Submission No 29

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: The Hunter New England Local Health District, Drug and Alcohol Clinical Services

Date received: 9/03/2013

Submission from: The Hunter New England Local Health District

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

Summary

This is a submission from the Hunter New England Local Health District. Hunter New England Local Health District (LHD) covers a broad geographical region in NSW, including urban and rural areas. It has the largest health district population (approximately 850,000 people) outside of Sydney and includes 20% of the state's Aboriginal population. The Hunter New England LHD has significant groups of disadvantaged people, including Aboriginal people, people on low incomes, and people living in rural or remote areas, all of whom suffer poorer health than the rest of the population. Problems with tobacco dependence and harmful alcohol use are significant issues for the health of the population. The Health District includes a large urban/regional population and several large towns on the coastal highway and/or along major transport routes. Hunter New England LHD Drug and Alcohol Clinical Services provide evidence based treatments for people with substance use problems.

Introduction

This is a submission from Hunter New England Local Health District. Hunter New England Local Health District (LHD) covers a broad geographical region in NSW, including urban and rural areas, with the largest health district population (approximately 850,000 people) outside of Sydney, including 20% of the state's Aboriginal population.

The Hunter New England LHD services several groups of significantly disadvantaged populations, including Aboriginal people, people on low incomes, and people living in rural or remote areas; all of whom suffer poorer health than the rest of the population. There are also some concerning trends in lifestyle behaviours and risk factors such as increasing problems with obesity, low levels of physical activity, poor diet and significant numbers of people who continue to smoke and consume alcohol excessively.

The Health District includes a large urban/regional population and several large towns on the coastal highway and/or along major transport routes. Licit and illicit substances can therefore be easily transported over a large proportion of the region.

The Hunter New England LHD provides a range of drug and alcohol specialist services across the region, including hospital based and community drug and alcohol services and an integrated mental health and substance use service. Seven non-government agencies provide drug and alcohol treatment in the region. In addition two Medicare Locals, the Hunter Medicare Local and New England Medicare Local, have been created to co-ordinate primary health care within the region.

Background

Harms from alcohol and drug use have been well documented as significant contributors to morbidity and mortality across Australia. The estimated burden of disease related to substance use in Australia is alcohol 4.3% (2.3 % net effect), illicit drugs 2.0% and tobacco 7.8%[1]. The estimated costs of alcohol and other drug use in 2004/05 in Australia was $55.2 billion, of which alcohol accounted for 27%, illicit drugs 15% and tobacco 56%[2]. These costs relate to healthcare costs, road accidents, loss of productivity and crime.

Key considerations regarding people with drug and alcohol problems include the following issues:

- While substance use occurs across all social classes, people with significant substance use problems are often marginalised, of low socio-economic backgrounds and have low levels of health literacy. Indigenous people are over-represented in drug and alcohol treatment presentations.
- Drug and alcohol problems occur across a spectrum of severity, from mild to severe problems. Drug and alcohol addiction, or dependence, is a chronic medical condition.

People with alcohol and drug problems often require a wide range of interventions over a long period of time.

- Treatment for drug and alcohol problems includes a range of service types (including assessment, withdrawal and post-withdrawal treatment, medication assisted treatment, day care, residential rehabilitation and drug counselling) provided by a range of clinical staff (including general practitioners, psychologists, addiction medicine specialists, addiction psychiatrists, nurses, nurse practitioners, pharmacists, social and welfare workers and drug and alcohol workers).

- The provision of drug and alcohol treatment should predominantly occur within generalist health care settings and be supported by specialist drug and alcohol treatment services. Treatment should be evidence based, timely, accessible, cost effective, be acceptable to consumers and of demonstrated quality. To achieve this consistently, the funding mechanisms for drug and alcohol services must be based on an appropriate and transparent funding formula applied across all health districts, but particularly recognising the most disadvantaged population bases.

Responses to the Terms of Reference of the Inquiry

1. The delivery and effectiveness of treatment services for those addicted to drugs and/or alcohol, including naltrexone treatment, with reference to the health and welfare 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

Effective, evidence based responses to people with substance use problems includes withdrawal services (outpatient, residential and inpatient), post withdrawal support (counselling, day programs and residential rehabilitation treatment), opiate substitution treatment (methadone and buprenorphine maintenance) and other medication assisted treatment (naltrexone and disulfiram programs for alcohol dependent people), drug counselling (including psycho-education, motivational interviewing, and relapse prevention).

2. The level and adequacy of funding for drug and/or alcohol treatment services in NSW

The NSW Drug and Alcohol Budget in 2009/2010 was $140 million[3] . More recent funding enhancements include a $2.5 million per annum allocation to the non-government organisation sector in 2012. The burden of disease from drug and alcohol problems (including tobacco) is 12.1%. Combined federal and state government funding for alcohol and drug treatment comprise approximately 0.33% of federal and state health budgets.

The Drug and Alcohol Clinical Care and Prevention Model, developed as a NSW iniative and supported by the Federal Department of Health and Ageing, will provide a robust evidence based method to estimate unmet need for drug and alcohol treatment and inform resource allocation to the addictions field. This is an ideal model for improved planning and service development in identifying unmet needs.

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

Hunter New England Local Health District funds an inpatient unit and community team, which together form The Mental Health Substance Use Service. The service is based at the Mater Hospital Campus, providing consultation across the LHD, and is a dedicated service

for people with serious mental health and drug and alcohol problems. Few other dedicated specialist drug and alcohol mental health units exist across NSW.

The high prevalence of coexisting mental health and drug and alcohol disorders is well established[4]. Patients with comorbid mental health and substance use disorders are more likely to have a highly complex and complicated illness course, a high dependence on clinical services and poorer long-term prognosis[5]. The diversity of mental health and substance use disorders and associated complex comorbidity within this population indicates a need for services that target different levels of care.

Ideal treatment for patients with mental health and substance use problems is integrated treatment – i.e. where patients accessing drug and alcohol services can have their mental health problems treated in the drug and alcohol setting and patients with mental health problems can have their drug and alcohol problems treated in a mental health setting.

Depending on the level of complexity of mental health and substance use problems and other co-occurring medical and/or social problems, patients with co-morbid conditions may receive treatment in the following settings: primary care, hospitals, drug and alcohol services, mental health services and prisons.

Patients with drug and alcohol problems frequently access other health services including emergency departments, other specialist medical services (such as gastroenterology, infectious diseases, pain services), maternity, surgical, mental health, justice health, Aboriginal health, primary health care, and community services including child protection, violence prevention, housing and employment. Effective links need to occur across services and service types to ensure this population is adequately supported. An important approach for integrating care across health services for those patients with complex treatment needs has been the development and expansion of consultation-liaison service models within the drug and alcohol sector.

Co-existing drug and alcohol and pain problems in the Hunter New England LHD are managed by the Hunter Integrated Pain Service. Drug and Alcohol Clinical Services run a joint clinic with this service. Many GPs prescribe schedule 8 opioids for pain, and may not adhere to guidelines for minimising the risk of misuse of these medications[6-8]. There may be a significant number of patients prescribed medications such as oxycodone or morphine who misuse their medications.

There also needs to be a continued emphasis upon strengthening links between the drug and alcohol sector and primary care sectors, and in enhancing the capacity of the primary health sector to manage patients with mild and moderate severity substance use disorders. This will be a key area for development as there is greater clarity regarding the arrangements for Medicare Locals. Hunter New England LHD Drug and Alcohol Clinical Services are working with the Hunter Urban Medicare Local to develop Health Pathways that will support GPs in the treatment of patients presenting to their practices with drug and alcohol issues and support better referral processes.

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

Strategies and clinical interventions need to continue to be evidence based and supported by the relevant professional bodies.

7. The proposed reforms identified in the *Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012*

Under the previous NSW Act permitting detention of people with significant drug and alcohol problems, the 1912 Inebriates Act, homeless people and Aboriginal people were disproportionately over-represented [9 10]. The evidence base for the long-term effectiveness

of involuntary treatment of drug and alcohol problems is limited and has not been established by controlled clinical trials. As such, there is potential risk by broadening the scope of who can refer under this act. That is, the risk of involuntary detention of those with drug and alcohol problems may expand beyond the very small scope of who may be ethically detained - those who are at immediate risk of harm to themselves by drug and alcohol use and those for whom not enforcing sobriety or abstinence for prolonged periods of time will definitely result in loss of life in the short term. There is little room for ethical detention aside from this narrow scope and a broader focus could reasonably lead to a challenge that the autonomy of the individual is being impinged upon without due consideration of the human rights implications. Therefore this issue requires very cautious consideration to ensure adherence to an ethical process based in sound clinical treatment of addictions.

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