

# SENATE

Select Committee on Regional and Remote Indigenous Communities

## ANSWERS TO QUESTIONS TAKEN ON NOTICE PUBLIC HEARING ON 9 JUNE 2009

### HEALTH AND AGEING PORTFOLIO

OUTCOME 8: Indigenous Health

Hansard Page: CA 09/06/2009 pages 64 -73

#### **Topic: Foetal Alcohol Syndrome related questions**

**1. Senator Adams asked:  
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*On my favourite topic of the foetal alcohol syndrome ... Do you think that would be a possibility, that someone would be able to do a special project looking at the problems associated with it?*

**Answer:**

Progress is being made to improve data and information available on alcohol use in pregnancy. The Department has had discussions with the Australian Institute of Health and Welfare (AIHW) regarding the data available on low birth weight and Foetal Alcohol Syndrome. National data on low birth weight babies born to Indigenous and non-Indigenous mothers is collected through the *National Perinatal Minimum Dataset* and this data is available annually. The Council of Australian Governments (COAG) National Partnership Agreement for Indigenous Early Childhood Development includes an indicator on alcohol use during pregnancy. Work is underway to include data on alcohol use during pregnancy in the *National Perinatal Minimum Dataset* to support annual reporting against the COAG indicator. It will take some time for this new data item to be included in the *National Minimum Dataset* as there is a rigorous process to be followed before new items are added, databases across the country are changed and the data is collected.

Once this data is available it will be possible to analyse data on low birth weight babies and alcohol use during pregnancy to explore the relationships between these two issues for Indigenous mothers on a national basis.

#### **Topic: AOD related questions**

**2. Senator Crossin asked:  
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*... I am trying to get a handle on how much money is provided under the intervention or just in a general recurrent funding way to the Northern Territory for drug and alcohol services?*

*When you talk about alcohol and other drug strategies continuing and we have continued our response to the drug and alcohol services, what services and amounts are we talking about exactly? How many places are we talking about?*

**Answer:**

Since 1 July 2006, the Australian Government has allocated more than \$45 million to improve drug and alcohol services in the Northern Territory (NT). This includes:

- **\$15.9 million** over four years under the 2006 Council of Australian Governments (COAG) measure to address violence and child abuse in Indigenous communities – drug and alcohol treatment and rehabilitation services for Indigenous Australian in remote and regional communities. There will be ongoing recurrent funding for the NT of up to \$2.6 million from 1 July 2010.
- **\$8 million** over four years under the 2007 COAG measure to reduce alcohol and substance abuse and its impact on families, safety and community wellbeing in remote Indigenous communities (also referred to as the Closing the Gap – Indigenous Drug and Alcohol Services). It is anticipated that there will be ongoing recurrent funding up to \$12 million nationally from 1 July 2012. Jurisdictional allocations have yet to be determined).
- **\$21.96 million under the Northern Territory Emergency Response (Alcohol and Other Drug measures) (NTER AOD):** These Measures include the NTER AOD response (2007-08), NTER Follow up (2008-09), NTER Indigenous health and related services measure (1 Jul 2009 – 30 Jun 2012) and the Expanding Health Service Delivery Initiative (AOD component) (2009-10).

Northern Territory also receives ongoing funding through the Substance Use Program administered by the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The NT allocation, under the Substance Use Program, for 2008-09 was \$3.9 million.

The total funds allocated for capital works under both COAG measures is up to \$13 million.

**3. Senator Crossin asked:  
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*How many places are we talking about?*

**Answer:**

The Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) provides funding to support a range of different service types including residential, non-residential, stand alone substance use services, sobering-up shelters and Aboriginal Medical Services.

The total number of residential rehabilitation services in the NT is eight (8). As of 30 June 2008, there were 234 bed places in OATSIH funded residential rehabilitation facilities.

The total number of Aboriginal Medical Services in the NT is nine (9).

The total number of non-residential services in the NT (eg stand alone treatment centres) is three (3).

**4. Senator Crossin asked:**  
**Page 66**

*I thought it was 10. Maybe it is 12 weeks. Whatever, three months, let us put it that way. I want to know whether or not there is any effort now to actually have the rehabilitation places that go on for that amount of time. I do not know if I am making myself clear enough here, but if I rang Banyan House, for example, they would be able to tell me they have got space for 15 places. That is what I want to know. I want to get a total feel for what you fund and what the Northern Territory government funds in terms of rehabilitation places, essentially. I guess what I am leading to is: what are we actually doing to turn people's lives around, to make sustainable changes in terms of giving up alcohol, ganja and other drugs out there in those communities?*

**Answer:**

The Drug and Alcohol Service Report (DASR) does not reveal how long a residential treatment program runs for (in weeks) for each residential service. However, it indicates that clients stay in residential programs ranging from less than 2 weeks to more than 24 weeks (a maximum period of stay was not provided).

In 2008-09, under COAG 2006, COAG 2007, NTER Measures and the Substance Use Program, a total of \$3.4m was allocated to residential rehabilitation services in the NT from Australian Government funds. Questions relating to the allocation of funds by the NT government should be directed to the NT government.

The number of bed allocations is outlined in Question Three.

**5. Senator Crossin asked:**  
**Page 67**

*Of those that are happening what are we doing about replicating or putting them in the territory so that at the end of the day in five years' time when the initial legislation for the intervention is up for review we have actually significantly changed people's lives if they are alcohol or substance abusers?*

**Answer:**

AOD models of care are substantially progressed on a jurisdictional basis by government and non-government agencies that know their Indigenous communities best. The drug and alcohol projects funded under the NTER AOD measures complement the drug and alcohol projects funded under both COAG measures. Therefore, efforts in other AOD measures will benefit outcomes in the NTER measures.

The Australian Government, the Northern Territory Government and the Aboriginal Medical Services Association for the Northern Territory (AMSANT) have been working to develop a best practice AOD model for Indigenous communities. The current AOD model provides a successive pathway from sobering up shelter to treatment service to residential rehabilitation through to transitional after care.

In the NT, for example, a high proportion of Indigenous clients entering these rehabilitation programs are from remote areas where they have experienced high levels of dysfunction through homelessness, lack of employment, lack of support and high risk substance use. It

has been identified that these issues can be dealt with temporarily through residential treatment however, there is a need to support clients in the long-term upon exiting treatment. The Australian Government with the Northern Territory Government has identified transitional after care as a priority project. Funding from COAG 2006 and COAG 2007 will be spent on providing residential transitional after care services to help reduce the number of rehabilitation clients reverting back to substance misuse.

The Department has also commissioned an independent evaluation of the Alcohol and Other Drugs components of the health measure of the NTER. This evaluation will identify how well the components were implemented and lessons that might be learnt to inform future policy, planning and practice in relation to treatment and service provision for Indigenous Australians affected by alcohol and other drugs in remote areas. The evaluation is due for completion in September 2009.

### **Topic: Evaluation of child health check activities**

#### **6. Senator Siewert asked: Page 71**

*Could you take it on notice and let us know when that has been finalised [the contract with the successful tender signed]...?*

A contract was signed on 15 June 2009 with Allen and Clarke, Policy and Regulatory Specialist, Wellington, New Zealand.

### **Topic: New Directions Mothers and Babies Services related questions**

#### **7. Senator Adams asked: Page 72**

*I have a question about the new directions for mothers and babies services ... With this particular program that was part of the 2007 election commitment, for how long will those services be supported over that time? Where are we at with it? I note you have new directions funding early in 2009 and five more in 2009-10. Are those five-year programs or are they shorter programs?*

#### **Answer:**

The Government's 2007 election commitment provides \$90.3 million over 5 years (2007-08 – 2011-12) for New Directions Mothers and Babies Services. The program is ongoing and services will receive funding recurrently beyond the five years.

To date 43 new services across Australia have been approved for ongoing funding (5 in 2007-08; 31 in 2008-09 and 7 in 2009-10). Funding agreements have been executed for all services approved for commencement in 2008-09. A third funding round has commenced. The program is ongoing and services will receive recurrent funding.

### **Topic: QUMAX related questions**

(The question relates to section 100 remote communities arrangements – confirmed page 72)

**8. Senator Siewert asked:  
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*I am following up on some questions asked in estimates around the pharmacy scripts and the increase in the dispensing fee which is now up to \$2.69. The point that has been put to me is that there is a difference between obviously \$2.69 and the amount that pharmacies in the cities get to dispense medicines and if we use that difference, which is about \$3.30 or whatever it is, that could be invested in additional education in Aboriginal communities and increase support in Aboriginal communities around pharmaceuticals and the better use of them. And it will create employment in fact for people in clinics to do that outreach work. Has any consideration been given to initiatives like that?*

**Answer:**

A \$2.69 handling fee is paid to pharmacists supplying PBS medicines to remote area Aboriginal Services (AHSs) through special supply arrangements under the provisions of section 100 of the National Health Act 1953 ('the s100 arrangements'). This fee is lower than the normal dispensing fee paid to pharmacists for prescription-based supply, and recognises the lower administrative and clinical input required of pharmacists when they supply PBS medicines via the bulk supply model of the s100 arrangements.

Under the Fourth Community Pharmacy Agreement, support allowances are available to those pharmacists participating in the s100 arrangements to assist them in providing quality use of medicines services to remote area AHSs. Through this program, over 100 remote area AHSs receive visits from pharmacists and a range of quality use of medicines support, tailored to the needs of each remote area AHS through consultation with individual health services.

**9. Senator Siewert asked:  
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*Could you also tell me how much funding there is for QUMAX?*

**Answer:**

The QUMAX program under the Fourth Community Pharmacy Agreement provides funding of up to \$10.9m over the life of the Agreement.

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Select Committee on Regional and Remote Indigenous Communities

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**Answers to be provided to:**

R&RIC Committee Secretariat

Cc: Minister for Indigenous Health, Rural and Regional Health and Regional  
Services Delivery  
Ministerial and Parliamentary Support Branch

**Cleared by:**

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Division: Office for Aboriginal and Torres Strait Islander Health

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