

**Submission
No 24**

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Name: Mr Phil O'Grady

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The Chair
Hon Marie Ficarra MLC
General Purpose Standing Committee No2

Dear Ms Ficarra,

The first sentence of the Inquiry into Drug and Alcohol Treatment Terms of Reference relates to the effectiveness of current Drug and Alcohol policies with respect to deterrence, treatment and rehabilitation.

Before responding to the particular points 1-7 I believe it is important to review what the drug and alcohol policies are at this point in time, when they were set up in 1985 and how they have evolved over time, when they were set up in 1985 and how they have evolved over time to date.

Prior to 1985 Drug and Alcohol problems in our society were not of the scale that we have today. At that time, led by Mr Hawke and Mr Wran across the country the Policy of Harm Minimisation was adopted and quite simply it has failed.

The 1999 Drug Summit, at which I was a delegate inter alia, adopted the concept of allowing the carrying of "personal" quantities of illicit drugs. This destroyed the effect of the NSW 1985. Drug Misuse and Trafficking Act of 1985 with regard to "personal" quantities in effect making Drug use at street level legal most of the time.

By removing the penalty, the law had no weight.

With addiction, as it is a chronic relapsing condition, the law must endeavour to prevent the induction to addiction. Use of drugs whilst not addicted should be considered a crime. Parents must be able to tell their children it is a crime, the same as they can say stealing is a crime and there are serious consequences.

Yet in the parliament there was never a vote to legalise or not the personal use of drugs, but in effect this has happened.

Also arising from the Drug Summit was the facility at Kings Cross that allows and assists addicts to inject themselves. This had led to creating a problem that we did not have. Prescription Drugs eg oxycontin are used at a ratio of 2 to 1 to Heroin. Advice is available on how to prepare the drugs so they are able to be injected. I would be pleased to speak to the Committee regarding the points I have raised.

Inquiry into drug and alcohol treatment

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*

1. The major "Treatment" for (note not against) addiction in NSW is Methadone. Initially it was used by Stella Dalton at Wisteria House in Parramatta around 1970 without the concurrence of NSW law. No double-blind trials have been done, no records are kept as to outcome of treatment. In 1993 Paragraph 5 of the National Methadone Program required Accountability and Quality Assessment. After the Barbara Street Inquiry at Fairfield (at which I gave evidence) the National Program was changed and Paragraph 5 dropped. Therefore, no Accountability, no Quality Assurance and yet no double-blind trials.

The NSW Government of the day, 1997, asked Dr Lionel Wilson, a former AMA President, to do a report on the Quality Management of the Methadone Program. Note reduction in vigour from quality Assurance.

Dr Lionel Wilson found that the critical failure point of the program was the organisation and administration of the program. This clearly identified NSW Health as a major problem. The report was never published. I am sure it was paid for. I have a copy obtained under Freedom of Information.

Of course abstinence must be the aim with regard to addiction. I would suggest that the Committee visit the "Glen" at Chittaway Point – phone 4388 6360 - and speak with Mr Vince Coyte. This facility whilst poor on funds is successful.

I have visited naltrexone clinics and I am not confident.

With regard to Point 1 (a) if an effective treatment was found the former addictive should be able to return to a Society that does not accept personal drug use.

With regard to Point 1 (b) all recommendations from the NHMRC would have to meet Harm Minimisation policy so I would suggest be likely to fail.

With regard to Point (2) I would suggest that no amount of money would be adequate under Harm Minimisation.

With respect to Point (3) I have found that without discipline these programs fail. If a person is incompetent because of addiction I believe it reasonable for a Court appointed best friend to decide the necessary treatment.

Point (4). I think it useful to consider the statement by Mr Greg James QC, President of the Mental Health Review Tribunal, at a Richmond Fellowship Meeting in June 2011 that he "believed the psychosis could be reduced to negligible levels if cannabis was removed from the chemical equation. What is inadequate is our lack of urgency to deal with the induction of our young to cannabis use.

Point (5). I have attended a "drug and alcohol education program" at Mater Maria College at Warriewood. The expert was Paul Dillon. He was paid \$600 under a Commonwealth Education or Training Grant and he did not deal with the points referred to. I sat with Mr Tony Woods. Mr Dillon is soft on cannabis.

Point (6). The Swedish law is sound. They deal with personal use and dealing equally effectively and at the same time.

Point (7). I have not seen this Bill however I would like to point out what I see as problems with the current way alcohol is distributed.

Liquor licenses used to be controlled by the Licensing Reduction Board. Hours of trade and days of trade were restricted. All of that has changed and Alcohol is now causing difficulties throughout society. Surely hours of trading need to be reduced.

The previous charge of Drunk and Disorderly needs to have a quantified Alcohol Blood Level to give clear guidance to the Police and Liquor Licence Holders.

At a Federal level the Advertising of Alcohol should not be Tax Deductible and Cut Price Advertising not allowed. Fringe Benefit Tax legislation could be used as a guide with regard to responsible serving of Alcohol in licensed premises, licensees be required to satisfy themselves that the customer is not over the drink and disorderly limit and that the license be required to ask the customer to undergo the particular breath test or be declined service. If over the limit be declined service.

Yours faithfully

Phil O'Grady MPS