

**Submission  
No 8**

## **INQUIRY INTO DRUG AND ALCOHOL TREATMENT**

**Organisation:** Australian Medical Association (NSW)

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**Parliament of New South Wales**  
**Legislative Council**  
**General Purpose Standing Committee No. 2**

**Inquiry into drug and alcohol treatment**

**Submission by**

**Australian Medical Association (NSW) Limited**



The Australian Medical Association (NSW) is a medico-political organisation that represents over eight thousand doctors in training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice in NSW.

The AMA (NSW) welcomes the opportunity to make a submission on the important matter of drug and alcohol treatment services in NSW.

Any questions regarding this submission should be directed to:

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## 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.

AMA (NSW) in its submission will focus on the areas of prevention, early intervention and harm reduction.

### 1. Introduction

The burden of disease and injury in the Australian community due to alcohol- and other drug-related harms continues to be a significant problem, with alcohol a major factor and exacerbated by the increasing use of more than one type of drug at a time<sup>1</sup>. In NSW the picture is much the same – alcohol remains the most common principal drug of concern for those accessing government-funded drug treatment services<sup>2</sup> with the number of hospitalisations attributed to alcohol increasing by almost half in the ten years between 2000-01 and 2010-11<sup>3</sup>.

As the peak body for the medical profession, AMA (NSW)'s primary concern lies in the significant health risks and harms associated with alcohol and other drug use. Alcohol has been causally linked to more than 60 different medical conditions<sup>4</sup> including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, eye diseases and conditions, and alcohol dependence<sup>5</sup>. Alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, breast cancer and bowel

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<sup>1</sup> Ministerial Council on Drug Strategy 2011, *National Drug Strategy 2010-2015*, Commonwealth of Australia, Canberra.

<sup>2</sup> Australian Institute of Health and Welfare 2011, *Alcohol and other drug treatment services in New South Wales: Findings from the National Minimum Data Set (NMDS) 2009-10*, Bulletin 94, December 2011, AIHW, Canberra, viewed 18 January 2013, <<http://www.aihw.gov.au/publication-detail?id=10737420789>>

<sup>3</sup> Centre for Epidemiology and Evidence 2011, *Alcohol attributable hospitalisations*, Health Statistics New South Wales, NSW Ministry of Health, Sydney, viewed 18 January 2013, <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_alcafhos](http://www.healthstats.nsw.gov.au/Indicator/beh_alcafhos)>

<sup>4</sup> Babor, T. et al 2003, *Alcohol: no ordinary commodity*, World Health Organization, Oxford University Press, New York.

<sup>5</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, pp.28-29, viewed 21 January 2013, <[www.nhmrc.gov.au](http://www.nhmrc.gov.au)>

cancer<sup>6</sup>. This is particularly alarming when taking into account that in 2011, adults aged over 16 years in NSW who consumed alcohol at levels posing lifetime risks to health was almost one-third of the entire adult population<sup>7</sup>.

The impact of serious blood borne viral infections such as HIV/AIDS and Hepatitis C due to injecting drug use also continues to be an issue of great public health concern. In Australia in 2005, an estimated 76 per cent of dependent methamphetamine users were at risk of contracting or transmitting Hepatitis C through injection<sup>8</sup>.

This increase in alcohol and other drug use places significant pressure on the NSW health system and treatment services. The adequate provision of drug and alcohol treatment services in NSW is made more difficult with increasing demand; AMA (NSW) therefore believes that prevention in young people, early intervention for at-risk drinkers and harm reduction in regular and dependent drug users including excessive drinkers must play a significant role in deterring alcohol and other drug use and by doing so reduce the demand on treatment services in NSW.

## **2. Prevention**

### **2.1 Public education**

AMA (NSW) believes that public education programs on the harms of excess alcohol use are essential to influence social perception and drinking patterns. Classroom-based programs would be particularly beneficial from a preventative viewpoint, as research shows that children are likely to encounter drug abuse for the first time in

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<sup>6</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, pp.28-29, viewed 21 January 2013, <[www.nhmrc.gov.au](http://www.nhmrc.gov.au)>

<sup>7</sup> Centre for Epidemiology and Evidence 2011, *Alcohol drinking by age and year*, Health Statistics New South Wales, NSW Ministry of Health, Sydney, viewed 18 January 2013, <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_alc\\_age](http://www.healthstats.nsw.gov.au/Indicator/beh_alc_age)>

<sup>8</sup> McKetin, R., McLaren, J., Kelly, E., Hall, W. and Hickman, M. 2005. *Estimating the number of regular and dependent methamphetamine users in Australia: Technical Report*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

early adolescence<sup>9</sup>. Mass media campaigns are also extremely effective in raising awareness and keeping alcohol and other drug use on the public agenda.

Recommendations:

AMA (NSW) recommends that the Inquiry considers the following:

**2.1.1** That appropriately targeted and sustained mass media campaigns on the harms of alcohol and other drug use are established in NSW, and should be funded from a levy on alcohol products;

**2.1.2** That classroom-based programs that develop teenagers' decision-making skills and resistance to risk-taking are implemented in NSW schools, as well as other programs that educate about the harms of excess alcohol use, and;

**2.1.3** Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.

**2.2 Alcohol marketing and promotion**

AMA (NSW) also continues to be greatly concerned about the nature of alcohol marketing and promotion in NSW and across Australia. Last year the AMA released a report showing that over the last decade a considerable and robust body of research has emerged from Australia and overseas that shows alcohol marketing influences alcohol consumption amongst young people<sup>10</sup>.

While children, adolescents and teenagers are likely to be more susceptible to this marketing, people into their mid-twenties are also susceptible and are at highest risk of alcohol-related harms. This is consistent with the fact that for adults aged 20–29

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<sup>9</sup> National Institute on Drug Abuse 2003, *Preventing Drug Abuse among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, U.S. Department of Health and Human Services, 2<sup>nd</sup> edn, Maryland.

<sup>10</sup> Australian Medical Association 2012, *Alcohol Marketing and Young People: Time for a new policy agenda*, AMA, Kingston, ACT.

who sought government-funded treatment services in NSW in 2009-10, the most common principal drug of concern was alcohol at 39 per cent<sup>11</sup>.

There is also strong evidence that self-regulation and voluntary codes in the alcohol and advertising industries are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people<sup>12</sup>. There is an urgent and currently unmet need to tackle this problem with more robust and rigorous policy and regulation to supplement parental responsibility.

### Recommendations:

AMA (NSW) recommends that the Inquiry considers the following:

**2.2.1** That the regulation of alcohol marketing and promotion should be statutory and independent of the alcohol and advertising industries, and should carry meaningful sanctions for non-compliance, and;

**2.2.2** That such regulations should include the prohibition of marketing communications, packaging and branding that targets young people; the prohibition of marketing in locations, publications and viewing times likely to influence children and teenagers, and; the amount and content of alcohol marketing is limited.

## **3. Brief and early intervention**

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

AMA (NSW) believes that doctors have an important role to play in identifying those at risk and providing advice to their patients about the harms of excessive alcohol

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<sup>11</sup> Australian Institute of Health and Welfare 2011, *Alcohol and other drug treatment services in New South Wales: Findings from the National Minimum Data Set (NMDS) 2009-10*, Bulletin 94, December 2011, AIHW, Canberra, viewed 18 January 2013, <<http://www.aihw.gov.au/publication-detail?id=10737420789>>

<sup>12</sup> Australian Medical Association 2012, *Alcohol Marketing and Young People: Time for a new policy agenda*, AMA, Kingston, ACT.

consumption and use of other drugs. Nine out of ten Australians visit a general practitioner at least once a year, which gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the population.

In 2009-10, an estimated 29.7% of the GP-patient population in Australia were at-risk drinkers<sup>13</sup> – based on this estimate, this means that in 2009-10 alone GPs had access to over 5 million at-risk drinkers across the country. It is important to recognise the value in at-risk drinkers and users of other drugs accessing brief and early intervention measures through their regular GP.

Recommendations:

AMA (NSW) recommends that the Inquiry considers the following:

**3.1** That there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;

**3.2** That grant programs should be established to support the development and implementation of ‘whole-of-practice’ programs for problematic alcohol use, suited to practice populations;

**3.3** That media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol or drug use;

**3.4** That there should be a sustained investment in the training of general practitioners on how best to engage drug users and in the application of evidence-based brief motivational interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug-related harm.

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<sup>13</sup> Australian Institute of Health and Welfare 2010, *General practice activity in Australia 2009-10, December 2010*, General Practice Series, Number 27, AIHW, Canberra, viewed 21 January 2013, <<http://www.aihw.gov.au/publication-detail/?id=6442472433&tab=2>>



## 4. Harm reduction

The increasing misuse of, and dependence on, drugs other than tobacco and alcohol, requires comprehensive and evidence-based strategies directed at reducing harms from the use of such drugs. The impact of serious blood borne viral infections such as HIV/AIDS and Hepatitis C due to injecting drug use continues to be an issue of great public health concern. In Australia in 2005, an estimated 76 per cent of dependent methamphetamine users were at risk of contracting or transmitting Hepatitis C through injection<sup>14</sup>.

AMA (NSW) therefore supports the strengthening of harm reduction programs in NSW to minimise the harms to existing drug users and the risks of blood borne virus transmission through the wider community. Specific examples of harm reduction programs in Australia include the Needle Syringe Program (NSP), Opiate Replacement Treatment (ORT; also referred to as opiate substitution treatment and opiate pharmacotherapy) and the Sydney Medically Supervised Injecting Centre (MSIC).

In 2009 it was estimated that in NSW alone, needle syringe programs had prevented over 50,000 cases of HIV/AIDS and/or Hepatitis C infection, resulting in a saving of \$513 million in healthcare costs<sup>15</sup>. In addition, opiate replacement treatment and supervised injecting centres have been shown to significantly improve health outcomes for the individual through access to and retention of treatment and reduce criminal activity.

### Recommendations:

AMA (NSW) recommends that the Inquiry considers the following:

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<sup>14</sup> McKetin, R., McLaren, J., Kelly, E., Hall, W. and Hickman, M. 2005. *Estimating the number of regular and dependent methamphetamine users in Australia: Technical Report*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

<sup>15</sup> Kwon, J. A., Iverson, J., Maher, L., Law, M. G., & Wilson, D. P., 2009, 'The Impact of Needle and Syringe Programs on HIV and HCV Transmissions in Injecting Drug Users in Australia: A Model Based Analysis', *Journal of Acquired Immune Deficiency Syndromes*, vol.51, no.4, pp 462-469

**4.1** That the number and availability of needle syringe programs are increased to reduce incident infections and transmission through the community;

**4.2** That public opiate substitution treatment programs should be expanded and more readily available in NSW, particularly in areas where waiting lists of treatment is particularly high, and that dispensing fee recommendations are reviewed, and;

**4.3** That medically supervised injecting facilities are made more readily available throughout NSW and that the Sydney Medically Supervised Injecting Centre remains adequately funded and operational.

## **5. Conclusion**

Drug use continues to be an issue of significant public health concern. Alcohol in particular is being consumed by the community at increasingly harmful levels and remains the most common principal drug of concern for those accessing government-funded drug treatment services in NSW. There is strong evidence that policies focused on deterrence of uptake in young people, early intervention for at-risk drinkers and harm reduction in regular and dependent drug users including excessive drinkers are effective and should therefore be a priority for the NSW Government. Investment in public education, industry regulation, general practice engagement and harm reduction programs will be crucial in reducing the demand on and improving existing drug and alcohol treatment services in NSW.

Should the Inquiry have any questions or require further advice regarding the issue of drug and alcohol treatment services in NSW, we encourage the Inquiry to contact Mr Andrew Took, Director, Medico-Legal and Employment Relations, on 02 9439 8822.