atdc
Alcohol, Tobacco and other Drugs Council Tasmania Inc.

23 June 2016

House of Assembly
Parliament House
Hobart TAS 7000

Dear Mr Buttsworth,

Re: Inquiry into Palliative Care in Tasmania

The Alcohol, Tobacco and other Drugs Council (ATDC) of Tasmania welcomes the opportunity to provide a written response to the Inquiry into Palliative Care in Tasmania.

The ATDC is the peak body representing the interests of community sector organisations that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation. The ATDC submits the following information in response to the Terms of Reference of the Inquiry:

ATDC Position
Everyone has the right to die pain free and with dignity and that there should be appropriate palliative care services and support available to help this to occur.

Issue 1: Lack of national consistency and cross jurisdictional recognition of advance care directives (ACD) in Australia.
ACDs allow for individuals to make their preferences known when critical health decisions are required after they have lost their decision making capacity. ACDs are life management documents that people can complete at home, hospital, institutional and other settings. Some people with alcohol and other drug issues can be highly geographically mobile, due to not having stable housing, employment or life circumstances. Lack of national consistency is problematic. A nationally harmonized approach will reduce legal risk for health practitioners and ensure the wishes of patients are upheld. As such, relevant legislation should be a priority. An article entitled 'Advance care planning in Australia: what does the law say' by Carter et al., published in the *Australian Health Review*, 2015 (found here: http://www.publish.csiro.au/paper/AH15120.htm), outlines the legal status of ACDs across jurisdictions and argues the points raised here.

Issue 2: There is a need to increase the number of Doctors that can prescribe methadone.
Methadone is recognized as a key agent for treating opioid-nonresponsive pain in palliative care. (Hawley, P., 2012, 'Methadone for pain in palliative care', *British Columbia Medical Journal*, 54:6, p298). A lack of general practitioners (GPs) able to dispense methadone prescribing for stable patients is a barrier to methadone's use by palliative care teams and limits the ability to allow natural deaths to occur at home, in hospital and residential care under the care of GPs, rather than in acute care hospitals. Methadone is also comparatively cheap when compared to long acting preparations of hydromorphone, fentanyl or oxycodone. Increased access to this medication is integral to strengthening palliative care treatment and also to supporting people with alcohol and other drug issues that do not respond to other methods of pain relief.

Please get in contact if you wish to discuss any issue noted above.

Yours sincerely,
Debra Rabe

Interim Chief Executive Officer