Submission No 7

INQUIRY INTO STRATEGIES TO REDUCE ALCOHOL ABUSE AMONG YOUNG PEOPLE IN NSW

Organisation: Murrumbidgee Local Health District - Drug and Alcohol Services

Date received: 11/02/2013

Health
Murrumbidgee
Local Health District

Monday, 11 February 2013

The Chair,
The General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
Sydney NSW 2000

Dear sir/madam,

Re: The Drug and alcohol treatment (Inquiry), the Use of cannabis for medical purposes (Inquiry) and the Strategies to reduce alcohol abuse among young people in NSW (Inquiry)

Thank you for providing us with the opportunity to submit our ideas to the NSW Drug and alcohol treatment (Inquiry), the Use of cannabis for medical purposes (Inquiry) and the Strategies to reduce alcohol abuse among young people in NSW (Inquiry). The Murrumbidgee Local Health District surveyed all its current clinicians and their responses form the body of the submission. The contributions received from the clinicians have been provided without favour or alteration. The ideas we received are documented below:

Drug and alcohol treatment (Inquiry)

"I have placed a client under the IDAT Act and the treatment has been incredibly successful for this client, abstaining from alcohol for the last 4 months. He now engages in services and is not a drain on the resources of the hospital emergency department as he no longer presents as suicidal whilst intoxicated. His health continues to improve and he now has a regular GP and medication regimen. Much of this has been through the incredible work of the team at the Bloomfield IDAT unit and their exceptional communication skills throughout the entire process".

"The issues I have found with the IDAT act of late is for the remote and rural clients in particular access to the clients that are extremely non-compliant and at risk. This includes access for assessment, engagement with staff and the possibility of having to access emergency services to see the client and to transport the client to the treatment facility. One particular incidence I am facing at the moment is a client who lives an hour out of Griffith. Access to this gentleman is quite difficult as he refuses to engage in D & A services, is a high aggression risk and even if we obtain a section 10 – there are no facilities for him to be seen by a AMO immediately and his treatment and detainment is dependent on beds".

"I have also found difficulty with the lack of beds available and would submit to the enquiry that there needs to be more funding for further beds to be allocated".

"Continued and increased funding would also be handy; with the ongoing care of the client post discharge to access things like transport to supportive services etc.

"I feel there is a great need to have a CTO option with the IDAT Act as although I have had a fantastic success with one client I feel the next one that I have put a referral for will require a legal order to continue with is ongoing care".

"I think we should be encouraging everyone to persist with the IDAT. It is not perfect, but it is better than not having any provision for involuntary treatment."

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"This initiative is welcomed and should be maintained however the governance of the program needs to consider what level of support can be provided to clients/clinicians in rural areas where an admission cannot be achieved in a timely manner, i.e. the client lives remotely, is resistant to treatment but does not meet criteria for the Mental Health Act. They may resist treatment locally and indeed choose to continue putting themselves at risk; clinicians are worried about what will happen if there is a death during this period, i.e. waiting for a bed. An interim CTO in these circumstances could allow safe treatment to be maintained"

"Most clinicians would support the use of medical cannabis, we deal so much with the harms of legal drugs and yet this one is unavailable to clients who repeatedly state that it helps them. I could discuss a particular case of a man with Marfans syndrome who experiences severe pain, isolation, and anorexia because of his condition. He claims to smoke cannabis effectively to treat all these complaints but as a result has terrible emphysema and is now too unfit to smoke and ends up in hospital and is given opiates which he hates. Why then could he not receive Cannabis via another route legally? "

"I hope that the decriminalization of drugs is considered (along the lines of Portugal's system), drugs are a health issue and should be dealt with as such. The access to Benzodiazepines and Opiates needs to be looked at, both the diversion to the black market from health care and the prescribing habits of GP's, hospitals, etc. The health care system feeds the same drug problems that it struggles to treat."

"Must be restricted to people who have an illness for which there is clear evidence that it will be helpful; cannabis research indicates that young people face great risks when using this drug frequently and over a long period."

Strategies to reduce alcohol abuse among young people in NSW (Inquiry)

"This is so ingrained in our society that it is very difficult to see any change. The legal age for access needs to be enforced. The resilience of young people needs to be built so that they are better able to make good choices through improving mental health care, tackling the abuse and neglect of children."

"Banning alcohol advertising in sport should be considered."

'Increase support to prevention and promotion programs targeting the activities of young people, e.g. swimming drunk, walking drunk, safe partying, save a mate, R U Over it and others.

Other:

"I think we should be cautious with naltrexone as a treatment for opiate dependence. I don't have any problem with doing properly designed research trials, but (on current knowledge) it should not be expanded as a routine treatment. We need to protect the existing investment in the public Opioid Treatment Program."