



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?***

The document Portugal Drug Strategy is attached as an appendix Portuguese Government (1999). "Portuguese Drug Strategy." Retrieved 6/5/13, 2013, from [http://www.emcdda.europa.eu/attachements.cfm/att\\_119431\\_EN\\_Portugal%20Drug%20strategy%201999.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_119431_EN_Portugal%20Drug%20strategy%201999.pdf).

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:

Hughes, C. E. and A. Stevens (2010). "What can we learn from the Portuguese decriminalisation of illicit drugs?" British Journal of Criminology **50**(6): 999-1022.

Hawkes, N. (2011). "Highs and lows of drug decriminalisation." BMJ **343**: d6881.

Hughes, C. E. and A. Stevens (2012). "A resounding success or a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs.[Erratum appears in Drug Alcohol Rev. 2012 Jul;31(5):727]." Drug & Alcohol Review **31**(1): 101-113.

Russoniello, K. (2012). "The devil (and drugs) in the details: Portugal's focus on public health as a model for decriminalization of drugs in Mexico." Yale Journal of Health Policy, Law, & Ethics **12**(2): 371-431.

Vale de Andrade, P. and L. Carapinha (2010). "Drug decriminalisation in Portugal." BMJ **341**: c4554.

- 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.

**APSAD**  
ABN 92 001 983 026  
PO Box R1014  
Royal Exchange NSW 1225  
Australia  
T: +61 2 9252 2281  
F: +61 2 9252 2209  
[www.apsad.org.au](http://www.apsad.org.au)

Smith, L. A., S. Gates, et al. (2006). "Therapeutic communities for substance related disorder." Cochrane Database of Systematic Reviews(1): CD005338.

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 in-mates.*

**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:

Moore, T. J., A. Ritter, et al. (2007). "The costs and consequences of three policy options for reducing heroin dependency." Drug & Alcohol Review **26**(4): 369-378.

**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).

World Health Organisation (2013). "ICD-10 Version:2010." Retrieved 5/5/2013, 2013, from <http://apps.who.int/classifications/icd10/browse/2010/en>.

**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.

McLellan, A. T., D. C. Lewis, et al. (2000). "Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation." JAMA **284**(13): 1689-1695.

O'Brien, C. P. and A. T. McLellan (1996). "Myths about the treatment of addiction." Lancet **347**(8996): 237-240.

**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;

Mattick, R. P., R. Ali, et al. Pharmacotherapies for the Treatment of Opioid Dependence: Efficacy, Cost-Effectiveness and Implementation Guidelines. New York, Informa Healthcare.

The following Cochrane review articles have been attached as appendices:

Amato, L., S. Minozzi, et al. (2011). "Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence." Cochrane Database of Systematic Reviews(10): CD004147.

Clark, N., N. Lintzeris, et al. (2002). "LAAM maintenance vs methadone maintenance for heroin dependence." Cochrane Database of Systematic Reviews(2): CD002210.

Faggiano, F., F. Vigna-Taglianti, et al. (2003). "Methadone maintenance at different dosages for opioid dependence." Cochrane Database of Systematic Reviews(3): CD002208.

Mattick, R. P., C. Breen, et al. (2009). "Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence." Cochrane Database of Systematic Reviews(3): CD002209.

Mattick, R. P., J. Kimber, et al. (2008). "Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence." Cochrane Database of Systematic Reviews(2): CD002207.

**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.

Australian Government Department of Health and Ageing (2003). Workforce Issues and the Treatment of Alcohol Problems: A Survey of Managers of Alcohol and Drug Treatment Agencies. Canberra, National Centre for Education and Training on Addiction.

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.

Lipworth, W. L., A. D. Wodak, et al. (2011). "Why is disulfiram not on the PBS?" Medical Journal of Australia **195**(7): 371-372.

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 trial 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

Fucito, L., B. Gomes, et al. (2003). "General practitioners' diagnostic skills and referral practices in managing patients with drug and alcohol-related health problems: implications for medical training and education programmes." Drug & Alcohol Review **22**(4): 417-424.

Teesson, M., W. Hall, et al. (2010). "Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing." Addiction **105**(12): 2085-2094.

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

The article is attached as an appendix

Tucker, T., A. Ritter, et al. (2004). "A randomized control trial of group counseling in a naltrexone treatment program." Journal of Substance Abuse Treatment **27**(4): 277-288.

**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

[http://www.ahmrc.org.au/index.php?option=com\\_content&view=article&id=16&Itemid=17](http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=16&Itemid=17)

**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.

House of Representatives Standing Committee on Social Policy and Legal Affairs (2012) FASD The Hidden Harm. Commonwealth of Australia. Canberra

Foundation for Alcohol Education and Research. (2012) The Australian Fetal Alcohol Spectrum Disorders Action Plan 2013–2016. FARE. Canberra

A recent relevant monograph is also attached.

Burns L, Elliott E, Black E, Breen C (2012) Monograph: Fetal alcohol spectrum Disorders in Australia: an update. Intergovernmental Committee On Drugs Working Party On Fetal Alcohol Spectrum Disorders. Canberra

**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.

Carson, K. V., M. E. A. Verbiest, et al. (2012). "Training health professionals in smoking cessation." Cochrane Database of Systematic Reviews 5: CD000214.

Kaner, E. F. S., F. Beyer, et al. (2007). "Effectiveness of brief alcohol interventions in primary care populations." Cochrane Database of Systematic Reviews(2): CD004148.

Stead, L. F., G. Bergson, et al. (2008). "Physician advice for smoking cessation." Cochrane Database of Systematic Reviews(2): CD000165.

Thomsen, T., N. Villebro, et al. (2010). "Interventions for preoperative smoking cessation." Cochrane Database of Systematic Reviews(7): CD002294.

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

Yours sincerely,

A/Prof Adrian Dunlop  
Immediate Past President, APSAD