

Second Supplementary submission of Families and Friends for Drug Law Reform to:

The Inquiry by the Parliamentary Joint Committee on the Australian Crime Commission into Amphetamines and other Synthetic Drugs

Introduction

During the Committee's hearing in Canberra, in June, Senator Ferris, asked our representatives whether we thought Medicare should be used to a greater extent in relation to the treatment of drug addiction, particularly in relation to the people eligible for treatment in State/Territory or NGO run-treatment centres. Families and Friends for Drug Law Reform, undertook to address this issue in a supplementary submission focusing particularly on a drug treatment program involving general practitioners in the ACT.

Our group believes that there is scope for States and Territories to provide additional places for people to receive treatment for drug addiction both in treatment centres and in the community. The Commonwealth can also play an important role in this regard.

This submission focuses particularly on the provision of treatment to people in the community through the enhancement of the effectiveness of general practitioners to treat people with drug addictions in the community, achieving improvements in the health of individuals with addictions and enabling them to live much more normal lives and to participate in the workforce.

The particular treatment program we wish to bring to the Committee's attention is called The Opioid Program (TOP).

What is TOP?

The outreach program known as TOP was established in 2002 by the ACT Government through the ACT Division of General Practice – itself a Commonwealth sponsored body that deals with a range of issues involving general practitioners in the Territory. The initial purpose was to encourage and assist opiate dependant people who choose to have their methadone prescribed by private GPs or who are seeing a GP for another purpose related to their dependence on opiates. After conducting a pilot program in 2001 the full TOP program began in February 2002.

The work of the TOP staff, who comprise registered nurses with expertise in drug and alcohol treatment (the TOP team), is monitored and evaluated by an Advisory Committee on which the FFDLR has a nominee. The committee is chaired by a medical practitioner

who has considerable experience in the treatment of people with drug addiction, and includes another such general practitioner, a pharmacist, a representative of the drug using community, and the Director of the ACT Government Alcohol and Drug Program.

The TOP team has consisted of up to 4 nurses, one clinical nurse consultant having special expertise in relation to Aboriginal drug issues (this nurse works full-time at the Winnunga Nimmityjah Aboriginal Medical Centre, in Narrabundah (Winnunga), one had expertise in mental health as well as drug and alcohol issues, one is a policy development and evaluation adviser in addition to being a clinical nurse consultant, and the fourth was a drug and alcohol clinical nurse consultant.

The TOP Team's work includes:

- assisting GPs and opiate dependent non-Aboriginal and Aboriginal patients in the effective management of addictions to opioids, amphetamines and benzodiazepines
TOP nurses provide comprehensive assessment, treatment planning, implementation, consultation, information, education, support and ongoing assistance and monitoring of patients in mainstream general practices and at Winnunga
- assisting with initiation to pharmaco-replacement therapy (for example, methadone and buprenorphine); they also assist patients reducing and ceasing these therapies; they provide detoxification from heroin and amphetamine; and management of patients with dependence on opioids as a result of chronic pain
- support for carers of TOP patients
- phone advice for GPs, patients and carers
- education sessions for GPs
- A series of clinics vaccinating against Hepatitis A and B in consenting intravenous drug users were run collaboratively in 2005-06 with a local peer users group.

Why is TOP effective?

TOP is attractive to patients because it is flexible in its treatment options; it is genuinely patient oriented; it is easy to access at the practice of the patient's GP or, in the case of Aboriginal patients, Winnunga; the service is discreet and confidential; TOP nurses are free, although the patient incurs normal consultation fees when visiting their GP. TOP attends to all the patient's health-care needs¹ TOP patients have a high rate of completion of the programs they enter into. (In 2003 a comprehensive analysis showed that 61% had completed their program - which lasted between one month and 12 months - and a further 24% were current patients. The most recent assessment, in 2006², shows that 79% of patients have completed their program -- an extremely high success rate in the field of drug treatment).

¹ See TOP Evaluation report, 2003, p 37

² TOP, not yet published.

As a result of the evaluation report completed in 2003 and the recommendations it contained: the program was given long-term status; broadened to encompass people with addiction to benzodiazepines and/or amphetamines; and a specialist mental health nurse was added to the TOP team to enable patients who have a dual diagnosis (addiction and mental illness) to be appropriately treated by the team.

The TOP program is modest in terms of its resources and the number of patients and GPs it is able to assist - currently it has a \$269,000 budget from the ACT Government for 2006 -07 and provision for 3.2 full-time staff. At present, there are 12 'mainstream' patients in the program (109 episodes of treatment (lasting weeks or months) have occurred in the program since its inception) and a majority of Aboriginal people with a drug addiction are being seen at Winnunga on a reasonably regular basis.

The program has been particularly successful at Winnunga - to the extent that, recently, arrangements were made for Aboriginal patients to be diagnosed and assessed, as well as treated, at Winnunga, rather than having to go to the Alcohol and other Drug clinic at the Canberra Hospital- something that relatively few Aboriginals with a drug addiction had had the confidence in the system to do. The way in which TOP is applied at Winnunga has shown the effectiveness of a holistic, integrated approach to enhancing the health of Aboriginal people in the community, applying a mainstream health program through a trusted Aboriginal medical service..

The manner in which the program operates is that patients have regular (usually weekly) contact with a particular TOP nurse, who develops a therapeutic relationship with each patient, thereby understanding the particular needs of the patient. This allows the patient to interact more effectively with the general practitioner (GP). For example, when the patient has a consultation with their GP, the TOP nurse will spend about an hour with the patient beforehand and, if the patient wishes, be present at the consultation as an advocate. Most patients prefer to see their GP with the TOP nurse, and GPs find that these consultations are useful because the TOP nurse has already identified the primary issues with the patient prior to the consultation.

In the treatment of drug addictions there is often a particular difficulty in establishing an effective relationship between the patient and the doctor, especially in the early stages. If such a relationship is not established, the patient may well discontinue the treatment. TOP nurses provide reminders about consultations so that few TOP patients miss consultations with their GP. These strategies assist GPs by allowing the patient and GP to concentrate on the most problematic issues at the time, and by reducing the number of missed appointments.

The evidence is that the TOP has been highly successful in promoting a trusting relationship between patient and doctor, and in improving the outcome of the treatment. Another aspect of the interaction between patient, nurse and doctor is that the patient's general health problems are brought to attention and treated. It is common for people with addictions not to look after their general health, and then to become quite ill. As

mentioned above, TOP nurses have conducted hepatitis A and B vaccinations of intravenous drug users (not just TOP patients) willing to participate on the occasions the vaccinations were made available³ - and a significant proportion of them have done so. Preventing hepatitis A and B infection of users is not only beneficial to them but also to the general community as such infections are easily spread.

Recommendations

FFDLR **recommends** that the Committee give careful consideration, in its findings and recommendations, to the potential for the TOP approach to be applied throughout Australia to make more accessible and effective outreach treatment of people with addiction to amphetamines, opiates or benzodiazepines. The essence of the program is the establishment of a team approach between doctor, clinical nurse consultant and patient with a view to establishing a long term relationship between the patient and the medical professionals outside the hospital/drug clinic/rehabilitation centre context. When this occurs, the patient willingly undertakes an agreed course of treatment through participating general practitioners and specialist nurses, and also has his or her primary health care needs addressed. The program should include making available vaccinations for hepatitis A and B to intravenous drug users in the community.

To have people with addiction voluntarily involved in an ongoing treatment program, which most of them complete, thus enhancing their health status and enabling them to lead a reasonably normal life without the need for expensive residential care, is an achievable goal, and one which, it is submitted, is beneficial to the community, including in its cost effectiveness. The management of dependent people in the primary healthcare system means that they stay with their families, and with their own GP. Their recovery is set within the framework of their own community, so that they have a good chance of sustaining a healthy lifestyle. This system provides consistency, support, and a good opportunity to recover without the isolation and disruption that inevitably results from in-patient treatments and rehabilitation.

Our **more specific recommendation** is that Commonwealth/Medicare funding should be extended to cover the cost of specialist nursing support of general practitioners and their patients who have an addiction to a drug – under a national-wide program along the lines of TOP. This would be consistent with the approach being taken under the recently adopted COAG agreement in relation to people with a mental health condition – something from which many people with drug addictions suffer.

³ Such users are a high risk group and if vaccinated the immunity in the grip is improved, morbidity and mortality among users is reduced. It was noted that 30% of those seen reported that they had no GP. Not all were able to afford the cost of immunisation through a GP -- the bulk billing rate in the ACT is less than 40%. The cost of vaccinations by the TOP nurses was almost 30% less than, if carried out through the normal general practice.