

**Submission
No 54**

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: Western NSW Local Health District

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The Director
General Purpose Standing Committee No. 2
Parliament House
Macquarie St
SYDNEY NSW 2000

Dear Director,

The Western NSW Local Health District, Mental Health and Drug & Alcohol (MHDA) Service was invited by the committee of parliamentary representatives to provide a submission to the Inquiry into Drug and Alcohol Treatment, during their visit to Orange on 14 May 2013.

In line with the Terms of Reference for the Inquiry, the following points are raised:

Item	Response
1, 2	Funding to be identified to implement a peer support/consumer program as currently there is one unfunded consumer representative in the Drug and Alcohol Program, WNSWLHD.
2	Funding for the Opioid Treatment Program across WNSWLHD is insufficient to meet the demands for this evidence based treatment. Currently all services have waiting lists though they are not a true indication of need, as many potential clients do not register due to their knowledge of the waiting list scenario.
2	Funding for Magistrates Early Referral Into Treatment continues to be expanded to include referral and treatment for alcohol related issues, as a primary drug of concern. Alcohol is a major issue, particularly in rural areas and this service has provided vast benefit for clients of Orange, as a pilot site for the Rural Alcohol Diversion Program.
3, 7	<p>Refinements to the Involuntary Drug and Alcohol Treatment (IDAT) Program should consider:</p> <ol style="list-style-type: none"> 1. The IDAT Program is proving to be an extremely valuable new type of service for drug and alcohol treatment. Orange currently operates 75% of the states total beds for this treatment. The majority of patients have previously had scores (40 – 100) hospital admissions over the previous three years, resulting in a high burden to health services with no long term recovery. 2. As the IDAT Program is a new initiative, funding to undertake an external evaluation of the IDAT Program to ensure informed future directions of the Program is imperative. 3. That the Drug & Alcohol Treatment Act 2007 (Act 2007) would benefit from a number of the amendments that have been written into <i>The Drug Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012</i>, we believe that:

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Item	Response
	<ul style="list-style-type: none"> • The current referral procedure utilising assessments by a medical practitioner and Involuntary Treatment Liaison Officer (ITLO) preceding referral to an Accredited Medical Practitioner (AMP) is efficient and makes best use of the resources allocated to IDAT. We note that ITLOs are already stretched and concerned by the impact of the added ITLO role to their core duties. Increasing the range of persons who could make referrals would make the program 'unworkable'. • The amendments proposed in relation to Naltrexone implants are not supported by evidence of effectiveness. In addition, Naltrexone implants are in fact not approved by the Australian TGA for use in this country except under very special and limited circumstances, and have not been shown at this time to be safe or effective treatment. It is unclear from the Amendment Bill 2012 if the proposed use of Naltrexone implants as part of outpatient involuntary treatment is intended for patients with opioid dependence or alcohol dependence, however, regardless of which, we would strongly urge this component of the Amendment Bill 2012 to be removed. • The concept of extension of the period of the Dependency Certificate order beyond 30 days to a duration of not in excess of 90 days has merit, but only if the Amendment Bill allows for the Dependency Certificate under the Act to be transferred to another treatment setting at the discretion of the AMP after 28 days. Spending up to 90 days in an IDAT Unit will mostly be counter-productive. The Units are not physically appropriate for people to remain in for up to 90 days, and the programs run by IDAT Units will not be effective over the extended period in comparison with other drug and alcohol programs designed for longer stays. However, being required to continue treatment after 28 days in an IDAT Unit, for up to 90 days in a residential rehabilitation program, or an outpatient program where a patient is treated for example with Disulfiram to assist them not to return to alcohol use, would be beneficial. Additionally, this extension would place any proposed discussions on Community Treatment Orders temporarily on hold. • With respect to placing those under 18 year of age under the Act 2007, the IDAT Units are not suitable services for adolescents for a number of reasons, including: <ul style="list-style-type: none"> i. contact with older clients may place them at risk both of harm, by consorting with inappropriate influences at an age when they may be easily influenced, ii. the staff in the Units will not have the appropriate skills or experience to adequately treat people under 18, as this is a specialist field, iii. the programs in the Units will not be suitable for both older and under 18 age groups at the same time so will require more resources for separate programs.
5	<p>Funding to be identified for dedicated positions to provide drug and alcohol education, health promotion, prevention and early intervention strategies and support the implementation of the state-wide Drug and Alcohol Plan.</p>

As requested, we have also attached the Turning Point Opioid Treatment Review for Greater Western Area Health Service November 2010 for your information.

We would like to thank you for providing us with the opportunity to comment, and ask that you contact Kristine Smith, District Coordinator, Drug and Alcohol [redacted] to clarify any matters raised.

Yours sincerely

[redacted]
Scott McLachlan
Chief Executive

July 2013