Victoria Pymm - Inquiry into the Inebriates Act 1912

From: "Mark Montebello" <MontebelloM@SESAHS.NSW.GOV.AU>
To: <merrin.thompson@parliament.nsw.gov.au>
Date: 15/12/2003 3:40 PM
Subject: Inquiry into the Inebriates Act 1912
CC: "Mark Montebello" <MontebelloM@SESAHS.NSW.GOV.AU>

> Merrin Thompson
> Senior Project Officer
> Standing Committee on Social Issues
> Legislative Council, NSW Parliament
> Macquarie Street
> Sydney NSW 2000
>
> Dear Ms Thompson,
> Re: Inquiry into the Inebraites Act 1912
>
> Thank you for contacting me and requesting a submission for the proposed new Inebriates Act. As Chair of the NSW Branch of the Section of Addiciton Psychiatry, I believe it is critical that psychiatrists with expertise in the alcohol and other drugs field are involved with the development of the proposed Act. Since you first contacted me four weeks ago, I have asked all fifty members of the Section to forward their suggestions to me. I would like to thank all members that contributed to this submission and in particular Dr Glenys Dore, Dr Stephen Jurd and Dr Edgar Freed.
>
> Preamble
>
> There is increasing awareness in our community of the morbidity and mortality associated with severe alcohol and/or other drug dependence. The proposed new Inebriates Act should be seen as part of the armamentarium of treatment modalities for those people with severe dependence problems. The vast majority of treatment has been and should continue to be voluntary. However, compulsory treatment is potentially beneficial for some people, although it may be difficult and must be carried out in an ethical and humane manner, and within a well resourced specialised treatment facility. There are a number of limitations with the current Inebriates Act hence a new Act should be developed in collaboration with all stakeholders.
>
> Aim of the Inebriates Act
>
> To provide an avenue for compulsory treatment for persons aged eighteen years and over who have a severe alcohol and/or drug dependence problem. The Mental Health Act 1996 includes legislation regarding the compulsory treatment for persons with severe mental illness and may be used as a model for the proposed new Inebriates Act.
>
> Limitations of the current Inebriates Act and suggested improvements for the proposed new Inebriates Act
>
> 1) Individuals who are placed under the current Inebriates Act by a Magistrate are automatically committed to a gazetted psychiatric hospital for three to twelve months. The receiving institution has no input with this process. Magistrates do not consult with treating clinicians or hospital administrators before an individual is committed. Already over loaded secure units in psychiatric hospitals are forced to admit an individual and allocate resources to them for often an excessive length of time. Further, Magistrates may commit individuals under the Inebriates Act for which treatment is not appropriate or likely to be successful, or for excessive time periods.
> This process would be improved if clinical decisions, including the gatekeeping role at admission and discharge, are made by doctors. The legal monitoring of the medical instigation of compulsory treatment should be undertaken by a Magistrate or a Review Tribunal. Prolonged hospital admission should be an option but only after the review by a Magistrate or a Review Tribunal. The model for compulsory treatment needs to have modern ethical values, that is, the prospect of significant harm to an individual or specific others is a requirement before implementation of a therapeutic intervention that overrides personal liberty. These suggestions parallel the Mental Health Act 1996.
>
> 2) Individuals under the Inebriates Act are usually admitted as patients to large, stand alone psychiatric hospitals which do not have comprehensive appropriate treatment programs for individuals with severe alcohol and/or drug problems. These hospitals provide treatment programs for patients with severe mental

illness, predominantly chronic schizophrenia. Further, these psychiatric hospitals often do not meet the standards for best practice for the assessment and treatment of individuals with alcohol and/or other drug problems. The current arrangement is unsatisfactory, ineffective and dangerous.>
> This situation creates a converse problem. Some patients with severe mental illness who require long term hospitalisation, for example for rehabilitation, are waiting long periods to get a bed in some psychiatric hospitals. Some of these beds are not accessible for many months because they are being used by patients under the Inebriates Act.
> It is suggested that individuals under the Inebriates Act should be placed with similar individuals in a low stimulation environment, not with patients who have severe psychotic disorders. These treatment units should be adequately resourced to provide assessment, detoxification, ongoing treatment and rehabilitation for individuals committed under the Inebriates Act. During the first week of admission, patients often require more frequent nursing observations and medical reviews. It is essential that treatment units are able to manage medical emergencies, especially in this assessment and detoxification period. It may be preferable that only two or three small specialised tertiary drug and alcohol treatment units are developed specifically for individuals under the Inebriates Act.
>
> 3) The current Inebriates Act does not make any provision for compulsory treatment as an outpatient. The possibility of community-based treatment orders, using the Mental Health Act 1996 as a model, should be explored. In order for this to be successful, existing drug and alcohol treatment services will need increased resources and funding. For example, patients with alcohol-induced brain damage would need inpatient detoxification and assessment. However, the hospitalisation period could be reduced by discharging the patient on a community-treatment order. This order could require the outpatient to present as frequently as daily to a drug and alcohol treatment service to take medication such as disulfiram (Antabuse) to prevent further alcohol consumption.
>
> 4) Deprivation of liberty is such a serious issue that the use of compulsory treatment requires the development and ongoing maintenance of a central register of all individuals that are committed under the proposed new Inebriates Act. This register should include a system where by individuals are followed up to determine the effectiveness of treatment under the Inebriates Act. Outcomes that could be monitored include days to relapse, other medical problems including hospital admissions, and markers of psychosocial disability including legal, financial, relationship and accomodation factors.
>
> 5) The formulation of a new Inebriates Act requires the input of all stakeholders. This would include practitioners in the alcohol and other drugs field, Area Drug and Alcohol services, Area Mental Health Services, other "treatment" groups such as Alcoholics Anonymous, the police service, the ambulance service, Aboriginal and Torres Straight Islander representatives and relevant non government organisations.
>
> I hope this is useful to you. If you require any further information, please do not hesitate in contacting me.
> Yours sincerely,
>
>
>
>
> Dr Mark E Montebello MB BS, FRANZCP, FAChAM.
> Addictions Psychiatrist and Chair, NSW Section of Addiction Psychiatry