

NSW Government response to Legislative Council General Purpose Standing Committee No. 2's report: Drug and Alcohol Treatment

This Government has set out clear priorities, with significant associated measures, for addressing alcohol abuse in *NSW 2021: A Plan to Make NSW Number One*, namely to:

- reduce total risk drinking to below 25% by 2015 (a target under Goal 11: Keep people healthy and out of hospital); and
- reduce alcohol related assaults (a target under Goal 16: Prevent and reduce the level of crime).

The Government has made important commitments to both maintain and strengthen the program of evidence-based drug and alcohol treatment provided through the NSW Health system, including:

- \$10 million over four years from 2011/12 to boost the capacity of the NGO sector to deliver drug and alcohol services and enable a further 5,000 people to access help;
- \$5.7 million per annum from 2013/14 to implement the Involuntary Drug and Alcohol Treatment Program; and
- \$3.4 million per annum from 2012/13 to enhance the Opioid Treatment Program.

In addition, key strategies to reduce alcohol related assaults include:

- promoting personal responsibility by trialling sobering up centres in Kings Cross, Coogee and Wollongong;
- strengthening police move-on powers and introducing a new offence of 'intoxicated and disorderly';
- implementing a Three Strikes disciplinary scheme targeting irresponsible venues – the toughest licensing law in Australia which can lead to the loss of licence for life;
- subjecting violent venues to strict licence conditions, including lockouts, bans on shots and glass and alcohol timeout periods;
- cracking down on irresponsible liquor promotions by licensed venues;
- introducing a photo identification card to be used by graduates of mandatory responsible service of alcohol (RSA) and responsible conduct of gambling (RCG) courses for staff of licensed venues – the first state in Australia to do so;
- introducing an interactive, internet-based alcohol education resource for senior secondary school students.

Most recently, the Government has set out a package of reforms to directly address the causes and impact of alcohol-related violence. These include:

- eight year mandatory minimum sentences for those convicted under new one punch laws where the offender is intoxicated by drugs and/or alcohol, plus new mandatory minimum sentences for violent assaults where intoxicated by drugs and/or alcohol;
- introduced 1.30am lockouts and 3am last drinks across an expanded CBD precinct to include Kings Cross to Darling Harbour, The Rocks to Haymarket and Darlinghurst;
- a new state-wide 10pm closing time for all bottle shops and liquor stores;
- increasing the maximum sentence to 25 years for the illegal supply and possession of steroids – up from two years;

- increased on-the-spot fines to \$1,100 for continued intoxicated and disorderly behaviour disobeying a police move-on order – an increase of more than five times;
- a new community awareness and media campaign to address the culture of binge drinking and the associated drug and alcohol related violence;
- free buses running every ten minutes from Kings Cross to the CBD to connect with existing NightRide services on Friday and Saturday nights;
- the removal of voluntary intoxication by drugs or alcohol as a mitigating factor when courts determine sentences;
- increasing maximum penalties by two years where drugs and/or alcohol are aggravating factors for violent crimes including assault causing grievous bodily harm, reckless bodily harm, assault against police, affray and sexual assault;
- enabling Police to impose an immediate CBD precinct ban of up to 48 hours for trouble-makers;
- introducing a periodic risk-based licencing scheme with higher fees imposed for venues and outlets that have later trading hours, poor compliance histories or are in high risk locations; and
- introducing a precinct-wide freeze on liquor licences for new pubs and clubs.

Alongside these measures, a key part of the response to tackling alcohol-related harm is ensuring that there are effective services in place to respond to the needs of individuals seeking drug and alcohol treatment. In this light, the Government welcomes the findings of the Committee's Inquiry, and supports all recommendations in full.

Recommendation 1

That the NSW Government, noting the report of the NSW Auditor-General, entitled, Cost of alcohol abuse to the NSW Government, and the evidence submitted to the General Purpose Standing Committee No. 2 Inquiry into drug and alcohol treatment, approach the Commonwealth Government to highlight the need for a national response to the problem of alcohol abuse, and to request that a national summit on alcohol abuse be convened in 2014-2015.

Supported.

Alcohol abuse is an issue which transcends jurisdictional boundaries and warrants appropriate responses and coordination at both the state and national levels.

The NSW Government's recently announced package of reforms and initiatives to address alcohol-related violence includes a comprehensive awareness campaign to affect behaviour change in relation to the use and abuse of alcohol and drugs. Engagement and coordination at the national level on issues impacting wider behavioural and cultural change will be vital.

The Government has already requested that existing inter-governmental fora prioritise consideration of alcohol abuse and alcohol-related violence. In addition, the Government believes there is a role for NSW in instigating and supporting national efforts to tackle alcohol abuse, and will approach the Commonwealth Government about the best way to bring together the Commonwealth and State and Territory governments to develop a national approach to alcohol policy issues.

Recommendation 2

That the NSW Government review the recommendations of the 2003 New South Wales Alcohol Summit and provide an update regarding its response to those recommendations.

Supported.

In line with the Government's commitment to supporting and adopting evidence-based reforms, it will continue to analyse evidence of what is effective in relation to addressing alcohol related harms. This work will include reviewing relevant recommendations from the 2003 Summit, and the progress made against them.

Recommendation 3

That the NSW Government consider expanding the availability of naloxone and the provision of training to relevant healthcare professionals to prevent opioid overdose fatalities.

Supported.

The NSW Government is committed to reducing the incidence of opioid overdose fatalities through the use of evidence-based strategies which can be implemented in a way which ensures patient and community safety. A randomised clinical trial is currently being conducted by the Sydney Medically Supervised Injecting Centre to compare injection-based naloxone with a new spray version administered via the nose. The trial is due to be completed in July 2014. A two-year peer-administered naloxone trial program is also underway in the Australian Capital Territory. The Government will closely examine the results of these trials and consider any expansion of availability as part of its ongoing commitment to the support of evidence-based strategies.

Recommendation 4

That if naltrexone implants are approved for use by the Therapeutic Goods Administration, that the NSW Government fund a randomised control trial comparing naltrexone implants with other licensed treatments used to treat opioid dependence, if such a trial is not successful in securing funding from the National Health and Medical Research Council (NHMRC). The trial must be conducted to the highest standards and be developed in consultation with experts from the fields of addiction and public health medicine, and that participation in such a trial by other Australian States and international jurisdictions be encouraged.

Supported.

The Government is committed to ensuring there are effective services in place to respond to the needs of individuals seeking drug and alcohol treatment and support. For this reason, the Government is supportive of efforts to undertake further naltrexone implant clinical trials.

As the Committee noted, the funding of clinical research is primarily a Commonwealth responsibility, and it is the Government's preference that the NHMRC continue to act as the primary source of large-scale health and medical research funding in Australia. In light of the available evidence, the Government will encourage the NHMRC to prioritise the funding of research in this area. If necessary, the Government will seek to secure private funding for a limited local trial, including encouraging the participation of other Australian jurisdictions.

Recommendation 5

That the NSW Government consider a further expansion of the Drug Court program to other regional centres outside of Sydney and the Hunter.

Supported.

The NSW Government is committed to supporting diversionary programs that deliver results. It will consider further the recommendation to expand the Drug Court program to other regional areas outside of Sydney and the Hunter within this context, taking into account evidence of rates of drug dependency and conviction rates for drug offences.

Recommendation 6

That following the implementation of the Drug and Alcohol-Clinical Care and Prevention Planning Model, the NSW Government ensure that funding levels keep pace with the increasing demand for drug and alcohol treatment services.

Supported.

The NSW Government maintains a specific budget within NSW Health for drug and alcohol treatment services, community education and community engagement. The size of this budget has been preserved over time, and is currently around \$170 million per annum. This includes funding for direct drug and alcohol service provision by Local Health Districts which also contribute funds to supplement services.

Drug and alcohol-related services are also funded by other agencies, including the Department of Family and Community Services, the Department of Education and Communities and various agencies in the Attorney General and Justice Cluster.

The new Drug and Alcohol-Clinical Care and Prevention Planning Model has the potential to play an important role in ensuring that this funding is well targeted and directed to the areas where it is needed most, taking into account competing Health budget priorities.

Recommendation 7

That the NSW Government provide additional funding to Life Education NSW and other providers to ensure that all students are given the opportunity to participate in their programs.

Supported.

The NSW Government already provides significant support to Life Education NSW, including an additional \$500,000 in 2011/2 on top of the annual grant it receives, which in 2013/14 was close to \$1.9 million.

Students learn about drugs and alcohol, protective strategies and the impact of violence through the subject Personal Development, Health and Physical Education (PDHPE). PDHPE is mandatory for students in Kindergarten to Year 10. Public school students in Year 11 and 12 also complete the mandatory, 25-hour *Crossroads* course, which focuses on working at relationships and drug issues. Teachers delivering these courses are able to draw on a wide range of teaching strategies and skills and their knowledge of students' needs and abilities to tailor messages effectively and integrate them into wider classroom activities.

To complement the behaviour change campaign announced as part of the Government's alcohol-related violence reform package, the Department of Education and Communities will examine options for strengthening drug and alcohol education in the curriculum, particularly for students in Years 11 and 12. This review will occur in the first half of 2014.

The NSW Government's *Local Schools, Local Decisions* reform empowers principals and school communities to make decisions about the level and types of support required for their pupils and community, including for drug and alcohol education. Community organisations play an invaluable role in meeting this need. It is expected that all external providers of community delivered drug and alcohol programs demonstrate their value to student learning and engage in peer review and regular dialogue with schools to ensure programs continue to remain relevant.

NSW Health is in the process of reforming the way it provides grants to, and engages services from, the NGO sector as part of its Partnerships for Health reform. The reform will seek to ensure that the services purchased from NGOs closely align with the NSW Government's health priorities and purchased via contestable processes, where possible.

Once future requirements are determined in consultation with the sector, NSW Health will offer funding opportunities to NGOs and other community-based providers, including contestable tender processes.