

School of Population Health

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The University of Queensland Herston Road, Herston Brisbane Qld 4006 Australia Telephone +61 7 3365 5345 Facsimile +61 7 3365 5442 Email Enquiries@sph.uq.edu.au Internet www.sph.uq.edu.au

1 May 2007

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The Honorable Bronwyn Bishop Chair, House Standing Committee on Family and Human Services, Inquiry into the impact of illicit drug use on families

House of Representatives PO Box 6021 Parliament House CANBERRA ACT 2600,

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Dear Ms Bishop

I write to protest about the defamatory attack on me and my colleagues by Dr Reece who in evidence he gave to your Committee in Sydney on 3 April this year accused us of academic "fraud". I assume that his attack enjoys the protection of Parliamentary privilege, but I respectfully request that these offensive words be removed from the transcript of the evidence.

Our peer-reviewed article in the Medical Journal of Australia reported that opioid overdose deaths can occur during naltrexone implant treatment using findings directly obtained from the National Coroner's Information System. We made no judgments about causality: the causes of two deaths in-treatment were attributed in part to naltrexone by experienced professionals: the autopsy pathologist in one case and a pathologist and the coroner in the second case.

While it is true that none of the authors is medically qualified this criticism is irrelevant for two reasons. First, I have had extensive experience researching heroin and other drugrelated deaths, a topic on which I have widely published (see attached CV) and on which I have been an expert advisor to the World Health Organization. I have not found any peer-reviewed articles listed on PubMed by Dr Reece on this or related topics. Second, as indicated in our article, we reported the findings on cause of death reached by expert medical practitioners (forensic toxicologists and coroners), not our own views.

Dr Reece's testimony displays double standards in evaluating evidence. Dr Reece is prepared to rely on the coronial data when he wants to attack methadone treatment, but he dismisses the same data when they reflect poorly on the treatment that he favours (naltrexone maintenance). He is also prepared to quote evidence of nonmedicallyqualified researchers (Professor Gary Hulse) when it supports naltrexone. Our intention in publishing these cases was to raise questions about the wisdom of implanting naltrexone in as many as 1000 patients when it has not been evaluated for safety or efficacy or indeed approved for human use in Australia in the usual way by the Therapeutic Goods Administration. Special provisions of the Therapeutic Goods Act have been used instead on the alleged ground that the implants save lives when there is no evidence to support this claim and when the cases that we report show that deaths can occur in patients who have naltrexone implants.

I would be prepared to give evidence on the paper and these issues it raises if that would be of assistance to the Committee.

Yours sincerely

Wayne Hall Wayne Hall

Professor of Public Health Policy School of Population Health University of Queensland