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FACSIMILE COVER SHEET

TO: The Standing Committee on Social Issues

FROM: Dr Mark Doverty

SUBJECT: Inquiry into the Inebriates Act 1912

DATE: 20 November 2003

No. of pages including cover sheet: 3

MESSAGE:

Please find following submission regarding the Inquiry into the Inebriates Act 1912.

Kind Regards,

Dr Mark Doverty

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The Director,
Standing Committee on Social Issues
Parliament House
Macquarie Street
Sydney 200

Dear Committee Members

The following submission is based upon a consultation process that occurred within Southern Area Health's Alcohol and Drug and Mental Health Services. Whilst recognising that it was relatively groundbreaking in its day, the *Inebriates Act 1912* is perceived to be an anachronistic and unworkable piece of legislation. To the best of our knowledge it is used only very rarely within NSW. Indeed, the term "inebriate" is no longer used in the modern healthcare lexicon.

The topography of the alcohol treatment landscape has significantly changed in the past few decades. Contemporary and emerging treatments in the alcohol field point to opportunities to consider using involuntary community treatment in a way similar to Community Treatment Orders under the *Mental Health Act*. Pharmacotherapies such as calcium carbamide, disulfiram, acamprosate and naltrexone are used to treat alcohol dependence and abuse by counteracting the effects of alcohol by various pharmacodynamic means, and thereby eliminating or substantially curtailing its consumption. There is potential for patients under involuntary community treatment orders to be 'coerced' into attending a specialist alcohol clinic for their daily dose of such pharmacotherapeutic agents and monitoring of their progress.

Whilst acknowledging that there will continue to be a small number of individuals where the capacity for involuntary detention and treatment will be needed, these treatments can be potentially provided for through other means such as a community treatment order. In addition, without being specific about a precise human rights document, the *Inebriates Act 1912*, which prescribes involuntary detention and treatment, would appear to contravene the fundamental principles of modern human rights legislation.

Consideration should be given to making minor amendments to the current *Mental Health Act* that would facilitate the implementation of appropriate involuntary community treatment orders for people with significant alcohol related problems. A caveat of implementing such changes would be that, as with mental illness, there should be specialist review mechanisms such as tribunals which provide the level of independent governance necessary to ensure treatment is fair and appropriate. The proposed review of the *Mental Health Act* would appear to offer a timely opportunity for this to occur.

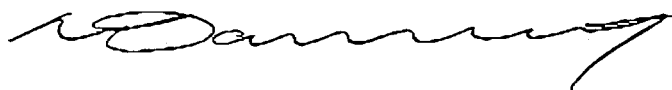
Another potential avenue for expansion specialist alcohol treatments is to consider duplicating (or augmenting) the Magistrates Early Referral Into Treatment (MERIT) program which had been successfully implemented across NSW in the past 3 years. This program aims to break the drug crime cycle by diverting people with illicit drug problems from the courts into specialist drug treatment programs. Such a program would be appropriate for offenders where intoxication or withdrawal was a significant factor in their aberrant behaviour. This program would of course require additional resources to be allocated across the state.

Another point worth consideration is that concerning detention for treatment in an inpatient facility. If an individual is to be detained in a specialist treatment centre, where will this actually be? Most experts would consider that using 'gazetted' mental health beds for people with severe alcohol dependence to be inappropriate. That said, modern alcohol and drug detoxification units across the state are not designed for the involuntary treatment of such patients. This is an issue that requires debate, research and deliberation. There does not appear to be a ready made answer or solution to this problem, the scale of which is not accurately known. It would be valuable to conduct a statewide review/consultation process to determine the possible levels of and likely use of involuntary treatment centres, and the most appropriate deployment of such centres and associated resources. This is indeed a very complex matter.

Southern Area health Service recommends that the *Inebriates Act 1912*, be repealed. Further, that the proposed review of the *Mental Health Act* consider the inclusion of a new specialist section in the Act to provide for the involuntary treatment of people with severe alcohol dependence, and that the *Guardianship Act* be reviewed to ensure that it can be used in cases where an individual's capacity to make decisions about their personal affairs and treatment is compromised by the consequences or sequelae of alcohol dependence. In addition, consideration is given to the additional resources that would be required to provide more expansive treatment options than those currently available.

If you have any queries about this brief submission, please do not hesitate to contact me on 6124 9879. I hope that this is of some use in the committee's deliberations.

Yours sincerely



Dr. Mark Doverty
Director, Aboriginal Health and Alcohol & Drug Services

17th November 2003