

Submission  
No 4

## INQUIRY INTO DRUG AND ALCOHOL TREATMENT

**Name:** Name suppressed

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Partially Confidential

**Submission to the NSW Legislative Council General Purpose Standing Committee No 2 Inquiry into drug and alcohol treatment.**

The experience of our family has been that heroin substitution and rehabilitation both failed and naltrexone treatment restored our daughter's life and our family life.

Our daughter had a heroin habit that was destroying her life. The background is that when she was young she was sexually abused by someone close to the family who has since died. Her behaviour became aberrant in her teenage years involving excessive drinking. She started university but left before she completed her studies to travel. While she was travelling she was offered heroin by a boyfriend while living in England. We managed to get her back to Australia away from a life spiralling downwards. She did all the things that young people do to support a heroin addiction.

We took her to rehab courses but all that did was introduce her to other addicts who exploited her and we had to physically save her from them. The day we got her back my wife was screaming that our daughter was on the floor of our bathroom not breathing. I resuscitated her while my wife talked to the emergency people on 000. She had overdosed on heroin. The resuscitation, including mouth to mouth, brought her back. We tried buprenorphine but she now tells us that she used to spit it into a tissue and eat it later if she couldn't score heroin. We were at our wits end when I found the naltrexone clinic Psych 'n Soul on the internet. She did rapid detox and had a naltrexone implant. She had repeated implants for three years and the last implant wore off eighteen months ago. She hasn't used heroin, she got a driving permit then a license and she has worked full time in the family business and is shining in her performance at work. She has undergone a personality change such that she is now a bright, witty and happy person. Her short term memory had completely gone but has now returned. She has been accepted back into university as a mature age student.

Naltrexone treatment is initially expensive and many of the very people who could benefit from this treatment are the ones who least could afford it without gaining money through crime like they do for heroin use. Our daughter was lucky that we could afford her treatment but our concern is for all those young people like her whose families can't afford the Naltrexone treatment. There is very likely to be a percentage of heroin users who could take the path of abstinence rather than heroin replacement. For them not using heroin replacements would be beneficial to their health, give them a better quality of life and be less costly on the system. If there was government funding for Naltrexone treatment, even if it was a fraction of the funding for heroin substitution, that funding could be used for the treatment and support and education including warnings that abstinence can make them more prone to overdose if they relapsed and went back to the same dose of heroin that they used to use. This risk is often pointed to but is small and can be managed.

Abstinence and Naltrexone treatment is not for everyone. The person needs support to deal with whatever the issues were that lead to the addiction in the first place. For some who could never get clean heroin substitution has a valuable place but there would be many who could be helped by Naltrexone treatment and follow up support. My wife, who works as a senior person in the public health care system, has asked me to say that she sees people in the same position as we were whose child would benefit from Naltrexone treatment but she is not in a position to say anything.

We have observed infighting by the various factions in addiction treatment. The Methadone lobby in particular seems intent on sinking any alternative approach that might impact on the dominant position of this therapy for drug addiction treatment. A balanced approach would better suit the addicts and the community.