

**Submission
No 40**

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: Australasian College for Emergency Medicine (ACEM)

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Inquiry into Drug and Alcohol Treatment

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the New South Wales (NSW) Legislative Council Inquiry into Drug and Alcohol Treatment on the effectiveness of current drug and alcohol policies with regard to deterrence, treatment and rehabilitation.

ACEM is a not-for-profit organisation responsible for the training of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in improving the quality of emergency care provided to the community. ACEM welcomes the review of current NSW drug and alcohol policies, to ensure service and treatments remain evidence-based, and continue to provide vital support and care to those in the community affected by these significant issues.

Drug and alcohol dependence presents a significant public health issue to the country. With alcohol now more readily available to the community through increased licensed premises and extended trading hours, Australia now ranks twelfth in the Organisation for Economic Cooperation and Development (OECD) countries for per capita alcohol consumption¹. The 2010 National Drug Strategy Household Survey found that 28.4% of people were drinking, at least once a month, at levels which put them at risk of accident or injury². The survey also found illicit drug use had increased from 13.4% in 2007 to 14.7% in 2010. More than 3.7 million Australians aged 14 and over were also reported as at risk of an alcohol related disease or injury over their lifetime³. In NSW, alcohol has been reported as the most common principle drug of concern since 2000-2001⁴.

Emergency physicians are at the forefront of responding and treating the consequences of drug and alcohol related harm. This ranges from treating alcohol intoxication and drug overdoses, and severe injuries sustained as a direct result of intoxication, to managing acute complications of chronic alcohol and drug-related conditions. ACEM members see their role in not only providing treatment for these immediate injuries, but also in engaging with other organisations to implement primary and secondary prevention strategies. ACEM welcomes the opportunity to provide the NSW Legislative Council with feedback into this important issue in the context of emergency medicine. With regards to the items outlined in the Terms of Reference, ACEM would like to provide the following comments:

¹ OECD (2011), Health at a Glance 2011: OECD Indicators, OECD Publishing.

http://dx.doi.org/10.1787/health_glance-2011-en

² Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

³ Australian Institute of Health and Welfare 2012. Alcohol and other drug treatment services in Australia 2010-11: report on the National Minimum Data Set. Drug treatment series no. 18. Cat. no. HSE 128. Canberra: AIHW.

⁴ Australian Institute of Health and Welfare (AIHW) 2011. Alcohol and other drug treatment services in Australia 2009-10: report on the National Minimum Data Set. Drug treatment series no. 14. Cat. no. HSE 114. Canberra: AIHW.

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

ACEM strongly supports an integrated multi-agency approach, in the provision of treatment and rehabilitation services to effected individuals, incorporating coordination between hospital, community and non-government organisations. ACEM also supports current evidence-based practice in relation to pharmacotherapy treatments, including the use of naltrexone, acomprostate and disulfiram as effective treatments for reducing relapse in patients with alcohol dependence, in conjunction with appropriate psychosocial support.

Emergency departments (EDs) see a high rate of patients with alcohol related injuries and conditions (1.5 to 3 times higher than seen in primary care). Brief interventions can be effective tools in reducing risky alcohol consumption⁵. Such interventions, including the Screening, Brief Intervention, Referral to Treatment (SBIRT) and Alcohol Use Disorders Identification Test (AUDIT), can be used by emergency physicians to screen and assess patients presenting to EDs for alcohol misuse, and provide patients with treatment information options and/or referrals. ACEM supports the use of brief interventions in EDs to reduce alcohol use in people presenting with (i) a risky pattern of alcohol use and (ii) in non-dependent drinkers experiencing alcohol related harms. However, brief interventions are not suitable for individuals with severe alcohol related problems and/or alcohol dependence. ACEM advises that, to implement widespread and routine use of such brief interventions, EDs must be appropriately resourced, including increased funding and promotion to undertake such interventions. ACEM also notes that any system- and/or organisation-wide implementation of brief interventions in EDs should be thoroughly evaluated for their continued efficacy in reducing risky alcohol consumption.

Of significant concern to ACEM are violent drug and alcohol related presentations to EDs, and the subsequent impact these are having on (i) ED staff, (ii) other patients in the ED, and (iii) the impact on ED waiting times. ACEM Fellows (FACEMS) have expressed concern about the use of EDs as a method of removing intoxicated individuals from public areas, when they otherwise have no medical issues. Anecdotal reports from FACEMs also suggest that the incidence of alcohol related violence in EDs has increased in recent years. There is however very little national or State/Territory based data relating to this important issue. ACEM is currently working towards quantifying the burden of alcohol related presentations and admissions, via a research project which will investigate (i) the prevalence and severity of drug & alcohol related ED presentations (ii) incidence of alcohol related violence against ED staff and (iii) impact on ED waiting times. ACEM would therefore strongly support any additional efforts by the NSW Government to fund appropriate research into the effects of drug and alcohol use in this area.

In relation to deterrence, ACEM believes that the introduction of prominent health warnings on packaging of alcoholic products warrants investigation by State health jurisdictions. Internationally, a number of countries have already introduced such mandatory health warning labels. Combined with other prevention initiatives, mandatory health warnings, could increase awareness of the harmful consequences associated with excessive alcohol consumption and potentially change behaviours.

⁵ Australian Department of Health and Ageing 2009. Guidelines for the Treatment of Alcohol Problems. Cat. no. P3 - 5625. Canberra: DoHA.

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

ACEM supports an increase in funding to the research and/or implementation of preventative health measures. With drug and alcohol abuse impacting on productivity and health service delivery, there is an incentive for the NSW Government to increase investment into preventative health care. In 2004, the total social cost of alcohol and illicit drugs combined was reported at \$23.5 billion⁶. These represent available figures, with more recent data only likely to show increasing social cost and burden to Australia.

ACEM also supports the increase of funding across drug and alcohol services. This would include EDs in situations where there are shortages of inpatient beds for severe alcohol withdrawal and/or insufficient funding of outpatient services. ACEM is concerned at the availability of, and difficulties linking EDs into, drug and alcohol services particularly after-hours. In a 2012 survey of ACEM members, respondents identified barriers to practicing public health interventions within EDs as:

- Time pressures (to discharge or admit patients within the national access targets)
- Lack of resources
- Lack of linkages with other support services

ACEM therefore supports additional funding which will help to improve referral pathways and ED liaison with hospital drug and alcohol services. This should be targeted to facilitate a more integrated approach to drug and alcohol treatment, and incorporate the 24/7 patient care environment of EDs with community services.

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

As noted above, the integration of EDs, hospital drug and alcohol services and external/community-based drug and alcohol treatment providers' requires improvement. ACEM recommends an increase in funding, targeted to improve:

- Referral pathways for drug and alcohol related presentations to EDs
- Consultation and liaison between EDs and other hospital and community services
- Availability of after-hours drug and alcohol services in EDs and other settings.

ACEM also notes another significant issue, with concern expressed by FACEMs regarding the frequently presenting drug-seeking patients. This is a complex problem involving chronic health and addiction issues, multiple organisations and medical specialties. Reports from FACEMs indicate that this issue causes significant impact on ED waiting times and resources. ACEM therefore encourages the NSW Government to investigate how recently introduced personally controlled electronic health records (PCEHRs) can improve more accurate sharing of information across drug and alcohol treatment services, to improvement management of this patient group.

⁶ Australian Department of Health and Ageing 2008. The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05. Cat.no. P3 - 2625

Thank you for the opportunity to provide this submission to the NSW Legislative Council Inquiry into Drug and Alcohol Treatment. If you require any clarification or further information, please do not hesitate to contact the ACEM Director of Policy and Research,

Yours sincerely,

DR DIANA EGERTON-WARBURTON
CHAIR, PUBLIC HEALTH COMMITTEE

A/PROF RICHARD PAOLONI
CHAIR NSW FACULTY

DR ANTHONY CROSS
PRESIDENT