NSW Parliament, Legislative Council
General Purpose Standing Committee No. 2
Inquiry into the drug and alcohol treatment
27 May 2013 Hearing

NSW Ministry of Health's response to questions taken on notice

Questions taken on notice – Pages 22 & 23

The Hon. JENNIFER GARDINER: Following on from the resourcing of opioid treatment programs: You say in the submission that the New South Wales Government has invested additional funding towards the provision of non-government community-based services for people wishing to cease opioid use. Can you give us an indication as to when that funding was made available and how much was it?

Mr McGRATH: I can. The election commitment was for $2.5 million per annum on an ongoing basis. The funds rolled out at the beginning of this calendar year, around January or February—to give you a specific date I would need to refer to the files at the ministry—but around the start of the calendar year, the program provides $2.3 million in this calendar year, from recollection, and next calendar year $3 million recurrent. We anticipate that from the next financial year onwards it will be $3 million recurrent per annum.

The Hon. SHAOQUETT MOSELMANE: In your submission on page six you talk about New South Wales Government's key priorities for the next 10 years and in particular the NSW State Plan 2011. My question to you is: What funding is there to back the New South Wales plan for the delivery of drug and alcohol treatment programs? You say there is a wide-ranging program and you mention the drug and alcohol program and treatment services: What funding is there and is it sufficient to back the 10-year plan?

Mr McGRATH: The overall budget for the drug and alcohol program in New South Wales this financial year is approximately $161 million. Again I would need to refer back to the files at the ministry to get you a precise figure.

Answer:
In relation to the 12 non government organisations that have been selected to deliver new drug and alcohol services, the first payment of funds was made to them in December 2012.

The total Drug and Alcohol Program budget for 2012/13 year was $166.2 million. The total 2013/14 Drug and Alcohol Program Budget is $173.36 million.

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The Hon. JAN BARHAM: You mentioned earlier about additional funding for opiate treatment programs. Your submission, which is a great submission, refers to 19,000 people currently being in treatment?

Mr McGRATH: That is correct.

The Hon. JAN BARHAM: But the need is probably more like about 35,000?

Mr McGRATH: The number of people who use opiates is about 35,000. It is estimated that the number of heroin-dependent people is about 35,000. Whether you would want the entire populace of that 35,000 or it is reasonable that the entire populace of that 35,000 would be seeking methadone treatment or buprenorphine treatment per se would be up for debate. Some will be going into withdrawal management paradigms, some will be going into outpatient treatment, some might indeed be looking at rapid opiate detoxification.

The Hon. JAN BARHAM: I think we have heard that there has been a stagnation of the opportunities in that program, and again particularly in rural and regional areas where availability for dosing is difficult sometimes and problems associated with going to a doctor or finding a doctor or pharmacist. I will probably put a question on notice to ask about the historical trending of that.

Mr McGRATH: Sure

Answer:
In relation to information concerning historic trends in individuals receiving pharmacotherapy in NSW, the following information is reported to and published by the Australian Institute of Health and Welfare 2013 as part of the National Opioid Pharmacotherapy Statistics Annual Data Collection 2012.

The reported trends for NSW since 1998 are:

Year	NSW
1998	12,107
1999	12,500
2000	13,594
2001	15,069
2002	15,471
2003	16,165
2004	15,719
2005	16,469
2006	16,355
2007	16,348
2008	17,168
2009	17,868
2010	19,114
2011	18,831
2012	18,715

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The Hon. JAN BARHAM: Another issue that has come up in terms of emergency departments is that there is not clear data collection on presentations related to drug and alcohol issues. I am from Byron Bay and we have known for a long time the pressures on an emergency department when there is a clustering from night time or whatever. We have heard that there is not clear data collection on that. My concern is where it then impacts on the availability of services to general users.

Mr McGRATH: There are a number of answers to that question. The first one is historically there has been a heavy reliance on point in time studies. There has been quite a range of point in time studies done in emergency departments around the impact of drug and alcohol on presentations in emergency departments. Those studies demonstrate that between 15 and 25 per cent of all presentations have some factors associated with drug and alcohol use but that does not mean dependence. That may mean Byron Bay or particularly St Vincent's make this claim frequently that many of their trauma presentations have as an underlying precipitating factor a drug or alcohol misuse.

However, the recorded presentation might be an orthopaedic injury or a laceration as a result of a fight or a car accident, so that is what gets recorded in the system rather than the drug and alcohol problem per se. The second thing I would say is that we have rolled out a trial over the last five years of consultation with liaison staff in a number of emergency departments after hours. We have historically had consultation liaison staff in hospital emergency departments Monday to Friday during business hours. That has been the historical model.

The Hon. JAN BARHAM: Isn't that the issue; that it is not at the time of need?

Mr McGRATH: No, indeed, and that was the reason for rolling out trials in about six hospitals where we provide consultation liaison staff Thursday, Friday, Saturday nights up until 1.00 a.m. and on Sundays to facilitate discharge, screening and referral appropriately. The National Drug and Alcohol Research Centre [NDARC] is running a longitudinal study for us on the evaluation effectiveness of that particular model.

The Hon. JAN BARHAM: When is it due?

Mr McGRATH: I would need to check the files.

The Hon. JAN BARHAM: I will put a question on notice.

Answer:
The National Drug and Alcohol Research Centre evaluation of the drug and alcohol consultation liaison service will conclude on 30 June 2014.

The study involves a patient survey in eight hospitals to determine the proportion of presentations where drug and alcohol use was a contributing factor and the proportion of patients with a recent substance use problem. A follow-up survey was conducted with those patients identified through the survey as having a recent substance use problem to assess the use of Consultation Liaison services, uptake of

referral to drug and alcohol treatment, and changes to substance use patterns in the three months post survey.

The second part of the study included analysis of Consultation Liaison data, Medicare and NSW inpatient and emergency department data.

The third part of the study is a Centre for Health Economics Research and Evaluation is collaborating with CHERE to perform an economic analysis.

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The Hon. DAVID CLARKE: The Hon. Fred Nile asked a question about the Swedish program and I think you said it was something for Corrective Services to look at. I would like you to have a look at it and provide a response as to your department's evaluation of the Swedish approach to drugs.

Mr McGRATH: I am happy to take that question on notice.

Answer:
The overall objective of Sweden's drug policy is 'a drug-free society' to be achieved in three ways:

1. reduce recruitment to drug abuse;
2. induce people with substance abuse problems to give up their abuse; and
3. reduce the supply of drugs (Government Offices of Sweden, 2008).

There is no reference to reducing the harmful consequences of drug use. The central policy objective is prevalence reduction.

In summary:

- The overall goal is that of a drug-free society;
- Harm reduction programs are only available in a limited fashion;
- Treatment is based on obtaining complete abstention and it is possible to force people into treatment;
- Consumption of narcotics is an offence, and urine and blood test are used to detect those suspected of drug use;
- Drug legislation is strictly enforced;
- Discussions regarding the medical value of cannabis are almost non-existent;
- Swedish legislation strictly adheres, and even surpasses, the requirements set out in the three United Nations drug conventions.

Australian Drug Policy incorporates a Harm Minimisation framework. NSW Health notes that the United Nations has indicated support for the Swedish Drug Policy. However, in recent years the UN has been broadening its policy perspective from purely drug trafficking towards a public health approach to drug use. The NSW Government has an established drug and alcohol policy that successfully incorporates a legislative and public health approach.

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CHAIR: You have. Certainly that was interesting. Is your unit aware of any research that has been done with a possible link between an increase in sudden infant death syndrome [SIDS] and drug use within the young female population? It was anecdotal

but I asked a group of young women whether they were aware of it and they just looked at each other. These were 18 to 22-year-olds. They looked at me and said, "What are you talking about?" It seems to me young women may not be planning to fall pregnant but it may occur and they may be participating in recreational drug use not knowing that there may be an effect if they fall pregnant. Is there any information on linkage between drug use in young women and an increase in SIDS?

Mr McGRATH: Nothing that I am aware of. It does not mean that it does not exist. I am happy to take that as a question on notice and get the team to have a look at what is available.

The Hon. JAN BARHAM: Chair, were you not concerned about the connection between methadone and SIDS?

CHAIR: And methadone treatment as well. We heard from Dr George O'Neil that there could be a link with methadone treatment.

The Hon. JAN BARHAM: They claimed there was some research that demonstrated that.

Mr McGRATH: I am not sure if you are alluding to methadone provision to a child by somebody who is on the program.

CHAIR: No, methadone usage by a woman who is in an age group where she could become pregnant. There is research. We were given a paper by Dr O'Neil on methadone usage and an increase in SIDS. Could you get some information from your unit as to whether this is an issue you are looking into?

Mr McGRATH: I will take it as a question on notice and provide you with what advice I can.

Answer:
The Mental Health and Drug and Alcohol Office is not aware of any current research on this issue and Dr Neil has yet to forward his paper to the Ministry

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The Hon. HELEN WESTWOOD: Do those guidelines include staff ratios, those nursing staff and medically qualified staff? I do not know whether you are looking at an addiction specialist or emergency doctors or simply general practitioners?

Mr McGRATH: Justice Health has provided us with the necessary budget to undertake the services of the centre. That is based on the usual operating practices. I cannot answer for you what that staffing profile is off the top of my head, but I would be happy to take it on notice and provide you with the staffing profile if that is helpful.

The Hon. HELEN WESTWOOD: Could you take that on notice and provide it?

Mr McGRATH: Yes, happy to.

Answer:
In relation to the mandatory Sydney City sobering up centre, the NSW Ministry of Health is providing funds to the Justice Health and Forensic Mental Health Network for two Registered Nurses at the level of Clinical Nurse Specialist and Registered Nurse Level 8 to be present at that centre during hours of operation.

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Reverend the Hon. FRED NILE: Just a general question. With the Needle and Syringe Program, do you have figures on the total number of needles that are distributed in New South Wales?

Mr McGRATH: I suspect you are getting frustrated with some of my answers to questions like this. It is not my portfolio area, unfortunately. Aged and Infectious Diseases runs the Needle and Syringe Program—Kim Stewart. She would have those figures, absolutely, but unfortunately I do not have them.

CHAIR: We can put it in writing to NSW Health.

Mr McGRATH: I will seek the answer from the relevant part of the Ministry for you.

Reverend the Hon. FRED NILE: You would not have the budget amount?

Mr McGRATH: Again, it is not my area. But I will seek the answer for you from the relevant part of the Ministry.

Reverend the Hon. FRED NILE: But with the programs that you are involved in, has anyone conducted an evaluation of the Needle and Syringe Program?

Mr McGRATH: Almost certainly. But, again, I would have to seek advice from Kim.

Reverend the Hon. FRED NILE: Not by the health department?

Mr McGRATH: Not my branch. But, none the less, I would be certain that an evaluation has been undertaken. But I would not be in a great position to give you the contents of those evaluations or any details. I would probably give you poor advice.

Answer:
In 2011/2012 there was a total of 11,051,377 needles/syringes distributed in NSW.

In 2002 the Australian Government released an independent report, *Return on Investment in Needle and Syringe Programs in Australia*. It found that between 1991 and 2000 investment of $130 million (in 2000 prices) by Australian governments on Needle and Syringe Programs had prevented 25,000 cases of HIV and 21,000 cases of hepatitis C. The long term saving to the national health system in avoided treatment costs was approximately $7.8 billion.

This report was followed in 2009 by the *Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*. This report reinforced the findings of the 2002 report, and concluded that between 2000 and 2009 the Needle and Syringe Program (NSP) had directly averted 32,050 new HIV infections and

96,667 new hepatitis C infections in Australia. In NSW an estimated 23,324 HIV cases and 31,953 hepatitis C cases were averted due to the NSP. The report estimated that the spending of $81 million on the NSP in NSW over this period resulted in a saving of $513 million in health care costs and a net financial saving of $432 million to the NSW Health system. The report concluded that there is potential to significantly reduce the number of new HIV and hepatitis C infections attributed to injecting drug use even further through an improvement in the coverage of the NSP across NSW.

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NSW Ministry of Health's response to supplementary questions

Supplementary questions No. 1 & 2

1. What is the 2012-13 budget in the NSW Health portfolio (including Medical Research) that is allocated to clinical trials of drugs?

2. What was the budget for this item in 2010-11 and 2011-12?

Answer:
I am unaware of clinical trials (including drugs) being directly funded by the NSW Ministry of Health.

Supplementary question No. 3

3. On p.22 of the transcript in response to a question from the Hon David Clarke you noted that "the Commonwealth is looking at some trials with regards to naltrexone implants".

   Could you please provide some further detail concerning the possible trials, including:
   a. When they would take place?
   b. Whether Dr O'Neil's naltrexone implant would be used?
   c. Who would administer the trials?
   d. Where the trials would occur?
   e. Estimated cost?
   f. Whether the trials would compare naltrexone implants against other treatment options?

Answer:
The evidence provided was on the basis of verbal advice from a Commonwealth official, with no greater detail provided to me than that described in evidence. Questions concerning Commonwealth consideration of trials of naltrexone implants should be referred to the Commonwealth Government for advice.