RURAL HEALTH TASMANIA INC

FINDINGS & RECOMMENDATIONS TO REDUCE THE USE OF METHAMPHETAMINE "ICE" IN AUSTRALIAN COMMUNITIES THROUGH THE INTRODUCTION OF EARLY INTERVENTION, PREVENTION & COMMUNITY EDUCATION AND STRONGER LAW ENFORCEMENT INITIATIVES.

Prepared for the

PARLIAMENTARY JOINT COMMITTEE ON LAW ENFORCEMENT

Inquiry into crystal methamphetamine "Ice"

By

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Executive Summary

The recommendations and priorities in this paper were made in response to the need to address the growing rates of illicit drug use and associated mental illness and social and economic harms in Australia and in particular to the growing concerns of the Tasmanian and Australian community regarding the increased use of meth-amphetamine "Ice". It reflects the voices of multiple organisations and communities across Australia who share their serious concerns to prioritise the provision of addiction early intervention/prevention, treatment and recovery services for Australian communities. This effort represents the continuation of one of the most comprehensive looks ever taken at the need to provide the Tasmanian/Australian community with a comprehensive and effective substance abuse early intervention/prevention, community education and parental support service.

These priorities are supported by evidence based data from the National Drug and Alcohol Research Centre (NDARC): Tasmanian Drug Trends 2012, The Australian Drug Foundation, The Illicit Drug Reporting System (IDRS), The 2013 National Drug Strategy Household Survey Report, The Australian Bureau of Statistics (ABS), the Collins and Lapsley report (2004/05): The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Tasmanian State Government Drug Strategy 2013-2018, The National Drug Strategy 2010-2015, Australian Government Road to Recovery: Report on the inquiry into substance abuse in Australian communities 2006.

The aforementioned state and commonwealth data demonstrates that the need for substance abuse early intervention/prevention, community education and parent and community support services. It also demonstrates the need to change drug and alcohol treatment service models as they have clearly been ineffective in reducing the number of people using illicit drugs. The current need for treatment and recovery services in Tasmania/Australia now exceeds the availability of resources and services due to poor governance and lack of implementation of early intervention, prevention and community education services thus exposing communities to growing social and economic harms including higher rates of substance abuse, mental illness, illicit drug related crime, arrests and convictions, Increases in methamphetamine related incarcerations, hospitalisations, demand on and risk to emergency services and front line health workers, and the continuous growth in rates of generative disadvantage resulting in poor health outcomes for the Tasmania and Australian community.

Identified Need

Never before have Tasmanian communities been so exposed to the risk to health and safety associated with the current threat from the distribution and use of meth-amphetamine "Ice". Recent reports by Tasmania/Australian Police state that *"the amount of amphetamines, including methamphetamine seized by Police has more than quadrupled in recent times"* with a "tenfold" increase reported in Northern Tasmania seizures last year.

A 2013 report on Tasmanian drug trends stated ``ice'' use increased among injecting drug users in 2012 and Western Drug Investigation Services stated North-West police detection of the drug's sale and use had grown. Border protection services also noted a sharp increase of between 400% and 500% in the detection of amphetamine type stimulants and methylenedioxy methamphetamine (MDMA) at Australian borders in the past 24 months. Needle and syringe programs had witnessed a sharp increase with demand for injecting packs in the past 24 months.

The Circular Head Illicit Drug Diversionary Initiative (IDDI) program reported a 300% increase in Methamphetamine “Ice” presentations in the past six months. The Salvation Army Bridge program reported to me personally that they had seen an increase of more than 500% where methamphetamine Ice was the primary drug of concern. City Mission also reported similar increases in methamphetamine Ice presentations. Tasmania Police reported a 77% increase in drug driving offences in the past 36 months. Emergency services staff in Tasmania also reported that they are not appropriately trained and/or well enough informed in how to deal with the complexity and aggressive nature of people presenting with Methamphetamine “Ice” addiction.

It is important to note the following points and the social and economic harms associated with the following:

- Remote, semi remote and areas with higher rates of unemployment and youth unemployment are at higher risk of substance abuse and mental illness (NDSHS report 2013). This does not in any way reduce the seriousness of methamphetamine ice use in other populations or groups.

- Tasmania and more specifically the Circular Head community is disadvantaged. Residents have no access to residential or state or commonwealth funded prevention/early intervention or a dedicated AOD service.

- Drug related incarcerations increased in Tasmania by 60% from 2004/05 to 2011/12 (IDRS 2012).

- Rural Health Tasmania (Circular Head), Salvation Army, CHAC, City Mission have all experienced a significant recent increase in presentations for “ICE” use and associated mental illness.

- City Mission have lengthy waitlist period (People cannot access timely treatment resulting in continued substance abuse and related harms including crime).

- I recently visited Benelongs Haven Drug and Alcohol Rehabilitation Centre in NSW who reported as recently as two weeks ago a waitlist for treatment of 150 people and confirmed that methamphetamine ice was the primary drug of concern with 80% of residents now being methamphetamine ice users. It is interesting to note that in 2008, alcohol represented approximately 50% of residents and in 2015 there were only three residents at Benelongs Haven for alcohol related treatment. Methamphetamine ice users now represent the majority of treatment episodes. Members of the Aboriginal community also highlighted their concern stating that methamphetamine ice use had reached epidemic levels in their communities with

between 30% and 60% of people in indigenous communities using the drug. Central Coast, North Coast and Moree NSW were reported as being significantly affected.

- Tasmania is disadvantaged with only 30-40 residential recovery beds to service a population of 512,000 people and an estimated 25,600 "ice users and more than 28,000 additional substance abusers (2013 National Drug Strategy Household Survey Report).

- The absence of an early intervention/prevention and residential and non-residential therapeutic alcohol and other drug service in Circular Head, North West Tasmania is contrary to the Tasmanian State Government Drug Strategy 2013-2018, National Drug Strategy 2010-2015 and Australian Government Road to Recovery: Report on the inquiry into substance abuse in Australian communities 2006.

- Supply of illicit drugs is demand driven. Early intervention, prevention and community education services reduce the rates and generational cycle of substance abuse and directly impact the supply of illicit drugs. A goal that the federal government has pursued with limited success (Collins and Lapsley report 2004/05).

- Reports of arrests by Tasmania Police for methamphetamine "ICE" related offences increased by 780% from 1996/97 to 2011/12. This does not include and is prior to recent increased introduction of Methamphetamine "ICE" into Tasmania (Tasmanian Drug Trends 2012).

- The community is concerned about the high rates of substance abuse and the noticeable increased use of the methamphetamine "Ice" in Tasmania and Australia.

- More than 60% of incarcerated offenders are convicted as a result of drug related crime. Estimated cost to Tasmania = $236M per year, nationally $27B per year (Collins and Lapsley 2004/05) & (Tasmanian Drug Trends 2012).

- Tasmania and Australia was and still is unprepared for increase in rates of addiction and the social and economic consequences of methamphetamine ice use, distribution, manufacture, and importation and trafficking.

- Total reactive cost of substance abuse to Australia was $27 billion per year in 2004/05 (Collins and Lapsley 2004/05) & (Australian Government, Road to Recovery report 2006).

- Prevention is cheaper than treatment, is evidence based and produces multiple social and economic outcomes and returns $7.00 for every $1.00 spent and over time, reduces the need for treatment funding (Taylor, Mattea & Wollman, 2013) & (Benevolent Society 2013).

- The Victorian Government dedicated an additional $34 M in 2014 to tackle "ICE Pandemic". And it is estimated that at least 300,000 people in Victoria are now using "Ice"

Findings and Recommendations

The findings and recommendations in this paper are evidence based and/or based on professional experience gained over many years in the government and non-government drug and alcohol residential and non-residential treatment, preventative and primary health care sectors. The findings and recommendations are also based on consultancy with drug and alcohol service providers, local schools, parents, communities, families and substance abusers and are made as a means to addressing the growing use, distribution, manufacture and trafficking of methamphetamine "Ice" in Tasmania/Australia.

Findings

Existing drug and alcohol services provide treatment, counselling, managed withdrawal services (detox) and pharmacotherapy for people presenting with existing comorbid substance use disorders however;

1. Existing services have failed to reduce the significant increase in demand for these services with growing waitlists for residential and community based treatment. This would indicate that a change of treatment models is required.

2. Despite existing drug and alcohol services, the number of people using methamphetamine "Ice" has continued to increase to epidemic levels. This would also indicate that a change of treatment models is required.

3. Current drug and alcohol service models address treatment and fail to prevent the occurrence or emergence of the addiction or new presentations suggesting a review of existing service models is warranted.

4. Existing drug and alcohol services fail to provide a focused approach to reduce or eliminate the emergence of new presentations by providing early intervention/prevention and community education to at risk populations.

5. Circular Head and North West Tasmania has no holistic residential drug and alcohol treatment service. This is one example of a major gap in this critical health service that leads to increased substance abuse in communities. When approached for preventative funding, the State Minister for Health Michael Ferguson stated "we (the government) have no additional money".

6. Tasmania and Australia has no dedicated illicit drug use early intervention/prevention and community education service leaving a major gap in this critical health area.

7. The number and capacity of drug and alcohol treatment services in Tasmania and Australia has remained relatively the same for many years whilst the number of people using methamphetamine "Ice" has grown disproportionately to availability of

services. This has placed a significantly increased burden on existing services including law enforcement thus reducing capacity for quality health outcomes for communities.

8. Despite best efforts, current law enforcement and border protection services have been unable to stop or reduce the growth in Methamphetamine “Ice” use in Australia. This is due largely to the fact that we have not reduced the demand for the drug, e.g. new users with poor social and emotional competencies resorting to illicit drug use in the absence of more pro-social solutions.

9. Health staff, Emergency Services, Police, Drug and Alcohol counsellors, General Practitioners, and front line staff are often not adequately resourced and/or trained to deal with the complexity of Methamphetamine “Ice” and the associated aggression, comorbidities and availability of referral, treatment and preventative pathways.

10. This "Ice epidemic" should not be considered in the same likeness as other health issues as its ability to spread and grow is unlike anything this country has seen previously. It has the capacity to affect and devastate communities faster than any other threat to the health of Australian communities.

11. There have been more than 300,000 drug related deaths in Australia in the past twenty years (ABS 2010)

12. The health threat and social and economic harms resulting from the use of methamphetamine "Ice" should by no means be considered as static. With the full weight of my professional experience and in my opinion supported by empirical data, it will without doubt continue to grow in its affect and devastation, overwhelming and crippling health services, whole communities and the lives of all classes of the Australian public at alarming rates. If not addressed with the utmost urgency and with the highest priority it may reach such a point that it is no longer within our economic and academic capacity to bring it under control.

13. This finding is most certainly the most important. Despite the priorities for early intervention, prevention and community education supported by evidence based data from the National Drug and Alcohol Research Centre (NDARC): Tasmanian Drug Trends 2012, The Australian Drug Foundation, The Illicit Drug Reporting System (IDRS), The 2013 National Drug Strategy Household Survey Report, The Australian Bureau of Statistics (ABS), the Collins and Lapsley report (2004/05): The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Tasmanian State Government Drug Strategy 2013-2018, The National Drug Strategy 2010-2015, Australian Government Road to Recovery: Report on the inquiry into substance abuse in Australian communities 2006, no early intervention, prevention and community education services were implemented. We must consider that by failing to act and prioritise preventative, early intervention and community education strategies, that

an opportunity may have been created for organized crime syndicates for the increased importation, manufacture, distribution and use of methamphetamine ice in Australia.

14. It is evident from the continuous growth of methamphetamine Ice use in Australia that treatment does not prevent and law enforcement approaches do not prevent and the priorities for early intervention, prevention and community education were not implemented as per the above recommendations (13). These recommendations go back to 2006 and the current methamphetamine ice epidemic may largely be linked to poor governance and implementation of previous recommendations regarding the prioritized need for early intervention, prevention and community education.

15. In my professional experience, the failure to implement early intervention, prevention and community education programs and services by existing government and non-government drug and alcohol services has been due to poor or little understanding of the preventative model and a lack of professional training and development of staff on the social determinants of health, developmental health, the importance of social and emotional competencies education for children and identified risk factors for mental illness and substance abuse.

16. Government drug and alcohol services often have a different view of the prevalence of methamphetamine ice and other drug use in our society versus non-government (NGO) drug and alcohol services. After consulting with multiple Government, and non-government services, stakeholders, residential and non-residential treatment service providers and methamphetamine ice users and in my professional and lengthy experience in both sectors, it has become evident that pharmacotherapy or opioid treatment patients will go to government services because State Health services are the pharmacotherapy providers. Methamphetamine users will seek treatment from NGO services in preference to government services due to feelings of guilt, shame, paranoia and fear of being reported to police, child protection or department of children's services because they feel less likely to be judged or reported by NGO's. This represents a significant gap in data collection and reporting and even more serious, is the barrier to treatment that this perceived threat represents to potential patients and clients.

17. It has also come to my attention that in NSW, non-opioid dependent prison inmates that have been using methamphetamine ice prior to entering the prison system and methamphetamine ice users in our communities have been offered and placed on opioid replacement therapy e.g. Methadone or Suboxone. This clearly demonstrates a need for training of frontline staff and pharmacotherapy prescribers. Exchanging one

addiction for another is not the solution to resolving a person's addiction to methamphetamine ice and I believe this is done in the absence of adequate training regarding methamphetamine ice use.

18. I have also experienced a high level of denial by some agencies regarding the existence and/or extent of the methamphetamine ice problem in our society. I believe this is largely due to a failure to accept responsibility for the fact that despite being funded for decades to provide drug and alcohol services and/or training in the ATOD sector, Australia is now experiencing the worst illicit drug problem it has ever seen. I have found this attitude to be personally motivated and counterproductive and potentially harmful as it can delay or corrupt the implementation of appropriate responses to the methamphetamine ice crisis in our society.

19. Of all illicit drug users in Australia, unemployed people make up the largest proportion. 24.9% of illicit drug users are unemployed (NDSHS report 2013). This represents a considerable cost to tax payers. If we consider the amount of welfare payments funded by tax payers that is diverted to funding illicit drug use, drug dealers and eventually the very organized crime syndicates that we seek to dismantle, it is clear that a national approach to reducing the amount of tax dollars that finds its way to organized crime and alcohol and tobacco companies needs to be addressed. A great deal of welfare payments that should go toward caring, clothing, feeding and educating, housing and nurturing children is currently finding its way to organized crime leaving children at serious risk of neglect and abuse.

20. There is a serious lack of parenting support services, resources and information available to parents and loved ones of those using methamphetamine ice. I have encountered as many distraught parents and family members as I have methamphetamine ice users. In almost all cases they want to know what they can do, who can help, where they can go and how to help their child, family member or friend. It is extremely difficult and disturbing having to explain that there is limited support available that specializes in support for family members of methamphetamine ice users.

21. Due to the rapid emergence and increase in the number of children and young people using methamphetamine ice, I believe there is a need to review nonconsensual treatment of children and young people. Parents currently have very few options when confronted with a child using methamphetamine ice if they do not want to stop. This raises a number of legal and ethical questions including; does a parent of a child using methamphetamine ice have the right to place their child into treatment without their consent? If so what process would they use? Under what legislation is this covered? Is the legislation adequate and effective? And would it be appropriate under

the circumstances to consider a new "drug treatment act" that includes the provision for nonconsensual treatment of children and young people?

22. Strong social and emotional competencies such as taking responsibility, honesty, self-esteem, resilience, empathy, good emotional regulation, selflessness to name a few, all act as protective factors against drug addiction and mental illness. In earlier times, education of this nature has been viewed by educators as the responsibility of and provided by parents and reinforced in the educational system. This is still the case however; it has become increasingly evident that parents are generationally losing the capacity to provide this level of support and education to their children leaving them exposed to the risk of illicit drug use and mental illness (MCODS 2004). Educators and schools not only have the capacity, they have a responsibility to take a more active role and expand the curriculum so that children and young people are appropriately educated that they meet their potential. I have found that actively involving children and young people in education and research (as a specific class) that explores the benefits of social and emotional competencies, emotional intelligence, social and emotional risk and protective factors and social determinants of health has proved very beneficial versus traditional periodic drug education in preventing drug addiction and mental illness (MCODS 2004).

Recommendations

1. Provide immediate National funding for all appropriate drug and alcohol services to implement early intervention, prevention and community education services and recruit and train early intervention/prevention and community education officers to reduce the growing number of children and youth using or seeking to use or experiment with methamphetamine "Ice".

2. Implement National methamphetamine: ice" early intervention/prevention and community education services.

3. Review existing models of drug and alcohol service funding and implement national guidelines for funding of services that include the provision of early intervention, prevention and community education services.

4. Amend current service delivery plans/contracts to include the provision of a comprehensive early intervention, prevention and community education programs and services.

5. Improve the approachability and culture of all drug and alcohol services by promoting a non-judgmental, safe, caring and confidential service that explains duty of care and mandatory reporting policies and legislative requirements.

6. Implement a system of governance that monitors quality outcomes, models of service delivery, training, education and compliance for drug and alcohol early intervention, prevention and community education services.

7. Provide funding for early intervention/prevention and community education services to provide Health staff, Emergency Services, Police, Drug and Alcohol counsellors, General Practitioners, and front line staff with a better understanding and education on evidence based interventions and treatments available for Methamphetamine "Ice users.

8. Provide evidence based training for drug and alcohol services nationally on methamphetamine "Ice" intervention and prevention practices.

9. Increase the capacity and resources of existing Government and Non-Government drug and alcohol services so that they can meet the needs of the community in a timely manner, reducing waitlists for treatment. This will also have the capacity to reduce criminal recidivism, Family Violence, Mental Illness and improve social, economic and health outcomes. To be clear, this must include early intervention, prevention, community education and support for families of illicit drug users. Providing more treatment services without preventative services will not reduce the growing number of methamphetamine ice users.

10. Review current drug and alcohol treatment services so they are able to meet standards of current best practice. This includes the provision of early intervention/prevention and community education to reduce the emergence of new Methamphetamine "Ice" presentations.

11. Review the way drug and alcohol services are funded e.g. If 30% - 40% of all funding was used to provide early intervention/prevention and community education on the harms associated with the use of methamphetamine "Ice" and other illicit drugs, significant reductions in the number of people using illicit drugs could be expected over time thus reducing social and economic harms. It is anticipated that if a strong focus is placed on early intervention, prevention and community education that over time, there will be a reduction in the need for treatment services.

12. Increase the capacity and resources of current law enforcement and border protection services. (Either whole product is being imported and distributed or chemicals or precursors are being imported for local manufacturing of the drug "Ice". Either way, a review of how we can better support law enforcement and border

protection services to further reduce the importation, manufacture, distribution and use of ingredients or whole product.

13. Increase the resources and capacity of law enforcement agencies to target organized crime syndicates more effectively so that they may cripple distribution networks. In my experience, from observation over the years and from discussions with many thousands of drug users many of whom have been amphetamine dealers, large scale distribution is consistently linked to organized crime syndicates then redistributed through networks of nonaffiliated dealers.

14. Serious consideration should be given to changing the way welfare payments are made. A national card that cannot be used to withdraw cash or purchase tobacco and alcohol products would restrict the misuse of welfare payments and interrupt the cash flow that currently finds its way to organized crime syndicates that distribute methamphetamine ice.

15. Provide and/or improve the availability of support services, resources and information for parents and family members of those using methamphetamine ice.

16. Review current legislation and the need for amendments or new legislation regarding the nonconsensual treatment of children, young people and adults whose health and wellbeing is at risk as a result of methamphetamine ice and/or other illicit drug use.

17. Review the capacity for primary, secondary and preschools to provide stronger social and emotional competencies such as taking responsibility, honesty, self-esteem, resilience, empathy, good emotional regulation, respect, selflessness and additional protective factors that assist in the prevention of drug addiction and mental illness. It is understood that these competencies are provided in day to day practice however; specific curriculum during primary and secondary schools could provide stronger competencies (MCODS 2004). Additionally, stronger parental engagement with educational institutions that provide support and promote parents to take a more active role at home would also be beneficial (MCODS 2004).

18. Television advertisements such as “anti-methamphetamine ice” campaigns may be affective. Similar campaigns such as the ones for smoking and alcohol use in front of children have previously proven beneficial. Other advertising campaigns such as “dob in a dealer” may also prove useful. Methamphetamine ice users culturally will not inform on drug dealers however, many members of the community and especially parents of methamphetamine ice users often know who the drug dealers are and may report to police if they feel their privacy or anonymity is protected. Media has the capacity to reach large populations.

Summary

In the past, governments have focused heavily on treatment and law enforcement approaches. These are both reactive measures that address the (supply) end of the drug use issue. There have been no strategies, programs or services in place that address the (demand for drugs) issue and that is why we have continued to see an increase in methamphetamine ice use in our society. Our children and families have generationally lost the social and emotional competencies that protect our society from those who would exploit the vulnerable and disadvantaged.

In moving forward, it is interesting to note that Sweden have gone through similar issues regarding methamphetamine use in their society. As a response they developed a drug policy based on zero tolerance focusing heavily on prevention, treatment, and control, aiming to reduce both the supply of and demand for illegal drugs. Sweden now has one of the lowest rates of methamphetamine use in the world. In 2006, their Parliament approved an updated National Alcohol and Drug Action Plan. The strategy was simple. It didn't just contain the three objective. It implemented all of them as priorities. Australia has a similar strategy but has not implement the preventative approach listed in the Swedish policy as "Reduce recruitment to drug abuse". The overall objective of the Swedish drugs policy is: a drug-free society. There are three sub-objectives:

- Reduce recruitment to drug abuse. (early intervention, prevention, community education)
- Induce people with substance abuse problems to give up their abuse. (treatment)
- Reduce the supply of drugs. (law enforcement)

It stands to reason that if we are now able to identify risk factors from consistent social, behavioral and cognitive deficits present in those affected then we are also in a position to intervene at a very early age by providing strategies and social competencies education to children, parents and caregivers including teachers and early childhood educators that reduce these risk factors (indicators of future use) and provide pro-social competencies (Protective factors commonly not present in substance abusers) through early intervention, prevention, community education and counselling. Identified as highly affective as a preventative approach, early intervention/prevention and community education programs will provide age appropriate social competencies and drug and alcohol education targeting risk factors and at risk populations and groups by providing strategies to counter social, behavioral and cognitive deficits that lead to substance abuse and mental illness.

Education and training should also be provided to parents and cares, professional services including medical staff, teachers, parents, early childhood educators, sporting clubs, law enforcement, emergency services, medical practitioners and frontline services and groups and any identified services or organisations that interacts with children and young people that have the capacity to promote social, behavioral and cognitive change.

Strong economy and infrastructure is built on a strong foundation of healthy functional children, families and communities, not on a society of methamphetamine ice users and mental illness. We must

invest in our children, families, prevention, early intervention, community education services and law enforcement now in order to meet our objective of reducing the burden to health care and improving social and economic growth and reducing the impact of the social determinants of health in Australia in the future. We must prioritise this devastating and crippling methamphetamine ice epidemic as a highest priority.

There are those who would exploit and harm the vulnerable and disadvantaged in our society for personal gain. We must send a strong message through law enforcement that we will not only disrupt, we will cripple organized crime and methamphetamine ice distribution networks in Australia. We must also send a clear and reassuring message to our communities that we acknowledge their fears and concerns and we will support them and provide resources and competencies that protect our children and families from illicit drug use and mental illness.

Rural Health Tasmania Inc. is currently piloting the first early intervention/prevention and community education service in Tasmania that provides young people and parents with strategies that divert children and youth away from potential substance abuse and mental illness toward a pro-social lifestyles as well as providing education, evidence based interventions and treatments for existing Methamphetamine “Ice users. This can be implemented as a state-wide and national program. Please see attached (*Table 1: Budget for Early Intervention/Prevention & Community Education Service for Tasmania*). The table represents an estimate of the cost to implement an early intervention, prevention and community education program for Tasmania. The program requires Government funding and may be useful as a guide when considering national costs on a per capita basis. Based on the costings for Tasmania the Total estimated cost to Australia would be approximately $50M annually. This does not include and allowances should be made for processing of submissions for such a program and provision of services in remote areas of Australia.

I am happy to assist and consult further and please do not hesitate to contact me if you require further information.

Yours Sincerely

Robert Waterman
Chief Executive Officer
Rural Health Tasmania Inc.

RURAL HEALTH TASMANIA INC

Budget for Early Intervention/Prevention & Community Education Service for Tasmania.			
	Budget per Year	Budget for 3 years	Source of Estimate
Salaries & wages	520,000.00	1,560,000.00	Modern Award based on 7 full time staff
Salary on costs	40,950.00	122,850.00	Modern Award
Administration/management	112,650.00	337,950.00	Calculation of supervision & management costs
Recruitment costs	9,000.00	27,000.00	Based on previous recruitment costs
Rent	46,500.00	139,500.00	Current market value
Advertising/promotion	31,150.00	93,450.00	Estimate based on current cost
Utilities	16,800.00	50,400.00	Estimate based on current costs
Insurances Property/other	13,000.00	39,000.00	Comparative policies
Motor Vehicle costs	70,900.00	212,700.00	Based on quote & Comparative cost
Program materials and expenses	12,970.00	38,910.00	Estimate based on comparative program
Maintenance	1390.00	4,170.00	Estimate
Legal, other professional fees	2460.00	7,380.00	Estimate based on comparative program
Telephone, fax, phone & internet etc.	14,250.00	42,750.00	Based on current comparative costs
Audit fees	6,350.00	19,050.00	Based on current comparative costs
Travel & accommodation	29,500.00	88,500.00	Estimate
Training and professional development	30,490.00	91,470.00	Estimated based on training required
Printing and stationary	6,333.00	18,999.00	Based on current comparative costs
Computer and office equipment	13,100.00	39,300.00	Quote
Other service delivery	12,000.00	36,000.00	Estimate
Specialist consultants & Contractors for community education	55,500.00	166,500.00	Based on current comparative costs
Admin costs	47,000.00	141,000.00	Based on current comparative costs
Total	**1,092,293.00**	**3,276,879.00**	

Table 1: Budget for Early Intervention/Prevention & Community Education Service for Tasmania.

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