# Whole of government Victorian alcohol and drug strategy
# AMA Victoria submission

AMA Victoria welcomes the commitment of the Baillieu Government to developing a whole of government strategy to address the public health issues of alcohol and drug abuse.

AMA Victoria recommends that the strategy comprises measures which are most likely to produce better health outcomes for Victorians. This submission outlines the programs and policies which deserve priority, including:

- raising awareness of National Health and Medical Research Council guidelines
- mandatory content labels for alcoholic products
- examination of policies aimed at limiting the number of alcohol outlets
- greater access to detoxification services and pain management facilities
- a real time prescription monitoring system
- prescription education for GPs and other doctors
- an emerging drug sentinel monitoring system
- consideration of a trial of supervised injecting facilities
- needle exchange programs in Victorian prisons
- methadone treatment programs for Victorian prisoners and ex-prisoners.

Victoria's health system must encompass all members of our society, including those considered to be on its fringes. AMA Victoria's proposals address this imperative.

**Curbing the effects of dangerous drinking**

It is widely agreed among medical professionals that Victorians are consuming alcohol at unacceptably high levels and that the pattern of excessive consumption has become a part of the Australian way of life. Strategies must be implemented to limit the flow-on effects of this culture – the benefits from doing so would be both socially and economically powerful.

Alcohol is associated with diseases of the nervous system, heart, liver and other organs, and contributes to many common medical problems, such as obesity. Excessive alcohol consumption can be attributed to 3.2 per cent of the total burden of disease and injury in Australia, and is linked to 3494 deaths each year. Alcohol has been causally linked to more than 60 different medical conditions.

A review of homicides over 53 years has found many were strongly linked to alcohol, and especially beer consumption. Every one-litre increase per capita in alcohol consumer was followed by an 8% rise in the rate of male deaths by homicide and a 6% rise in female deaths by homicide.[1]

The tangible social costs of alcohol consumption in Australia were estimated to be $5.5 billion in 1998-99. In Australia, alcohol is linked to an estimated 5.3 per cent of the burden of disease for men and 2.2 per cent for women. The annual cost to the Australian community from alcohol-related harm is estimated to be more than $15 billion. In 2004-2005, the cost of alcohol to the medical and hospital system totalled $1.2 billion dollars.[2]

*Raising awareness*

There is widespread ignorance among Victorians of the damaging effects that drinking at socially acceptable, but medically hazardous, levels can have.

The health benefits and risks associated with long term drinking need to be more widely publicised and conveyed in easily understood and user-friendly terms. While it must be acknowledged that alcohol consumption (at moderate levels) may confer some health benefits, there is a need to ensure that the community is knowledgeable about the level of consumption at which this likely to occur.

AMA Victoria supports greater focus and support from the Government for the National Health and Medical Research Council ('NHMRC') recommendations. We support the NHMRC alcohol consumption guidelines which state that for healthy men and women, drinking no more than two standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion. Young people under 18 are advised not to drink, as are pregnant and breastfeeding women.

The guidelines warn women about the risks of drinking alcohol during pregnancy, which has associated harms to the unborn child, including Fetal Alcohol Spectrum Disorder ('FASD'). FASD is caused by alcohol use during pregnancy and children born with FASD can experience a range of permanent problems, including developmental delays, poor growth, birth defects, abnormal brain function, behavioural problems and social skills deficits. Widespread publication of these facts should be targeted to all future mothers to reduce the level of alcohol-related harm.

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[1] Mats Ramstedt, 'Population drinking and homicide in Australia: A time series analysis of the period 1950-2003' (2011) 30 *Drug and Alcohol Review* 466.

[2] Australia: the healthiest country by 2020. preventing alcohol-related harm in Australia: a window of opportunity *Prepared by the National Preventative Health Taskforce by the Alcohol Working Group*, 42.

A good way to spread this information would be to add alcohol education in pre-pregnancy counselling during antenatal and postnatal care to educate both parents to model appropriate alcohol consumption. In addition, education to parents throughout their children's schooling on delaying alcohol consumption for their children as long as possible would help to address the prevalence of binge drinking among young people in Victoria.

These measures will help to promote a culture of drinking in moderation.

*Alcohol labelling / packaging*

AMA Victoria supports the recommendations of the Blewett review, including the introduction of generic alcohol warning messages on alcohol labels as an element of a comprehensive multifaceted national campaign targeting the public health problems of alcohol in society.

We support introducing a mandatory warning message on the risks of consuming alcohol while pregnant on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages. Energy content should also be displayed on the labels of all alcoholic beverages, consistent with the requirements for other food products.

*Curbing the availability of alcoholic products*

A major problem in Australia is the rising number of liquor outlets which make alcohol increasingly available to all members of our community especially as the heightened competition among those selling alcohol is driving product costs down.

Liquor outlets line the streets of Victorian towns. Patients at risk of, and suffering from, alcohol addiction know precisely where they can get alcohol at its cheapest.

A recent Melbourne study has found that density of alcohol outlets correlates strongly with levels of harmful alcohol consumption in that local area. [3] The study's findings support restricting the number of outlets selling alcohol in a single area or community.

AMA Victoria recognises that there is a need for further research in this area. We would support conducting extensive community consultation on potential policies to cap the number of liquor outlets within specific areas. A good example of this is currently being organised by the Moonee Valley Council in regard to its proposed licensed premises policy.

AMA Victoria supports improving the enforcement of existing regulations on host/licensees as well as requiring alcohol license holders to be subject to harsher penalties if they are found in breach of the conditions of their license.

*More detoxification services for drug and alcohol treatment*

Victorians in metropolitan and regional areas are suffering from a lack of access to detoxification beds for patients with drug addictions. Over time, there has been a move away from having these beds available in the acute setting. Patients currently experience wait times of up to two months in order to be assessed and then face a further delay before they are admitted into a detoxification facility.

[3] Anne M. Kavanagh et al, 'Access to alcohol outlets and harmful alcohol consumption: a multi-level study in Melbourne, Australia' (2011) 106(10) *Addiction* 1772.

Patients who have acknowledged their addiction and their need for treatment should not be forced to wait. They must be given prompt access to effective treatment and detoxification facilities.

In addition, there is a need for greater support services for GPs providing home detoxification services. Patients need to be provided with prompt care and assistance to be able to manage their addiction and withdrawal.

AMA Victoria calls for a home-based drug and alcohol detoxification referral service so that GPs can refer patients to home-based detoxification services. This initiative would need to be accompanied by a guarantee that patients will be provided with these home-based services within 24 hours of referral. It is essential that the services are responsive so that patients can be monitored effectively and assisted through the withdrawal process.

**Addressing rising levels of prescription drug abuse**

Prescription drugs are potentially dangerous compounds and must be taken under supervision by a GP to ensure that they are taken appropriately and according to instructions. Unfortunately this is not occurring in all cases.

The increased availability of opioid medications heightens the potential for the use of substances without prescription and diversion (that is, buying, selling or passing on drugs, outside of prescribed use.[4]) The harms related to the non-medical use of prescription opioids include overdose, injection-related harms and dependence.

The 2010 Australian Institute of Health and Welfare ('AIHW') drug survey found that recent use of pharmaceuticals for non-medical purposes increased between 2007 and 2010, from 3.7% to 4.2% of people in Australia aged 14 years or older. The number of people who had recently used pharmaceutical drugs for non-medical purposes in 2010 had increased by more than 100,000 since 2007.

Increased opioid prescribing has also been accompanied by increases in the number of people seeking treatment for dependence on prescribed opioids in Australia.

Victorian data has shown that in 2009/10 there were literally thousands of ambulance callouts related to prescription drug use (3,220 for benzodiazepines, 521 for opioid analgesics, 248 for anticonvulsants, 1070 for antipsychotics).[5]

The public needs to be better educated about the risks of prescription drug abuse and doctors need better tools to ensure that the right patients get the right medication and that they are not on a potentially deadly mix of prescribed drugs if they have been seen by more than one doctor.

*Real time monitoring system*

A real-time system will help to ensure that patients receive the right treatment and prevent tragic cases where individuals overdose on prescription medication. AMA Victoria supports Coroner John Olle's recommendations on 1 August 2011 that Victoria adopt a real-time prescription monitoring service.

In the past 10 years, Victorian coroners have made seven recommendations calling for real-time prescription monitoring. A real-time prescription monitoring system would gather information on medications as they are dispensed and prescribed, allowing doctors and dispensers to see if a patient is trying to be prescribed more medication than they need.

Tasmania's real time monitoring system shows that the technology is available to do this. It is time it is used in Victoria to improve patient outcomes. A real-time system will help doctors to do their jobs as the information relevant to whether or not to prescribe to a patient would be easily and readily accessible by the treating doctor.

The real-time system wouldn't need to be for all medications. It could, as is the case in Tasmania, be limited to schedule 8 drugs. The system must be implemented along with adequate safeguards to protect doctors' safety.

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[4] Amanda Roxburgh et al, 'Prescription of opioids analgesics and related harms in Australia' (2011) 195 (5) *Medical Journal of Australia* 280.
[5] Turning Point Alcohol and Drug Centre, *Trends in alcohol and drug related ambulance attendances in Melbourne: 2009/10*, Annual Report 2010.

*Prescription education for patients and GPs*

Doctors and patients need to be educated about the risks of dependence on, and overdose of, prescription drugs, especially when higher doses are prescribed. Prescribers and pharmacists need to inform patients about the risk of fatal overdose if they use these drugs in combination with other drugs, including alcohol.

GPs prescribing opioids and other prescription drugs need ongoing education around when, and when not, to prescribe to a patient. Comprehensive training for GPs in assessing patients with chronic non-malignant pain and prescribing of opioids would minimise the potential for harms associated with the use of these medications. This will result in each patient being assessed properly for risk, reduce prescribing to at-risk groups and thereby limit misuse.

Pain management seminars are a good idea and can inform doctors as to how to identify at-risk patients. In areas where these are conducted currently, GP attendance levels are high. AMA Victoria calls on the government to examine the introduction of a comprehensive state-wide scheme.

It must also be noted that GPs are not always the initiators of these medications as many patients are discharged from hospitals with scripts. Pain management specialists are often the initiators of oral and transdermal opioids and discharge patients to GPs with a treatment plan. Education and training for pain management specialists must be considered as part of any education program.

It is important that clinical guidelines be established on the place of opioids in the treatment of chronic pain. Clearer clinical guidelines for primary health practitioners could ensure that opioids are not used as first-line drugs for chronic pain, but are reserved for use when other forms of treatment have been found to be unsuccessful.[6]

[6] Wayne D Hall and Michael P Farrell, 'Minimising the misuse of oxycodone and other pharmaceutical opioids in Australia' (2011) 195 (5) *Medical Journal of Australia* 248.

## Enhancing patient access to treatment

*Additional incentives and support for GPs participating in pharmacotherapy*

GPs play an essential role in providing treatment for opioid-dependent patients. For patients engaging in illicit opioid drug use, GPs can provide effective maintenance on legal opioid substitutes (such as methadone) which has been shown to coincide with decreased use of illicit heroin among these patients.[7]

It is concerning however that, while 770 doctors are approved to prescribe in Victoria, only 340 doctors are active prescribers - this means that only 30-65% of pharmacotherapy needs are being met.[8]

In order to prescribe legal opioid substitutes, medical practitioners must have considerable clinical skill, along with the ability and willingness, to manage sometimes difficult patients.

To address the outstanding need, AMA Victoria recommends that medical practitioners be offered incentives, and additional support, to treat opioid-dependent patients. Ensuring patients have access to pharmacotherapy prescribers should be prioritised.

*Better access to pain management facilities*

Patients must also have the opportunity to use pain management centres in the public hospital setting. Patients needing access to these facilities currently face extensive wait times in order to be assessed at a pain management centre in the public system and, as a result, many are forced to go through the private system instead.

AMA Victoria calls on the government to allocate additional funding for pain management centres in the public setting.

[7] Policy for Maintenance Pharmacotherapy for Opioid Dependence, Drugs & Poisons Controls in Victoria, Department of Health.
[8] Department of Health, Victoria.

**Emerging drug sentinel monitoring system**

The Government now has the power to quickly ban emerging drugs in Victoria following the passage of the *Drugs, Poisons and Controlled Substances Act 1981* earlier this year.[9] The problem remains that there are no processes in place to monitor the emergence of new substances.

Over the last decade a number of 'legal highs' emerged that were subsequently banned. These include salvia divinorum, methcathinone, benzylpiperazine and most recently Kronic – a synthetic cannabinoid. However, these drugs were widely sold and used before they were banned. In some cases, users died prior to the bans taking effect.[10] It has often required sustained media attention before these substances were banned which had the perverse outcome of informing potential consumers of the product's existence and increasing demand for these products.

There should be ongoing surveillance of products sold in stores in Victoria that are marketed as recreational drugs or 'legal highs'. Online retailers that ship from within or to Victoria should also be monitored. This information should be collated with data about new substances in suspected drug seizures by Victorian Police and Australian Customs, information about international drug trends and reports from health professionals. Just as the Department of Health actively monitors trends in infectious diseases it should also actively monitor trends in drug use and sales.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) performs this function on a larger scale for the European Community. Between 1997 and 2004 the EMCDDA oversaw the banning of six new synthetic drugs by the European Union including 4-MTA, PMMA, 2C-I, 2C-T-2, 2C-T-7 and TMA-2.[11]

By being aware of new drugs that are emerging in the retail sector or grey market the Government can ban these drugs before they become popular among buyers and sellers. New drugs present a considerable public health risk for a number of reasons. They are able to be sold legally as they are not yet scheduled which creates the illusion of safety for purchasers and, since they are new substances, there is very little information available about the short and long term risks of using them.

Through careful monitoring of new products, the Department of Health can alert health practitioners about any new drugs that are emerging. By keeping hospitals and health practitioners informed about drug trends they can more effectively treat users who suffer side effects or overdoses when they present to doctors, paramedics or emergency departments.

[9] Section 55.
[10] 'Warning on buying banned drug over web', *The Australian* (10 October 2006) www.theaustralian.news.com.au/story/0,20867,20557915-29277,00.html .
[11] European Monitoring Centre for Drugs and Drug Addiction, *Monitoring new drugs* (2006).

**Consideration of a trial of Supervised Injecting Facilities**

Heroin use in Victoria remains at a steady level and is currently used by an estimated 2.3% of the population aged 14 years and over. In 2004, 120 people died in Australia from heroin related deaths. This number has increased markedly since 2001.

In Victoria, there were 2033 heroin related ambulance attendances in 2009/10 (an increase from 1903 in 2008/09)[12] with 60% of the attendances occurring in a public space.[13] Heroin related ambulance attendances were concentrated in certain areas with more than one in five attendances (22%) in Yarra City Council.[14]

The Supervised Injecting Facility in Sydney has now been in operation for ten years, and there are 90 such facilities globally. Legislation to lift the trial status of the Sydney centre was passed recently and has received bipartisan support in NSW. It may be time for Victoria to re-examine this concept.

There is a large body of evidence on the operation of Supervised Injecting Facilities and the flow-on effects to individual drug users and surrounding communities. A number of reports suggest that they have the capacity to reduce the number of deaths from drug overdose, reduce ambulance call-outs and hospital admissions, improve patient outcomes, enhance referral to drug treatment programs, and improve public order (eg, by reducing injecting drug use and syringe disposal in public locations).[15]

The recent National Drug Strategy Household Survey has indicated that the majority of the Australian population support Supervised Injecting Facilities.[16]

There have been no overdose deaths at any supervised injecting centre to date, and the number of non-fatal overdose episodes relative to the number of supervised injections is very low. The likelihood of an overnight hospital admission for one night is 10 times greater for a person who overdoses on the street compared with one who overdoses in a safe injecting centre.

While AMA Victoria does not have a formal position on this issue, many of our members would at least support a trial being conducted in Victoria. Accordingly, we would support a review of the evidence in relation to the trial, and ongoing operation, of the Facility in NSW.

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[12] Turning Point Alcohol and Drug Centre, *Trends in alcohol and drug related ambulance attendances in Melbourne: 2009/10*, Annual Report 2010, 62.
[13] Ibid, 62.
[14] Ibid, 64.
[15] A Ritter & J Cameron 'A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs', (2006) 25 *Drug and Alcohol Review* (2006) 611, 615-616.
[16] Australian Institute of Health and Welfare, 2010 National Drug Strategy Household Survey report (2011) Drug statistics series, AIHW Cat. No. PHE 145.

**Improving the health of Victoria's prisoners**

Victoria's prison system is in urgent need of reform. With a large and increasing number of people in the system we cannot afford to ignore their plight. Our prison population experiences substantially higher levels of hepatitis A, B and C, depression, sexually transmitted diseases, self-harm and injury, suicide attempts and hospitalisation compared with the broader population.

We must ensure that people living in Victoria's prisons are not forgotten by our health system. The following proposals will ensure better health outcomes and fit with a prisoner's statutory rights to access reasonable medical care and treatment necessary for the preservation of health.

*Needle exchange programs in prisons*

A well-supported needle exchange program should be just one part of a range of harm-minimisation techniques and substance abuse treatment programs available in Victorian prisons.

Needle exchange programs in the wider community have significantly reduced the spread of HIV and hepatitis C, and have the potential to reduce the transmission of blood borne viruses among prisoners using intravenous drugs. Prisoners deserve the same access.

AMA Victoria has welcomed the move to provide condoms to Victorian prisoners as this will help to prevent the spread of sexually transmissible infections in the prison population. This same harm reduction approach should be extended to injecting drug users in prisons.

Needle exchange programs can reduce the risk of infection to prisoners, prison staff and the public by reducing the spread of blood borne viruses through sharing contaminated injecting equipment.[17] Reducing the spread of blood borne viruses in prisons will also reduce the potential transmission in the wider population once prisoners are released into the wider community.[18]

*Methadone treatment for prisoners and ex-prisoners*

Prisoners should have access to methadone treatment within prisons and to ongoing programs upon their release into the community. This has been shown to be the most effective way of minimising the likelihood that heroin-dependent prisoners go back to jail.

A study of 375 heroin-dependent prisoners over a decade from the National Drug and Alcohol Research Centre at the University of NSW has shown that 84% of heroin-dependent prisoners in NSW were back in prison within two years of release. This is in comparison to the average rate of return of 5% for all NSW prisoners. Prisoners who leave jail on opioids substitutes such as methadone and undergo community methadone programs are also at a lower risk of death.

[17] M Moore 'Balancing access and safety: Meeting the Challenge of Blood Borne Viruses in Prison' (2011) Public Health Association of Australia. Available at http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1311820623&sid= .
[18] M Moore, M 'Balancing access and safety: Meeting the Challenge of Blood Borne Viruses in Prison' (2011) Public Health Association of Australia. Available at http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1311820623&sid= .

Some programs are already in place in Victoria where a local methadone prescriber and dispensers are notified that a particular prisoner is being released into the community. These types of programs should be continued on a state-wide level.

Prisoners should also be supported to manage substance abuse problems while in prison. The recent Ombudsman report highlighted the lack of ready access to Opioid Substitution Therapy within the system and the impact this shortage is having on prisoner movements and transfers.[19]

[19] Ombudsman Victoria, *Investigation into prisoner access to health care* (August 2011) Available at http://www.ombudsman.vic.gov.au/resources/documents/Investigation_into_prisoner_access_to_health_care.pdf .