

Parliamentary Joint Committee on Law Enforcement

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Crystal Methamphetamine

24 March 2017

Question no: 1

Topic: PHNs

Type of Question: Hansard, page 21

Chair: Mr Kelly

Question:

CHAIR: As part of the government's response to the Ice Taskforce, the government announced in December 2015 there would be \$240 million in funding provided to the public health networks to commission drug and alcohol treatment services to meet local need. I have a couple of points; you might want to take them all as one question. How has the funding been allocated across the 31 networks? Are any regional needs assessment and drug alcohol and treatment activity plans complete and publicly available? Has the department been working with other PHNs to ensure that assessment of services in their areas include a focus on culturally appropriate services for Aboriginal and Torres Strait Islander people? If so, how? Have all been commissioned drug and alcohol treatment services now? Can you provide an overview of what sort of services have been commissioned? Do the PHNs share information about their services with each other to inform and promote effective responses to alcohol and drug addiction?

Dr Southern: There is quite a bit to go on. The \$241.5 million which was allocated to PHNs for alcohol and other drug services was allocated across the PHNs. The formula was derived on the basis of population rurality—the degree to which there were rural and regional populations in a particular PHN as well as an assessment of socioeconomic disadvantage and proportion of Indigenous population—so the \$241 million was allocated on that basis. I think you asked about culturally appropriate services for Indigenous Australians. A proportion of that funding, \$78.6 million, was allocated across the PHNs for Indigenous specific services, so the planning that the PHNs have done has been to allocate that proportion of the funding to services which will be provided to Indigenous Australians. In order to do the planning in relation to the provision of those services, PHNs have engaged with local Aboriginal and Torres Strait Islander communities, with the Aboriginal and Torres Strait Islander community controlled sector and broadly across their PHNs. The other services that are being funded through this program are available to all Australians. We are working with the PHNs to ensure that all services are culturally competent and that is a work in progress. Regarding the planning in relation to all of this, all of the PHNs have worked on needs based plans for the commissioning for these services, and all 31 plans have been approved. As to whether they are publicly available, that I do now know.

Mr Smith: We would have to check that.

Dr Southern: I would have to check that. We can take that part of the question on notice.

Answer:

Yes. Primary Health Networks are responsible for uploading their Regional Needs Assessments and Activity Work Plans on their websites.

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24 March 2017

Question no: 2

Topic: Programs

Type of Question: Hansard, page 22

Chair: Mr Kelly

Question:

CHAIR: Is there any monitoring on how effective the spending of that money has been and how effective those programs have been? What is the follow up monitoring the effectiveness?

Dr Southern: I might have to take that one on notice. My understanding is that certainly the programs had been evaluated before any expansion has taken place. So in response to the National Ice Taskforce the government increased funding for Positive Choices and the Good Sports program and looked at ways they could be expanded. In order to do that we did some evaluation of the programs as they currently existed. I will confirm that for you.

Answer:

The Good Sports program was evaluated in 2012 by KPMG as part of a randomised controlled trial over 36 months (<https://adf.org.au/wp-content/uploads/2017/02/kpmg-report-GoodSports.pdf>).

The KPMG economic analysis estimated that in 2011-2012 the Good Sports program averted over 1,300 falls, assaults and road accidents (combined); and saved the Australian community about \$14 million. Scenario modelling indicated that, at the current rate of growth in new and progressing clubs, this saving would increase to an estimated \$24 million by 2016-2017.

The randomised controlled trial showed that participating clubs reported the following (at the club and in other drinking contexts):

- Reduced the rate of drink driving by 75%;
- Achieved a 15% decrease in short-term risky drinking; and
- Reduced the chance of long term risky drinking among club members by 14%.

The Positive Choices website is yet to be evaluated, but will be subject to ongoing monitoring and evaluation in line with all activities funded as part of the Commonwealth Government response to the National Ice Action Strategy.

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24 March 2017

Question no: 3

Topic: LGBTQI

Type of Question: Hansard, page 24

Questioner: Dr Aly

Question:

Dr ALY: Just on that, we have heard today that Aboriginal and Torres Strait Islanders and LGBTIQ young people are particularly at risk and are particularly prevalent among ice users. I imagine that the Good Sports Program might actually miss those audiences. How do you then target specific audiences where there is evidence to show that demographically they are more highly represented?

Dr Southern: With the program for schools that we were talking about a little earlier, there is work underway at the moment to enhance it specifically for reaching out to Aboriginal and Torres Strait Islander schoolkids and having material that is culturally appropriate. That piece of work is underway at the moment. Through our Indigenous Australians Health Program and the outreach work we do through the community-controlled health sector, we have opportunities to work with Aboriginal and Torres Strait Islander people when they present at the Aboriginal medical services that we fund to be given advice around illicit drugs. We have got some complementary programs, if you like. In relation to the LGBTQI community, I will have to take that question on notice to see whether we are doing anything specific there.

Answer:

The Government's approach to dealing with illicit drugs follows the overarching framework set out by the National Drug Strategy (the Strategy). The Strategy is the product of collaboration between Commonwealth, state and territory governments, and extensive community and sector consultation. The National Aboriginal and Torres Strait Islander Peoples Drug Strategy operates as a sub-strategy, providing specific guidance and identifying priorities to reduce alcohol and other drug related harms among the Indigenous population.

While there are currently no funded programs targeting people identifying as lesbian, gay, bisexual, transgender, and/or intersex (LGBTI), the Strategy identifies the need for socially and culturally inclusive strategies for disadvantaged and/or marginalised groups. Both Aboriginal and Torres Strait Islander people, and people identifying as LGBTI are identified in the Strategy as priority populations.

As part of the National Ice Action Strategy, additional funding of \$4.6 million was provided to the Alcohol and Drug Foundation to expand the Good Sports Program to include the module Tackling Illegal Drugs.

The target audience for this module will be clubs with a higher proportion of young adult members, focusing initially on regional and rural communities who are experiencing issues with illegal drug use or are at risk of illegal drug use harms.

The Good Sports Program is one of a range of programs the Department supports in preventing and reducing alcohol and other drug related harm. This program is a socially and culturally inclusive program. The program does offer a Remote Indigenous Community Accreditation Program which supports clubs in the Tiwi Islands, Northern Territory and Central Australia focusing on building stronger relationships with community leaders.

The 'Positive Choices' online web-portal (www.positivechoices.org.au) was launched in December 2015 and provides access to interactive evidence-based drug education resources for parents, teachers and students. The portal is currently being expanded to provide a range of resources specifically designed for Indigenous parents, teachers and students.

The Department also provides funding to the Edith Cowan University for the National Aboriginal and Torres Strait Islander Peoples Alcohol and Other Drug Knowledge Centre (<http://www.aodknowledgecentre.net.au/aodkc>). This online resource provides evidence-based and tailored materials to workers and communities involved in efforts to reduce the harmful use of alcohol and other drugs in Aboriginal and Torres Strait Islander communities.

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ANSWERS TO QUESTIONS ON NOTICE

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24 March 2017

Question no: 4

Topic: State-by-State breakdown

Type of Question: Hansard, page 25

Senator: Kakoschke-Moore

Question:

Mr Laffan: So there is \$7.9 million for mainstream service delivery, and just under \$3 million for Indigenous-specific service delivery, for a total of just over \$11.6 million for South Australia.

Senator KAKOSCHKE-MOORE: On notice, could you provide a state-by-state breakdown so we can get a comparison?

Mr Laffan: Sure.

Answer:

Attachment A provides the state-by-state breakdown of funding that has been committed under the National Ice Action Strategy (NIAS).

For the period 2016-17 to 2018-19 a total of \$177.1 million, from the \$241.5 million NIAS commitment, has been allocated to Primary Health Networks (PHNs) for the Drug and Alcohol Treatment Program. The remaining NIAS funding will be contracted at a later date for use by PHNs during 2019-20. The total for each state and territory includes operational costs for PHNs.

ATTACHMENT A

PHN FUNDING ALLOCATIONS BY STATE/TERRITORY 2016-19

New South Wales	Mainstream Service Delivery	Indigenous Service Delivery	Total (NSW)
Total	\$ 35,437,694.28	\$ 16,758,997.61	\$ 55,300,301.19

Victoria	Mainstream Service Delivery	Indigenous Service Delivery	Total (VIC)
Total	\$ 22,871,683.75	\$ 3,869,862.99	\$ 29,081,056.06

Queensland	Mainstream Service Delivery	Indigenous Service Delivery	Total (QLD)
Total	\$ 24,847,121.31	\$ 15,545,038.65	\$ 42,516,113.37

South Australia	Mainstream Service Delivery	Indigenous Service Delivery	Total (SA)
Total	\$ 7,940,018.23	\$ 2,993,277.20	\$ 11,654,954.79

Western Australia	Mainstream Service Delivery	Indigenous Service Delivery	Total (WA)
Total	\$ 11,716,966.42	\$ 7,443,165.46	\$ 20,219,586.79

Tasmania	Mainstream Service Delivery	Indigenous Service Delivery	Total (TAS)
Total	\$ 3,515,997.71	\$ 1,937,899.96	\$ 5,693,440.29

Northern Territory	Mainstream Service Delivery	Indigenous Service Delivery	Total (NT)
Total	\$ 3,768,196.04	\$ 5,847,592.68	\$ 9,752,082.47

Australian Capital Territory	Mainstream Service Delivery	Indigenous Service Delivery	Total (ACT)
Total	\$ 2,207,053.12	\$ 503,233.85	\$ 2,857,465.05

Contracted Total	Mainstream Service Delivery	Indigenous Service Delivery	Total (National)
Total	\$ 112,304,730.87	\$ 54,899,068.41	\$ 177,075,000.00

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24 March 2017

Question no: 5

Topic: Funding formula

Type of Question: Hansard, page 25

Senator: Kakoschke-Moore

Question:

Senator KAKOSCHKE-MOORE: How much did New South Wales get?

Mr Laffan: The total across New South Wales, for both mainstream and Indigenous services, was \$55.3 million.

Senator KAKOSCHKE-MOORE: Is the formula that you mentioned publicly available, or is that something that—

Dr Southern: We can provide some advice to you on notice about that.

Answer:

The overall drug and alcohol funding model allocates funding according to 2011 Census data, and applies a cumulative weighting for rurality, socioeconomic disadvantage and Indigenous population.

The Indigenous-specific component (\$78.6 million) of the drug and alcohol funding is allocated to Primary Health Networks solely on Indigenous population, using the 2013 Estimated Resident Population to allocate the funding allocation. This model does not include any other weighting for rurality or socioeconomic disadvantage.

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Crystal Methamphetamine

24 March 2017

Question no: 6

Topic: Costs

Type of Question: Hansard, page 26

Chair: Mr Kelly

Question:

CHAIR: Does the Department of Health have any metrics for measuring the cost to society of various drugs? We look at the cost of lost productivity, additional costs to health services, extra law enforcement costs. Do we have any estimates?

Dr Southern: I will have to take that one on notice. During the course of the Ice Taskforce there was certainly some work done on broad social costs, direct and indirect, of drug use in Australia. I would have to take that away to have a closer look.

Answer:

The Department of Health (the Department) has data on the *Costs of tobacco, alcohol and illicit drug abuse to Australia Society in 2004/05*, from a Commonwealth funded project published by Collins and Lapsley (2008). In this study, conservative estimates of net costs for the three groups of alcohol, tobacco and illicit drugs were estimated.

Collins and Lapsley estimated that the total social cost of drug use in 2004/05 was \$55.2 billion. From this total, alcohol accounted for \$15.3 billion (27.3% of the unadjusted total), tobacco for \$31.5 billion (56.2%), and illicit drugs \$8.2 billion (14.6%). Alcohol and illicit drugs acting together accounted for another \$1.1 billion (1.9%). Social costs included net health costs, production in the workplace, production in the home, road accidents and fires.

The total drug attributable gross healthcare costs in 2004/05 were \$4.1 billion. Alcohol accounted for \$2 billion (49.5% of gross health costs), tobacco \$1.8 billion (44.4%) and illicit drugs \$0.2 billion (6.1%).

Recently, in response to the recommendations of the National Ice Taskforce, the Department commissioned the National Drug Research Institute (NDRI) at Curtin University to lead an analysis of the *Social Costs of Methamphetamine Use in Australia (2013/14)*. This report was prepared by Tait, Shanahan and Ferrante et.al. 2016.

The estimated total costs for 2013-14 related to methamphetamine use are about \$5 billion. These are costs incurred by the individual, the family and society overall. Costs were estimated under the following eight domains:

- i. Prevention, harm reduction and treatment - 2.2% of overall social costs or \$110.7 million;
- ii. Health care - 4% of overall social costs or \$200.1 million;
- iii. Premature mortality - 15.6% of overall social costs or \$781.8 million;
- iv. Crime, including policing courts, prisons and victims of crime - 64.6% of overall social costs or \$3,244.5 million;
- v. Child maltreatment and protection - 5.2% of overall social costs or \$260.4 million;
- vi. Clandestine laboratories and production - 0.2% of overall social costs or \$11.7 million;
- vii. Road crash costs - 2.5% of overall social costs or \$125.2 million; and
- viii. Work place accidents and absenteeism - 5.7% of overall social costs or \$289.4 million.

The heaviest costs are estimated to fall upon dependent users and their families – based upon the assumption that dependent users generally attract the greatest harms.

This study has a range of acknowledged limitations and identified significant data gaps.

In addition to estimating the social costs of methamphetamine, this report was also used as a baseline to establish a more current methodology for estimating social costs, with the intention of progressing to estimates of the social costs of other substances. At this stage, no further work on estimating the social costs of other substances has been commissioned.

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Crystal Methamphetamine

24 March 2017

Question no: 7

Topic: Costs to health system

Type of Question: Hansard, page 26

Chair: Mr Kelly

Question:

CHAIR: So if we wanted to know, in relation to drugs—we should include and tobacco in this—do we have that as a total figure on health costs and then broken down into various drugs?

Dr Southern: I suspect that if there are figures they are not broken down into various drugs. That would be a difficult one. We will take on notice to have a look at what research there is and what estimates have been made.

CHAIR: So you could get us a number that would say that the cost to the health system is X dollars, in relation to all illicit drugs?

Dr Southern: Yes.

Answer:

The most recent data on the social costs of tobacco are contained in the *Costs of tobacco, alcohol and illicit drug abuse to Australia Society in 2004/05*, from a Commonwealth funded project published by David J Collins and Helen M Lapsley in 2008.

Collins and Lapsley estimated that the total social costs of tobacco in 2004/05 were \$31.5 billion. This consisted of 56.2% of the unadjusted total cost of \$56 billion for tobacco, alcohol and illicit drug use in Australia at the time. Social costs included net health costs, production in the workplace, production in the home, road accidents and fires.

The total drug attributable gross healthcare costs in 2004/05 were \$4.1 billion. Alcohol accounted for \$2 billion (49.5% of gross health costs), tobacco \$1.8 billion (44.4%) and illicit drugs \$0.2 billion (6.1%).

Of the total social cost of drug abuse in 2004/05 alcohol accounted for \$15.3 billion (27.3% of the unadjusted total), tobacco for \$31.5 billion (56.2%), and illicit drugs \$8.2 billion (14.6%). Alcohol and illicit drugs acting together accounted for another \$1.1 billion (1.9%). Tobacco saved \$51.2 million in savings from premature deaths.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Crystal Methamphetamine

24 March 2017

Question no: 8

Topic: Treatment

Type of Question: Hansard, page 26

Chair: Mr Kelly

Question:

CHAIR: Could you make any estimates from that about use of different drugs?

Dr Southern: I will have to have a look at that. The only figure that I have to hand here is the amount of Australian spending on alcohol and other drug treatment. This was a 2012-13 figure. Across the country the Commonwealth was spending \$388 million, and the states and territories \$620 million. That is about \$1 billion, plus \$253 million private expenditure. That is treatment costs.

CHAIR: Do we have any time series figures on that as well, to see how we are trending as a society over time.

Dr Southern: We can take that on notice.

Answer:

The 2012-13 figures provided by Dr Southern were published within the *New Horizons: The review of alcohol and other drug treatment services in Australia* Final Report, published in 2014. This was the first time these figures were published in this format and has not been updated since. Therefore time series figures are currently not available.