



Australian Government

Department of Veterans' Affairs

**Foreign Affairs, Defence and Trade References
Committee Inquiry into the use of Quinoline
antimalarial drugs Mefloquine and Tafenoquine
in the Australian Defence Force**

**Department of Veterans' Affairs
Written Submission**

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1. INTRODUCTION

The Department of Veterans' Affairs (DVA) welcomes the opportunity to make a submission to the Senate Foreign Affairs, Defence and Trade References Committee Inquiry into the use of Quinoline antimalarial drugs mefloquine and tafenoquine in the Australian Defence Force (ADF).

This submission focuses on the following Terms of References for this Inquiry:

- (c) the support available for partners, carers and families of personnel who experience any adverse health effects of Quinoline anti-malarial drugs;
- (f) any other related matters.

In addressing these Terms of Reference, this submission presents information about DVA, and how it provides assistance to veterans with concerns about mental or physical health impacts of their service, as well as the support available to their families and carers. It also outlines the four step action plan currently underway to continue to improve DVA's response.

1.1 About DVA

The Australian Government through DVA delivers repatriation support to members and former members of the ADF and their dependants. DVA recognises the unique nature of military service by providing a system of compensation, income support and health treatment for veterans and their families.

Ensuring that veterans who leave ADF service are, with their families, fully able to participate in civilian life, and can thereby enrich our communities, is one of the highest aims for any system of military compensation and rehabilitation.

The services and supports delivered by DVA are available to veterans who have a diagnosed condition found to result from their use of an anti-malarial medication.

1.2 Types of support provided to veterans

The types of support provided to veterans who have been injured or suffered illness as a result of their service fall broadly into three categories – compensation, income support and health treatment. This applies to illness or injuries related to anti-malarial medication, as it does to any other conditions related to service in the ADF.

To access compensation and income support, a veteran needs to make a claim and show to the relevant standard of proof that they have suffered an illness or injury, and demonstrate that this condition was related to their service.

In relation to health treatment, there are two pathways by which veterans may access DVA-funded services. They can:

- apply for access to treatment for mental health conditions without the need to show that the condition is related to service (the non-liability pathway); or
- make a claim, which DVA will then assess to establish whether the condition was related to service (the liability pathway). If the claim is accepted, the veteran's entitlement to

compensation and income support will then be assessed, and the veteran will be eligible for DVA-funded health treatment for the condition.

In addition, all former serving personnel can access a comprehensive health assessment from their general practitioner (GP). Ex-service personnel can access this one-off health assessment through Medicare at any stage after leaving the ADF. A key objective of this comprehensive health assessment is to help the GP identify and diagnose the early onset of any physical or mental health conditions. GPs will then be able to treat or refer their patients to other services, as necessary.

This was expanded in October 2017, as part of a \$31m package of support announced in the Australian Government's response to the Senate Inquiry into Suicide by Veterans and Ex-service Personnel and the Jesse Bird Inquiry. Under this measure, \$2.1m over four years was allocated to an annual GP health assessment for the first five years post-discharge for ex-serving ADF members who transition from 1 July 2019.

1.2.1 The non-liability pathway

DVA can pay for treatment for any mental health condition without the need for the conditions to be accepted as related to service. This is known as non-liability health care and it is available to anyone with one day of continuous full-time service in the ADF or for Reservists if they have rendered Reserve Service Days with:

- disaster relief service (e.g. Operation Vic Fire Assist);
- Border Protection Service (e.g. Operation RESOLUTE); or
- involvement in a serious service-related training incident.

Non-liability health care is also available for cancer and tuberculosis, although this is limited to people who have operational service and certain peacetime service during the 1972-94 period.

A range of treatment is available depending on the accepted condition. This could include treatment from a general practitioner, medical specialist, psychologist, social worker, occupational therapist, psychiatrist, public or private hospital services, specialist PTSD programs, the Veterans and Veterans Families Counselling Service (VVCS), and pharmaceuticals as required to treat the condition.

Most applications for non-liability health care are processed within one day, and the person is then issued with a DVA White Card.

DVA has also begun (mid 2018) issuing White Cards for the treatment of mental health conditions under non-liability health care arrangements to all members of the ADF transitioning from permanent service.

1.2.2 The liability pathway

Current and former members of the ADF who suffer from a diagnosed health condition which they believe relates to their service, including a condition resulting from use of mefloquine, tafenoquine, or other anti-malarial drugs, can submit a claim to DVA.

Where a liability claim under the Military Rehabilitation and Compensation Act 2004 (MRCA) or the Safety Rehabilitation and Compensation Act (Defence-related Claims) Act 1988 (DRCA) is successful, DVA conducts a Needs Assessment with the client to establish or clarify the needs or benefits for which they may be eligible. Needs Assessments are legislated under the MRCA and are conducted for DRCA claims as best practice.

1.3 Anti-malarial related claims received by DVA

As at 30 July 2018, the Department has received 53 anti-malarial related claims from 42 clients that include mefloquine, tafenoquine and other anti-malarial drugs.

2. DVA SUPPORTS AND SERVICES AVAILABLE TO VETERANS AND THEIR FAMILIES

In addition to compensation and income support available once a claim is accepted, health treatment is available through both the liability and non-liability pathways (see section 1.2 above). Independent of the claims process, mental health services are also available from the Veterans and Veterans' Families Counselling Service (VVCS) to all current and former serving personnel with at least one day's full time service, and their families, as well as Reservists with a DVA White Card.

2.1 Health services funded by DVA

DVA funds a wide range of health services for eligible veterans, war widows/widowers, and dependants where clinically required, including:

- medical consultations (general practitioners and medical specialists) and procedures available through Medicare and listed on the Medicare Benefits Schedule (MBS);
- allied health including dental, hearing, psychology, optometry and visual aids, social work, orthoptics, dietetic, chiropractic, physiotherapy, occupational therapy, exercise physiology, osteopathy, speech pathology, diabetes education, podiatry services and medical grade footwear, acupuncture performed by General Practitioners who are registered with Medicare Australia to provide this treatment, and massage by a physiotherapist, chiropractor or osteopath;
- community services including community nursing, convalescent care, medication reviews, oxygen, rehabilitation aids and appliances, and Veterans' Home Care including domestic assistance, personal care, safety related home and garden maintenance and respite care;
- surgical procedures, hospital treatment and palliative care;
- pathology services and diagnostic imaging;
- pharmaceutical items prescribed by a doctor;
- transport including ambulance and travel assistance to obtain health care; and
- mental health treatment including care from a general practitioner, psychiatrist or other medical specialist, psychologist, social worker, occupational therapist, public or private hospital services, specialist PTSD programs, VVCS, and pharmaceuticals as required to treat the condition. At Ease — DVA's portal to online mental health information

(www.at-ease.dva.gov.au) provides links to a range of mental health resources for health professionals and GPs for effective evidence-based treatment for veterans.

2.2 Veterans and Veterans Families Counselling Service (VVCS)

VVCS is the Australian Government's front line mental health response for serving and former Australian Defence Force (ADF) personnel and their families. It delivers a 24/7 service through 25 centres and satellites, an afterhours call centre and a national network of 1,200 outreach clinicians.

Through its integrated, 24-hour service delivery system, VVCS provides:

- counselling for individuals, couples and families, and support for those with more complex needs
- group programs to develop skills and enhance support
- after-hours telephone counselling – ensuring support is accessible 24/7
- information, education and self-help resources, including a facebook page, Twitter feed, LinkedIn page and a website, and
- referrals to other services or specialist treatment programs as appropriate.

3. DVA'S FUTURE ACTION PLAN

DVA has prepared an action plan to address community concerns about potential effects of mefloquine that includes outreach activities, communications and research.

3.1 Outreach

DVA, in collaboration with the Repatriation Medical Authority (RMA) and VVCS and with the support of Defence, ran an outreach program in Townsville in December 2016, conducting multiple sessions over three days. The program provided serving and ex-serving ADF members who were concerned about mefloquine with information and face-to-face assistance. Information sessions covered DVA services, non-liability health care, claims processing, VVCS, and mental health resources. The material presented at the Townsville outreach program is available on the DVA website (www.dva.gov.au/mefloquine).

In addition, DVA's Principal Medical Adviser wrote to all general practitioners on 30 September 2016, and to the Primary Health Network in October 2016 for broader distribution to bring their attention to information that may assist their patients who have concerns about mefloquine.

It is proposed that similar outreach activities will be conducted across other capital cities, and a repeat in Townsville given the passage of time since the December 2016 event. Outreach activities will be publicised through advertisements in newspapers and services newspapers, as well as direct invitations to relevant organisations, and individuals where possible.

The program will include information sessions on the role of the RMA and the Statements of Principles (SOPs) system; DVA's claims process; and access to support services, including treatment and counselling through VVCS.

The outreach activities will run during the second half of 2018.

3.2 Communications

Defence and DVA have progressed a number of initiatives to ensure current and former serving ADF personnel have access to information and support, public forums, web based information resources, and dedicated points of contact.

Additionally, DVA has undertaken a review of strategic communications on mefloquine, which included examination of the publicly available information distributed by DVA and Defence; consideration of the information needs of veterans and their families; analysis of the current stakeholder engagement and communications; and design of a communications strategy to address any identified gaps in publically available information.

The objective of the review is to provide DVA with communications strategies that will help veterans, personnel and their families access the supports available. The review will inform future outreach programs, general media presence and social media management.

3.3 Assessment and access to treatment

In addition to the treatment already available through the liability and non-liability pathways and VVCS, VVCS has identified a need to develop improved service responses to veterans and family members where the veteran has a presentation which may indicate symptoms of a neurocognitive disorder (NCD).

VVCS will explore what is required to develop a Neurocognitive Health Program, initially through a Discovery Phase of consultation and co-design to establish what the service would need to provide.

The program would be accessible to veterans assessed as requiring treatment from anywhere in Australia.

Regardless of the outcome of any neuropsychological and psychosocial assessment, the veteran and their family members will be provided with mental health and wellbeing support services as required.

The assessment of current functioning and provision of treatment will not be linked to any possible cause.

3.4 Research

3.4.1 Health study data

Commissioned jointly by Defence and DVA, the University of Queensland is undertaking a research study involving the re-analysis of health study data on anti-malarial use from the 2007-2008 Centre for Military and Veterans' Health deployment health studies. These studies originally researched the health and wellbeing of ADF personnel who deployed on active service to the Solomon Islands, Bougainville and East Timor.

This new research will focus specifically on the health outcomes of deployed veterans who took anti-malarial medications. It is anticipated that this research will be completed in the second half of 2018.

Pending the findings of this research, DVA has identified opportunities to extend the data analysis to subsequent health studies, such as the '2010 ADF Mental Health Prevalence Study and the Transition and Wellbeing Research Programme'.

3.4.2 Blood testing

There are no clinical indications at present for blood testing to be offered to those who have taken anti-malarials in the past. DVA continues to monitor the research literature and will work with veterans and their treating doctors to explore possible new testing and treatment modalities as they develop.

4. STATEMENTS OF PRINCIPLES (SOPS) AND THE ROLE OF THE REPATRIATION MEDICAL AUTHORITY (RMA)

For information about the process for determining SOPs, please refer to the separate submission to this Inquiry by the RMA.

4.1 Existing SOPs for anti-malarials

The RMA has included mefloquine and tafenoquine, either by name or in more general terms, as a potential causal factor in the SOPs for a total of sixteen conditions – fifteen for mefloquine and six for tafenoquine (on the basis of the 'drug class effect') - where there was at least a reasonable hypothesis that the relevant condition can occur. See <http://www.rma.gov.au/sops/>

4.2 How these SOPs are applied

When a veteran makes a claim in relation to use of one of these anti-malarials, it would be necessary for DVA to establish that:

- the claimant had a diagnosable condition answering the claim;
- the claimant had taken a relevant anti-malarial medication;
- the relevant SOP (if one has been determined by the RMA) includes a causal factor relating to the use of that medication;
- any other requirements set out in the SOP factor are met; and
- the use of the anti-malarial medication was related to the person's ADF service.

Where no SOPs have been determined for the condition, the requirements for determining a claim under the VEA and the MRCA would be essentially similar, except that a decision would be made by the delegate as to the relationship of the claimed condition to service on the basis of all available evidence, with the applicable standard of proof being the balance of probabilities. This would also apply to claims made under the third of the major Acts administered by DVA, the DRCA, under which SOPs do not apply.

Delegates are able to consider whether any other diagnosis is appropriate and whether the claim can be accepted under existing SOPs or as a non-SOP condition.

4.3 Consideration of chemically acquired brain injury

In 2017, at the request of the Repatriation Commission and the Military Rehabilitation and Compensation Commission, the RMA investigated whether SOPs should be determined in respect of 'chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine'. The RMA found insufficient sound medical-scientific evidence that exposure to these medications causes chemically-acquired brain injury and, therefore, did not make SOPs in relation to this condition. The RMA's decision not to make SOPs in respect of 'chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine' means that DVA will not be able to accept claims for this specific condition, or the same condition described differently.

The Specialist Medical Review Council (SMRC) is an independent statutory body responsible to the Minister for Veterans' Affairs that, on request from eligible persons or organisations, reviews decisions made by the RMA in respect to SOPs. In November 2017, the SMRC gave notice that it had been asked under section 196Y of the VEA to review the decision of the RMA not to determine SoPs in respect of "Chemically acquired brain injury caused by mefloquine, tafenoquine or primaquine". It is understood that the SMRC aims to finalise its review before the end of the 2018 calendar year.

For further information about the RMA's and SMRC's processes, please refer to the separate submission to this Inquiry by the RMA.