… may I highlight a few points which, I believe, are a major concern and require special emphasis in your report:

- There is an urgent need to upgrade undergraduate and early postgraduate education on Alcohol and other drug issues in all appropriate disciplines (medicine, nursing, psychology, social work and other AHP areas). The major emphasis should be on medicine. There are of course many major areas in the A&OD field which should be included but the huge priority areas are alcohol and prescribing practices for opioids and other drugs of dependence. It seems to me that education in these areas is currently far less of a priority (at least in Qld) than it was when I first had major involvement in the A&OD field in 1978. Education later on in the medical career is obviously also of great importance but for real change to take place in medical prescribing practices, the major emphasis needs to be at undergraduate level and early in the medical career.

- An emphasis on the establishment of increased (dare I say realistic) numbers of pain management services in the public sector. As you know the waiting lists are incredibly long (we heard 18 months the other day at RBWH). As you know there are services in the private sector and accessibility to these at reasonable cost could be part of the strategy.

- The availability of timely, easily accessible information about controlled drug use to prescribers on a national basis is highly desirable. This will be a major undertaking but the Qld MODD system, with some enhancement could be a good model.

I understand that there are a great many other issues and that you will present a comprehensive, integrated strategy in your report. Nevertheless, if you felt it reasonable to prioritise some key areas for early attention which are “do-able” in a reasonable time frame and are likely to make a real difference (eg the first point about education above), perhaps Ministers might give them favourable consideration.

Thank you for considering these points