AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.
ABN 91 028 693 268

your AMA your voice your profession

23 February 2018

SA Health Mandatory Drug Treatment Consultation
C/- Drug and Alcohol Services SA
75 Magill Road
Stepney SA 5069

By email to: dassahealthpolicy@sa.gov.au

Dear Reviewer

Re: SA Health mandatory drug treatment consultation

Thank you for your letter inviting the AMA(SA) to provide feedback on the proposal to trial a model for mandatory assessment, detention and treatment for those at extreme and immediate risk as a result of illicit drug use, with the focus being on crystal methamphetamine ('ice').

We note the political context of this proposal, coming after the Government's establishment of the Ministerial Crystal Methamphetamine Taskforce and subsequent launch of the SA Ice Action Plan, which includes an action to consider a model for mandatory assessment and/or treatment for those at extreme or immediate risk, based on the Victorian Severe Substance Dependency Treatment Act 2010. We note that this latter has been selected as a less restrictive model than some other interstate models.

The AMA has a range of national position statements that are relevant to this area, which we are glad to refer you to:

- AMA Code of Ethics - https://ama.com.au/position-statement/code-ethics-2004-editorially-revised-2006-revised-2016
- Mental health - https://ama.com.au/position-statement/mental-health-2018
- Harmful substance use, dependence and behavioural addiction - https://ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017
- Methamphetamine - https://ama.com.au/position-statement/methamphetamine-2015

Some relevant extracts from these position statements are included as an appendix to this letter, for your reference.

The AMA(SA) is extremely concerned about the tremendously damaging effects of methamphetamine use not only for individuals but families and entire communities. However, patient autonomy is enshrined in the AMA's Code of Ethics, and it is also a core principle of the AMA that treatments should be informed and based on evidence. This proposal is problematic on both counts. There is a lack of evidence that this measure would be effective. Hence, we cannot support this proposal.

Postal: PO Box 134 North Adelaide SA 5006 First Floor Newland House 80 Brougham Place North Adelaide SA 5006
Phone: (08) 8361 0100 Fax: (08) 8267 5349 Email: admin@amasa.org.au Web site: www.amasa.org.au

We would also add the following comments:

- Existing SA legislation provides mechanisms for intervention when a person does not have the capacity to consent (SA Mental Health Act, Consent to Medial Treatment and Palliative Care Act, Guardianship Act).
- There is already a lack of mental health beds and insufficient services for those in need of treatment. Where would the people captured under this measure be placed?
- Drug and alcohol services are under-resourced and underfunded. This proposal would be expensive, and more may be achieved through funding existing tertiary services with evidence-based treatments, and providing more drug and alcohol services at the points of presentation.
- Mandatory measures risk further stigmatizing people with mental health and drug-related conditions.
- Mandatory measures may undermine the role of psychiatry and addiction medicine specialists, and the doctor-patient relationship, through creating fear and undermining trust. A problematic history makes this issue even more acute.
- The proposal is for all substances but arises from specific concerns relating to methamphetamine.

We anticipate significant concerns would also be raised by other representative groups. If there were a decision to pursue a trial of mandatory assessment and/or treatment despite these concerns, we would offer the following comments:

- New funding would be required for this initiative. It should not be funded by reducing funding to other drug and alcohol, mental health, or health services.
- There is a lack of acute treatment options for the addiction side of substance dependence – withdrawal treatment provides an opportunity for longer-term interventions. Any short-term measures must be supported by longer-term treatment and support – ongoing aftercare and rehabilitation in the community.
- Those affected would have significant medical co-morbidities with the risk of complications and high mortality rates. The bigger picture must be considered – a multidisciplinary approach, with holistic care that also provides for other health and mental health needs.
- Safety would also be a key concern, not only for patients but staff. An appropriate environment would be crucial.
- Medical input would be paramount and staff empowered by this measure would need to be appropriately qualified eg psychiatrists and addiction medicine specialists (RACP). There must also be principles of accountability.
- The RANZCP would have to be intrinsically involved in such a trial from the earliest stages. Other medical input should also be engaged.
- Should a mandatory program be adopted, it should be a trial only. A randomized controlled trial with similarly resourced intervention and control arms could provide evidence to inform practice while supporting voluntary services. Such a trial should be coordinated by an external academic institution, with an obligation to report to Parliament. However, our overwhelming preference is for appropriately funded voluntary services. The opportunity costs of such a trial would also need to be considered.
- The document lacks detail on who/what constitutes an Accredited Medical Practitioner
- No reference is made to engagement or liaison with the person's existing treating doctor/s, should they have one.
- More robust criteria/justification for applying mandatory assessment/treatment would be required, and natural justice provisions included.

Thank you for the opportunity to make these comments – please do not hesitate to contact us if you have further queries.

Yours sincerely

Joe Hooper
LLB(Hons), BSc(Nursing), Dip Applied Science, GAICD
Chief Executive

Appendix: - AMA position statement extracts

CONSENT AND THE AMA CODE OF ETHICS

Consent, patient autonomy and partnership are also at the heart of the AMA's Code of Ethics to guide the medical profession.

Relevant sections include:

> *1.5 The doctor-patient relationship is a partnership based on mutual respect, collaboration and trust. Within the partnership, both the doctor and the patient have rights as well as responsibilities.*
>
> *2.1.3 Respect the patient's right to choose their doctor freely.*
>
> *2.1.4 Communicate effectively with the patient and obtain their consent before undertaking any tests, treatments or procedures (there may be an exception in emergency circumstances) or involving them in research, teaching or disclosing their personal information to others.[3,4]*
>
> *2.1.5 Respect the patient's right to make their own health care decisions. This includes the right to accept, or reject, advice regarding treatments and procedures including life-sustaining treatments.*
>
> *2.1.6 Respect the patient's right to refuse consent or to withdraw their consent.*
>
> *2.1.7 Encourage and support the patient to take an interest in managing their health.*
>
> *2.3.1 Presume an adult patient has decision-making capacity, the ability to make and communicate a decision, unless there is evidence to the contrary.[6]*
>
> *2.3.2 Recognise that some patients may have limited, impaired or fluctuating decision-making capacity. As such, any assessment of capacity for health care decision-making is relevant to a specific decision at a specific point in time.*
>
> *2.3.3 Respect the patient's ability to participate in decisions consistent with their level of capacity at the time a decision needs to be made. This includes decisions involving their health care as well as the use and disclosure of their personal information.*
>
> *2.3.4 Recognise that some patients will have capacity to make a supported decision while others will require a substitute decision-maker.*
>
> *2.3.5 Recognise that a competent minor may have the capacity to make a specific health care decision on their own behalf.*

ADDICTION AND MANDATORY TREATMENT

The AMA's national position statement on addiction includes the following section on mandatory treatment:

> ***Mandatory treatment***
>
> *In a number of state jurisdictions there are legislative provisions for mandatory treatment for people deemed to have severe dependence problems.[26]*
>
> *Although there is some argument that involuntary commitment may save lives in the short term, there is a lack of evidence around the medium and long term efficacy of compulsory residential treatment for non-offenders.[27] The unresolved questions about the efficacy of mandatory treatment programs make the evaluation of such programs a matter of priority.*