



To The General Purpose Standing Committee No 2  
Inquiry into drug and alcohol treatment

We would like to thank the committee for the opportunity to provide evidence.

We would like to respond to the supplementary questions submitted by the committee as follows.

**When will the credentialing process be finalized?**

The “DANA Pathways to Credentialling Program” will be officially launched at the June 2013 Annual Conference and will be available to drug and alcohol nurses from that time. DANA defines credentialling as “a process of professional validation by which an individual nurse may be designated as having met established professional nursing practice standards.”<sup>1</sup> It is an evaluation of a nurse’s experience, educational preparation and ongoing professional development against a set of established standards with the ultimate intention to enhance the quality of patient care. It is also intended to provide a standard of care that crosses state and national borders.

<sup>1</sup> *Coalition of National Nursing Organisations (CONNO) – National Nurse Credentialling Framework July 2011.*

**What level of impact in relation to injury or stress leave is there on nurses in relation to dealing with D&A issues, specifically in ED?**

With regards to the level of impact patients with drug and alcohol issues have upon staff members we are unaware of any specific research in this area. We would refer the enquiry to hospital reporting systems such as IIMS (Incident Information Management System), which may provide some information regarding this although incidents are often left unreported. DANA would support any effort to fund a study on the impact of patients with drug and alcohol issues on health staff to better understand the level and nature of that impact.

**What period of treatment is defined at present for dependence and is this sufficient?**

**And**

**What is a realistic time period for providing in care and after care treatment?**

Patients with drug and alcohol issues require an individualised time frame for both duration of treatment and for after care. It is vital that patients are provided with timely access to re-

induction of treatment following any period of relapse. It is therefore, not possible to quantify the length of treatment or to determine a time frame for aftercare for patients with a drug and/or alcohol dependency.

**Can you provide the article from Cater, Hall and Iles in relation to mandatory treatment?**

The article referenced within the DANA submission to the enquiry is of "Addiction Neuroethics: The Ethics of Addiction Neuroscience Research and Treatment". Edited by Adrian Carter, Wayne Hall and July Iles Elsevier 2012. The exact quote came from page 154. It can be purchased from Books@Stones [www.stonescornerbooks.com.au](http://www.stonescornerbooks.com.au) and it is available through <http://www.amazon.com/Addiction-Neuroethics-addiction-neuroscience-treatment/dp/0123859735>

**What effective treatments are not being utilized for D&A and is there an indication of what additional funding would be require?**

Methadone and buprenorphine maintenance programs are proven, effective treatments for opiate dependence. Gaps in service for these programs exist in areas where waiting times for treatment prohibit access to treatment. Additional funding to areas where waiting times are prolonged in order to provide adequate staffing to allow for better access to these services would be supported by DANA. It is our belief that existing services are not funded to allow them to be utilised to their full potential. Recurrent funding for a network of designated Nurse Practitioner positions within drug and alcohol throughout the state has the potential to support medical management of patients with dependency issues if collaborative arrangements with medical colleagues can be established. Funding to provide for multidisciplinary/multimodal treatment would also be welcome to allow for such things as combined D&A/pain clinics. Currently these are often fragmented with patients attending 2 separate services often with conflicting recommendations. Funding for programs to better assist GP's in identifying and responding to drug and alcohol problems would also be welcome.

**In your opening statement you refer to two Cochrane reviews from 2008 and 2012 concerning sustained release-naltrexone. Could you please make these available to the Committee?**

The references referred to within the opening statement are

Lobmaier P, Kornor H, Kunoe N, Bjørndal A. Sustained-Release Naltrexone For Opioid Dependence. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD006140. DOI: 10.1002/14651858.CD006140.pub2.

and is available at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006140.pub2/pdf>

The second article is in press currently. KunØe, N., Lobmaier, P., Ngo, H., and Hulse, G. K. (In Press) Injectable and implantable sustained release naltrexone in the treatment of opioid addiction. *The British Journal of Clinical Pharmacology*. available at <http://onlinelibrary.wiley.com.library.newcastle.edu.au/doi/10.1111/bcp.12011/pdf>

We hope that our submission, evidence and responses to the supplementary questions have been of value to the committee.

Kind Regards,

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