a national response to the problem of alcohol abuse, and to request that a national summit on alcohol abuse be convened in 2014-2015.

## **Treating opioid dependence through naltrexone implants**

Naltrexone is a form of opioid antagonist treatment; namely, a pharmacotherapy that aims to induce an opioid-free state in opioid dependent individuals. A naltrexone implant is a surgically implanted device that provides a slow release of naltrexone over a period of time, effective for three to six months.

Naltrexone implants are not currently registered for licensed use in Australia; the primary reason being that the Therapeutic Goods Administration (TGA) – the national regulatory body for therapeutic goods – has not been presented with sufficient evidence demonstrating their safety and efficacy. However, naltrexone implants have been used throughout Australia because clinicians have been able to administer them under the TGA Special Access Scheme, which allows the use of unapproved therapeutic goods for individuals whom death is likely.

The most prominent clinician administering naltrexone implants through the Special Access Scheme is Dr George O’Neil of the Fresh Start Recovery Programme, Subiaco, Western Australia. Through his company Go Medical Industries Pty Ltd, Dr O’Neil has developed a naltrexone implant which he is hoping to register with the TGA. Currently, Dr O’Neil only uses his naltrexone implants to treat Fresh Start patients.

A number of Inquiry participants addressed the question of whether there is an evidence base for the use of naltrexone implants. While commenting on the same literature, published both internationally and in Australia, it became clear that they held divergent views on the conclusions of the work. Some argued that the research supporting the effectiveness of sustained-release naltrexone was well established, while others contended that the evidence presented was not yet sufficient.

Of particular importance to establishing the evidence base for naltrexone implants was a literature review prepared by the National Health and Medical Research Council (NHMRC) – Australia’s peak body for supporting health and medical research. The NHMRC found that although naltrexone implants may show some efficacy as part of a treatment program, more research was needed.

A consistent view of the researchers, epidemiologists and addiction medicine practitioners that gave evidence to the Inquiry was that there needs to be an expansion in the treatment options available to treat opioid dependence. Another commonly made point was that not only is there a need for more treatment options, but there is also a need for what is currently available to be used more effectively.

The Committee agrees that it would be beneficial to expand the treatment options available to treat opioid dependence and supports the NHMRC’s position that further research on naltrexone implants is required. As such, we recommend that if Dr O’Neil’s naltrexone implants are approved by the TGA, that a randomised control trial be undertaken comparing naltrexone implants with other licensed treatments used to treat opioid dependence. The Committee was advised that the funding of clinical research is primarily a Commonwealth responsibility. However in the event that funding for research into naltrexone implants is not forthcoming from the NHMRC, we recommend that the funding instead be provided by the NSW Government and that other Australian States and international jurisdictions be encouraged to participate in the trial.

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**Recommendation 4**

That if naltrexone implants are approved for use by the Therapeutic Goods Administration, that the NSW Government fund a randomised control trial comparing naltrexone implants with other licensed treatments used to treat opioid dependence, if such a trial is not successful in securing funding from the National Health and Medical Research Council.

The trial must be conducted to the highest standards and be developed in consultation with experts from the fields of addiction and public health medicine, and that participation in such a trial by other Australian States and international jurisdictions be encouraged.

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**Funding**

The evidence indicated that it is difficult to assess the adequacy of funding for drug and alcohol treatment services. Funding for treatment in New South Wales comes from a variety of sources, namely the State and Commonwealth Governments as well as the private sector, and it is not always easy to firstly determine where the funding for a service comes from and secondly who is responsible for funding what service. In addition, some Inquiry participants expressed concern that too little was being spent on treatment compared to law enforcement for illicit drugs, while others were concerned that funding was not commensurate with the increasingly complex needs of those seeking treatment.

We are pleased to note that the NSW Ministry for Health is leading the development of the Drug and Alcohol-Clinical Care and Prevention (DA-CCP) Planning Model. It is hoped that the Model will assist with assessing the adequacy of funding for drug and alcohol treatment services. The DA-CCP Planning Model, when implemented, will per 100,000 people, show the likely number of people with substance addictions and then demonstrate the level of services required to effectively meet treatment demand.

The Committee accepts and supports the argument that funding for drug and alcohol treatment services must be commensurate with the demand for such services. We are hopeful that the DA-CCP Planning Model will be a beneficial reform regarding the allocation of resources for drug and alcohol treatment. As such, we recommend that following the implementation of the Drug and Alcohol-Clinical Care and Prevention Planning Model, the NSW Government ensure that funding levels keep pace with the increasing demand for drug and alcohol treatment services.

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**Recommendation 6**

That following the implementation of the Drug and Alcohol-Clinical Care and Prevention Planning Model, the NSW Government ensure that funding levels keep pace with the increasing demand for drug and alcohol treatment services.

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**Education**

Drug and alcohol education aims to reduce the prevalence of drug and alcohol use and in doing so prevent substance abuse issues from developing. In effect, it is about prevention rather than treatment of established problems.

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The evidence to the Inquiry regarding drug and alcohol education was primarily relevant to school students. Some Inquiry participants said that drug and alcohol education could be more effective. In response to such concerns, the relevant Government agencies, responsible for delivering drug and alcohol education in New South Wales, advised the Committee that they use evidence based approaches in developing education initiatives. The Committee believes that this practice should continue.

The Committee also considered the provision of drug education programs and in particular the work of Life Education NSW, a non-profit provider of preventative drug and health education programs to children and young people. We heard that a student's attendance at Life Education NSW programs is paid for by a mix of direct payments by parents, State Government funding, and fundraising by Life Education NSW. However, some students miss out as their parents cannot afford the \$10 fee required by Life Education NSW.

The Committee supports the work of Life Education and other providers and believes that all students should be given the opportunity to be involved in their programs. Therefore, we recommend that the NSW Government provide additional funding to Life Education NSW and other providers to ensure that all students can participate in their programs.

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### **Recommendation 7**

That the NSW Government provide additional funding to Life Education NSW and other providers to ensure that all students are given the opportunity to participate in their programs.

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### **Involuntary treatment**

This Inquiry considered the Involuntary Drug and Alcohol Treatment (IDAT) Program, the State's system for involuntarily treating individuals with severe substance dependence. The IDAT Program is provided for by the *Drug and Alcohol Treatment Act 2007* (the principal Act). On 25 October 2012, Revd. the Hon Fred Nile introduced the *Drug and Alcohol Treatment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012* to reform the principal Act.

The Committee was informed that it took eight years to develop the IDAT Program, it has been permanently operating since September 2012, and that treatment is only delivered to a small cohort of the most at risk individuals. That is, individuals who are at immediate risk of serious harm due to their drug and alcohol use, have lost the ability to make rational decisions regarding their wellbeing, and for whom the likely outcome is death or severe impairment.

In addition, the Committee received evidence regarding some of the arguments for and against involuntary treatment. This included high costs, human rights and ethical concerns, and the circumstances in which involuntary treatment may be appropriate.

The Committee found that the evidence base supporting involuntary treatment is still developing, and it is for this reason that we support an evaluation of the efficacy of the IDAT program, once it has been operating for a reasonable period of time. The evidence also indicated that at this stage it is too early to make any significant changes to the operation of the IDAT Program.

## Summary of recommendations

- Recommendation 1** **xi**  
 That the NSW Government, noting the report of the NSW Auditor-General, entitled, *Cost of alcohol abuse to the NSW Government*, and the evidence submitted to the General Purpose Standing Committee No. 2 Inquiry into drug and alcohol treatment, approach the Commonwealth Government to highlight the need for a national response to the problem of alcohol abuse, and to request that a national summit on alcohol abuse be convened in 2014-2015.
- Recommendation 2** **32**  
 That the NSW Government review the recommendations of the 2003 New South Wales Alcohol Summit and provide an update regarding its response to those recommendations.
- Recommendation 3** **53**  
 That the NSW Government consider expanding the availability of naloxone and the provision of training to relevant healthcare professionals to prevent opioid overdose fatalities.
- Recommendation 4** **xiii**  
 That if naltrexone implants are approved for use by the Therapeutic Goods Administration, that the NSW Government fund a randomised control trial comparing naltrexone implants with other licensed treatments used to treat opioid dependence, if such a trial is not successful in securing funding from the National Health and Medical Research Council.  
 The trial must be conducted to the highest standards and be developed in consultation with experts from the fields of addiction and public health medicine, and that participation in such a trial by other Australian States and international jurisdictions be encouraged.
- Recommendation 5** **70**  
 That the NSW Government consider a further expansion of the Drug Court program to other regional centres outside of Sydney and the Hunter.
- Recommendation 6** **xiii**  
 That following the implementation of the Drug and Alcohol-Clinical Care and Prevention Planning Model, the NSW Government ensure that funding levels keep pace with the increasing demand for drug and alcohol treatment services.
- Recommendation 7** **xiv**  
 That the NSW Government provide additional funding to Life Education NSW and other providers to ensure that all students are given the opportunity to participate in their programs.