

Submission  
No 22

## INQUIRY INTO DRUG AND ALCOHOL TREATMENT

**Organisation:** Drug and Alcohol Nurses of Australasia Inc (DANA)

**Date received:** 1/03/2013

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## NSW Legislative Council, General Purpose Standing Committee No. 2

### Inquiry into drug and alcohol treatment

### Submission from the Drug and Alcohol Nurses of Australasia (Inc)

#### Terms of Reference

That the General Purpose Standing Committee No 2 inquire and report on the effectiveness of current drug and alcohol policies with respect to deterrence, treatment and rehabilitation, and in particular:

1. The delivery and effectiveness of treatment services for those addicted to drugs and/or alcohol, including naltrexone treatment, with reference to the welfare and health of individuals dependent on illicit drugs and the impact on their families, carers and the community having regard for:
    - (a) The need for appropriate human research, ethics and Therapeutic Goods Administration approval for use of new treatments in clinical trials
    - (b) The current body of evidence and recommendations of the National Health and Medical Research Council
  2. The level and adequacy of funding for drug and/or alcohol treatment services in NSW
  3. The effectiveness of mandatory treatment on those with drug and/or alcohol addiction, including monitoring compliance with mandatory treatment requirements
  4. The adequacy of integrated services to treat co-morbid conditions for those with drug and/or alcohol addiction, including mental health, chronic pain and other health problems
  5. The funding and effectiveness of drug and alcohol education programs, including student and family access to information regarding the legal deterrents, adverse health and social impacts and the addictive potential of drugs and/or alcohol
  6. The strategies and models for responding to drug and/or alcohol addiction in other jurisdictions in Australia and overseas, including Sweden and the United Kingdom
  7. The proposed reforms identified in the *Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012*
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#### Introduction

Drug and Alcohol Nurses of Australasia Incorporated, DANA is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in Alcohol,

Tobacco and Other Drug (ATOD) issues. DANA aims for excellence and the ongoing improvement of quality care in nursing in all practice contexts. DANA actively promotes a legitimate role for nurses, midwives and their professional non-nursing peers to respond to Alcohol, Tobacco and Other Drug-related issues. In doing so, DANA promotes practice based on the best available evidence, and promotes active involvement in research in Alcohol, Tobacco and Other Drug-related interventions, and other issues relevant to the ATOD field. DANA provides consultancy, advice and advocacy to our members, nursing organisations and key stakeholders in relation to ATOD matters, including promoting the inclusion of ATOD issues in core undergraduate curriculum, staff development programs and continuing education, and within postgraduate clinical and research degrees.

Drug and Alcohol nurses represent a significant proportion of the professional workforce working with people who use alcohol and drugs. Nurses are involved in a wide range of Drug and Alcohol treatment services from harm reduction to residential rehabilitation. The skill mix of nurses means that drug and alcohol nurses work predominantly with people with severe drug and or alcohol dependence especially those with coexisting conditions such as mental health and physical health issues.

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## Response to specific Terms of Reference

**Re term of reference: 1.** *The delivery and effectiveness of treatment services for those addicted to drugs and/or alcohol, including naltrexone treatment, with reference to the welfare and health of individuals dependent on illicit drugs and the impact on their families, carers and the community having regard for: (a) The need for appropriate human research, ethics and Therapeutic Goods Administration approval for use of new treatments in clinical trials and (b) The current body of evidence and recommendations of the National Health and Medical Research Council*

Treatment approaches for people with drug and alcohol problems should be evidence based and delivered by health professionals competent in the delivery of these approaches. DANA advocates for a wide range of services from harm reduction to long term rehabilitation via counseling, therapeutic communities and pharmacotherapy maintenance programs. No treatment modality should exist in isolation as a single approach. It will be less effective than a well-planned, integrated approach to both substance use and to physical and mental health issues.

**Re term of reference: 2.** *The level and adequacy of funding for drug and/or alcohol treatment services in NSW.*

DANA recognises that a high quality health care service delivered by competent health professionals requires considerable investment. A more systematic approach to funding using a burden of disease model would result in considerably more funding for drug and alcohol treatment. The use of alternative funding sources such as increased taxes on alcohol directed towards public health initiatives and treatment services should be considered. The Drug and Alcohol Clinical Care and Prevention (DA-CCP) Model<sup>1</sup> provides an evidence based method to estimate unmet need for drug and alcohol treatment.

Nurse Practitioners in Drug and Alcohol are a relatively new approach to providing timely and expert access to treatment for people with drug and alcohol problems. Nurse Practitioners are advanced

practice nurses endorsed to order diagnostic tests, to diagnose and to prescribe medications within a restricted scope of practice and from within a limited medication formulary. Nurse Practitioners have been found to produce increased access to services, reduce waiting times and improve quality of treatment. These positions formalise processes which already exist within the health care system, providing greater responsibility for nurse decision making and free up Medical Consultant time for the management of more complex presentations thereby providing longer consultation times<sup>2</sup>. Unfortunately senior nurses in a position to consider endorsement as a Nurse Practitioner have chosen not to do so due to a perceived lack of funding for Nurse Practitioner positions and the lack of designated positions.<sup>2</sup>

**Re term of reference: 3.** *the effectiveness of mandatory treatment on those with drug and/or alcohol addiction, including monitoring compliance with mandatory treatment requirements*

Mandated treatment is appealing from the point of view that it potentially reduces drug use and recidivism and indeed well-funded pilot programs might support this view. However it is important to be sure that the evidence, based on long term rigorous evaluation, truly supports this. Carter, Hall and Iles as recently as 2012 have concluded that *“mandatory addiction treatment policies and programs – despite their appeal as a useful approach for reducing health, economic and social costs of addiction – do not currently warrant widespread support”*<sup>iii</sup> So the message definitely is proceed with great caution!

It is also important to define “mandatory treatment”. Presumably in this context it refers to a legal mandate in some way associated with infringement of societal laws. However would it or could it include other categories of mandated treatment e.g. mandates from family members? And what of the treatment setting? Would it be provided in prison or offered as an alternative to prison and delivered in a community setting? Would there be scope for consent?

How would eligibility and suitability for treatment be determined?

What type of drug addictions would / could be treated and is there evidence that the treatment options chosen would be effective and unlikely to cause unintended negative consequences e.g. Naltrexone implants have not widely used in Australia; where does such a treatment sit within mandated treatment?

Another important consideration is what happens at the end of treatment. Ongoing aftercare is a factor in sustained recovery. How would this be provided for?

It is also worth considering the issue of human rights when it comes to the treatment of all chronic diseases, including addictions. In many aspects of nursing a programmatic approach leads to greater benefits for both people with chronic diseases and the wider community. Common chronic diseases in today’s society have multiple behavioural components. Obesity, type 2 diabetes and cardiovascular disease are examples of disease with significant associated costs for individuals, families and the community. Involuntary treatment approaches for weight loss or blood pressure control would be unacceptable to both health care professionals and consumers of the health system. Instead strategies that support significant lifestyle change require an integrated public health, primary health and tertiary health system. Weight loss, high blood pressure, diabetes **and** alcohol consumption or drug use all require a balanced approach to prevention, harm reduction and

treatment. A call for compulsory bariatric surgery or compulsory weight loss and exercise rehabilitation with mandatory monitoring for people with a BMI greater than 30 would not be acceptable by either healthcare providers or the community. Similarly is it ethical or humane to propose mandatory treatment for people who are addicted to drugs, a comparable health condition, any more than it is to propose mandatory treatment of obesity, hypertension or type 2 diabetes.

**Re term of reference: 4.** *The adequacy of integrated services to treat co-morbid conditions for those with drug and/or alcohol addiction, including mental health, chronic pain and other health problems*

Care coordination in chronic disease management requires considerable time and effort. Specialist Drug and Alcohol nurses are well placed to coordinate care between primary and acute and specialist health settings. Drug and Alcohol consultation and liaison services staffed with specialist nurses, addiction medicine doctors and allied health professionals are required to effectively manage inpatients with underlying substance use dependence problems and ensure these people are effectively treated whilst inpatients and effectively treated post discharge. Specialist nurses in general practice and residential rehabilitation settings can facilitate integrated treatment for substance use, mental health and physical health issues.

DANA has established a specialist drug and alcohol nursing credentialling process to ensure that nurses working in these roles meet defined standards. This system of credentialling will assist service providers select nurses who have achieved a level of experience and educational preparation for these specialist roles.

**Re term of reference: 6.** *the strategies and models for responding to drug and/or alcohol addiction in other jurisdictions in Australia and overseas, including Sweden and the United Kingdom*

The use of ideological approaches as opposed to evidence based approaches frequently alienates people who would benefit most from engagement with the healthcare system. People with significant drug dependence problems are often marginalised, of low socio-economic backgrounds and have low levels of health literacy. Aboriginal and Torres Strait Islander people are over-represented in drug and alcohol treatment presentations.

The nursing profession via the Australian Nursing and Midwifery's Council Code of Ethics recognises and accepts the critical relationship between health and human rights and 'the powerful contribution that human rights can make in improving health outcomes'<sup>5</sup>. Access to a wide range of health services including harm reduction services is essential to achieving positive health outcomes for marginalised populations.

Evidence based and pragmatic, low threshold health services such as the Needle and Syringe Program (NSP) and the Medically Supervised Injecting Centre provide a much needed safe, non-threatening entry into the broader health system. Engagement with marginalised at risk populations requires time for trust to develop before more intensive treatment programs can be initiated. At the same time these programs reduce the significant harms associated with injecting drug use such as overdose and the spread of blood borne viruses. Australia's long standing, cost effective harm minimisation services are the envy of many overseas countries as evidenced by the extremely low HIV infection rate amongst people who inject drugs of less than 1% in Australia compared to levels

of above 50% in locations in the United Kingdom. In NSW alone it was estimated in 2009 that NSP programs have prevented 23, 324 cases of HIV/AIDS, 31, 953 cases of Hepatitis C infection and resulted in a saving of \$513 million in health care costs. <sup>4</sup>

As previously stated treatment approaches for people with drug and alcohol problems should be evidence based and delivered by health professional competent in the delivery of these approaches. A wide range of services from harm reduction to long term rehabilitation via counseling, therapeutic communities and pharmacotherapy maintenance programs are required. No treatment modality should exist in isolation as a single approach is less effective than a well-planned integrated approach to both substance use and physical or mental health issues. Credentialed Drug and Alcohol specialist nurses in either consultation liaison roles or shared care coordination roles can provide the required coordination and integration to address the burden of alcohol and drug problems.

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<sup>i</sup> Population planning for alcohol and other drug services: the national Drug and Alcohol Clinical Care and Prevention (DA-CCP) project

<sup>2</sup>Gallagher, J., Ruskin, A., O’Gara, C., Sessay, M., Luty, J. 2006. Nurse prescribing in addiction services: client benefits. *Nursing Standard*. 20(48):42-44.

<sup>3</sup>Ling, S. K., Curtis, J., Brighton, R., Dunlop, A. (In Press). An examination of barriers to Nurse Practitioner endorsement in senior rural drug and alcohol nurses in New South Wales. *Collegian*, Received 10 May 2011; received in revised form 7 March 2012; accepted 25 March 2012.

<sup>4</sup>Return on investment 2: evaluating the cost effectiveness of needle and syringe programs in Australia 2009. NCHECR, UNSW Sydney

<sup>5</sup>Coady M and Bloch S (eds) (1996) *Code of Ethics and the Professions*, Melbourne University Press, Melbourne. / ANMC Code of Ethics for Nurses in Australia (2008)

<sup>ii</sup> Addiction Neuroethics: The Ethics of Addiction Neuroscience Research and Treatment. Edited by Adrian Carter, Wayne Hall and July Iles Elsevier 2012.