

**Senate Economics Legislation Committee**

**ANSWERS TO QUESTIONS ON NOTICE**

**Treasury Portfolio**

Supplementary Budget Estimates

2015 - 2016

**Department/Agency: ABS**

**Question: SBT 97-105**

**Topic: Data on substance abuse**

**Reference: written - 30 October 2015**

**Senator: Xenophon, Nick**

**Question:**

97. In the Budget Estimates this year I put written Questions on Notice regarding to ABS collection of data relating to substance abuse, particularly use of illicit substances. I was informed the ABS collects information relating to the consumption of alcohol, substance use amongst the Aboriginal and Torres Strait Islander Population, crime and safety and causes of death.
- a) In relation to the reporting areas of crime/safety I was informed the ABS Crime Victimization collection presents information about victims of personal and household crimes, including whether alcohol or other drugs contributed to incidences of violence such as physical assault.
  - b) What other categories of crime apart from violence (eg. Theft) does the ABS collect information about the presence of drugs/alcohol?
98. I note that particular substances involved are not separately identified.
- a) Why not?
  - b) Is the ABS aware of other Survey's that collect this information?
99. Does the ABS Personal Safety Survey identify particular substances are involved rather than just alcohol/'other substances'?
100. I was also told that the ABS Collects and Publishes information on causes of death, including those involving drugs although deaths due to methamphetamine are not separately recorded due to the ABS grouping mortality data according to the International Classification of Diseases, 10th revision (ICD-10).
- a) For what reason are these classifications used?
  - b) Is the ABS prevented from establishing its own categories where the ICD does not have a separate category?
101. I note the 11th Revision of the ICD will provide specific categories for methamphetamine, but I was advised the introduction of this revision is some years away.

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- a) Is the ABS aware of how long this would be?
- b) Why does the ABS consider it is important to provide specific categories for drugs?

102.

- a) Can the ABS advise of what funding it has received for the collection of information relating to collection of data relating to substance abuse for the past 5 financial years?
- b) Has ABS received an increase in funding?

103. I note that ABS has not been approached to provide information to the National Ice Taskforce.

- a) Is the ABS keeping abreast of the Taskforce's progress and whether the findings may present a greater need for the ABS to monitor these areas?

104. I also asked the ABS about the need for a central coordination body for collating and analysing drug data and was advised that ABS recognises opportunities may exist for greater collaboration and coordination across the field of substance abuse and is willing to cooperate in the building of evidence across government and the community.

- a) Can you elaborate on these opportunities?
- b) Has ABS been approached by other agencies for further collaboration (eg. Health, PM&C etc)?

105. Would the ABS have the capacity to be a central body to collate and analyse drug data from the variety of sources that collect it?

**Answer:**

97a. The ABS Crime Victimization survey collects information about whether the victim perceived that alcohol and/or another substance contributed to the most recent incident of physical and/or threatened assault in the last 12 months. Information is collected separately about whether the victim believed the offender(s) were under the influence of alcohol and or whether they were under the influence of another substance.

97b. Information about whether alcohol or other substances contributed to property crimes (such as break-in, motor vehicle theft, other theft and malicious property damage) is not collected as it is considered unlikely that the respondent would know whether alcohol or other substances contributed to incidents of property crime. Information about victimisation

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of property crimes is collected by the selected respondent on behalf of all members the household and in many cases, with property crimes, the victim is not present at the time of the incident and has no direct contact with the offender.

98a. Detail about which specific substances were involved is not collected in the Crime Victimization Survey, as it is considered that:

- It is difficult for victims to accurately identify which substances were involved in an incident (particularly where the offender was not a person known to them); and
- Respondents may not be willing to disclose details of own use in a non-private, household interview setting.

The ABS is undergoing a significant transformation program across all aspects of the organisation, enabled by the Australian Government's investment of \$257 million dollars to modernise its infrastructure. One aspect of the transformation program is the development and implementation of a new, on-going, multi-topic, multi-mode household survey vehicle, the Australian Population Survey. This may provide opportunities for the ABS to reassess whether more detailed information about the involvement of specific substances in victimisation can be collected.

98b. The ABS is not aware of any other surveys that identify the types of substances associated with particular crimes in detail. However, there are a range of other sources of information such as hospitals data, police and ambulance data that can provide detailed information about the association of crime and substance use.

99. The 2012 Personal Safety Survey collected information about whether or not the respondent believed alcohol or drugs were involved in their most recent incident of each of the 8 types of violence (sexual/physical/assault/threat by a male/female), including whether they or the perpetrator were under the influence of alcohol or drugs.

If respondents indicated that alcohol or drugs contributed to their most recent incident of each type of violence experienced, they were then asked separately whether:

- they were under the influence of alcohol
- they were under the influence of another substance
- they believed that other drugs had been added to their drink without their consent
- the perpetrator was under the influence of alcohol
- the perpetrator was under the influence of another substance

This data can be found in Table 18 on the ABS website:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4906.02012?OpenDocument>

However, respondents are not asked to identify the particular substance involved if it is not alcohol.

The same data will be collected in the 2016 Personal Safety Survey.

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100a. ICD-10 is the internationally agreed classification for reporting causes of death by World Health Organisation (WHO) member nations. The consistent use of ICD-10 enables comparable causes of death data to be generated over time and across countries. These measures contribute to research studies on disease and injury patterns and provide an evidence base for the assessment of disease and injury prevention programs.

100b. Making country specific changes to the ICD would be difficult due to the need for training of clinicians and coders; establishment of systems for data transmission and data coding; and managing standards for data collection and reporting). However, each country has the ability to make decisions about how supplementary information is captured and used. Supplementary information relating to individual drugs would best be sourced from the National Coronial Information System, however it is unknown whether this data can be sourced consistently and how it can be made available in a useful/meaningful format.

101a. The revision of the ICD is now well advanced. Small scale field trials will proceed in 2016 with full international field trials to be completed in 2017. The ABS, Australian Institute of Health and Welfare and Department of Health are actively engaged with the WHO to ensure ICD-11 meets Australian requirements and to develop a transition plan. However, implementation cannot occur until ICD-11 has been approved by the World Health Assembly (scheduled for early 2018) and relevant coding tools are available. It is unlikely that causes of death data will be using the new ICD coding system until 2019-20

101b. It is recognised that greater specificity around types of drugs in the mortality dataset would be very useful for national reporting on the burden of drugs. Drug use (including alcohol) has a significant role in the morbidity and mortality burden in Australia. Mortality data provides one insight as to this burden and allows researchers to understand its relationship to social and economic factors. . It is important to note that identification of deaths from specific drugs is dependent on the capacity of the Coroners to detect such drugs post mortem and their systems for reporting this through to the National Coronial System. Not all drugs and combinations of drugs (licit and illicit are detectable and therefore the quality of data would be affected.

102a. The Department of Social Services provides funding to the ABS for the Personal Safety Survey, under the auspices of the *National Plan to Reduce Violence Against Women and their Children*, however, funding is not specifically provided to collect information about substance use.

The Department of Health provides funding to the ABS for the Australian Health Survey and the National Health Survey which include questions on alcohol use. They also provide funding for the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey which include questions on both alcohol

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use and substance use. There are no specifically allocated funds for monitoring drug use and its consequences.

102b. No

103a. The ABS has kept abreast of the Taskforce work through its collaborations with the area of the Department of Health responsible for the Taskforce and has recently provided some advice on further monitoring options in these areas.

104a. There are many complexities involved in the compilation of the wide range of data sources including police, ambulance and treatment information on substance abuse that are mostly largely unused for data analysis. An investigation into the quality and potential of these data sources involving the collaboration of a range of Commonwealth, State and Territory data custodians would provide valuable understanding towards the compilation of these information sources to provide a comprehensive picture of the level and complexity of substance abuse in Australia. The ABS could also play a role in assisting in working with stakeholders to ensure standardised reporting of drugs and drug related incidents, and could also act as a broker for the exchange of sensitive data sets from states, territories and the Commonwealth.

104b. No, except the Department of Health as noted above.

105. Subject to available resources, the ABS would have the capacity to undertake this work. This role would require collaboration with a range of other agencies. ABS already has in place infrastructure to assist in this type of role e.g. data collection expertise and capacity, data integration capability, data reporting expertise, strong privacy legislation and practices to manage sensitive data, existing relationships with a large number of stakeholders.