

The Principal Research Officer
Education and Health Standing Committee
Legislative Assembly, Parliament House,
Perth, WA, 6000

29th July 2009

RE: Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in WA

The National Drug and Alcohol Research Centre (NDARC) is pleased to provide this brief submission to the above Inquiry. We have highlighted areas of recent research that pertain to the Inquiry's terms of reference. NDARC is available as a resource to you, and we would be pleased to expand on the notes provided here or provide any other support to your deliberations.

Preventing the commencement of substance use and treating the consequences of harmful substance use are two central and vital components to an effective government response to the significant and substantial burden of alcohol and drug use and harm. Reducing the supply of drugs, through policing and law enforcement responses, is a third essential element, but not addressed in this response to the Inquiry.

Prevention: adequate and appropriate services

In assessing the adequacy and appropriateness of prevention services, an important early step is examining the potential array of prevention interventions. The work of the Drug Policy Modelling Program (DPMP) a policy and practice program within NDARC, has conducted research to document the full array of possible prevention programs or interventions. (See endnotes for references ^{1 2}). Some of the prevention interventions include:

- Mass media campaigns
- Targeted media campaigns to at-risk groups
- Employment programs
- Reducing poverty
- Improving overall public health
- School-based drug education (SBDE) programs
- Social influence programs in schools
- Community/system-wide school programs
- Community-building / neighbourhood enhancement programs
- Infancy and early childhood programs for at-risk groups
- At-risk family and youth interventions
- Post-natal support for drug dependent mothers
- Parenting skills for drug dependent women
- Mentoring and peer support programs

Assessing the evidence-base for each of these prevention interventions is important. For example, research on the effectiveness of mass media campaigns demonstrates that they have very limited dissuasion powers³. The evidence-base for the effectiveness of school drug education programs is variable. There is little support for the didactic, scare-based education programs, but greater support for the skills-based programs⁴.

The CLIMATE Schools program, original research conducted by NDARC, has provided important new evidence for the effectiveness of schools-based approaches. Although skills-based drug prevention programs have shown promise, there is considerable evidence to suggest that the effectiveness of such programs is compromised by implementation failure and a reliance on abstinence-based goals and outcomes. The CLIMATE Schools drug prevention programs have been designed to overcome such

concerns^{5,6,7}. The CLIMATE Schools programs which are based on a harm minimisation approach have two components; the first component involves students completing an interactive computer-based program, with the second consisting of a variety of individual, small group and class-based activities. The CLIMATE Schools drug prevention programs (alcohol, cannabis and psychostimulants) have been shown to be effective in changing drug use behaviour.^{8,9,10,11}

Treatment: adequate and appropriate services

Service system planning

Planning for a comprehensive, accessible, evidence-based treatment service system involves consideration of many factors¹², such as:

- The evidence-base for each treatment type
- The number and location of each treatment type (accessibility)
- Funding models to ensure quality care
- Cost-effectiveness of the chosen interventions
- Respective roles of government and non-government service providers
- Cross-sectoral arrangements ensuring continuity between
 - o Alcohol and drug services and other health care services
 - o Alcohol and drug services and mental health services
 - o Alcohol and drug services and welfare services (housing, employment etc).

In relation to the evidence-base for treatment, Cochrane reviews are regarded as the gold standard. There have been many Cochrane reviews published on alcohol and drug treatment (see: http://www.cochrane.org/reviews/en/topics/59_reviews.html). NDARC has focussed on producing Australian evidence, and has completed much work in the area of treatment for opioid dependence. For example, a recent publication¹³ summarises the research evidence for various pharmacotherapy treatments, including methadone, buprenorphine and naltrexone.

The availability and accessibility of alcohol and drug treatment is an area that has not received significant worldwide research attention. For example, we are not aware of good planning models that include consideration of the epidemiological evidence for population rates of dependence which is then mapped against available service types by location.

The Drug Policy Modelling Program within NDARC has conducted a preliminary analysis of the relationship between the numbers of Australians who may require treatment (in this case for illicit drugs) and the numbers who receive treatment (unpublished work).

	<u>% in treatment at any one point in time – treatment penetration</u>
Cannabis	30,000 episodes (NMDS), 300,000 weekly users (NDSHS) = 10%
Methamphetamine	17,292 episodes (NMDS); 81,600 used in last week (NDSHS) = 21%
Heroin	Unable to use NMDS or NDSHS 50% (modelling work: yet to be published) ¹⁴

In relation to estimating treatment demand for alcohol, NDARC is partnering with a number of organisations (national and international) to define the scope of demand for alcohol treatment, unmet need, and burden of disease for alcohol at a population level using the 2007 National Survey of Mental Health and Wellbeing¹⁵. This work will be used to inform national priorities and the demand for service.

Cannabis

In relation to cannabis, the National Cannabis Prevention and Information Centre (NCPIC) housed at NDARC is a national resource for workforce development, innovative prevention and treatment approaches, and community information around cannabis and related problems. Given the under-representation of cannabis users in treatment, a recent NCPIC survey of 200 regular cannabis users revealed that only one quarter (26.5%) of the total sample was aware of the availability of specific cannabis treatments, although the majority (88.4%) believed that such treatment is important. Participants reported that if better information and education on treatment options were available, and specialist treatment programs were offered, entry into cannabis treatment could be facilitated.¹⁶

NCPIC will shortly release practice guidelines for the clinical management of cannabis dependence, developed using an international consensus building approach. These will be disseminated in a targeted manner to a range of audiences via free national workshops and web based materials. A complementary process will develop guidelines for primary health care practitioners in indigenous communities on screening, assessment and brief interventions for cannabis use and related problems, led by consortium partners NDRI in Perth.

Given the limited availability of specialist cannabis treatment, NCPIC is currently evaluating the acceptability and efficacy of delivering brief interventions for cannabis related problems via the post, the web and the telephone (via the free national Cannabis Information and Helpline 1800 304050).

Methamphetamine

There is a limited evidence base for methamphetamine treatment. No pharmacotherapies have been approved for use in clinical practice. Trials continue to assess novel agents for their safety and efficacy. NDARC has conducted small randomised controlled trials on both dexamphetamine and modafinil¹⁷, which have indicated that they may have a modest beneficial effect, but overall the evidence for these medications is equivocal. Psychosocial therapies remain the main form of treatment provided for methamphetamine dependence. NDARC has been involved in two recent pilot studies that use cognitive behavioural therapy to treat comorbid depression among methamphetamine users.

NDARC has also recently completed a trial to assess how methamphetamine users respond to existing drug treatment services. Results from this trial are yet to be finalised but look promising, with substantial reductions in methamphetamine use and related harms post-treatment¹⁸.

A recent development is the establishment of specialised clinics for stimulant users, which allows drug treatment to be marketed specifically to methamphetamine users. These clinics also foster capacity to manage stimulant-related treatment issues. In NSW two such clinics have been established under the banner of the NSW Health Stimulant Treatment Program¹⁹. NDARC is involved with the evaluation of these programs.

Ecstasy

NDARC has completed a pilot study of the Ecstasy Check-up (ECU) which evaluated the efficacy of this single session brief intervention in reducing ecstasy use and related problems among regular ecstasy users. The small randomised controlled trial of 50 adult ecstasy users found that three months following participation those who received the ECU had lower levels of dependence and higher abstinence rates than those in the delayed treatment control condition.²⁰ A larger study has now been funded.

Resource allocation

There are two sets of decisions to be made concerning health care resource allocation for prevention and treatment services for alcohol and illicit drug problems. The first is at

the societal level – what proportion of the scarce resources available should be used in the prevention and treatment of alcohol and drug use (as compared to other health conditions)? The second question is, given those finite resources how are those resources to be allocated? Economic evaluations can be used to address both of these questions. Health economists at NDARC played a key role in the National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) supporting the cost effectiveness of methadone as a treatment for heroin^{21 22}; in demonstrating the cost effectiveness of take away dosing of suboxone²³, and undertaking an economic assessment of the aforementioned modafinil therapy for psychostimulant dependence²⁴. Current work by NDARC health economists includes an RCT of the use of contingency management in the comparison of uptake and completion of Hepatitis B vaccine among injecting drug users; a cost benefit analysis of different policies for cannabis; estimating the health care costs related to cannabis use for NSW; cost-effectiveness analysis of interventions to reduce burden of harm from alcohol in Australia; cost benefit analysis of alcohol action in rural communities; and assessing cost-effectiveness of interventions to reduce burden of harm from non-communicable diseases in Australia.

Conclusion

We would be pleased to elaborate on any of the above, or provide other information as required. Contact details are below.

We wish the Committee well with its deliberations.

Yours sincerely,



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ENDNOTES

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