

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 May 2017

Ref No: SQ17-001055

OUTCOME: 2 - Health Access and Support Services

Topic: Health on Ice

Type of Question: Written Question on Notice

Senator: Xenophon, Nick

Question:

Referencing QON SQ17-000497 from February 2017 Estimates:

Only 2 PHNs were named as having commissioned residential rehabilitation services:

- a) "Given the comparative higher cost of delivering residential services" was this the main factor in that lack of provision of these services and the focus instead on so-called community based services?
- b) What evidence has the Department relied on regarding the comparative effectiveness of the lower cost treatment options?
- c) Is this evidence based on ICE specific data?
- d) How has the difference in "withdrawal/detox" for ICE compared to that of alcohol and other drug types been taken into consideration?
- e) Did the PHNs needs analysis capture waiting list data for residential rehabilitation services? If not why not? Wouldn't this data be important in assessing unmet need?
- f) Given the comparative higher cost of delivering residential services has the lack of additional government funding for beds left families vulnerable to 'for profit' commercial providers?

Answer:

- a) Primary Health Networks (PHNs) are responsible for decisions relating to the most effective and efficient allocation of resources in their regions.

PHNs have been encouraged to consider the full range of evidence based treatments across the spectrum of care and to prioritise activities which address the health and service gaps they have identified in their regional Needs Assessments.

To assist in this role, the Department of Health has provided PHNs with guidance material on *Commissioning of Methamphetamine, Alcohol and Other Drug Treatment Services*. The guidance has assisted PHNs to translate the evidence on drug and alcohol treatment to a practical approach for service delivery.

- b) In its 2015 Final Report, the National Ice Taskforce (the Taskforce) recommended a mix of services that balances the availability of treatment with effectiveness and population need. The Taskforce also found that while residential treatment is beneficial to those with severe drug use dependencies, there is also a need for follow-up care if positive treatment outcomes are to be realised longer term.

These findings were informed by:

- the *Methamphetamine Treatment Evaluation Study* (MATES) a 2006 prospective longitudinal study of methamphetamine users entering community-based drug treatment services and a non-treatment comparison group; and
 - Turning Point Alcohol and Drug Centre’s 2014 study of patient pathways in alcohol and other drug treatment.
- c) Yes. The Taskforce’s findings are specific to methamphetamine dependence.
- d) The Taskforce acknowledged there is an extended withdrawal and recovery period associated with ice use as well as the broader health and wellbeing issues faced by ice dependent people.

For this reason, PHNs have been encouraged to commission in a way that allows an appropriate service mix to provide integrated support across the continuum of care.

- e) Individual PHNs are responsible for making decisions on what data to include in their regions Needs Assessment and associated population health planning.

PHNs have undertaken extensive planning and consultation to inform their commissioning of drug and alcohol treatment services which included close consultation with specialist drug and alcohol treatment service providers, drug and alcohol sector experts, general practitioners other clinicians, community groups, local government, Local Health Districts, and the Aboriginal Community Controlled Health sector.

To inform PHN Drug and Alcohol Treatment Needs Assessments, the Department made available relevant drug and alcohol treatment data, resources and funding information to PHNs.

In addition, the Department developed a package of support tools in consultation with key experts, which includes background material regarding the current drug and alcohol system, guidance in gaining drug and alcohol local knowledge including links to other relevant sectors and a checklist to assist in finalisation.

- f) The PHN initiative is in addition to the existing Commonwealth annual investment of \$26.8 million in residential care, and adds to the states and territories’ role as the majority funder of drug and alcohol treatment in Australia. As at 11 August 2017, the following PHNs have invested in services that deliver residential rehabilitation as their main treatment type:
- Darling Downs and West Moreton
 - Northern Territory
 - Hunter New England and Central Coast.