Community Affairs Legislation Committee

Examination of Additional Estimates 2001-2002

Additional Information Received

VOLUME 4

Cross portfolio & Outcomes 1 & 2

HEALTH AND AGEING PORTFOLIO

MAY 2002

Note: Where published reports, etc. have been provided in response to questions, they have not been included in the Additional Information volume in order to conserve resources. The title page of each report has been included in this document for reference purposes.

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF ADDITIONAL EXPENDITURE FOR 2001-2002

Included in this volume are answers to written and oral questions taken on notice relating to the estimates hearing on 20 February 2002

HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of Portfolio	Vol. 4 Page No.
	Tabled at hearing	Corrigendum to 2001-02 Portfolio Additional Estimates Statements	1
Evans/ West	20	Departmental contact with Dr Wooldridge	2
West	132	Media monitoring	3
Evans/ West	2, 152	Departmental policy document "Meeting the health and aged care needs of an ageing population"	4-8
Evans	162	GP House funding approval date	9
Evans	3, 4	Pre-election announcements	10-22
		Outcome 1: Population Health and Safety	
Evans	118	Use of information and material published on the Department's website	23-25
Evans	67-71	Children's health	26-44
Evans	46	Petrol sniffing	45-48
Evans	72-74	Youth health	49-53
Evans	75	Youth and drugs	54-73
Evans	7-8	Tough on drugs	74-76
Evans	9	Retractable needles and syringes	77-78
Evans	10	Croc festivals	79
Evans	11	National child nutrition program grants	80
Evans	13	Childhood vaccination rates	81-83
Evans	85	Hepatitis C	84-85
Harradine	83	Implanon/Norplant implantable contraceptives	86-87
Harradine	86	Family planning	88-89
Harradine	87	AHPHP recipients and treatment records	90-91
Denman	76	Drug education programs - report	92
Denman	77	National drug strategy reference group for ATSI peoples	93
Carr	91-102	ANSTO facility at Lucas Heights	94-106
Carr	103	Lucas Heights – loss of radioactive source	107-108
Carr	104-105	Responsibility for safety of storage of nuclear materials	109-110
Forshaw	212	ANSTO review - proposed replacement reactor	111
Forshaw	213, 163	ANSTO review – large aircraft incident	112-113
Forshaw	214-216	Proposed replacement research reactor	114-116
Forshaw	217	ANSTO – spent fuel management	117
Forshaw	218	ANSTO – emergency response plan	118

Senator	Quest. No.	Outcome 2: Access to Medicare	Vol. 4 Page No.
	L/- dd 6.03.02	Correction to additional estimates evidence relating to a PBPA meeting date	119
	Tabled at hearing	Minister for Health and Aged Care media release dd 7 Nov 01 *Government makes leukaemia fighting drug available*	120
	Tabled at hearing	Minister for Health and Aged Care media release dd 11.09.01 *Government announces important pharmacy initiatives*	121-122
	Tabled at hearing	Letter from Ms Jenny Macklin, MP to Minister for Health dd 6.11.01 relating to proposed listing of Glivec on the PBS	123
Crowley	138	Pharmaceutical promotion	124
West	139	Educational programs on prescribing (NPS)	125-126
West	133	Counselling re high use prescribing	127
West	140	Caverject	128
West	141	PBAC listing and delisting of drugs	129
Evans	142	Herceptin	130
Evans	143	Pharmaceutical benefits scheme costs	131-132
Evans	144	Review of wholesaling	133-134
West	145	Glivec and PBAC decision	135-138
Boswell	89, 90	Glivec – PBAC; availability to patients	139-140
Herron	146	Australian community pharmacy agreement	141
Gibbs	147	National brain injury foundation health program grants	142
Crowley	148	Relative value study; medical indemnity summit	143-146
Harradine	135	Audit of abortion items in the MBS	147-149
Crowley	137	Drug utilisation sub-committee of PBAC	150
Evans	149	Funding of a hospital in Knox	151
Denman	136	PET scanners	152
West	209	PET tender process documentation	153
West	210	3C determinations relevant to PET funding arrangements	154
West	211	Medical Services Advisory Committee decision to increase number of MBS PET items	155
West	150	PET staff training	156
Crowley	151	National brain injury foundation	157
Evans	23	Bulk billing	158-163
Evans	24, 26	GP Practice incentives program	164-166
Evans	27	Practice improvement program	167
Evans	28	MRI tenders	168-169
Evans	29	Funding under the Australian Health Care Agreement	170-171
Evans	30	Claim of 28% real increase in hospital funding	172
Evans	31	Hospital funding – population growth	173
Evans	32	Administrative cost of implementing GST for public hospitals	174
Evans	33, 34	WC11	175-176
Evans	35	Australian health care agreements	177
Evans	37	Medicare card replacements	178
Evans	39	Privatised hospitals	179-180
Evans	40	Knox hospital	181
Evans	41	PBS blowout	182
Evans	42	Pharmaceutical Benefits Advisory Committee (PBAC)	183
Harradine	88	Increase in costs of unlimited IVF treatments	184

CORRIGENDUM
2001-02 PORTFOLIO ADDITIONAL ESTIMATES STATEMENTS
HEALTH AND AGEING PORTFOLIO

Page 146 should be replaced with the following:

Table D4.2: Budget Departmental Statement of Financial Position – Health Insurance Commission

	Actual 2000-01 $'000	Revised budget 2001-02 $'000	Forward estimate 2002-03 $'000	Forward estimate 2003-04 $'000	Forward estimate 2004-05 $'000
ASSETS					
Financial assets					
Cash	23268	11004	19030	38016	25526
Receivables	13063	13063	13063	13063	13063
Investments					
Accrued revenues					
Other	21590				
Total financial assets	**57921**	**24067**	**32093**	**51079**	**38589**
Non-financial assets					
Land and buildings					
Infrastucture,plant and equipment	42090	43455	44820	46185	47550
Inventories					
Intangibles	35914	73449	105234	124003	154166
Other		8590	8590	21590	21590
Total non-financial assets	**78004**	**125494**	**158644**	**191778**	**223306**
Total assets	**135925**	**149561**	**190737**	**242857**	**261895**
LIABILITIES					
Debt					
Loans					
Leases					
Deposits					
Overdrafts					
Other					
Total debt					
Provisions and payables					
Employees	59489	59489	59464	50387	50387
Suppliers	42061	43061	43061	43061	43061
Grants					
Other					
Total provisions and payables	**101550**	**102550**	**102525**	**93448**	**93448**
Total liabilities	**101550**	**102550**	**102525**	**93448**	**93448**
EQUITY					
Capital	55166	63802	100003	156200	175238
Reserves	17739	17739	17739	17739	17739
Accumulated surpluses or deficits	-38530	-34530	-29530	-24530	-24530
Total equity	**34375**	**47011**	**88212**	**149409**	**168447**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000020

WHOLE OF PORTFOLIO

Topic: DEPARTMENTAL CONTACT WITH DR WOOLDRIDGE

Written Question on Notice / Hansard Page: CA10 -13

Senator Evans / Senator West asked:

(a) Has the former Minister met with anyone from the Department or the Minister or the Minister's office - on a formal basis or an informal basis at which any work was discussed, since his appointment as a consultant with the RACGP? [15 January 2002] 1

(b) If so, when and what was discussed (in general) on each occasion?

Answer:

(a) Yes

(b) A senior Departmental officer met informally with Dr Wooldridge on 28 February 2002 to discuss generally what aged care might look like in 10-20 years' time. There was no information sought that was not in the public domain. The meeting was arranged through Minister Andrews' Office.

Senator Crowley asked:

(a) Has anyone in the Department reported to the Chief of Staff that they have had contact from Dr Wooldridge asking for information in the Department?

Answer:

(a) Yes. In addition to the answer about a meeting on 28 February, there was a phone conversation with another officer on 4 March 2002, where both Chiefs of Staff were advised. No information was sought that was not already in the public domain.

1 The date of appointment is a matter between the RACGP and Dr Wooldridge. For the purposes of answering this question we are using the date of announcement, which was 15 January 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000132

WHOLE OF PORTFOLIO

Topic: MEDIA MONITORING

Hansard Page: CA99

Senator West asked:

How much was paid for Media Monitoring for Mrs Bishop in 2001?

Answer:

$146,404.89

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000002

WHOLE OF PORTFOLIO & CA7

Topic: DEPARTMENTAL POLICY DOCUMENT - "*MEETING THE HEALTH AND AGED CARE NEEDS OF AN AGING POPULATION*"

Written Question on Notice

Senator Evans asked:

(a) How did this document come to be drafted? What Departmental resources were involved and how long did the drafting process take?

(b) What role did the Minister and his office play and how was the instruction given to the Department to undertake this work?

(c) What method was used to arrive at the costings involved and what role did Treasury or Finance have in checking these costings?

(d) How much money was spent on the investigation of the leaking of this document and what was the outcome?

(e) The document identifies widespread evasion of tobacco excise amounting to $600 million a year. What action has the Department taken to draw this situation to Government's attention and to crack down on this illegal activity?

(f) The document highlights the urgent need to spend $2.5 m per annum to ensure appropriate expert capacity to cope with threats from BSE, CJD and related blood borne transmissible spongiform diseases. What has the Department done to provide these resources or is Australia at risk because the Government did not act on this identified risk?

(g) The report identified a need to spend up to $240 million a year to assist older people with dental care costs. This raises a major difference of view to the former Minister who rejected any Commonwealth involvement in dental care. The issue is that the Department clearly doesn't accept that view and believes there is a role for the Commonwealth?

(h) What research did the department do to justify this recommendation?

(i) What evidence did the department rely on to justify this recommendation?

(j) Hasn't this Department previously told this committee that it collected no information on dental programs as it had no responsibility in this area?

(k) When did this change? At whose direction?

Answer:

(a) Dr Robert Wooding, First Assistant Secretary of Portfolio Strategy Division answered this question from Senator West at the hearing.
Please refer to page CA83.

(b) Dr Robert Wooding, First Assistant Secretary of Portfolio Strategy Division answered this question from Senator West at the hearing.
Please refer to page CA83.

(c) Dr Robert Wooding, First Assistant Secretary of Portfolio Strategy Division answered this question from Senator West at the hearing.
Please refer to page CA83.

(d) Please refer to Question E02000152.

(e) Monitoring and controlling evasion of tobacco excise is not the responsibility of the Department of Health and Ageing. The Australian Taxation Office is responsible for curbing the illicit market through its National Illicit Tobacco Strategy. Under the Excise Amendment (Compliance Improvement) Act 2000, a licensing system for growing, transporting, trade, manufacture and storage and tobacco has been established and a tougher regime of penalties introduced.

(f) The government has undertaken the following measures to identify the risks to Australia posed by bovine spongiform encephalopathy (BSE), variant Creutzfeldt-Jakob disease (CJD) and other human transmissible spongiform encephalopathies (TSEs):

- Since bovine spongiform encephalopathy (BSE) was first detected in the UK in1986, Australia's animal and human health experts have been monitoring potential risks to Australia. Any risk was minimised by Australia’s 1966 ban on the importation of meat and bone meal (MBM) from countries other than New Zealand. It is believed that MBM is the means by which BSE has been spread.
- Following the recognition of vCJD and the report of 10 possible cases in the UK in 1996, a Scientific Advisory Group was established to assess the risk to Australia. This group was chaired by Professor Colin Masters, one of the world's leading experts on these diseases. This group assessed the evidence that vCJD was linked to eating BSE contaminated beef, and made a series of recommendations including the need to ban the importation of beef and beef products from the UK, which was implemented.
- At this time the Australian CJD Registry was also asked to extend its disease surveillance activities to ensure any possible case of vCJD was detected and appropriate diagnostic assistance provided where appropriate. To date, no cases of vCJD have been detected in Australia. It should be noted, however, that in addition to cases detected in the UK (over 110 cases), vCJD has been detected in France (five cases), Ireland (two cases), Hong Kong (one case) and most recently, 2 suspected cases have been reported in Italy.
- In November 2000, the Chief Medical Officer of the Commonwealth, Professor Smallwood, convened a group of experts to examine the safety of vaccines used in Australia. This group found the potential risk from vaccines to be extremely small, and much less then the risk to population health from not vaccinating.

- The National Health and Medical Research Council established the Special Expert Committee on Transmissible Spongiform Encephalopathies (SECTSE), chaired by Professor Graeme Ryan, in December 2000. The Committee provides the government with independent expert scientific advice on the risks to Australia of both animal and human TSE's.
- In January 2001, following the widening spread of BSE in Europe, the government extended its ban to cover imports from the EU. On 18 July 2001, the government announced beef importation certification scheme that requires all beef and beef products imported into Australia for human consumption to be certified free from BSE. Countries with indigenous cases of BSE are assessed as not meeting the certification requirements, and therefore not able to export beef and beef products to Australia at this time. The certification scheme came into full effect in November 2001, replacing the pre-existing ban.
- The Therapeutic Goods Administration has undertaken an extensive assessment of all therapeutic goods, pharmaceuticals, medical devices and complementary medicines to determine the origin of any bovine materials used. The TGA requires that all products containing bovine derived material must provide evidence that that material is sourced from BSE free countries.
- The Blood and Organ Donation Task Force is responsible for policy relating to the safety of the blood supply and organ donation in Australia. Following the publication of a letter in the Lancet in September 2000 reporting the transmission of BSE by blood transfusion in a single sheep, Australia and other countries have put in place a precautionary blood donor deferral policy. The situation is being monitored and the policy will be adjusted as necessary once further evidence on the potential transmissibility of TSE's in blood is available.
- The Population Health Division established the Transmissible Spongiform Encephalopathy Section in September 2001 to co-ordinate policy advice on human TSE's, including vCJD, and undertake risk assessments for discussion with SECTSE. The TSE section has recently released the first of a series of contingency plans for consultation. The clinical response plan, which sets out proposed action to deal with the case of vCJD, has been developed with broad input from experts working in the field. Further plans are being prepared outlining the support that would be required by affected individuals and their families, a media plan and a plan for managing infection control issues pertaining to vCJD.

(g) This was discussed adequately at the hearing by Minister Patterson.
Please refer to page CA84

(h) As Dr Wooding advised the hearing this was an internal working document which made no formal recommendations to Government.
Please refer to page CA84

(i) As above.
Please refer to page CA84

(j) The Department does not collect information on State and Territory dental health programs.

The Commonwealth in its response (tabled in Parliament in April 1999) to the Senate Community Affairs Reference Committee Inquiry into Public Dental Health, noted that it had a role in data collection in dental health.

The Commonwealth supports the collection of data on oral health. To this end the Commonwealth funds the Australian Institute of Health and Welfare Dental Statistics and Research Unit (AIHW DSRU), for the collection of data on the oral health needs of the Australian community and access to dental care, which provides the basis for States/Territories planning. The AIHW DSRU has conducted surveys of Adult Dental Programs, a Child Dental Health Survey, and National Dental Telephone Interview Surveys.

(k) There has been no change to the situation. The Department does not itself collect data on dental health, but it has a role in data collection through funding the AIHW Dental Statistics and Research Unit, as outlined in the response to question (j) above. It also has access to publicly available State and Territory funding and performance information, such as that contained in budget papers.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000152

WHOLE OF PORTFOLIO

Topic: LEAK OF "MEETING THE HEALTH AND AGED CARE NEEDS OF AN AGEING POPULATION”

Hansard Page: CA 83

Senator West asked:

(a) How much money was spent on investigating the leaking of this document?
(b) And what was the outcome of that investigation?

Answer:

(a) Detailed records of costs were not kept.

(b) The investigation did not find sufficient evidence to identify the source of the leak.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000162

WHOLE OF PORTFOLIO

Topic: GP HOUSE FUNDING APPROVAL DATE

Hansard Page: CA 69

Senator Chris Evans asked:

Are you able to provide me with the date on which he received that approval?

Answer:

27 September 2001.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E0200003

OUTCOME: WHOLE OF PORTFOLIO

Topic: PRE-ELECTION ANNOUNCEMENTS

Written Question on Notice

Senator Evans asked:

Can you provide a full list of funding decisions and announcements made by the former Minister between the 1st of September 2001 and the 10th of November 2001.

Can you break up this list into three categories:
(a) 1/9/01 to 4/10/01 - Pre-Election
(b) 5/10/01 to 8/10/01 - Post Announcement but Pre Issue of Writs
(c) 9/10/01 to 10/11/01 - In Caretaker Mode

For each announcement or decision can you indicate when the decision was made, when the funding was announced, what process was followed?

Answer:

In order to answer this question, a comprehensive file search is being undertaken. The matter is being treated with urgency and a further response will be provided to the Committee as soon as possible.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E0200003

OUTCOME: WHOLE OF PORTFOLIO

Topic: PRE-ELECTION ANNOUNCEMENTS

Written Question on Notice

Senator Evans asked:

Can you provide a full list of funding decisions and announcements made by the former Minister between the 1st of September 2001 and the 10th of November 2001.

Can you break up this list into three categories:

(a) 1/9/01 to 4/10/01 - Pre-Election
(b) 5/10/01 to 8/10/01 - Post Announcement but Pre Issue of Writs
(c) 9/10/01 to 10/11/01 - In Caretaker Mode

For each announcement or decision can you indicate when the decision was made, when the funding was announced, what process was followed?

Answer:

See attachment A
See attachment B
See attachment C

Unless otherwise stipulated all decisions were taken in line with standard internal departmental processes.

(a) 1/9/01 to 4/10/01: Pre-Election

Funding Decision / Announcement	Decision date	Announcement date	Outcome
Bowel Cancer Screening Pilot Program – Approval of Pilot sites. Funds of $7.2 million over four years were allocated in the 2000-01 Budget	**1 October 2001**	30 October 2001 – Pilot sites announced via Ministerial Press Release. Ministerial letter to State/Territory colleagues and Members of Parliament in Pilot Site States.	1
Cervical Screening Incentives for general practitioners - $71.9m	22 May 2001 (Budget)	**26 September 2001** – Ministerial Press Release and speech.	1
Approval for next wave of evaluation research for the National Tobacco Campaign - $125,000	**24 September 2001**	N/A	1
Approval of Sharing Health Care – Chronic Disease Self-Management Indigenous Projects - $1,014,660	**5 September 2001**	Successful and unsuccessful projects were notified by the Department	1
Announcement of successful Rural Chronic Disease Initiative Pilot Sites – Funding of $1 million was approved in July 2001.	24 July 2001	**20 September 2001** Ministerial Press Release	1
$850,000 per year and $125,000 for 2000-01 to the Royal Australasian College of Physicians (RACP) to establish six public health positions under the Public Health Registrars Program	**27 September 2001**	Minister advised the RACP **on 27 September 2001.** The Department also wrote to the RACP on 9 Nov 2001	1
Funding of up to $230,000 over two years to the Australian College of Midwives to implement the WHO/UNICEF *Baby Friendly Hospital Initiative*	**27 September 2001**	Organisation advised by phone on 21 December 2001	1

Funding Decision / Announcement	Decision date	Announcement date	Outcome
New MBS items for Brachytherapy for prostate cancer	**5 September 2001**	1 November 2001	2
General Fee increase for MBS	**5 September 2001**	1 November 2001	2
Introduction of Relative Value Guide for Anaesthetics	**5 September 2001**	1 November 2001	2
Amendments to Sleep Studies items	**5 September 2001**	1 November 2001	2
Amendments to Breast Ptosis items	**5 September 2001**	1 November 2001	2
Amendments to Incomplete Labour items	**5 September 2001**	1 November 2001	2
Amendments to Coronary Angiography items	**5 September 2001**	1 November 2001	2
Amendments to Opthalmology items	**5 September 2001**	1 November 2001	2
Amendments to Hyperbaric Oxygen Therapy items	**5 September 2001**	1 November 2001	2
Review of Wholesaling Arrangements under the PBS	**10 September 2001**	**11 September 2001** Press Release	2
Prostate Cancer Funding. $1.4m for PSA Academic Detailing Project – University of Queensland.	Funding Agreement signed on 8 January 2001	Ministerial Press Release and launch on **3 October 2001**	2
Approval for payment of Medicare benefits in respect of pathology services arising out of health screening programs for certain conditions in a rural and remote area of Central Australia, in the Northern Territory, South Australia or Western Australia. Total expenditure on screening services as per the section 19(5) exemption is estimated to be a maximum of $815,000.	**1 October 2001**	Departmental letter to pathology service providers. 19 October 2001	2

NB:
The Department’s forward estimates for Medicare Benefits include allowances for Medicare Schedule fee increases effective each November.

Funding Decision / Announcement	Decision date	Announcement date	Outcome
15 cents increase to pharmacy dispensing fee. •	27 August 2001	**11 September 2001** Ministerial press release from Dr Wooldridge. Letter to Pharmacy Guild of Australia 18 September 2001	2
Implementation arrangements for the general practice nurses incentive. $85.6m over 4 years.	**6 September 2001**	N/A Funding announcement made in 2001 Budget.	2

Funding Decision / Announcement	Decision date	Announcement date	Outcome
Review into the burden of 'Red Tape' in general practice. This is a policy decision and no funding has yet been committed..	**5 September 2001**	Ministerial press release **2 October 2001**	4
Nursing in General Practice Initiative – Ministerial approval of priority areas for the support and training component of the practice nurse initiative. Funding of $2.35m is yet to be allocated to specific organisations.	**26 September 2001**	No public announcement	4
Policy announcement of increased retention payments for general practitioners in rural and remote areas in recognition of their length of service. - $8m over 2 years commencing in 2002-03.	**2 October 2001**	Ministerial press release **2 October 2001**	4
Royal Australian College of General Practitioners – grant contribution for GP House $5.5m (including GST)	**27 September 2001**	No public announcement	4
Barbara Walker Centre for Pain Management – capital grant and extension of existing contract for operational funding - $2.4m ($1.0m – capital grant; $1.4m operational funding. Funding over 4 years commencing 2002-03)	**27 September 2001**	No public announcement	4
National Suicide Prevention Strategy – 40 grants provided for state-based suicide prevention projects $3,633,440 and 9 grants provided for national suicide prevention projects $4,014,000	**1 October 2001**	No public announcement	4
National Mental Health Strategy – Lifeline Referral Database and Australian Trans Cultural Mental Health Network - $600,000.	**1 October 2001**	No public announcement	4
Regional Health Services Program – Grants totalling $16.4m provided to 23 Regional Health Services ($15.36 million over 3 years for service delivery; $1.03 m for planning or one-off capital)	**20 September 2001 to 1 October 2001**	No public announcement	5
Medicare Specialist Outreach Assistance Program **–** 10 Grants totaling $5.49m over 3 years.	**29 September 2001 to 4 October 2001**	No public announcement	5

Funding Decision / Announcement	Decision date	Announcement date	Outcome
Approval of Northern Territory Priority Zones under 1999-2000 Budget Measure: 'Improving access to primary health care for Aboriginal and Torres Strait Islander people'. In principle approval of up to $120,000 for local planning each of the two zones approved.	**1 October 2001**	**1 October 2001** Ministerial letter to Northern Territory Minister for Health & Chair of the NT Territory Health Forum	7
Remote Communities Initiative (RCI) in the Northern Territory – Funding for Population Health Services at Binjari and Minyerri. $1,264,326	**3 October 2001**	**3 October 2001** Ministerial letter to health services and Chair of the Northern Territory Aboriginal Health Forum	7
Puggy Hunter Scholarship Scheme – Funding of $1.23 million over five academic years (2002–06) will fund a minimum of 44 undergraduate scholarships for Aboriginal and Torres Strait Islander students in medicine, nursing and Aboriginal health worker courses.	**3 October 2001**	5 October 2001 Departmental media release	7

Funding Decision / Announcement	**Decision date**	**Announcement date**	**Outcome**
Community Sector Support Scheme funding of $50,000 for National Association of People Living with AIDS - $50,000 in 2001-02 and $138,569 pa from 2002-03	**27 September 2001**	5 October 2001 Ministerial press release	9
Community Sector Support Scheme funding for Metabolic Dietary Disorders Association (MDDA) - $70,000 in 2001-02 and $50,000 pa from 2002-03	**27 September 2001**	Ministerial letter to MDDA	9
Approval of $1,588,950 for funding for chronic disease research project grants	**27 September 2001**	N/A	9
Approval of $366.695 million for new NHMRC Research Awards ***(see Question on Notice No. E02000065)***	**1 October 2001**	31 October 2001 – Prime Ministerial announcement.	9
Ovarian Cancer Initiative (National Breast Cancer Centre) Funding of $500,000 over 2 years.	**20 September 2001**	**28 September 2001** Ministerial Press Release – Minister announced the initiative at the Ovarian Cancer Workshop held in Melbourne	9
National Stroke Unit Program to develop models for appropriate stroke care - $244,312 over 1 year	**24 September 2001**	Departmental letter 26 November 2001	9
Renewal of contract with the Cancer Council Australia for the operation of the National Cancer Control Initiative Funding of $2.4m for further 3 years.	**1 October 2001**	N/A	9
Grant to International Diabetes Institute (IDI) $470,000.	**3 October 2002**	5 October 2002 Departmental letter to IDI	9
John Curtin School of Medical Research capital works and refurbishment $4 million ($2m. in each of 2001-02 and 2002-03)	**28 September 2001**	19 November 2001 Departmental Letter	9
Academic Chair for the Centre of Health Care for Older Australians, University of Sydney $150,000 over 3 years	**19 September 2001**	**19 September 2001** Ministerial letter	9
Eccles Centenary Year $50,000 in 2001-02	**25 September 2001**	**25 September 2001** Ministerial letter	9
Agreement to pay sitting fees and allowances to Health*Connect* Board members who are not in public employ (two members).	**25 September 2001**	Eligible Board members were notified by the Department	9

Funding Decision / Announcement	**Decision date**	**Announcement date**	**Outcome**
National Integrated Diabetes Programme - $43.4m	22 May 2001 (Budget)	**28 September 2001** – Minister announced the details of the program at the RACGP's 44th Annual Scientific Conference. A Ministerial press release was issued on the same day.	9
Centre for Medical and Surgical Skills $500,000 in 2001/02	**28 September 2001**	8 November 2001 Departmental letter	9
Tissue Engineering research and development grant Bernard O'Brien Institute for Microsurgery $1.5m over 3 years	**28 September 2001**	22 November 2001 Departmental letter	9

(b) 5/10/01 to 8/10/01: Post announcement but pre-issue of writs

Funding Decision / Announcement	Decision date	Announcement date	Outcome
Approval of the Community Partnerships Initiative (CPI) 3rd Funding Round $1.7 million	**5 October 2001**	Ministerial Media Release 7 December 2001. Departmental advice sent to successful applicants.	1
Influenza Program for Older Australians – Revised Funding formula to States	**8 October 2001**	No announcement	1
Announcement of program for the provision of Herceptin 2001-02 $6.812m 2002-03 $13.238m 2003-04 $14.518m 2004-05 $15.918m	**6 October 2001**	11 October 2001 Ministerial Press Release	2
Proactive GP management of Asthma – The 3+ Visit Plan - $48.4m	22 May 2001 (Budget)	**8 October 2001 -** Ministerial Press Release – Minister announced the initiative during Asthma Week at Asthma Victoria, Melbourne	2, 9
After Hours Primary Medical Care Development Grants – program to facilitate improvement of after hour medical service providers – funding provided to 45 providers. $4,433,221	**7 October to 8 October 2001**	No public announcement	4
Australian College of Rural and Remote Medicine (ACRRM) – Policy approval for a grant to develop and implement a professional development program. $5.6m over 3 years	**8 October 2001**	No public announcement	4
National Suicide Prevention Strategy – Reachout!	**8 October 2001**	No public announcement	4
National Mental Health Strategy – Grants to the Australian Consumer Network and the Mental Health Council of Australia $708,442.	**8 October 2001**	No public announcement	4
Medical Specialist Outreach Assistance Program – 1 grant of $300,000 over 3 years.	**8 October 2001**	No public announcement	4

Funding Decision / Announcement	Decision date	Announcement date	Outcome
In principle approval for long term funding arrangements following on from the Coordinated Care Trials for the Katherine West Health Board This will provide for continuation of existing funding levels in Year 1 ($2.8 million pa); and up to a further $250,000 in Years 2 and 3	**8 October 2001**	**8 October 2001** Ministerial letter to the Katherine West Health Board and the Northern Territory Minister for Health	7
Approval for Commonwealth funded Aboriginal Health Services across Australia to access Medicare for pathology services arising out of health screening programs for certain conditions.	**8 October 2001**	Departmental letter to Aboriginal Health Services and National Aboriginal Community Controlled Health Organisation and its state affiliates during late November	7
1998-99 Budget Measure -" Increased Funding for Primary Health Care" Allocation of $257,212 and a further $70,120 approved in principle.	**8 October 2001**	**8 October 2001** Ministerial letter to health services, Chair of the Northern Territory Aboriginal Health Forum and Northern Territory Minister for Health	7

(c) 9/10/01 to 10/11/01: Caretaker mode

Funding Decision / Announcement	Decision date	Announcement date	Outcome
National Childhood Nutrition Program Round 2 Grant $2.114 million	21 August 2001	**8 November 2001** Ministerial Press Release Parliamentary Secretary letter to applicants.	1
Early listing on the Pharmaceutical Benefits Scheme of Glivec This followed recommendations from PBAC and the Pricing Authority and was subject to consultation with the Opposition	**1 November 2001**	Ministerial Press Release of 7 November 2001	2

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000004

OUTCOME: WHOLE OF PORTFOLIO

Topic: PRE-ELECTION ANOUNCEMENTS

Written Question on Notice

Senator Evans asked:

Can you confirm that the decisions in the post announcement - pre-issue of writs category include:

(a) $44 million for after hours care;
(b) $44 million for PET scanners;
(c) $70 million for GPET (GP Training); and
(d) $5.6 million grant to Australian College of Rural and Regional Medicine.
(e) Were all of these announcements made after the Prime Minister had announced he would be calling the election?
(f) Are there any other measures not on this list decided or announced in that period? Please provide details.

Answer:

No. The amount of funding was $4.4 million not $44 million.
No. The decision was not taken during this period.
No. The decision was not taken during this period. The amount of funding was $54.4 million not $70 million as stated in the question.
(d) Yes
(e) No
(f) See Question E02000003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000118

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: USE OF INFORMATION AND MATERIAL PUBLISHED ON THE DEPARTMENT'S WEB SITE

Hansard Page: CA 121-122

Senator Crowley asked:

(a) What can people do with publicly available information on the health department's page [in particular information on Hepatitis C on the website]?
(b) Why would there possibly be a copyright problem on the web page but not if I print it off and circulate it?

Answer:

(a) The following summarises the legal position.

Commonwealth government information and materials on the Department of Health and Ageing website, including data, pages, documents, online graphics, images and web pages, audio and video are protected by copyright.

Owners of copyright have the exclusive right to do certain things with their material including reproduce the material, communicate the material to the public (including via the internet) and adapt the material. A person who is not the copyright owner cannot use the copyright material in any of these ways unless the use falls within one of the exceptions in the *Copyright Act 1968* or if the Commonwealth (including the Department) specifically permits the use.

The *Copyright Act 1968* is complicated and it is thus difficult to provide an exhaustive description of exactly what people can do with information on the Department's web pages. Following is a description of some of the main uses that are specifically permitted by either the *Copyright Act 1968* or the Commonwealth (including the Department via the copyright notice on the Department's website).

1) People may download, store in cache, display, print and copy a single copy or part of a single copy of information or material from the website only for their personal, non-commercial use and only in an unaltered form.

2) Fair dealing with material on the Department's website is permitted for the purposes of research and study, criticism or review, reporting the news and giving professional

advice.

Question: E02000118

3) Educational institutions are permitted to copy at least part of a publication from the Department's website for educational purposes including the compilation of student materials and examination papers. However, there are procedures that must be complied with in some situations.

4) Libraries and archives are permitted to copy at least part of a document on the website in certain instances including to assist a person (including a student, researcher or Member of Parliament) with research and to preserve material.

5) Educational institutions or other institutions that provide assistance to people with print or intellectual disabilities can copy material on the website provided certain procedures are complied with.

6) Any use of the material on the website may be made for the purpose of judicial proceedings or the purpose of reporting judicial proceedings.

7) Governments are permitted to make any use of the information on the website provided certain procedures are complied with.

8) Links to the website are permitted without any alteration of the site's contents.

Of course the Commonwealth also has a discretion to allow material on the website to be used in any way and for any purpose. Individuals or organisations that wish to use material in a way that is not permitted by the *Copyright Act 1968* or that has not already been permitted by the Commonwealth can always request permission to do so.

With reference to hepatitis C information on the Department's website, on 21 November 2001, the Department received correspondence from Mr Stephen Eiszele on behalf of AUShepC seeking permission to reproduce the *National Hepatitis C Resource Manual* (the Manual) on the AUShepC website.

The Manual is readily accessible in hard copy and electronic form via the Department's website. The electronic version of the Manual on the Department's website is updated regularly by La Trobe University under a contract with the Commonwealth to ensure that the public always has access to the most accurate and up to date information possible.

The Department took a policy decision not to give permission for any person (including Mr Eiszele) to reproduce the whole of the Manual on another website. The main reason for this was to ensure that people had access to the most up to date and accurate edition of the Manual. In taking this decision the Department was concerned about the well being of users who would end up relying on outdated information.

On 14 December 2001, the Department wrote to Mr Eiszele stating that the Commonwealth did not grant permission for the Manual to be reproduced on the AUShepC website on the basis that:

- the Manual is readily accessible in two formats - hard copy, and electronic form via the Department's website; and

- the electronic version of the Manual on the Department's website is updated regularly to ensure that the public always has access to the most accurate and up to date information possible.

However, permission was granted for AUShepC to link to the Manual via the Department's website, subject to compliance with the policy on linking, which is:

> "You may link to this site, but permission is restricted to making a link without any alteration of the site's content. Permission is not granted to reproduce, frame or reformat the files, pages, images, information and materials from this site on any other site unless express written permission has been obtained from the webmaster at the Department of Health and Ageing."

(b) The question of whether any particular use of material would constitute a breach of copyright is heavily dependent on all of the facts of the individual case. It is thus difficult to provide a definite answer as to whether the printing and circulation of a document from the Department's website would result in a breach of copyright in every situation.

Generally no breach of copyright would arise if a person printed one copy of a document for their personal, non-commercial use. The circulation of a document may or may not amount to a breach of copyright depending on the facts. For example, if a University were to print an article and circulate it to students as part of an examination question there is unlikely to be a breach. However, if a commercial publisher were to print the same article and then circulate it in a book there may well be a breach.

Again, it is important to note that the Commonwealth can always grant permission to use a document in any way and for any purpose. If a person wanted to print and circulate a document in a way that is not already permitted by the *Copyright Act 1968* or the Commonwealth, that person can always request permission from the Commonwealth to use the document in the desired manner.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000067

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDREN'S HEALTH - SECTIONS

Written Question on Notice

Senator Evans asked:

(a) Are there any specialist staff or section in the Department that focus on Children's health and well being? If so, how many?

(b) What do they do? Administer programs? Which ones? Collect information? On what? – what trends are being recognised?

Answer:

(a) There is one recently created section in the Population Health Division (PHD) that has a policy development and coordination role for maternal and child health. The specialist staff directly involved include a policy officer with extensive experience as a child health practitioner and medical officer with a strong background in maternal health issues.

(b) There is now considerable international evidence on the importance of interventions early in life to address risk factors that are known to lead to health and social problems later in life[2].

Consequently, there has been renewed interest in the development, health and well-being of children at the Commonwealth level.

The new section in PHD will focus on policy development and coordination with existing child health initiatives from within the Department of Health and Ageing. It will also take an active part in the cross-portfolio work needed in this area.

2. The World Health Organisation has published "A Life Course Approach to Health" which provides a sound background to the pathways of risk and opportunities for intervention.

The work of the section is in its early stages. It is intended that the section will progress work towards a collaborative system-wide approach to early detection and preventive activities, targeting the antenatal period and early years of life. This will include working in collaboration with States and Territories through the National Public Health Partnership as well as with agencies such as the Australian Institute of Health and Welfare, National Health and Medical Research Council and the National Research Partnership on Development, Health and Wellbeing. The section will also aim to facilitate better coordination of the existing preventive elements related to child health and well-being which are included in Commonwealth health initiatives such as the National Drug Strategy Prevention Agenda, the National Mental Health Action Plan and the National Nutrition Strategy.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000068

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDREN'S HEALTH – "SOCIAL IMMUNISATION"

Written Question on Notice

Senator Evans asked:

The Government has recently referred to "social immunisation" and early intervention.
(a) What work has the Department done to determine need in this area?
(b) What sort of programs are being developed and how will they be delivered?
(c) Where and what is the target?

Answer:

(a) The concept of "social immunisation" was used in the media to infer that success on the immunisation for diseases could be equally successful in the social area using effective early childhood interventions. The concept refers to the importance of giving attention to the social determinants of health in addition to the physical and biological determinants. It also relates to the need to address risk factors early on in the lifecourse in order to provide protection against later ill health and social problems (sometimes referred to as the life course approach).

The concept "social immunisation" is well illustrated in the presentation made by Professor Fiona Stanley AO, (Founding Director of the TVW Telethon Institute for Child Health Research WA) to the Prime Minister's Science, Engineering and Innovations Council (PMSEIC), which made the case for the substantial benefits of early interventions to improve the health and well-being of children.

Some of the areas of need highlighted by Professor Stanley include:

- one in four children aged 12-17 has a significant mental health problem;
- asthma prevalence in primary school children is increasing;
- increasing incidence of child abuse;
- increasing child literacy disparities between socioeconomic groups;
- increasing number of children with type 1 diabetes; and
- increasing crime.

The Department has funded the Australian Institute of Health and Welfare to produce a biennial report on *Australia's Children: their health and wellbeing,* which includes data on a wide range of health, educational and social indicators. The first report was published in 1998 and the second is about to be published.

(b) The case for preventive activities and early intervention in the first years of life has been well documented in the international research literature. The Maternal and Child Health Section in the Population Health Division is examining this literature and its implications for policy. In the Department of Health and Ageing areas such as mental health, illicit drugs, nutrition and Indigenous health have initiated development of an early intervention focus. The new policy work aims to co-ordinate relevant aspects of these initiatives into a coherent policy framework.

A number of Commonwealth departments recognise the benefits of interventions early in the life course. The Department of Health and Ageing is represented on an interdepartmental taskforce at the Commonwealth level, which is developing a cross-Departmental response and ways forward for the Commonwealth in integrated policy and program responses to improve child health and well-being.

Many of the relevant programs are provided by States and Territories. A number of jurisdictions have a range of programs either starting or in place which adopt an integrated approach across portfolios to deliver services for children to improve their health and well-being. The Maternal and Child Health Section is undertaking consultations with States and Territories about these programs.

(c) It would be premature to suggest any targets for such joint initiatives.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000069

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDREN'S HEALTH - STATISTICS

Written Question on Notice

Senator Evans asked:

What statistics are available from the Department on children's health trends in the areas like: asthma, obesity, allergies, ADD and diabetes?

Answer:

The Australian Institute of Health and Welfare (AIHW) collects and disseminates health and welfare statistics. The Department of Health and Ageing has funded the AIHW to produce two comprehensive reports – *Australia's Children – their health and wellbeing* (1998) and *Australia's Young People – their health and wellbeing* (1999). The second edition of *Australia's Children* will shortly be published.

The report on children covers a wealth of information on trends in mortality and morbidity patterns and trends, disability and chronic conditions, infectious diseases, biological and behavioural determinants, family and social environment, children and services and health of populations. The Institute's web site is http://www.aihw.gov.au

In relation to asthma in children the report states "among primary school children in Australia, 'recent wheeze' (that is, wheeze in the past 12 months) is reported to occur in approximately 25%". The prevalence of asthma is based on the 1995 National Health Survey and trend data will be available after the information from the 2001 National Health Survey is available.

The report also covers obesity in children although there is no highly reliable measure for obesity in children. A more recent article by Booth et al in the *Australian and New Zealand Journal of Pubic Health* (2002; 25, pp162-9) looked at the epidemiology of overweight and obesity among Australian children and adolescents. Using data from NSW and Victorian detailed studies and the National Health Survey, they found that some 19-23% of children and adolescents are either overweight or obese. They also showed that there was a higher proportion of overweight and obese children among those from European or Middle Eastern cultural backgrounds.

Allergies are not specifically addressed in the AIHW child health report although data on eczema, hay fever and allergy are listed as frequently reported (by parents) conditions from the National Health Survey in 1995. Other auto immune diseases are also linked with allergy.

Australia's Health 2000 (AIHW) briefly mentions attention-deficit disorder as having a prevalence of 0.9% in the whole population. The National Survey of Mental Health and Wellbeing, conducted under the National Mental Health Strategy, provided a comprehensive picture of the burden of mental illness in Australia. This survey also sought information on the prevalence of Attention Deficit Disorder. Overall the survey found that 11.2% of children and adolescents were identified as having ADHD. These results need to be interpreted with caution until validated by other population based surveys.

Nearly all cases of diabetes in children are type 1. The prevalence in children is reported to be 130 per 100,000. The AIHW child health report states that "the incidence of childhood diabetes has increased substantially in developed countries in the last 40 years".

The Department of Health and Ageing also works cooperatively with the Department of Family and Community Services to obtain information through the Longitudinal Study of Australian Children and the Household Income and Labour Dynamics of Australia study. These studies will provide information on risk and protective factors for improving health and well-being of children in a social / environmental context. Data will become available in due course.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000070

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDREN'S HEALTH - PROGRAMS

Written Question on Notice

Senator Evans asked:

What Commonwealth programs seek to address children's health issues?

Answer:

A summary of the programs currently in the Department is attached. (Attachment A)

Attachment A (question 70)

Summary of Child and Youth Health Related Initiatives

DEPARTMENT OF HEALTH AND AGEING

February 2002

The Commonwealth Department of Health and Ageing has funded, established and implemented a range of programs and strategies that address, or are relevant to, the health and well-being of young people.

MEDICARE

Australia's health care system provides universal access to quality care at reasonable cost through the provision of medical and pharmaceutical benefits, other funding of general practitioner programs and funding agreements with State and Territories for public hospital services.
Target group/coverage: For all Australians. Young people are entitled to hold their own Medicare card from the age of 15 years and consequently, are able to obtain independent access to health services.
Funding: For 2000-2001, MBS $6.9 billion (including $2.5 billion for GPs), PBS $4.25 billion and Acute Care (via Australian Health Care Agreements) $5.9 billion.

RESEARCH, SURVEILLANCE AND MONITORING

National Child and Youth Health Information Strategy
Purpose: The development of an Information Strategy was recommended in the National Health Plan for Young Australians (AHMAC report) as a key mechanism for monitoring the impact of the child and youth health policy and progress of the National Health Plan.
Target group/coverage: all children and young people in Australia.
Funding: AIHW has been funded to develop the Information Strategy. $63,000 was initially provided by AHMAC. The Department of Health and Aged Care has continued funding for this work as part of the child and youth health activity component of the MOU with AIHW.

Reporting on Child and Youth Health
Purpose: To monitor the health status of children and young people, through the provision of a report every 3 years. The next child health report, *Australia's Children: Their Health and Wellbeing*, is due in early 2002 and the youth report, *Australia's Youth: Their Health and Wellbeing*, is due in 2003.
Target group/coverage: all children and young people in Australia.
Funding: The Department of Health and Aged Care funds the AIHW for this work which forms part of the child and youth health activity component of the MOU with AIHW.

SCOPING

National Divisions Youth Alliance (NDYA)
Purpose: Funding to support the activities of the NDYA, a network of over 70 Divisions of General Practice and individual general practitioners with an interest in youth health in order to communicate and share ideas on improving GP access for young people. Key activities are the development of a Best Practice Evaluation Framework to assist in identifying best practice in youth health services and the establishment of a website structure and web communication strategy. The information will assist in making health care services more responsive to the needs of young people.
Target Group/coverage: young people across Australia.
Funding: Approximately $1 million over 3 years (August 2000 – 2003).

INITIATIVES: PREVENTION, PROMOTION AND TREATMENT

National Child Nutrition Program

Commencing in 1999, the National Childhood Nutrition Program is a $15 million three year community grants program which aims to improve the diet and long term eating patterns of children aged 0-12 and pregnant women, particularly in high need environments. Projects are targeting rural and remote communities, Aboriginal and Torres Strait Islander communities and socio-economically disadvantaged communities. The objectives of the program are to improve: awareness of healthy diets and outcomes in healthy eating patterns; community knowledge, skills and capacity to promote nutritional health; and availability and access to nutritious foods.

National Injury Prevention Plan:
Purpose:
Injuries are a leading cause of death, illness and disability in Australia. The cost to the nation is estimated to be over 13 billion dollars per year, yet many injuries and their consequences are preventable. The National Injury Prevention Plan: Priorities for 2001-2003 provides a broad strategic framework for national activity in the areas of high priority for health portfolios. The Plan and the accompanying Implementation Plan has identified four priority areas for action. Three of these are of direct relevance to children - falls in children, drowning and near drowning, and poisoning in children. These priorities were chosen on the basis of the following criteria: evidence of injury burden and potential gains, effectiveness, cost benefit and acceptability of a range of interventions, and a clear and actionable role for the health sector.
Target group/coverage: Children and young people.
Funding: Projects identified in the Implementation Plan as the role of the Commonwealth are funded from Outcome 1. These include infrastructure issues such as data development, and specific programs and research designed to prevent non-intentional injuries to children.

Childhood Immunisation
Purpose:

The Immunise Australia Program is a joint Commonwealth-State program which aims to increase national childhood immunisation rates so as to reduce the incidence of vaccine preventable diseases in the Australian community. The program includes the provision of free vaccines to all providers; the establishment of the Australian Childhood Immunisation Register; provider and community education programs and a national adverse events reporting scheme.

The seven point plan launched in 1997 includes:

- New requirements linking eligibility to immunisation status for Childcare Assistance and Maternity Immunisation Allowance;

- Incentives for General Practitioners to encourage high immunisation coverage levels for children attending their practice;
- Release of data on immunisation rates from the Australian Childhood Immunisation Register (ACIR);
- A series of immunisation days to increase immunisation coverage;
- A Measles Control Campaign;
- Implementation of communication strategies for immunisation service providers and the community, and establishment of a National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS); and
- Introduction of school entry requirements to ensure that parents submit details of their child's immunisation history.

During 2000-01, the Commonwealth provided over $93 million to States and Territories for vaccine funding. It is the responsibility of State and Territory Governments to purchase specified vaccines and implement programs to deliver these vaccines. In specific instances the Commonwealth will also make a direct contribution to service delivery costs,
eg Hepatitis B vaccine for pre-adolescents school-based program.

The National Immunisation Committee (NIC) provides leadership and takes responsibility for policy development, implementation and review of the National Immunisation Program. NIC has representatives of Commonwealth, State and Territory health authorities; the Royal Australian College of General Practitioners; Australian Divisions of General Practice; and the National Aboriginal Community Controlled Health Organisation.

- Achievements

Figures from the *Australian Childhood Immunisation Register* (ACIR) show sustained improvement in the coverage of children under the Childhood Immunise Australia Program. 91.2 % of Australian children aged 1 year are fully immunised (an increase of 2.2 per cent since 30 June 2000) and 84.7 per cent of children aged 2 (an increase of 3 per cent).

The preparation of the *Australian Immunisation Handbook, 7th edition 2000* to give practitioners clear guidance about vaccination and to provide an accessible summary of the relevant data on vaccine-preventable infectious diseases in Australia.

The Commonwealth, in conjunction with States and Territories, conducted a successful Measles Control Campaign from August to November 1998 as the first stage of a measles elimination strategy. National Guidelines for the Control of Measles Outbreaks in Australia have also been revised and updated to ensure that Australia continues to progress towards measles elimination.

National HIV/AIDS Strategy

Purpose: The *National HIV/AIDS Strategy 1999 – 2000 to 2003 – 2004*, 'Changes and Challenges'

provides a framework for Australia's national response to HIV/AIDS, and is integrated with other strategies including the National Indigenous Australians' Sexual Health Strategy and the National Drug Strategy.

In accordance with this and the previous national HIV/AIDS strategies, the following resources have been developed to provide young people with the information and learning opportunities they need in order to make healthy decisions and reduce their exposure to harm.
Funding has been provided for a number of projects, including:

- *Talking Sexual Health*, a parents' guide to discussing sexual health matters with their children;
- the *Keep it Simple Guide to Safe Sex*, an information booklet for young people; and
- a *Talking Sexual Health National Framework* document and *Professional Development* resource, developed to assist secondary schools with the provision of education relating to sexually transmissible infections, HIV/AIDS and other blood borne viruses;
- a low literacy resource for young people who may be contemplating drug use and a *"Close Shaves"* comic for young people; and
- *Blood Rules, OK*, an education kit for sporting organisations.

Target group/coverage: While the current National HIV/AIDS does not specifically identify young people as a priority population group, it notes that young people may sometimes be at relatively high risk of infection. They may also form part of one or more of the priority groups, and they will have specific HIV/AIDS prevention, education and health promotion needs, including those that will be best met within school settings.
Funding: The Department of Health and Aged Care spends approx $3 million p.a. on national education programs for HIV/AIDS and hepatitis C.

The Innovative Health Services for Homeless Youth (IHSHY) Program

Purpose: To provide innovative health services to homeless and otherwise at risk young people to enable this group to maintain their health while homeless or at risk of homelessness. These young people tend not to utilise mainstream health services effectively and therefore continue to be at significant health risk. Funding is provided to states and territories on a matched dollar:dollar basis for a range of service based activities including advocacy and counselling, referral to other health services, health prevention and promotion and mobile outreach services. This program complements the Early Intervention into Youth Homelessness project administered by the Department of Family and Community Services.
Target group/coverage: Young people who are homeless or at risk of homelessness.
Funding: 1999-2000 $2.152 million, 2000-2001 $2.162 million, 2001-2002 $2.194 million and 2002-2003 $2.212 million.

National Mental Health Strategy (NMHS)

A number of national activities under the NMHS specifically address the needs of youth as outlined below.

Mental Health Information Materials

A number of information resources have been produced aimed at the general community to address the high level of misunderstanding about mental health problems and reduce the stigma surrounding mental illness.
These resources include:

- *Tips for parents* – a series of booklets to help parents understand the sleeping patterns of babies, deal with tantrums, help children cope with change, and communicate with teenagers;
- *Growing up with young people* – a booklet for parents of older teenagers and young adults. The booklet is available in English, Vietnamese and Chinese and has been adapted for Indigenous Australians;
- Two brochures on children and young people's mental health:

- *Challenging Behaviours*;
- *Supporting parents and families: the mental health and wellbeing of children and young people*; and

- A series of brochures on mental illnesses:
  - *Mental illness – the facts*
  - *What is depression?*
  - *What is an eating disorder?*
  - *What is schizophrenia?*
  - *What is bipolar mood disorder?*
  - *What are anxiety disorders?*

MindMatters: National Mental Health Promotion Program for Secondary Schools

Purpose:

MindMatters recognises that the mental and emotional health and wellbeing of young people is fundamental to their academic, vocational and social competence. The program was developed to enhance school environments where young people feel safe, valued, engaged and purposeful. It provides a range of resources, supported by professional development activities and a dedicated website, www.curriculum.edu.au/mindmatters.

There is widespread cross-sector support for MindMatters. This includes considerable international interest and liaison, particularly from New Zealand, the USA and the UK.

Achievements to date include:

- all secondary schools in Australia have received their invitation to join the program and 80% of secondary schools have requested and received the complimentary Resources Kit. There have been additional sales of over 1,000 Kits within Australia and 74 international sales.
- During 2001, professional development for school principals, teachers, welfare staff and parents have been held in all States and Territories, with over 3,700 participants from 50% of secondary schools.

Target group/coverage: Young people and young adults.
Funding: $4.7 million under the National Mental Health Strategy and the National Suicide Prevention Strategy.

Primary Schools Mental Health Initiative: Scoping Study

Purpose:

To complement the MindMatters program in secondary schools, work has commenced on a national Primary Schools Study. This initiative aims to assess the mental health needs of primary school children and primary school communities around Australia. The study will assess how well these needs are being addressed by current programs and will also identify and inform requirements for inclusion in future and related programs.

Target group/coverage: Children and young people.
Funding: $196,000 under the National Mental Health Strategy and the National Suicide Prevention Strategy.

StudentMatters

Purpose:

StudentMatters will also complement MindMatters. This intitiative aims to develop a strategy that will help interested MindMatters schools to work more effectively with at risk students by facilitating access to:

- targeted programs for small groups of identified students;
- effective professional assistance for individual students both within the school and the community;
- telephone information and counselling services and internet support programs; and
- support and training for school staff.

Work on this program has commenced.

Target group/coverage: Secondary school students in MindMatters schools.
Funding: $1.68 million over 3 years has been allocated from NMHS and NSPS funds to support StudentMatters.

FamilyMatters
Purpose:
The *FamilyMatters* is another complementary program to *MindMatters* with the overall aim of engaging parents in the *MindMatters* and *StudentMatters* programs at the national, state and local levels. *FamilyMatters* comprises two elements:

- Education and training for school parent organisations related to mental health promotion; and
- Support for families where a young person needs extra support due to a mental heatlh problem.

Work on this program has commenced.

Target group/coverage: Young people and young adults and their families / parents.
Funding: $600,000 over 2 years from NSPS funds has been allocated to FamilyMatters.

Children of Parents with a Mental Illness
***Purpose*:**
The Children Of Parents With A Mental Illness inititiative aims to achieve better mental health outcomes for children of parents affected by mental illness and their families by researching, developing, piloting and disseminating good practice guidelines and resources for:

- those working with parents affected by a mental illness and their partners;
- those working with parents during the peri-natal period and early childhood; and
- those working with school-aged children and adolescents.

Target group/coverage: Health and other policy makers nationally; services that see children of parents with a mental illness and their families.
Funding: Funding of $450,000 over two years from the National Mental Health Strategy has been allocated to this project.

Kids Help Line
Purpose:
To provide a national telephone counselling service for young people aged 5 to 18 years. The non-government, free, anonymous and confidential service aims to:

a) Provide a professional counselling service accessible to all Australian children and young people;
b) Empower the caller by assisting them to form opinions for themselves;

c) help children identify and understand the consequences of a particular course of action;
d) facilitate more productive relationships with parents, teachers and care givers;
e) fill in the gaps in existing services;
f) provide information on support services in the caller's local area;
g) advocate on behalf of children where their interests are ignored or unrepresented.

Target group/coverage: All children and young people aged 5 to 18 years.
Funding: $4.6 million from 1997-2001. $770,000 has been allocated for the 2002-2003 financial year under the NSPS.

Auseinet - the Australian Network for Promotion, Prevention and Early Intervention for Mental Health
Auseinet has developed a number of clinical approaches documents for early intervention in various mental health conditions affecting children and young people. These have been widely disseminated.

NATIONAL SUICIDE PREVENTION STRATEGY (NSPS)
Purpose:
To support national suicide prevention activities across the lifespan. The funding of the NSPS reflects the federal government commitment to build on the former National Youth Suicide Prevention Strategy (1995 –1999). While maintaining a focus on youth the NSPS is targeting at risk population groups across the lifespan using a combination of national and local level approaches.

A national policy document titled *Living Is For Everyone (LIFE): A framework for prevention of suicide and self-harm in Australia* has been developed with considerable community input. It aims to foster strategic partnerships and to position suicide prevention effort across all sectors. The framework was released in October 2000 and widely distributed.

The Minister for Health and Ageing has established the National Advisory Council on Suicide Prevention (NACSP). Guided by the LIFE Framework the NACSP has a major role in setting priorities and progressing initiatives under the NSPS, including making recommendations on funding to the Minister for Health and Ageing.

The Australian Bureau of Statistics released the *Causes of Death, Australia 2000* on the 11 December 2001. In 2000, there were 2363 suicides registered compared with 2492 in the previous year. Although this is only 1.8% of all deaths, it represents about 10% of the total Years of Potential Life Lost for those aged 1 to 75 years.

These figures show a continued downward trend for both sexes from the highest figures of the decade in 1997. They also remain fairly stable across States and Territories. Male suicides continue to outnumber female suicides by four to one.

The figures in relation to youth suicide are particularly encouraging. There were 338 deaths of 15 to 24 year olds, giving the lowest rate in the eleven-year period from 1990 to 2000.

The highest age specific death rates recorded are actually for those in the 25 to 44 year age group (with a rate of 20.1 per 100,000), followed by the 35 to 44 year age group. These two groups accounted for half the total suicide deaths in 2000.

The Coalition in an election promise committed to extend the National Suicide Prevention Strategy for a further 4 years from now. The Strategy continues a focus on youth suicide, but also has extended the

suicide prevention program to other age and high-risk groups.

Review of Suicide Prevention Initiatives

When the Government funded the National Suicide Prevention Strategy it requested an external review of the links between the National Suicide Prevention Strategy and related Commonwealth and State and Territory initiatives, under jointly agreed terms of reference between Health and Finance Ministers (Attachment A).

The purpose of the Review is to scope current initiatives that address suicide prevention and related issues and identify areas of overlap with a view to enabling those initiatives to be more effective.

The Review is being oversighted by Professor Ian Webster, Chair of the NACSP whilst the responsibility for management of the process rests with the Mental Health and Special Programs Branch of the Department of Health and Ageing.

The Department has received the final report and discussions are being held to develop a brief for the Minister for Health and Ageing.

National Drug Strategic Framework (NDSF) 1998-99 to 2002-03 Building Partnerships
Purpose: To improve health, social and economic outcomes by preventing the uptake of harmful drugs use and reducing harmful effects of licit and illicit drugs in Australian society. The Framework recognises the vital role of families and communities in the development of attitudes to and values concerning drug use. A number of key initiatives focusing on young people and targeting families and parents are funded under the NDSF, including:

- **National Illicit Drugs Strategy (NIDS)**

Purpose: to assist in preventing and reducing the use of illicit substances through a balanced package of measures aimed at reducing the supply of, and demand for, illicit drugs. Key demand reduction initiatives under NIDS include:

1. **National Illicit Drugs Campaign (NIDC)**
Purpose: As a component of NIDS, NIDC is a comprehensive community education and information strategy, divided into two parts: 1) an information strategy to meet needs of parents, carers and the broader community, and 2) targeted strategies relating to reach youth. The first phase aims to enhance parents' and carers' skills in communicating with children about illicit drugs in order to deter the initiation or continuation of drug use by children. Consideration is currently being given to the approach for phase two.
Target group/coverage: Parents, carers, the community (Part 1) and young people in general and those at risk of drug use (Part 2).
Funding: $27 million over 4 years.

2. **Community Partnerships Initiative**
Purpose: To encourage quality practice in community action to prevent illicit drug use and to build on existing activity occurring across Australia. It is expected that the outcomes will contribute to the prevention and reduction of illicit substance use by young people, by mobilising communities and fostering relationships between government and the broader community.
Target group/coverage: The focus is young people but includes action involving other individuals

and groups in the community who interact with young people in their social environments.
Funding: $8.8 million over 4 years. To date, 112 community-based organisations have been funded, at a cost of almost $7.7 million, to implement a broad range of drug prevention activities. The third funding round was advertised in the national press in July 2001 seeking project proposals from communities living in rural, regional and outer-metropolitan areas. In October 2001, the former Health Minister approved funding to 23 organisations from across Australia to a total value of $1.7 million. In December 2001 the Minister for Health announced an additional allocation of $14 million to continue and expand the Community Partnerships Initiative

3. Schools Drug Education Strategy
Purpose: To strengthen the provision of educational programs and supportive environments that contribute to the goal of 'no illicit drugs in schools'. DETYA has primary carriage of this strategy.
Target group/coverage: Young people in general and those at risk of drug use; the community and government.
Funding: $18 million.

4. NGO Treatment Grants Program
Funding has been provided under the Non-Government Organisation Treatment Grants Program to build capacity of NGO services and to improve treatment outcomes by a) expanding and upgrading current NGO treatment services, and b) establishing and operating new treatment services for users of illicit drugs, with an emphasis on filling gaps (geographic, target group) in the coverage of existing treatment services. $57 million over four years has been allocated to 133 NGO Treatment Services nationally. Funding under the NGOTGP has been fully allocated. In December 2001 the Minister for Health announced an allocation of $61.6 million to continue the NGO Treatment Grants Program.

- **The Rock Eisteddfod**

Purpose: To deliver drug and alcohol prevention messages to the target audience in the form of a performing arts event for primary and secondary schools.
Target group/coverage: Teenagers aged 12-18 years old.
Funding: The total budget for 2000-2001 was $545000.

- **The Croc Eisteddfod Festivals**

Purpose: To deliver drug prevention messages and strategies to youth, parents, teachers, schools and communities in remote areas of Australia by using a youth cultural environment in the form of performing arts events.
Target group/coverage: Teenagers aged 12-18 years old.
Funding: The total budget for 2000-2001 was $405 240.

- **National Tobacco Strategy (1999 to 2002-03)**

Purpose: To provide a comprehensive and multi-variate approach and national collaborative effort to improve the health of all Australians by eliminating or reducing their exposure to tobacco.
It aims to improve on the effectiveness and efficiency of tobacco control in Australia and continue to expand upon the collaborative partnerships achieved by the National Tobacco Campaign which began in 1997. The strategy links with other relevant national strategies and expands on current initiatives at a State/Territory and Commonwealth government level and in the non-government sector.
Target group/coverage: All Australians but the strategy acknowledges that children and young people under the age of 18 and Aboriginal and Torres Strait Islander people are at particular risk of harm due to smoking or tobacco exposure, warranting targeted action.
Funding: $6.1 million 1999 to 2001-02.

- **National Alcohol Campaign**

Purpose: to assist all sections of the community, in particular young people, to develop attitudes and behaviour enabling them to minimise and, if possible, avoid alcohol-related harm. The campaign focuses on young peoples' drinking behaviours and associated information and support for parents. Campaign material includes print resources, television commercials, newspaper and magazine advertisements and an Internet site as well as material for parents of Non-English Speaking Backgrounds (NESB) and indigenous young people.
Target group/coverage: Primary target audience is youth aged 15-17 years old. The secondary target audiences are young adults aged 18-24 and parents of children aged 12-17.
Funding: 1999-2000 budget was $5.2 million. 2000/2001 budget is $2.1million.

- **National Alcohol Strategy**

Purpose: to provide nationally agreed direction for building a healthier and safer community by minimising the consequences of alcohol related harm. Accompanied by a background paper of the evidence base for action. Eleven key strategy areas have been identified that offer a comprehensive framework for addressing alcohol-related harm. These provide a strong basis upon which more specific strategies and actions can be developed.
Target groups/coverage: Youth and indigenous peoples have been identified as high risk groups requiring more targeted effort.
Funding: The 2000/01 Budget provided $4 million over 4 years to the Commonwealth Department of Health and Aged Care to support the implementation of the Strategy and to promote the uptake and dissemination of new Australian safe drinking guidelines developed by the National Health and Medical Research Council.

- **Development of a National Prevention Agenda**

Purpose: to consolidate and strengthen existing prevention measures at Commonwealth and State/Territory level across a range of portfolios that address drug related risk and harm. It is anticipated that Ministers will consider a draft prevention strategy in late 2002.
Target groups/coverage: The community, with emphasis on young people, as the Prevention Agenda will focus on interventions early in the pathway towards drug related harm and early in life.
Funding: $344,483 has been allocated for a contract with the National Drug Research Institute and the National Centre for Adolescent Health, Melbourne to consolidate the evidence base for prevention. This contract will deliver a monograph of the evidence base across the population and a mini-monograph outlining the evidence base and gaps in evidence for strategies that prevent or delay the uptake of drugs by children and young people. Both will be companions to the Prevention Agenda itself, once developed.

Regional Health Services Program
Purpose: To improve the health and wellbeing of people in rural Australia by providing small rural communities with funding for primary health services. Services that can be funded include youth services, podiatry, physiotherapy, rural health promotion, illness and injury prevention, women's health, children's services, community nursing, mental health, radiology and immunisation. Community involvement is fundamental in identifying the needs of the town and developing local health solutions to meet those needs. The services should be integrated and comprehensive to fully address the requirements of the town or region. Many of the 70 Regional Health Services approved so far in small rural communities across Australia have a specific youth services element as well as other primary health care services targeted at the whole community, including young people.
Target groups/coverage: Rural and remote areas and communities.
Funding: In the 1999-2000 budget, $42.8 million was committed over 4 years, with a boost of a further $68 million over 4 years announced in the 2000-2001 budget. It is expected that over 180 new Regional Health Services will be established over the next 4 years.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

National Indigenous 3on3 Basketball Challenge is a joint funded initiative between the OATSIH, ATSIC and Rio Tinto that uses the medium of 3on3 street basketball to promote health and substance free lifestyles to young Aboriginal and Torres Strait Islander peoples aged between 10-18 years of age. The Challenge is a national initiative that is held annually and visits rural, remote and urban Aboriginal and Torres Strait Islander populations.

Deadly Sounds radio program is funded by OATSIH to promote health related messages to young people about alcohol, tobacco and other drugs. Deadly Sounds is a weekly radio show produced for airplay on Aboriginal and Torres Strait Islander radio programs nationally and uses the medium of radio to promote healthy lifestyle and has celebrities and role models to promote such messages.

Deadly Vibe Magazine is funded by OATSIH to promote health related messages to young people about alcohol, tobacco and other drugs through a monthly magazine. The magazine promotes healthy lifestyles through health promotion and Aboriginal and Torres Strait Islander role models and respected community members. It has health specific health articles, as well as promoting positive role models.

In Vibe Magazine *is a one off funded production that an extension of the* Deadly Vibe Magazine *and distributed to Aboriginal and Torres Strait Islander people in Juvenile Correctional facilities. The magazine provides in-depth health promotion messages on subjects such as hepatitis, substance use and social health as these are considered particularly relevant to young Aboriginal and Torres Strait Islander people in secure settings.*

Beyond Their Limits received one-off sponsorship funding towards a pilot television program on Indigenous AFL players. Health promotion messages are a key theme to the pilot programs, which were screened on Imparja Television's Broadcasting Network, from September to November 2001.

Aboriginal Adolescent Family Development Program (Hope Vale) is funded by the OATSIH and is a joint venture project and aimed to design and implement a customised Aboriginal Family Development Program for adolescent parents and their young children. The program offered is organised under four primary focal points: Enhanced Health Development, Enhanced Cultural Development, Enhanced Social Development, and Enhanced Education Development.

Volatile Substance Use (VSU) initiatives are funded by OATSIH to implement programs in the Injartnama, Ilpurla and Mt Theo-Yuendumu communities in Central Australia.

- ***Rehabilitation Programs*** are provided at these sites through the operation of outstations that target young people either at risk of, or currently involved in petrol sniffing activities. The outstations offer rehabilitation and diversion program for young petrol sniffers as well as town-based youth programs and petrol sniffing awareness initiatives.

Amata Youth Worker is a 12 month pilot project involving the employment of Youth Workers within Amata Community (in Central Australia) as part of a broader strategy to address volatile substance use and is administered through the NPY Women's Council Aboriginal Corporation. The target group are petrol sniffers and their families and youth at risk in the community. The project aims to assist the community to identify and implement longer-term strategies to address volatile substance use in the community.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000071

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDREN'S HEALTH - PRESCRIPTION DRUGS

Written Question on Notice

Senator Evans asked:

(a) Does the Department have access to detail of children's use of prescription drugs?
(b) Does the trend show increased usage?
- for particular drugs
- in particular geographic regions

Answer:

The data collected under the Pharmaceutical Benefits Scheme (PBS) records information on the use of prescribed drugs listed on the PBS. The Scheme is essentially a payment system for listed pharmaceuticals and it is not designed to extract information on individuals. Some information is collected for concessional card holders receiving pharmaceuticals at the concessional rate. However, children would not be listed separately from their parents.

It is therefore not possible to reliably identify individuals, their ages or their location. Consequently it is not possible to identify children or their drug usage. However, it is possible to identify the use of a particular drug, although it should be noted that prescription drugs are used for a wide variety of purposes and are not confined to use by one population group.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000046

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PETROL SNIFFING

Written Question on Notice

Senator Evans asked:

(a) On 20 February 2001 the Prime Minister announced $1 million for petrol sniffing. Am I correct in saying that these were not new funds but funds from the money given to the Northern Territory Government in a deal to not overturn mandatory sentencing in the Northern Territory?

(b) Can you tell me if this money has been allocated and expended? If so, when?

(c) I note media reports that state that this has taken a year to do - in fact as at 4 January 2002 this money had only just been allocated. Is this correct? Why has this taken so long?

(d) Can you give me a list of what organisations are receiving this money, how much, and the program details for each?

(e) When does this money run out?

(f) Does this slow response in the use of government funds in such a critical area mean that the Federal Government does not see this substance abuse as a serious problem?

(g) Can you tell me how much money has been spent on combating indigenous substance abuse in the case of petrol sniffing under the Government's "Tough on Drugs Strategy"?

(h) Is there any federal money being spent on specific programs to combat petrol-sniffing?

(i) I draw your attention to an article in the Weekend Australian on November 24-25 2001 in relation to petrol sniffing problems at Pukatja in Central Australia where it says "In April this year five federal public servants from Family & Community Services arrived in Pukatja offering money for a petrol-sniffing diversion program. The corporation's committee members doubted anything would come of it but King encouraged them to persevere with a proposal. Eventually they were referred to another government department. 'I don't know what happened but we're still not being funded'." Can you explain to me why five public servants visited this community, what the purpose was and why nothing ever came out of it?

(j) Can you tell me if Pukatja is receiving any federal money to combat this problem? If not, why not?

(k) Can you tell me if there is a coordinated approach to developing programs to combat petrol sniffing in Indigenous communities by the Federal Government? I note criticisms of the lack of such an approach by Mr Lawrence, president of the Northern Territory Criminal Lawyers Association earlier this year.

Answer:

(a) No. The $1m announced by the Prime Minister on 22 February 2001, to combat petrol sniffing in the Northern Territory, was from the Northern Territory's allocation of $2.7 million under the COAG Illicit Drug Diversion Initiative.

(b) On 8 November 2001, the then Minister for Health and Aged Care announced that the $1 million funding had been allocated to three (3) successful projects. To date, initial payments totalling $132,650 have been made.

(c) Development and implementation of this project has required considerable consultation with communities and others, and cooperation to ensure that the funds allocated are used efficiently and effectively. This included convening a Volatile Substance Misuse Working Group including representatives from Commonwealth and Territory departments of health and family and community services, the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), the Aboriginal and Torres Strait Islander Commission (ATSIC), the Central Australian Aboriginal Congress (CAAC), and non-government representatives from the Australian National Council on Drugs and the Cooperative Research Centre for Aboriginal and Tropical Health. Additionally, discussions have taken place with representatives in many communities where petrol sniffing is an issue, to ensure that the funding is applied to maximum effect. All of the projects commenced operational planning last year, and are near to full implementation.

(d) The funding has been allocated as follows;

Darwin Skills Development Scheme - $420,000 to deliver services to Galiwinku, Gapuwiyak, Milingimbi, Yirrkala, Numbulwar and Maningrida.

The project provides an holistic and coordinated approach to addressing issues for young people by developing and fostering links between major stakeholders, including councils, elders, community members, related service providers (youth, education, health, family services) and young people. This includes development of a range of education and recreation programs aimed at diverting young people away from petrol sniffing, such as lifeskills and health education, employment and training, bush camps, sporting activities, arts, music, media, internet, social events and after school activities.

Arrguluk CDEP - $80,000 to deliver services to the Oenpelli community.

The Arrguluk project involves development of a youth activity program as a part of a comprehensive community development strategy. The project includes employment of a youth worker, increasing the level of youth activities (including a horse training, a trail riding project and development of a scouts group), developing youth work skills among the Bininj people, community education and coordination of existing resources.

Tangentyere Council representing Central Australian Indigenous Service Network – $500,000 to deliver services to Central Australian communities

Tangentyere Council auspices the project steered by a consortium of existing youth, substance misuse and primary health care service providers. The project ("Youth Link-Up Service") will establish a community controlled specialist inhalant misuse prevention and intervention unit. The project aims to facilitate the development and coordination of prevention strategies such as after-school care programs, holiday programs and targeted youth activities including specialist support and counselling. Within communities, the project aims to actively engage Indigenous young people in alternative activities in order to reduce the incidence of petrol sniffing. It also includes specialist support to be delivered to people in remote and outstation communities who are working with petrol sniffers and their families.

(e) Funding is for the period ending 30 June 2003.

(f) The Commonwealth acknowledges that Indigenous substance abuse, including volatile substance use, is a serious issue and has demonstrated its commitment to addressing the problem through funding of petrol sniffing prevention and intervention projects under the "Tough on Drugs" Strategy and through Office for Aboriginal and Torres Strait Islander Health (OATSIH) funded programs. As described above in (c), in allocating funding to the Northern Territory, the Commonwealth conducted widespread consultation to identify good practice measures and to look at ways that funds could be applied to maximum effect.

(g) Under "Tough on Drugs", the Government has provided funding totaling around $8 million over four years towards the establishment and expansion of 26 services specifically targeting illicit drug use within Aboriginal and Torres Strait Islander communities, including petrol sniffing.

(h) Yes. The Department of Heath and Ageing funds programs to combat petrol sniffing through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and through "Tough on Drugs".

(i) This question should be directed to the Minister for Family and Community Services.

(j) Under the Non-Government Organisation Treatment Grants Program, Ngaanyatjarra Pitjanjatjara Yankunytjajara (NPY) Women's Council Aboriginal Corporation receives funding for a Petrol Sniffing Support Project in the Anangu-Pitjantjatjara (AP) Lands. The funding supports two case workers. Community members from Pukatja (SA) can access assistance for inhalant problems through this program.

(k) In addressing Indigenous substance use the Commonwealth focuses on the range of substances, the extent of their use, and the health and economic costs involved. The Commonwealth has taken an holistic approach to substance use, and policies and programs are directed at substance misuse generally as well as specific substances. The Commonwealth recognises that prevention, early intervention, treatment and rehabilitation may require different approaches depending on the substance/s involved. However, the Commonwealth also recognises that these issues are not addressed in isolation at a community level. Community development and education programs are also undertaken to address the various issues, which impact on communities.

The Commonwealth approach to petrol sniffing sits within this overall framework for substance use and involves:

- control of supply;
- education, prevention and early intervention strategies; and
- treatment and residential rehabilitation services.

Joint planning, under the arrangements established by the *Framework Agreements on Aboriginal and Torres Strait Islander Health,* is also essential to identifying gaps in services and programs within regions. While changes are needed in the way some existing services operate and coordinate/link with other services at a regional and local level, there is also a need for planning to ensure a comprehensive range of services is available.

While the Framework Agreements and their State-based Partnership Forums are the key vehicle to provide coordinated integrated responses to substance use, it is recognised that local and regional planning needs to also occur between Indigenous specific services and mainstream services to ensure appropriate interventions across the continuum of care.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000072

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: YOUTH HEALTH

Written Question on Notice

Senator Evans asked:

(a) Are there any specialist staff or section in the Department that focus on young people's health and well being. If so, how many?
(b) What do they do?
    Administer programs? Which ones?
    Collection of information? On what? What trends are being recognised?

Answer:

(a) Initiatives directed towards young people's health and wellbeing are spread across a range of departmental programs and strategies and there are sections in many areas, including Drug Strategy and Health Promotion Branch, Mental Health Branch and General Practice Branch which would work on such issues.

(b) Within Population Health Division, in the Drug Prevention Strategy and Health Promotion Branch, there is a section which coordinates, monitors, advises and reports on youth health policy.

The Mental Health Branch funds national activities under the National Mental Health Strategy which specifically address the needs of youth. These activities include Mindmatters: National Mental Health Program for Secondary Schools; Kids Help Line and the National Suicide Prevention Strategy.

The General Practice Branch funds a network of over 70 Divisions of General Practice and individual General Practitioners to build capacity and improve GP access for young people.

Across key aspects of youth health status, the Department's primary sources of data and information include:

- *Australia's Young People: their Health and Wellbeing*. This report is compiled by the Australian Institute of Health and Welfare and is funded under an MOU with the Department;

- the *National Mental Health Child and Adolescent Survey*. This data collection is conducted by the Australian Bureau of Statistics and funded by the Department; and

- The *National Drug Household Survey*. This data collection is compiled by the Australian Institute of Health and Welfare and is funded under an MOU with the Department.

A number of adverse trends for both health and social indicators are apparent, particularly the increasing rates seen in mental health problems, suicide, juvenile crime, low literacy levels, substance misuse and physical health problems such as asthma, obesity and diabetes are increasing in Australia. In addition, adolescents with higher level emotional and behavioural problems are generally more likely to participate in health-risk behaviours such as smoking, drug use, suicide ideation and attempted suicide.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000073

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: YOUTH HEALTH

Written Question on Notice

Senator Evans asked:

Can the Department provide a status report on the "National Health Action Plan for Young Australians", including what is proposed to happen following the finalisation of this plan?

Answer:

The "National Health Action Plan for Young Australians" was a joint Commonwealth and State/Territory plan endorsed by the Australian Health Ministers' Conference in July 1996. As you note the plan has been finalised, having encompassed only a five year period.

Under the Plan, each jurisdiction progressed activities related to the key action areas in the plan. The Commonwealth has developed and implemented a range of programs and these are outlined in the attachment to Question E02000070.

The Commonwealth supports regular monitoring on the health and wellbeing of children and youth through reports produced by the Australian Institute of Health and Welfare. In addition, the Commonwealth has a continuing interest in coordinated activities between jurisdictions through the National Public Health Partnership.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000074

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: YOUTH HEALTH

Written Question on Notice

Senator Evans asked:

What research has the Department conducted and what does it show on:
(a) Youth suicide
(b) Mental health
(c) Young people and drugs

Answer:

The Department of Health and Ageing conducts or supports extensive research in the fields of youth suicide, mental health and young people and drugs through a range of avenues that include the National Health and Medical Research Council (NHMRC), direct commission or via tied funding to centres of excellence.

(a) Youth Suicide

For the period 1998-2002 ten research projects were funded covering such topics as national trends in suicide, mortality in young offenders, increasing resilience and reducing risk for depression in adolescents and increasing protective factors in adolescent depression and suicide.

These projects are drawing to a close in 2002 when research findings will be consolidated and disseminated.

(b) Mental Health

The National Survey of Mental Health and Wellbeing found that 14% of Australian children and adolescents have mental health problems. Overall, 11.2% of children and adolescents were identified as having Attention Deficit Hyperactivity Disorder, 3.7% were identified as having Depressive Disorder and 3.0% were identified as having

Conduct Disorder. 27% of male and 15% of female children and adolescents with a mental disorder were identified as exhibiting the symptoms for a second disorder. In general, adolescents with higher level emotional and behavioural problems were more likely to participate in health-risk behaviours such as smoking, drug use, suicide ideation and attempted suicide.

(c) Young People and Drugs

NHMRC provided 52 grants in 2001 dedicated to research in the drugs area. Grants researching alcohol are not included. A more detailed listing of projects and findings are available and can be provided on request. However this will take more time to compile.

In addition to these, the NHMRC has received funding under the National Illicit Drug Strategy to undertake an expanded program of interdisciplinary research to achieve innovation in the prevention and treatment of illicit drug use. Funding has been provided for approximately 20 research projects covering areas such as the development of an action plan to design and fund a large scale longitudinal study of illicit drugs usage, heroin overdoses, evaluation of diversion treatments and illicit drug use in ATSI communities.

An evaluation of the findings of the researchers participating in this research program is planned to be undertaken in October 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000075

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: YOUTH AND DRUGS

Written Question on Notice

Senator Evans asked:

Question:

(a) What Commonwealth funding goes to programs that support young people with drug related health issues?
(b) Where are the programs located?
(c) Who runs them?
(d) Are there any residential programs for drug affected young people that are supported by the Commonwealth?
(e) Where are the programs located?
(f) Who runs them?

Answer:

(a) Under the National Illicit Drug Strategy the Commonwealth provides funding to drug and alcohol treatment services through the Non-Government Organisation (NGO) Treatment Grants Program. Detailed information in relation to services funded by the Commonwealth under this Program which target youth is at Attachment A.

The Commonwealth also funds the Community Partnership Initiative (CPI) which is a community grants program with a focus on young people and illicit drug use. Detailed information in relation to the projects funded by the Commonwealth under this program is at Attachment B.

Under the COAG Illicit Drug Diversion Initiative, the Commonwealth is providing $110m over four years to State/Territory governments to implement Diversion programs. The initiative aims to divert illicit drug users from the criminal justice system into treatment and education, offering those offenders early interventions in their drug use. The principal target group is people who have had little or no previous contact with the criminal justice system. Each State/Territory must ensure that diversionary options are available to both adult and juvenile offenders and the National Framework for Diversion states that it is desirable that young people diverted under the initiative have access to youth-specific assessment, education and treatment services. States/Territories direct their general diversion funding accordingly.

(b) Information on the location of Commonwealth funded drug and alcohol treatment services that target youth is at Attachment A. Information on the location of Commonwealth funded Community Partnership Projects is at Attachment B.

(c) Information on the operators of Commonwealth funded drug and alcohol services that target youth is at Attachment A. Information on the organisations that have received funding under the Community Partnerships Initiative is at Attachment B.

(d) Under the NGO Treatment Grants Program the Commonwealth has provided funding of $5.2 million over four years to 5 residential rehabilitation services that specifically target youth. Information on these services is at Attachment A.

(e) Information on the location of Commonwealth funded residential rehabilitation programs which target youth is at Attachment A.

(f) Information on the organisations that provide Commonwealth funded residential rehabilitation programs which target youth is at Attachment A

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

Services Targeting Youth

NEW SOUTH WALES

Organisation Name	Location	Target Group	Description of Service	Cost
Ted Noffs Foundation	Penrith	12-18 year olds	Establish a comprehensive, non-residential treatment service.	$1,465,417
Wellington Aboriginal Corporation Health Services	Wellington	Aboriginal and Torres Strait Islander youth - 12-19 year olds	Conduct a pilot study to assess the feasibility of establishing an Aboriginal controlled residential care centre for adolescents within the Macquarie Area Health Service.	$150,000
Richmond Fellowship of NSW	Penrith	Dual diagnosis - youth	Provide a new drug treatment option for young people who have not been able to access services in the Wentworth Area Health Service.	$395,846
Salvation Army Oasis Youth Support Network	Surry Hills	Homeless youth under 21 years old	Establish a drug and alcohol program for homeless young people with substance misuse problems.	$295,000
Youth Off The Streets	Ultimo	Youth	Dunlea Adolescent Alcohol and Other Drug Program offers an intensive 2-4 week residential program for young adults with a history of substance abuse. The program includes group workshops, counselling and case management aimed at reducing the impact associated with drug use.	$1,000,000
Ted Noffs Foundation	Sydney	Youth under 19	Three new positions to enhance the services provided under the Program for Adolescent Life Management (PALM). The PALM provides after-care and improved clinical support in an adolescent residential service.	$618,240

Kedesh House	Wollongong	Youth with dual diagnosis	The development and implementation of intervention and treatment programs for youth at risk of continuance of substance use problems and for youth in need of structured residential and non-residential treatment for problematic substance use and high levels of problem behaviour. Particular focus on those with a dual diagnosis.	$545,772
Mission Australia Ltd	Illawarra & Southern Highlands	Marginalised young people	Extension of drug intervention and treatment services within the overall Triple Care Farm program targeted at marginalised young people.	$128,850
Ted Noffs Foundation	Randwick	Youth	Enhance existing services by adding a vocational training officer to staff to increase the percentage of those who become engaged in vocational or educational activities and therefore reduce the likelihood of relapse.	$230,506

Total funding for New South Wales: $4,829,631

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

VICTORIA

Organisation Name	Location	Target Group	Description of Service	Cost
Jesuit Social Services – Connexions	Collingwood	Youth, mental health	Dual diagnosis (mental health/alcohol and drug) service for young people with serious mental illness and problematic substance abuse.	$447,000
Eastern Access Community Health (formerly Maroondah Social and Community Health Centre)	Ringwood	Area of geographic need, youth, families	Establishment of a family focussed outreach substance abuse service for young people in the Shire of Yarra Ranges.	$593,000
Self Help Addiction Resource Centre Inc (SHARC)	Glenhuntly	Youth, offenders	A residential program for young offenders aged 16 to 25 whose use of drugs has caused significant problems and harm.	$452,640
MacKillop Family	Footscray	Women and youth	Counselling and in-home support service to families where at least one partner has a significant drug abuse issue.	$738,280
Australian Vietnamese Women's Welfare Association	Richmond	Women and youth from culturally diverse backgrounds	Counselling, support and referral to assist Vietnamese women, children and youth affected by illicit drugs.	$237,200
Clockwork Young People's Health Service	Geelong	Youth	Development of a model of best practice of early intervention and coordinated and comprehensive care for young people to reduce their demand for drugs.	$ 400,000

Knox Community Health Centre	Wantirna South	Youth, women, and families with children	Provision of an accessible, quality drug counselling service to the target group within an integrated, collaborative community health team.	$231,200
Youth Substance Abuse Service	Fitzroy	Young people	Provision of a day program in Brunswick for young people aged between 12 and 21 years who are engaged in illicit, poly drug or volatile substance abuse and who have undergone preliminary intervention in the form of withdrawal or respite from their drug use.	$400,000
Salvation Army Property Trust	Brunswick	Youth	Youth drug and alcohol outreach service based in Brunswick and servicing inner metro area.	$200,000
Youth Substance Abuse Service	Based in Fitzroy – covering northern metropolitan region - Fitzroy to Whittlesea	Youth	Provision of youth home-based withdrawal services to young people, aged 12-21 years, requiring withdrawal where the withdrawal syndrome is not complicated by serious illness or significant psychological problems, and where a support person is available and in the immediate vicinity during withdrawal.	$377,500
LaTrobe Community Health Service	Based in Morwell – covering Gippsland region - Moe, Morwell, Traralgon	Youth	Provision of youth home-based withdrawal services to young people, aged 12-21 years, requiring withdrawal where the withdrawal syndrome is not complicated by serious illness or significant psychological problems, and where a support person is available and in the immediate vicinity during withdrawal.	$377,500
Upper Hume Community Health Service	Based in Wodonga – covering Hume region, Wodonga and environs	Youth	Provision of youth home-based withdrawal services to young people, aged 12-21 years, requiring withdrawal where the withdrawal syndrome is not complicated by serious illness or significant psychological problems, and where a support person is available and in the immediate vicinity during withdrawal.	$377,500
Eastern Drug and Alcohol Service (formerly	Located in Ringwood –	Youth	Provision of youth home-based withdrawal services to young people, aged 12-21 years, requiring withdrawal where the withdrawal syndrome	$377,500

Maroondah Social and Community Health Centre)	covering the whole of the eastern metro region		is not complicated by serious illness or significant psychological problems, and where a support person is available and in the immediate vicinity during withdrawal.	
Sunraysia Community Health Service	Based in Mildura – covering rural City of Mildura and Robinvale	Youth	Provision of youth home-based withdrawal services to young people, aged 12-21 years, requiring withdrawal where the withdrawal syndrome is not complicated by serious illness or significant psychological problems, and where a support person is available and in the immediate vicinity during withdrawal.	$163,400

Total funding for Victoria: $5,372,720

NATIONAL ILLICIT DRUG STRATEGY

NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

QUEENSLAND

Organisation Name	Location	Target Group	Description of Service	Cost
Brisbane Youth Service	Brisbane	Homeless people under 25 years old	Establish a Specialised Drug Treatment Team which will provide outreach.	$304,452
Youth Empowered Towards Independence	Cairns	People under 25 years old	An adolescent drug treatment program servicing the Cairns region based on a Cognitive Behavioural Therapy model incorporating a biopsychosocial approach to illicit drug use.	$576,912
Salvation Army (Queensland) Property Trust	Gold Coast	Adults	Outpatients, After-care and Follow-up Program - to provide a range of counselling, group, relapse prevention and evaluation services directed at maximising the recovery potential of all Bridge Program clients.	$394,400
Sunshine Coast Intravenous AIDS Association (SCIVVA)	Cotton Tree	Women with dependent children and youth	This project is modelled on the QuIVAA model and involves implementing a home-based, client-centred heroin detoxification service.	$392,000
MAMU Medical Service	Innisfail	Aboriginal and Torres Strait Islander youth	A counselling, education and treatment service in the Innisfail/Tully area. Employment of two full-time counsellors to provide counselling and education in substance abuse, particularly illicit drugs. At least one counsellor to be of Aboriginal or Torres Strait Islander descent. Both counsellors to provide an outreach service for rural/remote communities and collect data on drug and alcohol use in the area.	$614,360
Drug-Arm	Brisbane	Youth	Extension of the existing mobile youth outreach service (Street Van) and is called the DRUG-ARM Community Response Team program. This new extension will combine and expand the existing mobile street outreach program, the telephone and face to face services into an expanded and more responsive outreach program.	$550,520

Gold Coast Drug Council Inc	Burleigh Heads	Young people and their families	Establish a comprehensive and integrated Youth Outreach Drug Treatment Program addressing problems associated with the harmful use of drugs and provide a supervised housing option for young people with a history of illicit drug dependence who would otherwise be homeless.	$573,632

Total funding for Queensland: $3,406,276

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

WESTERN AUSTRALIA

Organisation Name	Location	Target Group	Description of Service	Cost
Holyoake – The Australian Institute of Alcohol and Addictions	Northam	Youth, Aboriginal and Torres Strait Islander people, offenders	Coastal and Central Wheatbelt Community Drug Services Team – counselling, referral, education and support interventions.	$373,772
Warburton Community Inc	Warburton	Aboriginal and Torres Strait Islander youth	Petrol Sniffing Treatment and Rehabilitation Facility within the Ngaanyatjarra Lands followed by intensive support on return to community.	$264,816
North East Regional Youth Council	Midland	Aboriginal and Torres Strait Islander people youth	Support services for Aboriginal youth involved with substance and other drug abuse.	$200,000
Mission Australia trading as Perth City Mission	Perth	At risk adolescents, Aboriginal and Torres Strait Islander youth	After hours response to “at risk” adolescents in the inner city through provision of a safe area/ room where intoxicated or disoriented youth can be brought to ‘come down’ or referral to appropriate accommodation.	$536,025
Centrecare	Kalgoorlie	Adults, youth and families	The Community Drug Service Team provides drug abuse treatment services for adults, youth and families; support to other health and welfare providers to manage drug problems among their clients; and support to the local community to prevent drug problems and coordinate regional activity.	$238,600

St John of God (project initially under the auspice of Centacare)	Bunbury	Adults, youth and families	The Community Drug Service Team provides drug abuse treatment services for adults, youth and families; support to other health and welfare providers to manage drug problems among their clients; and support to the local community to prevent drug problems and coordinate regional activity.	$252,400
Palmerston	Albany	Adults, youth and families	The Community Drug Service Team provides drug abuse treatment services for adults, youth and families; support to other health and welfare providers to manage drug problems among their clients; and support to the local community to prevent drug problems and coordinate regional activity.	$224,664
Palmerston	Fremantle	Adults, youth and families	The Community Drug Service Team provides drug abuse treatment services for adults, youth and families; support to other health and welfare providers to manage drug problems among their clients; and support to the local community to prevent drug problems and coordinate regional activity.	$181,332
Perth City Mission	East Perth	Young offenders with substance abuse problems and their families	Expand the currently provided Prison to Parole Program for young offenders with substance misuse problems. The project aim is to include a parent support and education service so that parents can be integrated into the young offender's rehabilitation and support post release. This approach facilitates the holistic integration of the young person back into the family and wider community.	$208,000
Drug Arm	Kelmscott	Young people between 12-20 years of age	Provision of a safe place/time out centre for young people who are intoxicated and at risk in the south-east metropolitan area including the provision of assessment, referral, observation, liaison, safety, information and advice.	$240,000

Agencies for South West Accommodation	Bunbury	Youth	Expansion of the existing Drug Information Counselling Service for young people by funding a full-time counselling position in Bunbury with outreach to Busselton, Margaret River and Harvey.	$200,000

Total funding for Western Australia: $2,919,609

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

SOUTH AUSTRALIA

Organisation Name	Location	Target Group	Description of Service	Cost
Adelaide Central Mission (Streetlink Youth Health Service)	Adelaide	Youth	Model to provide an outreach worker to assist young people make appropriate connections between the community sector and mainstream health and treatment services.	$358,810
Adelaide Diocesan AIDS Council Inc	Mile End	Young gay men	To minimise the personal, social and economic harm associated with illicit drug use by young gay men.	$119,856
Hindmarsh Youth Centre	Hindmarsh	Youth	Non-medical detoxification centre for young people who are homeless or at risk of homelessness and who are affected by drugs.	$663,756
Westcare	Adelaide	Youth	Provision of an extra four Adventure Break Programs per year targeted at marginalised young people aged 13 to 25 years old that are subject to substance abuse and at extreme risk. Conduct of three Space to Move Programs per year that have been proven to be beneficial in educating and supporting young people in relation to drug issues.	$31,960
Ngaanyatjarra Pitjanjatjara Yankunytjajara (NPY) Women's Council Aboriginal Corporation	Cross border – NT, WA, SA	Aboriginal and Torres Strait Islander people who sniff petrol and their families	Community based petrol sniffing project in member communities (SA, NT and WA) utilising a case management community development model to work with petrol sniffers and their families.	$810,307
Aboriginal Drug and Alcohol Council SA Inc	Remote-SA	Aboriginal and Torres Strait Islander people	Development of treatment strategies to address and reduce petrol sniffing and other drug use in remote Aboriginal communities.	$855,652

Total funding for South Australia: $2,840,807

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

NORTHERN TERRITORY

Organisation Name	Location	Target Group	Description of Service	Cost
AIDS Council of Central Australia	Alice Springs	Youth	Fund a youth outreach worker to work specifically with young people who are current or potential users of illicit drugs.	$295,400
Central Australian Aboriginal Congress	Alice Springs	Aboriginal and Torres Strait Islander youth	Operation of a mobile, street-based, youth outreach and counselling service through the employment of a team consisting of a coordinator and Aboriginal youth outworkers (funded elsewhere) and a psychologist to provide brief interventions, referrals, counselling and follow-up care.	$495,607

Total funding for the Northern Territory: $791,007

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

TASMANIA

Organisation Name	Location	Target Group	Description of Service	Cost
Launceston City College Inc	Launceston	Youth 12-24 years old	Employment of a Youth Worker specialising in the treatment of illicit drug use amongst young people (12-24 years) in Launceston CBD, targeting the young people attending Launceston College and surrounding suburbs.	$217,216
Youth and Family Focus Inc (formerly Devonport Youth Accommodation Services Inc)	Devonport	Youth	Improvement of the long-term treatment outcomes for substance users by addressing the family/carer relationship issues that result from substance use and by facilitating the active participation of families/carers in the treatment process.	$242,602
Stepping Stone (Tas) Inc	Glenorchy	Youth under 20 years old	Provision of an early intervention, education and counselling to young people who are currently using illicit substances or may be at potential risk through experimental drug use and/or the illegal under age use of licit substances.	$269,813
Community Connections	Cooee	Youth	Employment of a full-time youth worker/ counsellor who is experienced in working with young people who are using illicit drugs.	$281,481
The Link Youth Health Service	Hobart	Youth	Employment of an experienced counsellor to undertake an illicit drug role within the general operation of "The Link" and enable the operation to be better integrated with other more specialist services.	$220,000

Holyoake	New Town	Young people	Provision of three targeted programs for youth to break the cycle of alcohol and/or drug use and form an effective alternative to youth sentencing. Provision of programs on site at Holyoake in a non-residential setting comprising a combination of counselling, information and support activity in individual and group settings.	$206,005

Total funding for Tasmania: $1,437,117

NATIONAL ILLICIT DRUG STRATEGY
NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM

AUSTRALIAN CAPITAL TERRITORY

Organisation Name	Location	Target Group	Description of Service	Cost
Ted Noffs Foundation	Canberra	Youth	Establishment of a comprehensive, residential treatment program for adolescent substance abusers based upon the Ted Noffs Foundation Program for Adolescent Life Management (PALM) and including case management and behavioural skills training for adolescents and their families. Provision of a service to youth in Canberra and the surrounding NSW region.	$2,500,000

Total funding for the Australian Capital Territory: $2,500,000

Total Funding Nationally: $24,096,701

Community Partnership Initiative Projects

FUNDED PROJECTS		
Organisation Name	**State**	**Funding Approved**
First Funding Round (announced 28 August 1998)		
The Settlement Neighbourhood Centre	NSW	84,260
Vietnamese Community in Australia (NSW Chapter)	NSW	75,000
Family Drug Support	NSW	71,886
Nimbin Neighbourhood and Information Centre	NSW	69,650
Byron Bay Chamber of Commerce	NSW	58,000
Manly Drug Education and Counselling Centre	NSW	32,500
Yirrkala Dhanbul Association	NT	100,000
Care Goondiwindi Association Inc	QLD	154,510
Community Solutions	QLD	57,000
Vietnamese Community in Australia (SA Chapter)	SA	100,224
NCETA (with the Youth Advisory Forum)	SA	55,620
Construction & Other Industries Drug & Alcohol Program	SA	40,000
Drug Education Network	TAS	193,596
The Salvation Army Crossroads	VIC	211,280
Ballarat Community Health Cluster (Sebastopol College)	VIC	123,120
Knox Community Health Centre	VIC	73,920
St Lukes Family Care	VIC	71,080
Maroondah	VIC	64,800
Australian Drug Foundation Inc	VIC	52,600
Darebin Community Health Service	VIC	37,920
Compari	WA	109,833
Kununurra Youth Services Inc	WA	70,100
Jobs South West Incorporated	WA	20,000
Noongar Alcohol and Substance Abuse Services Inc	WA	16,700
Sub-Total (24 projects)		**1,943,599**
Second Funding Round (announced 24 March 2000)		
Family Planning Association (ACT)	ACT	39,770
Katungul Aboriginal Corporation Community & Medical Services	NSW	80,000
Yuin Elders Tribal Council	NSW	79,600
Cabramatta Community Centre	NSW	78,736
The Uncle Project Inc	NSW	78,304
Burnside (MacArthur Family Centre)	NSW	73,200
Far West Ward Aboriginal Health Service	NSW	68,234
Bellambi Neighbourhood Centre Inc	NSW	67,500
The Gilmore Centre for Health Improvement	NSW	66,650

DAMEC - Drug and Alcohol Multicultural Centre	NSW	60,407
Macarthur Drug and Alcohol Youth Project	NSW	54,236
Family Drug Support	NSW	50,000
Blacktown Alcohol & Other Drugs Family Services	NSW	50,000
Macarthur Drug and Alcohol Youth Project	NSW	48,580
The Twenty-Ten Association Inc	NSW	37,971
McAuley Programme	NSW	30,830
		Page 2
Sydney Australian Chinese Children's Arts Theatre	NSW	5,000
Maningrida Health Board	NT	80,000
Alice Springs Youth Accommodation and Support Services Inc	NT	79,852
Waltja Tjukangku	NT	79,385
Gympie Widgee Youth Service Inc	QLD	80,000
Sisters Inside Inc	QLD	80,000
YWCA of Toowoomba	QLD	79,963
Queensland Youth Service Inc	QLD	79,845
Brisbane Inner South Division of General Practice	QLD	79,610
Beaudesert & District Health and Welfare Association Inc	QLD	78,632
Burdekin Community Association Inc	QLD	66,633
Boyne Tannum Community Advancement Association Inc	QLD	42,900
Creative Broadcasters Ltd	QLD	37,743
Burdekin Neighbourhood Centre Association Inc	QLD	28,545
The Vietnamese Christian Community Inc	SA	80,000
West Coast Youth Services Inc	SA	80,000
Multicultural Communities Council of SA Inc	SA	79,750
Cambodian Australian Association Inc	SA	79,535
Pika Wiya Health Service Inc	SA	79,175
Centacare - Taryn House	SA	76,660
Healthy Cities Noarlunga: Noarlunga Community on Drugs Group	SA	58,467
Parks Area Safety Network Inc	SA	56,148
Southern Youth Theatre Ensemble Inc	SA	50,328
Onkaparinga Crime Prevention Program	SA	27,960
Centre for the Performing Arts	SA	25,200
The Link Youth Health Service Inc	TAS	77,328
Youth & Family Focus Inc	TAS	73,294
The Parents and Friends' Association, The Friends School	TAS	58,570
Springvale Indo-Chinese Mutual Assistance Association	VIC	80,000
Darebin Community Health Service	VIC	80,000
The Salvation Army (Victoria) Property Trust	VIC	78,500
Doutta Galla Community Health Service Inc	VIC	78,251
Ranges Community Health Service	VIC	72,541
VIVAIDS Inc	VIC	72,335
Lakes Entrance Community Health Centre Inc	VIC	68,698
Frankston Live Arts Committee	VIC	65,800
Plenty Valley Community Health Service Inc	VIC	64,864
Springvale Community Aid & Advice Bureau Inc	VIC	56,521

Jewish Community Services Inc	VIC	54,690
North Richmond Community Health Centre Inc	VIC	49,000
Community and Youth Training Services (CYTS)	WA	80,000
Goldfields Centrecare	WA	77,572
Hills Community Support Group Inc	WA	63,080
Armadale Youth Accommodation Service Inc	WA	61,360
Local Drug Action Group Inc (LDAG)	WA	48,000
South Metro Community Drug Service Team (Palmerston Inc)	WA	37,840
Denmark Local Drug Action Group Inc	WA	35,442
Sub-Total (63 projects)		**3,989,035**
TOTAL (87 projects)		**5,932,634**

Third Funding Round (announced 7 December 2001)		
Cootamundra Community Centre Inc	NSW	70,000
Armidale and District Services Incorporated	NSW	80,000
Kedesh Rehabilitation Services	NSW	78,892
Orange Community Drug Action Team	NSW	26,700
Peninsula Community Drug Action Team	NSW	50,000
Keep Our Kids Alive - Say No to Drugs Incorporated	NSW	80,000
The Oolong Aboriginal Corporation Incorporated	NSW	78,000
Mission Australia - Campbelltown Community Centre	NSW	69,015
Ranges Community Health Service Inc	VIC	80,000
Eastern Access Community Health Centre	VIC	70,300
Focus on the Family Australia	VIC	80,000
Knox Community Health Service Inc	VIC	76,812
Youth Substance Abuse Service	VIC	80,000
Australian Greek Welfare Society Ltd	VIC	78,325
Cooloola Human Services Network Inc	QLD	76,700
St John's Lutheran Church, Hope Vale	QLD	80,000
Lions Club of Yeppoon Inc	QLD	71,000
Life Education SA Inc	SA	42,090
Young Women's Christian Association of Adelaide Inc	SA	80,000
Goldfields Centrecare	WA	79,510
Teen Challenge Perth Inc	WA	71,900
Hobart Police Citizens Youth Club	TAS	75,000
YWCA of Darwin Inc	NT	80,000
Total (23 projects)		**1,654,244**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000007

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Evans asked:

Is it not a fact that the extra $61m announced as an election commitment is simply the continuation of the existing funding? Isn't this just an election commitment not to cut the program?

Answer:

Under the National Illicit Drug Strategy the Commonwealth provided funding of $60.5 million over four years for the establishment of new and expansion of existing drug treatment services nationally. Funding has been provided to 133 non-government organisations between 1998-99 and 2003-04.

In December 2001 the Minister for Health and Ageing, Senator Kay Patterson, confirmed the Federal Government's ongoing commitment to the *Tough on Drugs* National Illicit Drug Strategy and announced an additional allocation of $109 million (over four years). This allocation consists of a range of measures, including $61.6 million over four years to continue the Non-Government Organisation Treatment Grants Program and $2.5 million to go to a range of specific new treatment and prevention services.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000008

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Evans asked:

What evaluation has been done of the money spent so far on the Treatment Grants program and the Community Partnerships initiative?

Is the Department aware of the survey quoted by Major Brian Watters which found that there had not been an increase in community treatment places despite the additional funds provided?

For several years now the Estimates committee has been trying to get information about the waiting times to get into a treatment program? Has the Department now got any information about the demand for treatment? Are funds being directed to areas with the greatest waiting lists?

Has there been a drop off in demand due to the reduction in availability of heroin or have the places been taken up by people with other drug problems?

Answer:

The National Drug Research Institute has been commissioned to evaluate the Community Partnerships Initiative. The final evaluation report, which is due to be completed early in 2003, will explore the extent to which the program objective has been met, identify potential obstacles and make recommendations with regard to the future implementation of the Initiative.

A formal evaluation of the Non-Government Organisation Treatment Grants Program is currently being commissioned by the Department. It is expected that the outcomes of the evaluation will influence the future directions of the Program. A Reference Group, including representatives from the Australian National Council on Drugs and the Alcohol and Other Drugs Council of Australia, is oversighting this evaluation.

The survey referred to by Major Watters is the Clients of Treatment Service Agencies (COTSA) survey. The fourth national census of COTSA was conducted on a single day in May 2001 to identify the characteristics of clients attending drug and alcohol treatment services on that day. The survey found that the proportion of people treated for any drug and alcohol problem in Australia in 2001 ranged from 3.4 to 4.6 per thousand of the Australian population aged over 15 years. This compares to a rate of between 2.5 and 3.6 per thousand in 1995.

The treatment sector is composed of public sector and non-government organisations, some of which are government funded, some charitable organisations or not for profit incorporated bodies and some 'for profit' organisations. There is no one national mechanism that collects information on waiting lists for any particular service type.

Under the National Illicit Drug Strategy funding has been allocated to establish a system for monitoring demand for and usage of illicit drugs in Australia, and the harms arising from use, including:

- a National Coroners' Information System (Illicit Drug Module);
- the 2001 National Drug Strategy Household Survey;
- the National Illicit Drug Reporting System;
- a study to estimate numbers of heroin users; and
- a National Minimum Data Set on Alcohol and Other Drug Treatment Services.

In regard to meeting demand the Clients of Treatment Service Agencies (COTSA) survey referred to in (b) demonstrates an increase in the numbers of people accessing treatment.

The Clients of Treatment Service Agencies (COTSA) survey referred to in (b) identifies that between 1995 and 2001 there was a 5.5% increase in people seeking treatment for opiate use, 2.6% increase in people seeking treatment for cannabis use and a 2.3% increase in people seeking treatment for amphetamines. Numbers of people seeking treatment for polydrug use increased by 0.4% and injecting drug use increased by 8.8%.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000009

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RETRACTABLE NEEDLES AND SYRINGES

Written Question on Notice

Senator Evans asked:

(a) On what basis was $27.5 million committed to development of retractable needles? Where did this proposal come from and what evaluation was it given by the Department or independent advisory groups?
(b) What design of retractable needle is to be used in this program and how will the funds be utilised?
(c) Has this proposal been subject to any cost effectiveness study? What are the measurable outcomes that the scheme is intended to achieve and how will they be measured?
(d) Does this mean that non-retractable needles will be outlawed or does it mean that that the retractable kind will be the only type distributed through needle exchanges?
(e) What will the Government do if users refuse to accept the retractable needles? Will this just have the effect of limiting access to needles again and forcing people into sharing the few that are available?

Answer:

(a) As part of the 2001 Federal Election, the Government announced plans to build on the *Tough on Drugs* strategy including $27.5 million over four years to develop and introduce retractable needle and syringe technology into Australia. The initiative is intended to address community concerns about the risk of acquiring a blood borne virus from discarded needles and syringes in public places and about the risk of injury to health care workers.

This is an election initiative. As with other election commitments, matters concerning the implementation of the initiative will be announced in the budget context.

The Ministerial Council on Drug Strategy (MCDS) has been considering, since 1999, the possible benefits and costs of retractable technology for use in Needle and Syringe Programs (NSPs). The MCDS represents health and law enforcement agencies from all jurisdictions including the Commonwealth. Implementation of the Election initiative will take account of the work of the MCDS on retractable technology for use in Needle and Syringe Programs (NSPs).

(b) There are currently a number of Australian and overseas retractable devices either in stages of production or design. Matters concerning the funding of this initiative will be announced in the budget context.

(c) There has been no cost effectiveness study of this initiative. The outcomes announced in the initiative are to address community concerns about the risk of acquiring blood-borne viruses from discarded needles and syringes in public places and the risk of injury to healthcare workers.

(d) The initiative is for the development and introduction of retractable needle and syringe technology into Australia for use in healthcare settings, by people with diabetes who need to inject insulin and for use by people who inject drugs illicitly. There has been no discussion to date concerning legislative or other arrangements relating to the provision of non-retractable devices.

(e) The Government is committed to preventing the transmission of blood-borne viruses among all Australians and is supportive of proven public health interventions such as NSPs. A range of strategies will continue to address the transmission of blood-borne viruses among people who inject drugs illicitly.

This initiative is to reduce the risk of needle stick injuries from needles that are discarded in public places and the risk of injury to healthcare professionals. The initiative is consistent with broader public health approaches to the provision of clean needles to people who inject drugs illicitly. Matters concerning the implementation of the initiative will be announced in the budget context.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000010

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CROC FESTIVALS

Written Question on Notice

Senator Evans asked:

(a) How was the decision made to provide special funds for the Croc Festivals and who was involved in that decision?
(b) Was the decision based on a formal funding application and if so what assessment process was used?
(c) Will the effectiveness of the Croc Festival program be assessed against other programs for Indigenous young people?

Answer:

(a) Special funding for the Croc Festivals was a commitment made by the government as a part of the Tough on Drugs policy launch on 28 October 2001.

b) Indigenous Festivals of Australia approached the Government with an unsolicited sponsorship proposal for delivery of these festivals.

(c) Research into previous Croc Festivals, notably the Weipa 2000 Croc Festival, has demonstrated that the festivals can be an effective vehicle for promoting health messages in line with the Department's population health and safety outcomes. The Department will evaluate the effectiveness of the sponsorship provided to future Croc Festivals in terms of promoting health and education messages to Indigenous young people.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000011

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: NATIONAL CHILD NUTRITION PROGRAM GRANTS

Written Question on Notice

Senator Evans asked:

(a) What evaluations are available of the projects funded under the Childhood Nutrition Program established in 1999?
(b) Was any money ever added to the Department's budget for this initiative or were these funds simply drawn, entirely or partly from other existing health services? If so, which other services?
(c) How many of these projects are complete, and which if any will continue from other sources of funds? What are the sources of funds for the continuing projects?

Answer:

(a) No evaluations of the projects are currently available. The first projects commenced operation in 2001.

(b) The National Child Nutrition Program was announced in December 1999. $15 million was allocated to this Program. $2 million was absorbed within existing appropriations and new money of $13 million was made available in the 2000/2001 Budget.

(c) One project is complete with a further seven nearing completion. These projects are one year projects. The Department is not providing further funds for these projects.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000013

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDHOOD VACCINATION RATES

Written Question on Notice

Senator Evans asked:

(a) What proportion of children in Australia have been immunised for whooping cough, tetanus and diphtheria and how has this changed over the last decade?

(b) What proportion of children in Australia have been immunised for measles and how has this changed over the last decade?

(c) What proportion of children in Australia have been immunised for hepatitis B and how has this changed over the last decade?

(d) What is the statistical basis for these figures? Are they based on directly comparable surveys?

(e) Is a significant part of the apparent increase in the proportion of children immunised accounted for by the better reporting of immunisation following the introduction of the Childhood Immunisation register by Labor in the early 90's?

(f) What are the figures for the volume of vaccine sold and the number of payments made through Medicare? Is a significant factor in the apparent increase in the number of consultations for immunisation caused by the financial payments to doctors which meant they separately charged for something previously done as a part of a general consultation in order to claim the bonus?

(g) What is the basis for the claim that Australia was worse than most third world countries in the immunisation rates for its children?

(h) Which third world countries were used in arriving at this conclusion? What is the basis of the surveys taken in those countries?

(i) What are the rates for childhood immunisation in similar industrialised nations to Australia?

Answer:

(a) As of 31 December 2001, the proportion of children aged 12-15 months immunised for whooping cough, tetanus and diphtheria is 92.2%. In 1995, the proportion of children aged 12-23 months immunised for whooping cough was 86.2% and the proportion immunised for diphtheria and tetanus was 88.5%. The fully immunised rate for children aged 0-6 years of age, according to the recommended schedule, was 53%. These figures are derived from an immunisation survey conducted by the Australian Bureau of Statistics (ABS) in 1995. Immunisation coverage prior to 1995 is not available.

(b) As of 31 December 2001, the proportion of children aged 24-27 months immunised for measles is 93.24%. In 1995 the proportion of children aged 24-35 months immunised for measles was 91.5%. Immunisation coverage prior to 1995 is not available.

(c) As of 31 December 2001, the proportion of children aged 12-15 months immunised for hepatitis B is 94.29%. This was the first time hepatitis B coverage has been recorded.

(d) Immunisation coverage statistics as at 31 December 2001 are derived from the Australian Childhood Immunisation Register (ACIR). Prior to the advent of the ACIR in 1996 the ABS immunisation survey provided the only Australia-wide population based data on immunisation status. The ABS survey undertaken in 1995 derived a probability population sample using a stratified, multistage and clustered design. As the basis for both sets of figures is different it would be difficult to compare them.

(e) The increase in immunisation coverage, as reported by the Australian Childhood Immunisation Register, is a result of both an increase in the number of immunisations being given and improved reporting. This was a key finding of the Evaluation of the General Practice Immunisation Incentives scheme (KPMG Consulting, November 2000)

(f) Vaccines sold through pharmacies are not included on the Australian Standard Vaccination Schedule and therefore not monitored as part of the Immunise Australia program. There is no Medicare item for immunisation and therefore the number of payments made through Medicare is unable to be quantified. The General Practice Immunisation Incentives (GPII) scheme provides financial incentives to GPs who monitor, promote and provide age appropriate immunisation services to children under the age of seven years. The number of practices participating in the GPII scheme has increased by 84% since August 1998, from 3,015 practices in August 1998 to 5,547 practices in November 2001.

(g) In 1995 Australia was ranked 86th in the world for immunisation coverage. This ranking was derived from the World Health Organisation's (WHO) estimate of global immunisation coverage for core vaccine-preventable diseases. Global coverage is estimated based on national coverage data reported officially by WHO Member States and other geographical territories to WHO.

(h) In 1995, Australia's coverage for Diphtheria, Tetanus and Pertussis was 86%. By contrast, the immunisation coverage for Diphtheria, Tetanus and Pertussis for Bolivia was 88%, Rwanda was 90%, India was 91% and Bangladesh was 91%.

Information on how other countries determine their immunisation coverage levels is not available.

(i) In 2000, immunisation coverage rates for Scotland were approximately 95%, immunisation coverage rates for England were approximately 92% and for Northern Ireland coverage was approximately 94%. Immunisation coverage in the United States of America in 2000 was approximately 94%.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000085

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: HEPATITIS C

Written Question on Notice

Senator Harradine asked:

(a) Please provide a breakdown in funding for the treatment of hepatitis C and to organisations which provide information and support to people with the disease.
(b) What is the extent of the disease in Australia at present?
(c) Are infection rates increasing or decreasing?
(d) What is the primary cause of hepatitis C infection?

Answer:

(a) Since 1997-98 the major source of Commonwealth assistance to the States and Territories for public health activities, including HIV/AIDS and hepatitis C, is the broadbanded funding provided through the Public Health Outcome Funding Agreements. The Commonwealth also provides ongoing support for public hospital in-patient services and treatment therapy under the Pharmaceutical Benefits Scheme.

The main treatments for hepatitis C infection are interferon monotherapy and combination therapy (consisting of interferon and ribavirin). Interferon used in combination with ribavirin is now the standard therapy used in the treatment of hepatitis C, but there are some circumstances (for example people who have a known severe reaction to ribavirin) where interferon monotherapy is currently the only treatment option available.

Interferon and ribavirin are listed as highly specialised drugs under section 100 of the *National Health Act* and are available through the Highly Specialised Drugs Program.

In 2000-2001, costs under the Highly Specialised Drugs Program were $5,546,606 for interferon and $6,157,640 for Rebetron Combination Therapy. It should be noted that interferon is also used for the treatment of diseases other than hepatitis C.

Since hepatitis C was first identified in 1989, Australia's national, State, Territory and local governments have worked collaboratively with organisations and communities to address the social, economic, psychological, and health issues faced by people affected with hepatitis C. The responses are multifaceted and have resulted in numerous local, State and national initiatives, including the development of the *National Hepatitis C Strategy 1990-2000 to 2003-2004* – the world's first hepatitis C strategy.

In 1999-2000, the Commonwealth allocated $12.4 million over four years to the Hepatitis C Education and Prevention Budget Initiative. Approximately $6.6 million of this initiative is funding to States and Territories to develop and implement hepatitis C education and prevention programs. The remainder was allocated to national hepatitis C education and prevention initiatives including $3 million to fund national peak bodies undertaking hepatitis C education and prevention initiatives for affected communities.

(b) Hepatitis C continues to be the most frequently reported notifiable infection in Australia. During 2000, approximately 21,000 cases were reported, bringing the total number of notified cases of hepatitis C in Australia to more than 160,000 since antibody testing became available in 1990.

(c) Current estimates indicate that up to 230,000 people are now affected by hepatitis C with approximately 11,000 new infections occurring each year. The number of notifications over the period 1996 – 2000 has remained relatively stable in the range of 18,000 – 22,000 per year. Although there may be some duplicate reporting of hepatitis C diagnoses, it is more likely that many people with hepatitis C infection remain undiagnosed.

(d) Hepatitis C is a blood borne viral disease. The virus is transmitted when the blood of someone already infected with hepatitis C enters the blood stream of another person. Currently in Australia, the greatest risk for the transmission of hepatitis C is through blood-to-blood contact involved in the sharing or re-use of drug injecting equipment contaminated with infected blood – approximately 90 per cent of new infections. The remaining 10 per cent of new infections result from: other risk behaviours which involve blood-to-blood contact, such as tattooing and body-piercing with contaminated equipment; needlestick or sharps injuries; handling items contaminated with blood and vertical transmission from mother to baby.

Prior to 1990 when screening of blood products was introduced, 10 per cent of new infections resulted from blood transfusions and receipt of blood products.

In Australia, nearly all people with haemophilia who have HIV are also co-infected with hepatitis C.

There is currently no vaccine for hepatitis C, though there are options for treatment.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000083

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMPLANON/NORPLANT IMPLANTABLE CONTRACEPTIVES

Written Question on Notice

Senator Harradine asked:

In reply to my questions on notice E01000068 (Budget Estimates 2001-2002, 28/29 May 2001, Health and Aged Care Portfolio, Outcome 1: Population Health and Safety):

"(b) Is the Department aware that after 30 months Implanon has a known abortifacient action? and (c) And, if so, what steps will be taken to ensure that women are fully informed of this abortifacient effect?"

The answer given stated:

"(b-c) The TGA is not aware of Implanon having an abortifacient action after 30 months and therefore there are no warnings of abortifacient action in the Implanon PI [Product Information] and CMI [Consumer Medicine Information]."

(a) Will the Department consider updating Product Information and Consumer Medicine Information, in light of the following information contained in the article 'Implanon: A Critical Review' by Jennifer Le and Candy Tsourounis in the Annals of Pharmacotherapy (Volume 35, March 2001 p 329-336)?:
- (i) "[Implanon] interferes with implantation by inhibiting endometrial proliferation" (Table 4, under Mechanism of Action);
- (ii) "In addition the implant [Implanon] also hinders conception by preventing implantation through inhibition of endometrial proliferation" (p330);
- (iii) "In the third year after Implantation [of the Implanon rods] ... ovulation resumes in 4% of patients" (p330).

(b) Will the Department consider updating Product Information and Consumer Medicine Information, in light of the following articles also documenting its abortifacient effect through inhibition of endometrial proliferation which, in those cases where ovulation occurs, will hinder implantation and result in an early abortion?:

(i) Makarainen L, van Beek A, Tuomivaara L, et al. 'Ovarian function during the use of a single contraceptive implant: Implanon compared with Norplant' *Fertility and Sterility* 1998: 69 (4) 714-721;
(ii) Croxatto HB, Makarainen L 'The Pharamacodynamics and efficacy of Implanon' *Contraception* 1998; 58 (6 suppl): 91S-97S);
(iii) Davies GC, Feng LX, Newton JR, van Beek A, Coelingh-Bennink HJT 'Release characteristics, ovarian activity and menstrual bleeding pattern with a single contraceptive implant releasing 3-ketodesogestrel.' *Contraception* 1993; 47:251-61

(c) What steps will the Department take to have the PI and CMI for Implanon amended to ensure that the prescribing doctors and their women patients who may be considering using Implanon are fully informed about the potential abortifacient effect of the implant?

(d) If the Department is to take no action, please provide reasons as to why not.

Answer:

(a) & (b)

The Product Information (PI) represents evaluated data and arises out of an iterative process with the holder of the register entry, Organon Australia. The TGA will review the reference provided and refer it to Organon.

These data will be assessed scientifically to see if there is a proven effect on endometrial proliferation after 30 months. There is a section of the PI that deals with the mechanism of action of the product, and if the evidence supports changing this section to include inhibition of endometrial proliferation in the third year, it will be taken up with Organon. The TGA does not agree that inhibition of endometrial proliferation should be described as an abortifacient effect. There is no evidence that Implanon causes the loss of an established pregnancy. Hindrance of implantation does not meet the legal definition of an abortion.

(c) & (d)

If the scientific review outlined above results in a change to the wording of the PI, then the Consumer Medicine Information (CMI), which should be in accord with the PI, may also require updating. The CMI is written in lay language.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E0200086

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FAMILY PLANNING

Written Question on Notice

Senator Harradine asked:

(a) Does the Department provide any regulations/guidelines to Family Planning Organisations for how it spends grants from the Commonwealth's Family Planning Programme?

(b) Are their restrictions on how the money is spent? Would the Department have any contribution to, for example, how Family Planning Organisation's conduct sexuality education programs in schools?

(c) Does the Department conduct regular audits of Family Planning Organisations? Would the Department audit, for example, the use of Family Planning Organisations of Commonwealth money being spent for abortion advocacy?

(d) In respect of respect of Family Planning Tasmania, would the Department be able to provide figures on how many women presenting to their clinic for counselling regarding pregnancy options had abortions and how many decided against abortion?

Answer:

(a) The Commonwealth funds the Family Planning Programme through output-based Funding Agreements, covering the following areas of activity:
- sexual and reproductive health information;
- sexual and reproductive health education;
- professional training for GPs, nurses, health care workers and other health professionals;
- pregnancy support services and community outreach counselling; and
- clinical services in sexual and reproductive health

with a particular focus on the needs of those who experience socio-economic disadvantage and those who live in regional and rural Australia.

(b) The Family Planning Organisations must undertake the activities described in the Funding Agreements. However the Family Planning Organisations must meet local needs and integrate and coordinate with sexual and reproductive health services at the local level.

(c) The Department does not audit the Family Planning Organisations. Abortion advocacy is not a funded activity under the Family Planning Funding Agreements.The Family Planning Organisations are funded under output-based Funding Agreements. The Family Planning Organisations provide the Department with comprehensive business plans of projected activities, and report according to the Funding Agreements.

(d) In 2000 – 2001, Family Planning Tasmania provided 1 399 pregnancy support counselling sessions to clients. The Department does not have figures on the numbers of these women who had abortions.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000087

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: AHPHP RECIPIENTS AND TREATMENT RECORDS

Written Question on Notice

Senator Harradine asked:

(a) How many AHPHP recipients have contacted the Department requesting copies of their treatment records under the government's new protocol of unconditional release to recipients of their treatment records (as recommended by the Senate Inquiry report)?
(b) How many recipients have received the copies of their treatment records as requested?
(c) Does the Department ever refuse requests for copies of treatment records? If so on how many occasions has it refused and for what reasons?
(d) Does the Department supply the complete copy of the treatment record?
(e) Where an incomplete copy of the treatment record is supplied, what would be the reason for supplying an incomplete copy?
(f) Has the Department received any complaints from AHPHP recipients who believe they have not received complete copies of their treatment records?
(g) How is the Department addressing any such problems?
(h) Are requests for treatment records from recipients who are taking or considering legal action against the Commonwealth treated differently to requests from other recipients? If so, why?
(i) Has the Department made any errors in regard to correctly identifying hormone batches given to particular recipients when informing recipients about the batches they supposedly were treated with?
(j) Has the Department corrected any such errors? If so, in how many cases?
(k) What steps have been taken to ensure such errors are not repeated?

Answer:

(a) 23
(b) 23
(c) No
(d) Yes
(e) Not applicable – see (d) above.
(f) Yes – one instance.
(g) The Department has informed the person concerned in writing that a complete treatment record was furnished.

(h) No
(i) Yes, some typographical errors were made when batch numbers were keyed into the original AHPHP database. This has since been corrected.
(j) See (i) above.
(k) Ensuring both the AHPHP database and the individual treatment records match.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E0200076

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: DRUG EDUCATION PROGRAMS - REPORT

Written Question on Notice

Senator Denman asked:

Has the report evaluating drug education programs (completed 20 months ago) by the Federal Government's own experts been released yet?

Why not?
When is it expected to be released?
What was the cost of the project?

Answer:

The question has been referred to the Department of Education, Science and Training, who conducted the review.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000077

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: NATIONAL DRUG STRATEGY REFERENCE GROUP FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Written Question on Notice

Senator Denman asked:

The Annual Report (Department of Health and Aged Care 2000-01, p43) states that the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander peoples began to develop a complementary strategy for Aboriginal and Torres Strait Islander substance abuse. It says that this is expected to be completed in 2001-02. Do you have a more definite date?

Answer:

The original timeline for the completion of the Strategy has been extended to allow for proper consultations to take place. It is anticipated that the Strategy will be completed in the latter half of 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000091

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

I understand that ARPANSA has deferred a construction licence for [the Argentinean company] INVAP to build a second nuclear reactor at Lucas Heights.

(a) Is that correct?
(b) Until when?
(c) Which other federal agencies have you sought advice from in the process of making your evaluation?
(d) From which other federal agencies will you be seeking advice from prior to making your final report?
(e) Is such advice sought on a formal or an informal basis?
(f) What advice has so far been returned to you and from what agencies?
(g) After the receipt of proposals, what period of time do you allow for other agencies to respond?
(h) The Department of Environment and Heritage have told us that they have only received "bits and pieces" of a proposed environmental safeguards plan. When do you believe a full plan will be provided?
(i) How long do they have to respond?

Answer:

(a-b) The CEO of ARPANSA issued a licence to the Australian Science and Technology Organisation to construct the proposed replacement research reactor at Lucas Heights on 4 April 2002.

(c-g) The ARPANS Act and Regulations provide that the CEO of ARPANSA determines whether to issue a facility licence to a Commonwealth entity and sets out the matters to be taken into account in reaching a decision.

The Australian Safeguards and Non-proliferation Office (ASNO) has overlapping regulatory jurisdiction with regard to the physical security of nuclear material. The CEO of ARPANSA has reached an agreement with the Director-General of ASNO as to the roles of the respective agencies and also agreed to a set of procedures for the evaluation of the physical security arrangements for the construction and operation of the replacement reactor should it proceed.

The former Department of Industry Science and Resources made a submission to the CEO of ARPANSA as part of the second round of public submissions that he sought. The Department also participated in the public forum held by the CEO in December 2001. This was in regard to its role as the Commonwealth's manager and policy adviser in regard to radioactive waste management.

Finally, the Department of Environment and Heritage needs to advise its Minister about the environmental conditions applying to the replacement research reactor project from the environmental impact assessment. ARPANSA is in contact with the Department to assist in this matter.

(h-i) With regard to the Department of Environment and Heritage, the CEO of ARPANSA is not aware of what is being referred to in this question.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000092

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

ARPANSA is responsible for overseeing the safety of nuclear reactor operations. What critical safety issues were considered in relation to the new proposed reactor at Lucas Heights?

Answer:

The safety issues that the CEO of ARPANSA took into account in agreeing to a licence to site the proposed replacement research reactor at Lucas Heights are set out in his statement of reasons for that decision, which is available at www.arpansa.gov.au The safety issues under consideration in relation to the construction licence being sought are those that are dealt with in the Preliminary Safety Analysis Report (PSAR) submitted by ANSTO as part of its application. This PSAR has been prepared in accordance with the requirements laid out in international guidance issued by the International Atomic Energy Agency.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000093

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) Do you agree that the issues of spent fuel and waste management strategies are central to the approval process?

(b) Did ANSTO provide you with a spent fuel management strategy for the new reactor?

(c) Please provide a copy for this Committee.

(d) Do you believe that this is an effective, coherent strategy?

Answer:

The issue of spent fuel is important in making the decision on the licence to construct the proposed replacement research reactor. ANSTO's proposed spent fuel management strategy for the replacement reactor is set out in its application for a construction licence and this is available at www.arpansa.gov.au.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000094

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) Did ANSTO provide you with waste management strategy?
(b) Do you believe that this, too, was an effective strategy?

Answer:

(a) With regard to waste management strategy, ANSTO's proposals are set out in the Preliminary Safety Analysis Report (PSAR) relating to the construction licence at Chapter 12.4 – Waste Management Systems, Chapter 19.5 – Decommissioning Waste Types and Management.

A summary of the PSAR is available at www.arpansa.gov.au

(b) The CEO of ARPANSA is assessing these proposals as part of his consideration of whether to issue a construction licence for the proposed replacement research reactor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000095

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) What is your response to the widespread scientific and community concern that no effective spent fuel management strategy or waste management strategy exists for the proposed new reactor?
(b) To what extent does either strategy depend on overseas processing of spent fuel rods?
(c) What timeframe for overseas processing is anticipated?
(d) What countries have agreed to process such material?
(e) What contingency plan exists in the case of such countries withdrawing such facilities?

Answer:

There have been a number of submissions during the two rounds of public submissions that the CEO of ARPANSA called for referring to community concern that the spent fuel management strategy and or waste management strategies are not effective in relation to the proposed replacement research reactor. This was also a matter of discussion at the public forum. The CEO of ARPANSA will take these views into account in making his decision. The other issues are covered in the ANSTO application referred to in question E02000092.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000096

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

It has been claimed that "there exist significant legal and community barriers to reprocessing waste overseas."
(a) Do you reject this proposition?
(b) Are you rejecting the existence of legal barriers?

Answer:

A number of public submissions have suggested that there are such legal and community barriers to reprocessing of spent fuel. This is a matter that the CEO of ARPANSA will be taking into account in making his decision on the construction licence.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000097

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) Does either of these two strategies depend on the storage of nuclear waste in Australia?
(b) Have any negotiations been concluded or agreements entered into regarding a site or sites for the storage of such material?

If YES:

Have any discussions with state governments taken place? Which ones? When did these discussions take place?

How many; with whom; when; where?

What degree of community consultation took place in the course of these discussions?

If NO:

(c) Then how can you say that you are satisfied with these strategies? What, then, is the provision for the safe storage of nuclear waste?
(d) If there is no confirmed storage strategy then how can you approve the construction of this new reactor?

Answer:

The ANSTO strategy for dealing with spent fuel includes a requirement that the waste arising from reprocessing or conditioning is returned to Australia for storage. The preparation of an intermediate level waste store for Australia is now being handled by the Department of Education, Science and Training and the other matters raised in the question should be taken up with that department. The matter of whether the CEO of ARPANSA is satisfied with these strategies is obviously something that he will consider in making his decision on the licence for the reactor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000098

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

Do you agree with or reject the assertion by Professor Richard Broinowski on the ABC program Catalyst on 14 February last that:
"We do not yet have permanent disposal technology either in the biosphere or the geosphere for [nuclear waste] to be kept. To suggest therefore, to the Australian public that don't worry we can handle this, we have somewhere to put it, is a confidence trick and it is not appropriate to claim that [or] for a government to claim that."

Answer:

The CEO of ARPANSA does not believe that Professor Broinowski's statement is correct.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000099

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

In 1992 Professor McKinnon's Research Reactor Review emphasised, as a prerequisite for any new project that "a high level waste site has been firmly identified and work started on proving its suitability." As I am sure you are aware, he based this recommendation on the conclusion that "a crucial issues is the final disposal of high level wastes, which depends on identification of a site and investigation of its characteristics. A solution to this problem is essential well prior to any future decision about a new reactor." (McKinnon, Future Reaction, p.216)

Referring directly to this central recommendation, let me ask you:
(a) Has a site finally been determined?
(b) Has that site's characteristics for suitable storage been investigated?
(c) Has the issue of a suitable disposal site- or the failure to identify one- been considered in your approval process?
(d) Why have you to all intents and purposes ignored this central recommendation of the original McKinnon report?

Answer:

In agreeing to the environmental impact assessment for the proposed reactor the Minister sought a condition that the issue of the long term disposal of spent fuel be given timely consideration by the relevant Ministers. This condition was agreed to by the Minister for Industry Science and Resources. The issue is being taken up in the first instance by the National Store Advisory Committee established by the Department of Education Science and Training. The matter of the CEO of ARPANSA's view on this progress is something that he will be taking up in his decision on the construction licence for the proposed replacement reactor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000100

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

In February 2001 the government announced that some waste would be stored on Commonwealth land, at a site to be decided.

(a) I understand that 3 sites in South Australia are being considered- where are they?
(b) When do you expect a final decision on a preferred location to be made?

Answer:

This is a matter that should be taken up with the Department of Education, Science and Training. The reference to the 3 sites in South Australia does, however, relate to a national low level waste repository, not the proposed national store.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000101

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) In the course of your deliberations on approval for the proposed new reactor, did you consider the absence of such guidelines, let alone the complete absence of an identified site?
(b) What justification did you accept for the absence of such decisions?

Answer:

The CEO of ARPANSA is not clear as to what guidelines are being referred to in this question. There are guidelines for the near surface disposal of low level radioactive waste which will be relevant to the assessment of the proposed national low level waste repository.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000102

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO FACILITY AT LUCAS HEIGHTS

Written Question on Notice

Senator Carr asked:

(a) Let me ask you again- what is the nature of the permanent waste disposal technology in place for the new reactor and where will it be located?
(b) If you cannot answer this, then how can you assure either the government or the public about the adequacy of safety arrangements?
(c) Did you investigate alternatives to the proposed new reactor? If so, which alternatives were considered?

Answer:

(a)-(b) Australia will need to consider issues related to the permanent disposal of intermediate level radioactive waste, including that arising from spent fuel for the proposed replacement reactor. The CEO of ARPANSA will be considering this issue as part of his decision on the construction licence for the reactor.

(c) It is not a role for ARPANSA to investigate alternatives to facilities as part of assessing whether facilities should be licensed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000103

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: LUCAS HEIGHTS - LOSS OF RADIOACTIVE SOURCE

Written Question on Notice

Senator Carr asked:

(a) On a separate but related matter, has ARPANSA in its capacity as guarantor of nuclear safety, investigated the loss of a radioactive device from the Lucas Heights facility earlier this year?

If NO:
(b) Why not, isn't it a safety issue? Then who is investigating?

If YES:
(c) What investigations have been carried out?
Has the device been found?

(d) What are the mandatory requirements for ANSTO to report the loss of nuclear material from its facilities?
(e) When was this material lost?
(f) When was the loss reported to you?
(g) Have your investigations resulted in any explanation as to how the loss occurred and in any recommendations for future controls?

Answer:

(a)-(b) Yes - ARPANSA inspectors have visited the ANSTO site, sought copies of procedures and spoken to the staff involved. They have reported their initial findings on the circumstances surrounding the source going missing, and are awaiting further advise from ANSTO as to the changes in systems and procedures.

(c) Since 10 January 2002, ANSTO Radiopharmaceuticals and Industrials (ARI) has thoroughly searched the immediate vicinity of the facility for the probe and has inquired with some third parties who may have inadvertently come into possession of the probe while on the site. On 1 February 2002, ARI issued a media release informing the public about the misplaced source and advising that either ARI or the New South Wales EPA should be notified should a member of the public find it. As at 27 February, the source has not been found.

(d) Regulation 46 of the ARPANS Regulations requires a licence holder to advise the CEO of ARPANSA within 24 hours of any incident or accident, with a written report within 14 days.

(e)-(f) The source was received by ARI in November 2001 to carry out tests and to repackage the source for transportation to a recycling facility in South Africa.

On 10 January 2002, ANSTO's Radiopharmaceuticals Division (ARI) discovered that the americium 241 radioactive source was missing from its facility at the Lucas Heights Science and Technology Centre. ARPANSA was verbally informed that the source was missing late on 11 January 2002.

(g) ANSTO has proposed additional procedural and security measures to ensure a similar incident does not occur again. These revised procedures are currently being assessed by ARPANSA.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000104

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RESPONSIBILITY FOR SAFETY OF STORAGE

Written Question on Notice

Senator Carr asked:

(a) To what extent are you responsible for the safety of nuclear materials stored around Australia?
(b) At how many sites is such material stores?
(c) Can you provide a list of these, including location, amount of material, for how long has it been stored and the security and safety provisions that are in place at each location?
(d) Are you consulted prior to the establishment of these sites- can you say yes or not to their establishment?
(e) How do you directly monitor these storage sites?

Answer:

ARPANSA is directly responsible for the regulation of the Commonwealth use of nuclear facilities and radioactive sources. In issuing licences for such Commonwealth use ARPANSA addresses issues of waste management. At this time we have not endeavoured to draw together the complete inventory of Commonwealth radioactive waste. The Department of Education, Science and Training will have information about waste as part of its preparation for the national low level waste repository and the question might be directed at that department.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000105

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: STORAGE OF NUCLEAR MATERIALS

Written Question on Notice

Senator Carr asked:

(a) At how many universities around Australia is such material stored?
Which universities?
Do you directly monitor these sites?

Answer:

Please refer to our answer to Question E02000104.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000212

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO REVIEW PROPOSED REPLACEMENT REACTOR

Written Question on Notice

Senator Forshaw asked:

On what date did ARPANSA request ANSTO to review the design of the proposed reactor following the September 11 attack on the World Trade Centre? Please provide a copy of the letter to ANSTO requesting the review.

When did ANSTO provide their draft response? Please provide a copy of the documentation.

When did ANSTO provide their final response? Please provide a copy of the documentation.

Answer:

Please refer to our response to Question E02000163.

The documents have national security classifications consistent with the requirements of the *Commonwealth Protective Security Manual 2000.* The CEO of ARPANSA is thus not able to provide copies to the Committee. The CEO of ARPANSA will include an appropriate public assessment of the issues in his reasons for decision on the application for a construction licence.

Question: E02000213

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO REVIEW - LARGE AIRCRAFT INCIDENT

Written Question on Notice

Senator Forshaw asked:

Will the design of the proposed reactor need to be altered to take account of the possible impacts and effects of an attack or accident involving a large fully laden aircraft or a missile crashing into the reactor and/or the reactor pool?

If design changes are required how significant are they and what extra cost is involved?

Answer:

These issues are matters that the CEO of ARPANSA is taking into account in reaching his decision on the application for a construction licence for the proposed reactor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000163

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO REVIEW - LARGE AIRCRAFT INCIDENT

Hansard Page: CA 124

Senator Forshaw asked:

When did you request ANSTO to do that further review with respect to the impact of a large aircraft incident, and when did they provide you with their response?

Answer:

ARPANSA & ANSTO have been corresponding on this issue since 4 October 2001. These communications have national security classifications.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000214

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PROPOSED REPLACEMENT RESEARCH REACTOR

Written Question on Notice

Senator Forshaw asked:

In examining the security issues associated with the proposed new reactor and the potential impact upon the community and/or the environment what consideration has been given to siting issues? (ie: Does ARPANSA consider that the Lucas Heights site is still an appropriate location?)

Answer:

The CEO of ARPANSA has given consideration to the potential impact upon the community in light of the reactor being sited at Lucas Heights and arising from security matters. The CEO of ARPANSA will be reviewing the basis for the siting licence and addressing this in his reasons for a decision on the application for a licence to construct the proposed replacement reactor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000215

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PROPOSED REPLACEMENT RESEARCH REACTOR

Written Question on Notice

Senator Forshaw asked:

Is it correct that the proposed new reactor will not have a “hot source of neutrons” as originally indicated?

Answer:

The design of the reactor as described in the Preliminary Safety Analysis Report does not include a hot neutron source, though provision is made for the possibility of such a source being included at a later stage. (PSAR Chapter 1)

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000216

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PROPOSED REPLACEMENT RESEARCH REACTOR

Written Question on Notice

Senator Forshaw asked:

Following the ARPANSA Forum on 14 and 17 December reports were provided to ARPANSA by Mr Robert Budnitz and Mr Garry Schwarz. Both reports recommended that a number of issues, including analyses provided by ANSTO, should be reviewed. The following were identified by Mr Budnitz:

Off-site preparedness measures
Claims of offsite consequences out to 80km
Earthquake Safety – Pool Integrity
Probabilistic Safety Assessment (PSA) – Technical Issues
Spent Fuel Conditioning Abroad – Safety Issues
Egyptian Reactors Safety Record
Impacts of Potential Accidents on Property
Transportation Accidents
Explanation of "Acceptable vs. Achievable" Safety Levels
Safety Performance of the Radio-active Waste Surface system (beyond 50 years)

Have these reviews been carried out by ARPANSA (and ANSTO if necessary)? Please provide details of any results, findings, and/or requirements.

Answer:

The CEO of ARPANSA has undertaken to take into account matters raised in the reports of the members of the panel who participated in the ARPANSA public forum on 14 and 17 December 2001. All the issues identified by Mr Budnitz and mentioned in the question will be taken into account – that is, reviewed and assessed – and referred to in the reasons for decision and other assessment documents.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000217

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO - SPENT FUEL MANAGEMENT

Written Question on Notice

Senator Forshaw asked:

In his report Mr Schwarz referred to concerns regarding the Spent Fuel Management proposals. Has ANSTO updated its information to the public as recommended by Mr Schwarz?

Has ANSTO considered "other sabotage possibilities that could result in major core disruption and significant radioactive releases" as recommended by Mr Schwarz"

Answer:

See answer to Question E02000216.

Also the review of security issues requested by ARPANSA did take into account a full range of sabotage possibilities aimed at assessing those that could result in major core disruption and significant radioactive releases as recommended by Mr Schwarz.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000218

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANSTO - EMERGENCY RESPONSE PLAN

Written Question on Notice

Senator Forshaw asked:

What steps are being taken by ARPANSA to inform the public of the "Emergency Response Plan"?

Answer:

The emergency response plans of ANSTO in relation to the proposed replacement research reactor of course will not need to be promulgated until the reactor is in operation, should it be licensed to do so. ARPANSA would not regard its role as being to inform the public of the emergency response plan; rather, that is for the operator and the emergency response authorities.

Commonwealth of Australia
Health Access and Financing Division
GPO Box 9848, Canberra ACT 2601
Telephone: (02) 6289 8700 Fax: (02) 6289 8633

Ms Leonie Peake
Committee Secretariat
Senate Community Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

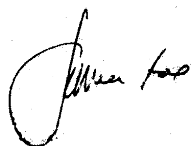
Dear Ms Peake

Correction to Evidence - Additional Estimates Hearing, 20 February 2002

I am writing to correct information I provided to the Committee at the Additional Estimates Hearing on 20 February 2002.

In giving evidence I referred to 15 October 2001 as the date of a meeting of the Pharmaceutical Benefits Pricing Authority (see page Hansard page CA 37). The date of the meeting was in fact 5 October 2001.

Yours sincerely



James Fox
Director
Pharmaceutical Prciing and Policy Section
Health Access and Financing Division

6 March 2002

C.C Mr Charles Maskell-Knight
First Assistant Secretary
Health Access and Financing Division

Minister for Health and Aged Care

7 November 2001

GOVERNMENT MAKES LEUKAEMIA FIGHTING DRUG AVAILABLE

The Coalition Government is making a breakthrough drug in the treatment of Chronic Myeloid Leukaemia (CML) available on the Pharmaceutical Benefits Scheme, Federal Minister for Health, Dr Wooldridge announced today.

"From 1 December 2001, the new gene-therapy drug, Glivec will be subsidised on the PBS, making the treatment readily accessible for people with accelerated and blast phases of CML," Dr Wooldridge said.

"Australia is only the second country in the world to make Glivec publicly subsidised.

"Glivec is not a cure for leukaemia, but it does enable a dramatically improved quality of life for suffers of the disease.

"It is expected that over 500 Australians will benefit from this decision. Glivec treatment currently costs around $2,000 a week, which once listed on the PBS, will be available for $3.50 for pensioners and concessional users and $21.90 for general patients," Dr Wooldridge said.

Glivec has been fast-tracked through the approvals process in recognition of its effectiveness as a breakthrough treatment for Chronic Myeloid Leukaemia.

The fast-tracking of Glivec has been possible because of changes made by the Howard Government to the process for the listing of drugs as recommended by the recent Tambling Review. These policy changes were made in recognition of the need to give Australians increased access to new and quality, life-extending medications.

Glivec will be made available by the Howard Government almost one year sooner than if it had gone through the normal approvals process.

The decision to make Glivec available on the PBS is expected to cost over $60 million over the next three years.

"I wish to acknowledge the co-operation of the Opposition in enabling the Government to approve the listing of Glivec during the care-taker period," Dr Wooldridge said.

Media Enquiries: Craig Simonetto, Office of Dr Wooldridge, 03 9822 1388

Media Release

Dr Michael Wooldridge
Minister for Health and Aged Care

MW85/01
11 September 2001

GOVERNMENT ANNOUNCES IMPORTANT PHARMACY INITIATIVES

The Federal Health Minister, Dr Michael Wooldridge, has today announced an increase in the funding received by community pharmacist for dispensing Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme prescriptions.
There will be an increase of 15 cents per prescription to pharmacists, to be applied as soon as possible.
"Pharmacies play an important role in the delivery of quality health services in Australia and it is important that this role be acknowledged," Dr Wooldridge said.
"This increase in funding recognises the contribution pharmacists have made towards the implementation of important Government initiatives designed to increase the quality use of medicines by Australians," Dr Wooldridge said.
Dr Wooldridge also announced a review of the arrangements for the wholesaling of pharmaceuticals under the PBS.
"The aim of the review is to achieve more efficient and effective wholesaling arrangements in Australia, while ensuring that consumers continue to have access to new and affordable medicines," Dr Wooldridge said.
"A joint industry-Government approach is clearly the most effective way to identify efficiencies and quantify savings for both industry and the Government. The budgetary savings announced in the Budget will be pursued through measures identified in the review.
"The Government will conduct the review in partnership with the National Pharmaceutical Services Association, the Pharmacy Guild of Australia, the Australian Pharmaceutical Manufacturers Association and the Generic Medicines Industry Association," he said.
The review will begin shortly and be completed by May 2002. The Review's Terms of Reference are attached.

Terms of Reference

Review of the arrangements for wholesaling of pharmaceuticals under the PBS
Wholesalers play an important role in the timely distribution of pharmaceuticals across Australia to community pharmacy, including the effective management and supply of pharmaceuticals to meet the demands of community pharmacies, the maintenance of cold storage for certain drugs, high security for others and the management of product safety recalls. In recent years the role and remuneration of wholesalers have changed due to a number of factors, including:

- Structural changes in the industry;
- Technical enhancement of logistics and support, including e-commerce; and
- Changes in the composition of the PBS, including new drug listings and doctors' prescribing patterns.

In this context the Government and the industry have agreed to a review to consider the scope for increasing efficiency and effectiveness of the current pharmaceutical wholesaling arrangements.
Specifically, the review will examine and report on:

- The activities undertaken, services delivered and support provided by distributors including wholesalers and manufacturers in supplying pharmaceuticals to pharmacists, the cost (including investment cost) of undertaking those activities efficiently and effectively and the extent to which they should be funded by Government.
- The current arrangements for funding wholesalers, including how wholesalers' remuneration may be affected by changes over time in the average cost of drugs prescribed under the PBS .
- Options for improving existing arrangements for funding wholesalers to achieve greater efficiency and effectiveness in the sector and realise savings to Government.

The review will be managed by the Department of Health and Aged Care and conducted in partnership with the National Pharmaceutical Services Association, the Pharmacy Guild of Australia, the Australian Pharmaceutical Manufacturers Association and the Generic Medicines Industry Association and other relevant government departments.

The review will report by May 2002.

Media Contact:

Craig Simonetto, Office of Dr Wooldridge, 0413 722 281

RECEIVED
- 8 NOV 2001
HAFU EXEC

Jenny Macklin MP
FEDERAL MEMBER FOR JAGAJAGA
Shadow Minister for Health

Tuesday 6th November 2001

Dr Michael Wooldridge
Minister for Health
Parliament House
Canberra ACT 2600

Dear Michael,

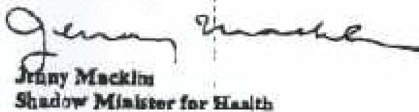
I refer to our phone conversation on Monday and the briefing provided by your Department today on the proposed advance of the listing of Glivec on the PBS in accordance with the recommendation of the PBAC at its meeting of 5th September

I note that 8 weeks have elapsed since that decision during which the PBPA has considered the listing and the Government gave its approval last Friday and sought an expedited listing date of 1 December. It is my understanding, although the Department has not been able to confirm it, that this date is desirable because Novartis is about to cease the current funding for people on clinical trials.

I have consulted with my colleagues and the Opposition supports the measure and will accept the increased cost as a future obligation of a Beazley Government up to the forecast demand levels of $14m, $22 m and $26 m respectively over 2001/2 to 2003/4. I note that the net impact on the bottom line has yet to be calculated.

I note the argument that there are preparatory steps that the HIC need to take to facilitate implementation from December 1st. If you propose to make an announcement prior to Saturday could you please let me know of the arrangements and how the net budget impact will be expressed in the announcement?

Yours sincerely



Jenny Macklin
Shadow Minister for Health

145 Burgundy Street
Heidelberg Victoria 3084
Telephone: 03 9459 1411
Facsimile: 03 9457 5721
Email: jenny.macklin.mp@aph.gov.au
Website: www.jennymacklin.net

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000138

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL PROMOTION

Hansard Page: CA 16

Senator Crowley asked:

(a) Can I just ask one last question which is to go back to the first one: how does the department check, if at all, the effort pharmaceutical companies are putting in to promoting their product amongst doctors?

(b) I would love to know what you are doing to follow how much they are promoting their own drugs, particularly when you are talking about $120 million excess in a year.

Answer:

(a) Please refer to page 16 of Hansard.

(b) Pharmaceutical companies do not publicise their promotional budgets as the companies regard such information as commercially confidential. No government has had the authority to compel companies to disclose such information.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000139

OUTCOME 2: ACCESS TO MEDICARE

Topic: EDUCATIONAL PROGRAMS ON PRESCRIBING (NPS)

Hansard Page: CA 20

Senator West asked:

Is this possible to take on notice and for you to come back to me with some sort of list, an outline, of what the programs are? I want to be able to pursue and identify and then go through with you what parameters you have for measuring the efficacy of those programs: whether they are working, whether they are not working, where the role of the HIC is in this.

Answer:

The National Prescribing Service (NPS) was established in 1998 as an independent organisation to provide support to health practitioners to improve quality prescribing through education and prescriber feedback.

The NPS focuses on therapeutic areas where it has been shown that changes to prescribing can lead to better health outcomes for consumers and reduced costs to the health system.

The NPS has developed a range of tools to improve quality prescribing within a cost-effective environment. In particular, it has developed a regional network of NPS facilitators, offering support to more than 75% of all General Practitioners (GPs) in Australia through Divisions of General Practice. Facilitators visit doctors to provide them with evidence-based information and resources to support their prescribing; convene educational meetings and case-based workshops; and facilitate working relationships between doctors, pharmacists and other health practitioners.

In the 2001/02 Federal Budget, the NPS received continued and additional funding to expand its scope of quality prescribing activities. This will enable the NPS to extend its support to all Divisions of General Practice as well as work more systematically with other health professionals such as pharmacists.

Since its establishment, the NPS has surpassed expectations and demonstrated substantial achievements in improving quality prescribing and in making savings to the Pharmaceutical Benefits Scheme (PBS) through targeting GPs. The Department commissioned an independent evaluation that confirmed the delivery of savings through the quality prescribing activities. Furthermore, the NPS has an Evaluation Working Group, made up of evaluation experts, that provides ongoing evaluation of NPS activities.

The HIC has a focus on enforcement of PBS restrictions rather than educational programs that are delivered by the NPS.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question E02000133

OUTCOME 2: ACCESS TO MEDICARE

Topic: COUNSELLING RE HIGH USE PRESCRIBING.

Hansard Page: CA 21

Senator West asked:

How many have been identified as high use and therefore required in a preliminary investigation, for preliminary questioning. `Investigation' might not be quite the right word--perhaps preliminary contact. What numbers are we talking about?

Answer:

Of the 700 practitioners counselled in 2000 – 2001, 677 practitioners were counselled for inappropriate practice and 168 practitioners were counselled in respect of their prescribing.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000140

OUTCOME 2: ACCESS TO MEDICARE

Topic: CAVERJECT

Hansard Page: CA 22

Senator West asked:

(a) What was the annual cost of Caverject over the last three years? I am happy for a ballpark figure and you can take the precise amount on notice.
(b) What is the cost of non-PBS type medication that will achieve the same result? We know that Viagra is $80 for four pills, so it is $20 a pop. What is the cost of Caverject now that it is not on PBS anymore?

Answer:

(a)

Financial Year	Cost to Government
1998/1999	$8.32 million
1999/2000	$7.19 million
2000/2001	$7.27 million

(b) Caverject will be listed on the PBS until 1 August 2002. The current price for Caverject in those instances where it is supplied as a private prescription varies according to the strength of the injection and from pharmacy to pharmacy:

Strength	Cost
5 micrograms per mL, 5 x 1mL injections:	from $52.95 per box
10 micrograms per mL, 5 x 1mL injections:	from $61.15 per box
20 micrograms per mL, 5 x 1mL injections:	from $76.95 per box

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000141

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBAC LISTING AND DELISTING OF DRUGS

Hansard Page: CA 23-24

Senator West asked:

(a) On how many occasions has the government come to a decision which is different from the PBAC's decision?
(b) Would you provide us with a list of those occasions, as well, please.
(c) My next question is about delisted drugs. On how many occasions has the government delisted drugs from the PBS without advice from the PBAC or has taken a different position from the thoughts and recommendations of the PBAC? Can you list those, as well, please.

Answer:

(a) See Written Question E02000042

(b) See Written Question E02000042

(c) See Written Question E02000042

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000142

OUTCOME 2: ACCESS TO MEDICARE

Topic: HERCEPTIN

Hansard Page: CA 25-28

Senator Evans asked:

(a) When were those decisions? Can you give me their chronology?
(b) And just for my information, how many treatments of the drug are people normally seeking or do they require? Is it something where they need ongoing access to the drug or is it a one-off?

Answer:

(a) The PBAC considered submissions for the PBS listing of Herceptin in September 2000, December 2000, March 2001 and September 2001.

Following the Committee's decision not to recommend the listing of Herceptin at its September 2001 meeting (held 6-7 September), the chronology of the matter was as follows:

26 September 2001: Minister for Health and Aged Care wrote to the Prime Minister canvassing options for funding of Herceptin outside the PBS.

6 October 2001: In his response to Dr Wooldridge, the Prime Minister gave policy approval for the creation of a special Commonwealth program to fund Herceptin for patients meeting the specified eligibility criteria.

(b) Herceptin is administered once per week by infusion. Administration is ongoing until either there is a clinical decision by the doctor to cease treatment or the patient dies.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000143

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS SCHEME COSTS

Hansard Page: CA 33

Senator Evans asked:

Again I suspect the $100 million comes to a bit more than $100 million: $60 million, $50 million and $18 million. Is that again an offset issue?

Answer:

There were a number of factors contributing to the net increase of $272 million in the PBS estimate for 2001-02 which occurred between the 2001-02 Budget and the 2001-02 Additional Estimates.

The following factors were involved:

A revision of the accrual expense figure following the finalisation of the Health Insurance Commission's financial statements for 2000-01 [+ $102 million]. This did not affect the PBS cash estimate for 2001-02.

The transfer of part of the estimates for certain 2001-02 Budget initiatives from the Contingency Reserve to the PBS [+ $70 million]. The major initiatives involved were those relating to the extension of the Telephone Allowance to those who qualify for the Commonwealth Seniors Health Card; the extension of the income limits for eligibility to Commonwealth Seniors Health Card; and the exemption of superannuation assets from the social security means test for people aged between 55 and age pension age.

An adjustment to the PBS estimate following the inclusion of the full year's actuals data for 2000-01 in the PBS estimates model [+ $60 million].

A reduction in the estimate for savings from the measure under which pharmaceutical prices received by manufacturers for PBS products was to be reduced to take into account the abolition of Wholesale Sales Tax [+ $52.3 million].

The decision in September 2001 to increase the dispensing fee received by community pharmacists under the PBS by 15 cents per prescription [+ $18.8 million].

Delays in the implementation of the Enhanced Divisional Quality Use of Medicines Program [+ $4.0 million].

Delays in the implementation schedule for the Better Medication Management System [+ $2.4 million].

Delays in the implementation of certain Coordinated Care Trials [- $10 million].

Other minor adjustments [- $27.1 million].

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000144

OUTCOME 2: ACCESS TO MEDICARE

Topic: REVIEW OF WHOLESALING

Hansard Page: CA 36

Senator Evans asked:

On notice, could you provide us with a list of the membership of that review group
Could you also confirm the terms of reference that were referred to in the press release.

Answer:

(a) Review of Pharmaceutical Wholesaling Arrangements Review Reference Group Membership List:

The Hon John Matthews (Chair)

The National Pharmaceutical Services Association
- Mr David Young
- Ms Pattie Beerens
- Mr Kim Bessell

The Pharmacy Guild of Australia
- Mr Kevin McAnuff
- Dr Michael Tatchell

The Generic Medicines Industry Association
- Mr John Montgomery

The Commonwealth Department of Health and Ageing
- Mr Brett Lennon

(b) Pharmaceutical Wholesalers' Review -Terms Of Reference:

Wholesalers play an important role in the timely distribution of pharmaceuticals across Australia to community pharmacy, including the effective management and supply of pharmaceuticals to meet the demands of community pharmacies, the maintenance of cold storage for certain drugs, high security for others and the management of product safety recalls. In recent years the role and remuneration of wholesalers have changed due to a number of factors, including:

Structural changes in the industry;

Technical enhancement of logistics and support, including e-commerce; and

Changes in the composition of the PBS, including new drug listings and doctors' prescribing patterns.

In this context the Government and the industry have agreed to a review to consider the scope for increasing efficiency and effectiveness of the current pharmaceutical wholesaling arrangements. Specifically, the review will examine and report on:

1. The activities undertaken, services delivered and support provided by distributors including wholesalers and manufacturers in supplying pharmaceuticals to pharmacists, the cost (including investment cost) of undertaking those activities efficiently and effectively and the extent to which they should be funded by Government.

2. The current arrangements for funding wholesalers, including how wholesalers' remuneration may be affected by change over time in the average cost of drugs prescribed under the PBS.

3. Options for improving existing arrangements for funding wholesalers to achieve greater efficiency and effectiveness in the sector and realise savings to Government.

The review will be managed by the Department of Health and Ageing and conducted in partnership with the National Pharmaceutical Services Association, the Pharmacy Guild of Australia, the Australian Pharmaceutical Manufacturers Association and the Generic Medicines Industry Association and other relevant government departments.

The review will report by May 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000145

OUTCOME 2: ACCESS TO MEDICARE

Topic: GLIVEC AND PBAC DECISION

Hansard Page: CA 37-39

Senator West asked:

(a) When did the PBAC make the decision?
(b) I understand that the final position was that agreement was provided – this is from Ms Macklin – subject to no public announcement being made during the campaign, and a letter was sent seeking the additional information on the full net cost. The full net cost I understand is critical in estimating the total cost of commitments against the Charter of Budget Honesty. Is that correct?

Answer:

(a) The PBAC made the decision at its meeting on 5-7 September 2001.

(b) The Charter of Budget Honesty requires publication of the Pre-Election Fiscal Outlook (PEFO) ten days after the issuing of writs for the election. Policy approval for the decision to list Glivec with effect from 1 December 2001 rather than 1 February 2002 was given by the Prime Minister on 1 November 2001. As required by the Charter of Budget Honesty, the PEFO was issued on 17 October 2001 - that is, before the decision to list Glivec early was taken. It was therefore not possible to include the net impact of this decision in the PEFO. This was explained in correspondence between the Department and the office of Ms Jenny Macklin, the Opposition spokesperson on Health at that time. The relevant correspondence on this matter is attached.

Jenny Macklin MP

FEDERAL MEMBER FOR JAGAJAGA

Shadow Minister for Health

RECEIVED
- 8 NOV 2001
HAFD EXEC

Tuesday 6th November 2001

Dr Michael Wooldridge
Minister for Health
Parliament House
Canberra ACT 2600

Dear Michael,

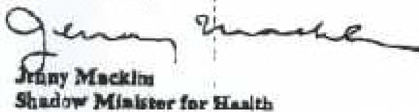
I refer to our phone conversation on Monday and the briefing provided by your Department today on the proposed advance of the listing of Glivec on the PBS in accordance with the recommendation of the PBAC at its meeting of 5th September

I note that 8 weeks have elapsed since that decision during which the PBPA has considered the listing and the Government gave its approval last Friday and sought an expedited listing date of 1 December. It is my understanding, although the Department has not been able to confirm it, that this date is desirable because Novartis is about to cease the current funding for people on clinical trials.

I have consulted with my colleagues and the Opposition supports the measure and will accept the increased cost as a future obligation of a Beazley Government up to the forecast demand levels of $14m, $22 m and $26 m respectively over 2001/2 to 2003/4. I note that the net impact on the bottom line has yet to be calculated.

I note the argument that there are preparatory steps that the HIC need to take to facilitate implementation from December 1st. If you propose to make an announcement prior to Saturday could you please let me know of the arrangements and how the net budget impact will be expressed in the announcement?

Yours sincerely



Jenny Macklin
Shadow Minister for Health

145 Burgundy Street
Heidelberg Victoria 3084
Telephone: 03 9458 1411
Facsimile: 03 9457 5721
Email: jenny.macklin.mp@aph.gov.au
Website: www.jennymacklin.net

COMMONWEALTH OF AUSTRALIA

OFFICE OF THE DEPUTY SECRETARY
GPO Box 9848 Canberra ACT 2601
Telephone (02) 6289 8410 Fax: (02) 6285 1994
ABN 83 605 426 759

Health and Aged Care

Mr Andrew Herington
Office of Ms Jenny Macklin MP
PO Box 316
HEIDELBERG VIC 3084

Dear Mr Herington

Listing on the Pharmaceutical Benefits Scheme (PBS) of Glivec (Imatinib)

I refer to Dr Wooldridge's discussions with Ms Macklin and our telephone conversation on 5 November 2001 concerning the proposed PBS listing from 1 December of Glivec, a drug used for the treatment of Chronic Myeloid Leukaemia (CML).

Approval processes

The registration proposal for Glivec was given priority evaluation by the Therapeutic Goods Administration and registration for the drug was granted on 16 August 2001.

The Pharmaceutical Benefits Advisory Committee (PBAC) considered the listing of Glivec at its meeting of 5-7 September 2001. In recognition of its priority consideration by the TGA, the sponsor of Glivec (Novartis Pharmaceuticals Pty Ltd) was given permission to submit its application for PBS listing after the normal cut-off date for applications for this meeting. The PBAC recommended listing for the later (accelerated and blast crisis) stages of the disease but not for the earlier (chronic) phase.

The Pharmaceutical Benefits Pricing Authority (PBPA) considered Glivec at a special meeting on 5 October 2001. Following a period of negotiation with Novartis, agreement on an appropriate price for the drug and a strategy to prevent leakage into the chronic phase of CML was reached on 24 October 2001.

Government approval to list the drug from 1 December 2001 was received on 2 November 2001, and it was on this basis that the Minister contacted Ms Macklin to discuss the issue.

Timing of Listing

In the normal course of events, a drug recommended for listing by the PBAC at its September meeting would be listed on the PBS with effect from 1 February the following year.

However, given its importance as a treatment option for patients with CML, and consistent with the priority processes undertaken by both the TGA and the PBAC, Dr Wooldridge sought approval to have the drug listed on the PBS on an expedited basis. Given the delays that might arise in finalising new Ministerial appointments following the election and the implementation issues discussed below, it would appear desirable for the final decision on listing to be taken this week to ensure a 1 December 2001 listing.

A number of steps have to be taken to enable Glivec to be listed from that date. The Department will need to advise medical practitioners and pharmacists that the drug will be available. The Health Insurance Commission (HIC) has advised that it would be desirable for information about Glivec to be included in the next update of pharmacy software and that the closing date for provision of that information is the end of this week. The HIC also needs to commence work immediately on a compliance regime to minimise the potential for Glivec to be prescribed for patients in the chronic phase of the disease, consistent with the PBAC decision.

You advised that it was your understanding that Novartis would cease funding arrangements it has in place for existing CML patients from 24 November 2001. Ongoing funding for those patients under existing arrangements would be a matter for Novartis to determine.

Impact on PBS estimates

The decision to list Glivec from 1 December 2001 had not been taken prior to the deadlines for publishing the Mid Year Economic and Fiscal Outlook (MYEFO) and the Pre-Election Fiscal Outlook (PEFO).

The sponsor's estimates of the projected costs to the PBS of listing Glivec for the accelerated and blast crisis phases of CML are about $14 million in the first year (2001-02), rising to $22 million in year two, and approximately $26 million in the third and subsequent years of PBS subsidy.

However, these figures do not necessarily represent the impact on the bottom line. The current PBS estimates for the Budget and forward years incorporate a provision for some new listings. For this reason, it may be that the impact on the PBS estimates would be less than the sponsor's figures referred to above. The impact on the PBS estimates of listing Glivec will be determined in consultation with the Department of Finance and Administration at the time of the next general update of the program estimates, expected to be early in 2002.

I hope this advice is of assistance.

Yours sincerely

Dr Louise Morauta
Acting Deputy Secretary

6 November 2001

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000089

OUTCOME 2: ACCESS TO MEDICARE

Topic: GLIVEC - PBAC

Written Question on Notice

Senator Boswell asked:

Is the PBAC system equipped to handle emerging technologies such as developments like Glivec?

Answer:

Yes. Under the legislative framework in which the PBAC operates (that is, its consideration of the comparative clinical effectiveness, safety and cost-effectiveness of a medicinal product), the Committee is capable of handling emerging technologies, such as Glivec, as well as other medical treatments.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000090

OUTCOME 2: ACCESS TO MEDICARE

Topic: GLIVEC – AVAILABILITY TO PATIENTS

Written Question on Notice

Senator Boswell asked:

When do you expect Glivec to be available to patients at the chronic phase of Chronic Myeloid Leukaemia – when they have failed Interferon?

Answer:

This cannot be predicted. It is dependent on the manufacturer being able to provide sufficient evidence regarding the medical and cost effectiveness of the drug for the PBAC to be able to recommend listing in this patient group. A further submission from the manufacturer seeking PBS listing of Glivec for the chronic phase of Chronic Myeloid Leukaemia is to be considered by the PBAC at its next meeting on 7-8 March 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000146

OUTCOME 2: ACCESS TO MEDICARE

Topic: AUSTRALIAN COMMUNITY PHARMACY AGREEMENT

Hansard Page: CA 40

Senator Herron asked:

Is the agreement covered by legislation or is it just an agreement?

Answer:

The Third Community Pharmacy Agreement is a cooperative agreement between the Commonwealth and the Pharmacy Guild of Australia. It provides a platform for the provision of medicines subsidised under the Pharmaceutical Benefits Scheme and some associated services to Australian communities.

The Agreement comprises two parts. Part 1 concerns the Pharmaceutical Benefits Scheme and constitutes a legal agreement between the Commonwealth and the Guild as to the manner of determining pharmacists' remuneration. Section 98B of the *National Health Act 1953* states that the Pharmaceutical Benefits Remuneration Tribunal must give effect to those terms of the agreement that determine payments to pharmacists for the supply of pharmaceutical benefits.

Part 2 concerns provision for pharmacy approvals, relocations and programs and represents an arrangement or understanding concerning those matters. In order to implement and give effect to pharmacy location provisions described in Part 2, rules must be determined under Section 99L of the *National Health Act 1953*.

Where relevant and appropriate, funding agreements for the provision of other elements of the agreement have been negotiated. These initiatives are not covered by specific legislation.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000147

OUTCOME 2: ACCESS TO MEDICARE

Topic: NATIONAL BRAIN INJURY FOUNDATION HEALTH PROGRAM GRANTS

Hansard Page: CA 44

Senator Gibbs asked:

Do you think in the future that we might be able to find a doctor to continue this service? Are they still looking for a doctor?

Answer:

Advice from the National Brain Injury Foundation is that their attempts to recruit a doctor to perform the services previously provided by Dr Freeman have been unsuccessful. They are continuing to seek a doctor to perform these medical services.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000148

OUTCOME 2: ACCESS TO MEDICARE

Topic: (a) - RELATIVE VALUE STUDY
(b) - MEDICAL INDEMNITY SUMMIT

Hansard Page: CA 47

Senator Crowley asked:

(a) Would that be able to be made available to us?

(b) When it is decided, would you be able to provide the committee with information about the summit?

Answer:

(a) The information is contained in Table 3.1 State PII premium and Australia-wide weighted average by specialty (Attachment A) from page 37 of Volume 1 – Key findings - of the Practice Cost Study Report presented to the Medicare Schedule Review Board by PricewaterhouseCoopers in December 2000.

b) Please refer to Attachment B Press Release by the Minister for Health and Ageing, Senator the Honourable Kay Patterson.

Table 3.1 State PII premium and Australia-wide weighted average by specialty

	NSW	Vic	Qld	WA	SA	Tas	Total doctors	Weighted average
	$	$	$	$	$	$		$
Anaesthetics	15,450	13,000	9,750	9,500	10,000	6,650	1,793	12,995
Cardio-thoracic surgery	20,414	22,000	14,350	15,750	10,500	7,800	73	19,087
Cardiology	5,950	12,000	4,500	5,550	6,400	7,800	447	7,780
Dermatology	5,033	12,000	4,250	15,750	4,600	5,850	276	7,226
ENT surgery	22,000	22,000	14,350	15,750	10,500	6,650	298	18,368
Gastroenterology	4,781	15,000	8,550	7,800	6,400	5,850	335	8,428
General medicine	4,781	5,100	4,250	5,550	4,600	4,100	1,542	4,823
General practice	2,375	2,500	2,150	2,350	2,160	1,900	20,828	2,328
General surgery	22,000	18,000	14,350	15,750	14,600	6,650	985	17,446
Intensive care	5,950	11,000	4,250	5,500	10,500	4,100	168	6,976
Neurology	4,781	5,100	4,500	5,550	4,600	4,100	275	5,345
Neurosurgery	41,400	22,000	24,500	15,750	18,600	7,800	99	27,769
Obstetrics and Gynaecology	41,400	27,000	24,500	32,000	17,700	11,050	973	30,292
Ophthalmology	21,435	22,000	14,350	9,500	14,600	7,800	692	18,277
Orthopaedic surgery	41,400	22,000	24,500	15,750	17,100	7,800	638	26,928
Paediatric medicine	4,781	5,100	4,250	5,550	4,600	4,100	723	4,810
Paediatric surgery	18,516	18,000	13,900	15,750	10,500	6,650	65	15,686
Plastic surgery	34,250	27,000	23,500	15,750	14,600	7,800	209	25,427
Psychiatry	5,233	6,900	4,500	5,550	4,600	5,850	1,870	6,109
Radiation oncology	4,781	11,000	4,250	7,800	6,800	5,850	122	6,541
Rehabilitation medicine	2,375	2,500	2,300	2,350	2,000	4,100	151	2,366
Renal medicine	4,781	5,100	4,500	5,550	4,600	4,100	149	4,823
Rheumatology	4,781	5,100	4,500	5,550	4,600	4,100	183	4,823
Thoracic medicine	4,781	12,000	4,500	5,550	6,400	5,850	239	6,555
Urology	22,000	22,000	14,350	15,750	10,500	7,800	197	18,227
Vascular surgery	22,000	18,000	14,350	15,750	10,500	6,650	112	17,260

Source: Specialty classification and doctor populations – AIHW[3]

Note. PII premiums current as at August 1999.

1 Australian Institute of Health & Welfare, *Medical Labour Force 1997*, AIHW cat. No HWL 13, AIHW, Canberra, 1999 (National Health Labour Force Series).

Media Release

SENATOR THE HON KAY PATTERSON

Minister for Health and Ageing

KP11/02

FORUM TO ADDRESS LONG-TERM MEDICAL INDEMNITY ISSUES

February 28, 2002
The Minister for Health and Ageing, Senator Kay Patterson, today assured doctors that they would continue to be covered by medical indemnity insurance while the subsidiary of the medical defence organisation, United Medical Protection (UMP), responds to directions from the Australian Prudential Regulation Authority (APRA).

She said doctors would be able to carry out procedures on patients while Australasian Medical Indemnity Limited (AMIL) was being inspected by APRA.

Senator Patterson said: “It is important to recognise that UMP/AMIL members are still insured. APRA is continuing to monitor the position of AMIL closely and that the current processes need to be allowed to take their course.

“The action taken by APRA to date does not affect the validity of contracts already issued by AMIL.”

Senator Patterson said the Federal Government was taking a leading role in bringing key stakeholders together to find a long-term solution to the problem of indemnity insurance.

She said the developments with UMP/AMIL highlighted the importance of the Federal Government’s stakeholder forum on medical indemnity, announced by the Prime Minister late last year, which the Minister announced would be held on 23 April, 2002, in Canberra.

Senator Patterson said: “A strategic and consensus-based approach is essential to achieve lasting and effective change in the underlying pressures on medical indemnity insurance and doctors' premiums.

“The Commonwealth, as a high priority, will be working in partnership with State and Territory governments, the insurance industry and medical practitioners towards ensuring that doctors continue to have access to appropriate insurance arrangements.

“We want to ensure that medical services to Australians, including in regional Australia, continue to be accessible.

“The forum will provide an opportunity for stakeholders to share views and ideas on possible ways forward on related issues, particularly the health policy aspects of medical indemnity insurance.”

Senator Patterson said that invitations to the forum would be made soon. They would include the States and Territories, medical, legal, insurance and actuarial bodies, and eminent persons with relevant expertise.

“We simply can’t lose sight of the need for long-term partnership and goodwill if the medical indemnity challenge is going to be addressed positively and effectively,” she said.

Further information: Randal Markey, Senator Patterson’s office (02) 6277 7220 or 0417 694 520

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000135

OUTCOME 2: ACCESS TO MEDICARE

Topic: AUDIT OF ABORTION ITEMS IN THE MBS

Hansard Page: CA 47/48

Senator Harradine asked:

(a) Please provide me with copies of the following documents applying to the current Medicare Benefits Schedule items for abortion:

Administrative Guidelines for the program
Risk management plan for the program
Fraud control plan
Professional Review Guidelines
Professional Review Division Policy Manual

(b) What prepayment and postpayment controls are in place to ensure that claims for abortion items in the Medical Benefits Schedule are appropriate? Can I have the details please?

(c) How many audits and/or investigations have been carried out of payments made against abortion items in the MBS in the past five years? May I have a copy of any audits/investigations?

(d) Have any abortion providers been audited in the past five years as part of the HIC's compliance audits? If so, can I see a copy of the resulting report?

(e) Have there been any fraud investigations of abortion providers in the past five years? If so, would you please provide me with details of those investigations?

(f) Has [HIC] prosecuted any person or organisation for fraud involving the abortion items? If so, would you please provide me with details of the prosecution?

(g) Would [HIC] please provide me with details of the audit trail for payments for the MBS abortion items and details of the documentation given to support claims under these items.

(h) Has [HIC] produced an estimate of how much fraud [it] might expect to occur in the abortion items of the MBS? If not, would [HIC] please do so and provide me with a copy of that estimate.

Answer:

(a) There are no documents referred to in the Senator's question that pertain specifically to abortion. Copies of material relating to the Medicare program as a whole and HIC's administration of the program, are attached for information, as follows:

Administrative Guidelines for the program as contained in the MBS Book, dated 1 November 2001.

A HIC position statement on risk management policy, taken from HIC's Intranet site. A strategic plan for the development of risk management plans for all of HIC's activities are currently being implemented.

An overview of the HIC's fraud control policy, taken from HIC's Intranet site. (Tenders have been called for the preparation of a new Fraud Control Plan)

Professional Review Division (PRD) Investigations Guidelines.

PRD Policy Manual.
[Note: attachments have not been included in the electronic/printed volume]

(b) No specific prepayment and postpayment controls are performed by HIC in relation to these particular items that are not applied equally across the whole Medicare fee-for-service program. That is to say, benefits are paid on claims for payment where the provisions of the item are verified on the doctor's account, receipt and/or claim form. Subsequent audit, where performed, seeks to confirm the appropriateness of benefit payment on the basis of the information contained on the account, receipt and/or claim form.

(c) There have been no audits and/or investigations carried out of payments made against abortion items in the MBS in the past five years, that specifically address the issue of the abortion procedure itself. The only investigations which have been conducted of providers of this service have been in relation to their suspected breach of the rules pertaining to direct [or bulk] billing and the illegal charging of additional fees (generally referred to as a "moiety payment") to patients. No information or specific allegations have been made to HIC in relation to these items. HIC has no reason to suspect that these are items are subject to fraud or abuse to any greater extent than other procedural items in the MBS.

(d) No.

(e) See the answer to question (c) above.

(f) No.

(g) Claims for MBS items 16525 and 35643 are paid on the basis of the lodgement of an account and/or claim for payment by the patient, or by the provider of the service where an assignment of benefit agreement between the service provider and patient is in place (ie. bulk billing).

Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account/receipt to enable a claim to be made for Medicare benefits. Under the provisions of the Health Insurance Act and Regulations, Medicare benefits

are not payable in respect of a professional service unless there is recorded on the account setting out the fee for the service or on the receipt for the fee in respect of the service, the following particulars:

the patient's name;
the date on which the professional service was rendered;

a description of the professional service sufficient to identify the item that relates to that service, including an indication where the service is rendered to a person while hospital treatment (ie. accommodation and nursing care) is provided in a hospital or day hospital facility (other than a public hospital patient), that is, the words 'admitted patient' immediately preceding the description of the service or an asterisk '*' directly after an item number where used;

the name and practice address or name and provider number of the practitioner who actually rendered the service;

the name and practice address or name and provider number of the practitioner claiming or receiving payment of benefits, or assignment of benefit;

where a practitioner has attended the patient on more than one occasion on the same day and on each occasion rendered a professional service to which an item in Category 1 of the Medicare Benefits Schedule relates (ie. professional attendances), the time at which each such attendance commenced; and

where the professional service was rendered by a consultant physician or a specialist in the practice of his/her speciality to a patient who has been referred:-

(i) the name of the referring medical practitioner;
(ii) the address of the place of practice or provider number in respect of that place of practice;
(iii) the date of the referral; and
(iv) the period of referral (where other than for 12 months) expressed in months, eg. "3", "6" or "18" months, or "indefinitely".

If the information required to be recorded on accounts, receipts or assignment of benefit forms is included by an employee of the practitioner, the practitioner claiming payment for the service bears responsibility for the accuracy and completeness of the information.

(h) No. In order to estimate, or indeed identify, fraud in respect of these items, access to detailed clinical notes or other clinical records would be required. HIC is able to access such records only in exceptional circumstances where there are strong indications that fraud has occurred. No information or evidence is available to HIC from its analysis of Medicare data, nor has there been any external allegation or information provided, which would indicate the need for an investigation for fraud in this area. HIC would immediately act on any specific information.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000137

OUTCOME 2: ACCESS TO MEDICARE

Topic: DRUG UTILISATION SUB-COMMITTEE OF PBAC

Hansard Page: CA16

Senator Crowley asked:

Is the information provided to the drug usage committee available to this committee?

Answer:

Yes.

The Drug Utilisation Sub-Committee was provided with information on the usage of Celebrex, and of other antiarthritic medications following the listing of Celebrex in the Pharmaceutical Benefits Schedule, at the following sub-committee meetings:

3 November 2000 – refer to Attachment A
6 July 2001 – refer to Attachment B
22 February 2002 – refer to Attachment C

[Note: attachments have not been included in the electronic/printed volume]

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000149

OUTCOME 2: ACCESS TO MEDICARE

Topic: FUNDING OF A HOSPITAL IN KNOX

Hansard Page: CA 51

Senator Evans asked:

There has been a lot of political byplay regarding the Aston by-election and about suggestions of a Commonwealth commitment to help fund the building of a hospital in Knox. I was just wanting to be clear, on the record, on whether or not any funds had been allocated for that purpose.

Answer:

No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000136

OUTCOME 2: ACCESS TO MEDICARE

Topic: PET SCANNERS

Hansard Page: CA 7

Senator Denman asked:

Is there a recommendation that Tasmania receive a publicly funded PET scanner? To date that has not happened. Why not?

Answer:

The National Review of Positron Emission Tomography, completed in 2000, recommended a moderate expansion of PET services to enable the evaluation of the technology. The Review's report is available on the Department's website at www.health.gov.au/haf/pet/petfinal.htm.

The Review recommended a distribution of 2 funded facilities each in New South Wales and Victoria, and 1 funded facility each in Queensland, Western Australia and South Australia. The Review noted: 'This distribution model is primarily dependent on State populations, but also recognises the realities of the geographically dispersed population of Australia'.

The Review did not consider that the population of Tasmania warranted a PET scanner at this time.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000209

OUTCOME 2: ACCESS TO MEDICARE

Topic: PET TENDER PROCESS DOCUMENTATION

Hansard Page: CA 56

Senator West asked:

I want to know what bits are confidential and why; and I want to know what can be released on the public record.

Answer:

All information provided by tenderers and information in relation to the assessment of individual tenders, including comparative information, is treated by the Department as confidential to the tenderer and would not be disclosed without the consent of the individual tenders concerned.

The only information that is disclosed to the public is the request for tender; names of the successful tenderers; and the PET eligibility agreement entered into pursuant to the RFT process.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000210

OUTCOME 2: ACCESS TO MEDICARE

Topic: 3C DETERMINATION UNDER SECTION 3C OF THE *HEALTH INSURANCE ACT 1973* EFFECTING NEW FUNDING ARRANGEMENTS FOR PET

Hansard Page: CA 59

Senator West asked:

And when is that going to be tabled?

Answer:

There are 3 3C determinations relevant to the new PET funding arrangements:

HS/2/01was made by the Minister on 21 June 2001. It set out the Medicare items against which the successful PET tenderers would be able to claim a rebate. It was tabled in the House of Representatives on 27 June 2001 and the Senate on 28 June 2001.

HS/5/01 was made by the Minister on 25 October 2001. It revokes HS/3/1997 which established previous PET funding arrangements for the Royal Prince Alfred Hospital and the Austin and Repatriation Medical Centre. It was tabled in both the House of Representatives and the Senate on 12 February 2002.

HS/6/01 (which repeals HS/2/01 and substitutes a new determination with additional items) was made by the Minister on 15 January 2002. It was tabled in the House of Representatives on 19 February 2002. It has not yet been tabled in the Senate. It is expected that it will be tabled when the Senate resumes on 11 March 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000211

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICAL SERVICES ADVISORY COMMITTEE DECISION TO INCREASE THE NUMBER OF MBS PET ITEMS.

Hansard Page: CA 60

Senator West asked:

When was that? I want to know when that decision was made, in relation to when the request for tender document was released.

Answer:

In August 2000 the National Review of Positron Emission Tomography made a number of recommendations to the Minister, including interim funding for 9 clinical PET indications. These indications had already been recommended by the Medical Services Advisory Committee (MSAC). The Minister accepted these recommendations (which gave rise to 16 Medicare items) on 31 August 2000.

Following further evaluation of PET indications, as recommended by the Review, MSAC recommended another 4 PET indications for interim funding on 23 May 2001. The Minister approved this recommendation on 19 June 2001. They produced 8 separate items.

These 24 items were included in Health Insurance Determination HS/2/01, signed by the Minister on 21 June 2001 and coming into effect on 1 October 2001.

The PET request for tender was advertised on 4 August 2001.

MSAC recommended a further 9 indications for interim funding in 24 August 2001. These were approved by the Minister on 18 September 2001, and produced a total of 19 separate items.

This total of 43 items was included in Health Insurance Determination HS/6/01, signed by the Minister on 15 January 2002. HS/6/01 revoked HS/2/01.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000150

OUTCOME 2: ACCESS TO MEDICARE

Topic: PET STAFF TRAINING

Hansard Page: CA 55

Senator West asked:

Do you think you can undertake to identify the numbers [of PET facility staff] that have been trained at the Austin?

Can you outline the reasons why the Austin did not make the list?

Answer:

A review of the 6 successful PET tender proposals did not identify any PET facility staff who had undergone training at the Austin.

As discussed at the Hearing (refer to page CA56) a briefing was offered to members of the Committee and held on 15 May 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000151

OUTCOME 2: ACCESS TO HEALTH SERVICES

Topic: NATIONAL BRAIN INJURY FOUNDATION

Hansard Page: CA 57

Senator Crowley asked:

I think it actually allows me to then ask if you can provide me with some further breakdown of the $52,000 further to Senator Gibbs' question: how much of this was a payment to the doctor and how much of it was travel costs?

Answer:

In its final year of operation, 1999-2000, the grant was recalculated to include an access component to allow for patients in geographically diverse areas to receive this service. The estimated expenses of $52,000 (which due to Dr Freeman's retirement was not required in 2000) were based upon historical data of medical services provided by Dr Freeman plus the travel and accommodation costs associated with providing those services. Dr Freeman reported 499 consultations for 37 patients in the previous grant year. The access component was calculated at an estimated 15,000 km car travel each year and air travel four times each year from Sydney to Adelaide, Melbourne, Brisbane and Canberra plus accommodation costs for 16 days while in those cities.

The total expenses for the final year was $23,789. The service component was $15,791 and the travel and accommodation costs were $7,998. The variance in the actual expenses was due to a decline in the services provided. Dr Freeman reported 250 consultations for 19 patients, travelling 10,490 km in the final grant year.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000023

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING

Written Question on Notice

Senator Evans asked:

Can you provide the rates of bulk billing for the past 12 quarters?
Can you provide the rates of bulk billing for the past 6 quarters for Federal Electoral Division?
What is the latest quarterly data available from the HIC?
Is the next set of data overdue? If so how much? What is the cause of the delay?
When is the next quarterly data going to be available?

Answer:

The percentage of services bulk billed under Medicare, by quarter, for the past 12 quarters, are as follows:

1999
March quarter 72.2%
June quarter 72.3%
Sept quarter 72.3%
Dec Quarter 71.8%

2000
March quarter 72.8%
June quarter 72.4%
Sept quarter 71.2%
Dec Quarter 71.3%

2001
March quarter 71.9%
June quarter 71.3%
Sept quarter 70.8%
Dec Quarter 70.2%

Question: E02000023

Statistics on the level of bulk billing by Federal Electoral Division, based on Medicare enrolment postcode, for the past 6 quarters, are found at Attachment A. Since some postcodes overlap federal electoral division boundaries, statistics by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the proportion of the population in each postcode in each federal electoral division. Postcodes which could not be mapped to federal electoral divisions (eg post office box postcodes) have been included in 'undefined'.

The latest quarterly data available from the HIC relate to the December quarter 2001.

No.

March quarter 2002 statistics are due to be published in the second half of May 2002.

COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING
MEDICARE - % TOTAL SERVICES BULK BILLED
BY FEDERAL ELECTORAL DIVISION BASED ON ENROLMENT POSTCODE
SEPTEMBER QUARTER 2000 TO DECEMBER QUARTER 2001

Electorate	2000		2001			
	Sept Qtr	Dec Qtr	March Qtr	June Qtr	Sept Qtr	Dec Qtr
undefined	62.8%	64.0%	64.0%	64.3%	65.0%	63.7%
Adelaide	70.7%	72.0%	73.8%	71.5%	71.5%	71.1%
Aston	73.5%	72.1%	74.2%	73.7%	72.7%	72.0%
Ballarat	57.3%	55.9%	58.4%	57.3%	55.5%	56.4%
Banks	79.6%	80.4%	80.1%	79.7%	79.8%	78.9%
Barker	50.1%	54.3%	58.3%	57.0%	56.2%	57.5%
Barton	81.6%	82.4%	82.0%	81.1%	82.0%	81.0%
Bass	56.9%	56.9%	57.9%	58.1%	56.6%	57.0%
Batman	83.6%	82.7%	83.7%	83.2%	82.6%	81.3%
Bendigo	54.6%	55.6%	56.8%	57.3%	56.5%	56.7%
Bennelong	71.3%	71.3%	71.8%	71.7%	72.9%	71.2%
Berowra	63.4%	63.8%	64.1%	64.9%	65.6%	63.8%
Blair	73.5%	73.5%	73.6%	72.7%	72.1%	72.7%
Blaxland	89.2%	89.5%	89.5%	89.4%	89.5%	89.2%
Bonython	85.3%	84.8%	85.7%	85.4%	84.4%	83.9%
Boothby	59.3%	60.7%	62.9%	61.9%	61.6%	62.5%
Bowman	77.3%	76.8%	77.9%	77.0%	75.2%	74.6%
Braddon	66.7%	66.1%	67.2%	65.9%	64.0%	65.2%
Bradfield	54.2%	54.6%	54.6%	54.8%	56.1%	55.0%
Brand	76.7%	76.2%	75.4%	74.6%	73.4%	70.6%
Brisbane	69.3%	68.7%	69.4%	67.9%	66.7%	66.3%
Bruce	76.3%	75.8%	76.6%	75.8%	75.0%	73.7%
Burke	69.6%	70.2%	71.3%	71.0%	70.3%	70.2%
Calare	65.8%	65.8%	67.4%	67.0%	66.8%	66.3%
Calwell	84.8%	84.1%	84.7%	84.4%	83.9%	83.2%
Canberra	58.8%	58.3%	60.3%	58.7%	58.6%	58.0%
Canning	69.8%	70.5%	68.8%	69.9%	70.8%	67.7%
Capricornia	42.2%	42.6%	45.5%	47.8%	49.7%	51.9%
Casey	66.9%	66.6%	68.9%	67.7%	66.7%	65.6%
Charlton	70.4%	70.7%	68.9%	67.7%	66.2%	65.8%
Chifley	92.8%	92.9%	92.9%	92.4%	92.5%	92.3%
Chisholm	70.0%	69.7%	70.7%	70.1%	69.7%	68.7%
Cook	67.2%	68.2%	68.3%	68.1%	69.2%	68.8%
Corangamite	45.8%	49.7%	48.7%	48.0%	48.6%	47.6%
Corio	54.4%	58.8%	58.2%	57.4%	57.3%	56.4%
Cowan	78.6%	78.0%	76.7%	76.8%	76.0%	73.8%
Cowper	61.7%	62.6%	63.5%	63.0%	62.8%	63.0%
Cunningham	76.4%	78.7%	77.9%	78.2%	77.3%	78.1%
Curtin	57.4%	58.7%	57.4%	58.6%	58.6%	57.8%
Dawson	54.3%	55.7%	58.7%	60.0%	60.6%	60.2%

Deakin	68.2%	68.1%	69.7%	69.5%	68.1%	67.1%
Denison	52.6%	52.5%	53.0%	53.6%	52.0%	52.3%
Dickson	68.0%	66.9%	67.6%	66.0%	64.6%	63.4%
Dobell	73.6%	72.8%	71.6%	70.3%	69.5%	68.6%
Dunkley	72.1%	71.9%	72.7%	70.9%	66.8%	66.9%
Eden-Monaro	55.2%	56.3%	58.1%	58.1%	56.8%	57.5%
Fadden	76.5%	76.1%	77.1%	75.8%	75.1%	73.7%
Fairfax	72.7%	72.2%	73.4%	73.3%	71.5%	72.1%
Farrer	53.7%	55.1%	55.9%	55.6%	53.9%	54.3%
Fisher	80.3%	80.0%	80.7%	79.7%	79.2%	78.5%
Flinders	67.3%	67.7%	67.0%	64.1%	60.9%	60.7%
Forde	82.8%	82.1%	82.8%	82.2%	81.1%	80.4%
Forrest	56.1%	58.1%	59.8%	60.1%	58.8%	59.0%
Fowler	92.8%	92.7%	92.7%	92.5%	92.7%	92.1%
Franklin	53.4%	52.8%	52.9%	53.2%	51.1%	52.2%
Fraser	62.2%	62.1%	63.7%	61.4%	59.0%	58.7%
Fremantle	72.6%	71.8%	70.3%	71.7%	71.4%	69.7%
Gellibrand	85.3%	85.5%	85.7%	85.7%	85.4%	84.2%
Gilmore	64.7%	67.0%	67.2%	66.9%	68.1%	68.6%
Gippsland	58.3%	58.5%	59.8%	60.2%	58.0%	58.9%
Goldstein	60.1%	59.4%	60.5%	59.4%	58.2%	57.1%
Grayndler	86.2%	86.5%	86.0%	85.7%	85.5%	84.7%
Greenway	86.5%	86.2%	86.0%	85.8%	85.7%	85.2%
Grey	65.0%	68.9%	71.7%	71.3%	70.8%	71.4%
Griffith	74.3%	73.8%	74.1%	71.9%	70.1%	69.7%
Groom	63.0%	61.7%	63.3%	62.0%	61.1%	62.3%
Gwydir	66.1%	67.5%	67.9%	68.1%	67.6%	68.1%
Hasluck	74.5%	74.5%	73.7%	73.9%	73.4%	72.3%
Herbert	62.3%	61.4%	62.5%	59.5%	60.4%	60.8%
Higgins	58.6%	58.1%	59.3%	58.3%	57.7%	57.1%
Hindmarsh	65.0%	66.0%	68.1%	67.3%	66.8%	67.2%
Hinkler	49.2%	50.1%	52.8%	51.8%	51.1%	52.6%
Holt	82.6%	82.5%	82.9%	81.5%	80.3%	79.3%
Hotham	76.0%	76.0%	76.4%	76.2%	75.4%	74.6%
Hughes	71.3%	71.7%	71.7%	71.6%	72.3%	71.3%
Hume	63.3%	64.2%	65.4%	65.0%	65.7%	64.7%
Hunter	60.6%	61.0%	61.8%	60.4%	60.5%	60.0%
Indi	55.8%	56.3%	58.2%	57.5%	56.5%	56.8%
Isaacs	75.3%	75.1%	76.5%	74.8%	72.2%	71.9%
Jagajaga	68.4%	68.3%	70.4%	69.2%	68.3%	67.8%
Kalgoorlie	64.0%	64.5%	63.5%	64.7%	63.5%	64.3%
Kennedy	64.7%	65.1%	66.7%	65.4%	66.1%	66.5%
Kingsford-Smith	82.0%	82.6%	82.3%	81.9%	82.0%	81.2%
Kingston	72.1%	71.8%	73.5%	72.7%	70.7%	70.6%
Kooyong	56.9%	56.0%	56.9%	56.2%	56.1%	54.9%
La Trobe	69.3%	68.3%	69.5%	68.5%	68.1%	66.9%
Lalor	82.7%	82.5%	82.9%	82.7%	82.4%	82.1%
Leichhardt	74.4%	74.2%	76.1%	74.7%	74.8%	75.1%
Lilley	71.4%	70.5%	70.9%	70.2%	69.1%	68.8%
Lindsay	84.6%	84.9%	84.9%	84.6%	85.0%	84.3%

Lingiari	78.3%	78.3%	78.1%	79.0%	78.7%	81.6%
Longman	83.9%	83.6%	84.2%	84.0%	83.2%	81.8%
Lowe	81.7%	81.9%	81.8%	81.3%	81.6%	80.8%
Lyne	68.2%	68.9%	69.8%	68.6%	68.2%	67.8%
Lyons	65.6%	65.0%	65.8%	65.5%	64.2%	65.7%
Macarthur	85.0%	85.0%	85.6%	85.2%	85.6%	85.1%
Mackellar	67.6%	67.7%	68.2%	67.5%	68.1%	66.8%
Macquarie	74.3%	75.3%	75.3%	74.6%	75.3%	74.8%
Makin	70.1%	70.5%	71.4%	69.5%	67.7%	66.7%
Mallee	57.7%	57.3%	59.2%	58.3%	56.5%	57.1%
Maranoa	55.2%	55.7%	57.5%	56.9%	56.8%	59.1%
Maribyrnong	82.2%	82.4%	83.0%	82.2%	82.1%	81.3%
Mayo	61.2%	62.1%	63.0%	61.4%	60.3%	60.6%
McEwen	69.7%	68.7%	70.8%	70.6%	69.0%	68.6%
McMillan	62.5%	62.4%	63.9%	63.9%	63.5%	63.5%
McPherson	73.0%	72.8%	73.5%	72.2%	71.0%	70.9%
Melbourne	77.7%	77.0%	77.5%	77.1%	76.6%	75.8%
Melbourne Ports	68.4%	68.9%	69.1%	67.9%	66.4%	65.7%
Menzies	68.5%	68.3%	69.6%	69.4%	68.5%	66.7%
Mitchell	70.8%	71.1%	71.6%	71.2%	71.4%	70.3%
Moncrieff	72.1%	71.6%	72.3%	71.2%	69.7%	68.6%
Moore	71.1%	71.0%	69.4%	70.3%	69.5%	67.6%
Moreton	75.1%	75.3%	75.8%	74.5%	73.0%	72.4%
Murray	51.9%	51.9%	55.1%	52.9%	52.1%	52.2%
New England	63.4%	63.6%	64.7%	65.7%	64.2%	64.4%
Newcastle	71.8%	71.9%	72.2%	71.1%	71.4%	70.8%
North Sydney	60.5%	61.1%	61.6%	61.3%	62.1%	60.2%
O'Connor	56.3%	58.0%	58.4%	60.3%	60.1%	60.4%
Oxley	83.1%	83.0%	83.8%	82.8%	81.9%	81.7%
Page	64.4%	64.0%	64.5%	63.8%	64.5%	64.0%
Parkes	67.7%	67.9%	68.8%	68.6%	68.3%	68.8%
Parramatta	82.5%	82.9%	83.1%	82.8%	82.8%	82.0%
Paterson	65.8%	65.6%	68.6%	66.0%	65.4%	64.7%
Pearce	72.5%	72.1%	71.9%	71.9%	71.3%	70.2%
Perth	77.7%	77.8%	76.5%	76.8%	76.4%	74.8%
Petrie	77.0%	76.1%	76.7%	75.9%	74.8%	73.6%
Port Adelaide	79.2%	79.1%	80.7%	79.5%	79.3%	79.1%
Prospect	90.7%	90.6%	90.5%	90.3%	90.2%	89.4%
Rankin	85.5%	84.9%	85.9%	84.8%	83.9%	83.2%
Reid	91.9%	91.9%	91.6%	91.3%	91.2%	90.8%
Richmond	73.5%	72.2%	72.9%	72.7%	71.2%	71.3%
Riverina	52.6%	54.3%	56.0%	54.9%	55.7%	55.7%
Robertson	72.1%	71.3%	70.0%	69.4%	68.9%	67.5%
Ryan	58.1%	58.5%	58.9%	57.9%	56.9%	56.2%
Scullin	83.9%	83.7%	84.5%	83.6%	83.1%	82.4%
Shortland	70.6%	69.4%	67.8%	65.7%	66.0%	65.9%
Solomon	70.6%	68.1%	69.6%	70.9%	71.0%	68.4%
Stirling	75.5%	76.0%	74.9%	75.5%	75.5%	73.8%
Sturt	60.6%	62.3%	64.0%	62.6%	61.8%	62.3%
Swan	74.5%	74.4%	73.7%	73.1%	74.0%	72.1%

Sydney	79.9%	80.2%	79.5%	78.8%	78.7%	77.5%
Tangney	64.1%	64.8%	63.0%	64.0%	64.4%	62.3%
Throsby	83.1%	84.5%	84.0%	84.5%	83.5%	84.3%
Wakefield	55.3%	57.7%	60.0%	59.2%	57.3%	58.1%
Wannon	60.8%	61.3%	61.7%	61.5%	60.4%	61.0%
Warringah	65.3%	65.8%	66.6%	66.3%	66.4%	65.6%
Watson	88.3%	88.5%	88.3%	87.7%	88.2%	87.4%
Wentworth	66.9%	67.5%	66.2%	66.1%	66.9%	65.9%
Werriwa	89.3%	89.3%	89.2%	89.0%	89.3%	88.7%
Wide Bay	66.2%	66.2%	67.7%	66.2%	66.1%	66.7%
Wills	78.9%	78.5%	79.3%	79.1%	78.8%	77.3%
Total	71.2%	71.3%	71.9%	71.3%	70.8%	70.2%

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000024

OUTCOME 2: ACCESS TO MEDICARE

Topic: GP PRACTICE INCENTIVES PROGRAM

Written Question on Notice

Senator Evans asked:

(a) How much does the department spend on incentives to improve after hours care under the GP practice improvement program?

(b) Is it correct that there is:
- one level of payment for making arrangements (ie leaving a message on your answering machine with a locum service's phone number)?
- a second level for seeing some of your patients after hours? and
- a third level for seeing all of your patients after hours?

(c) How much is spent on incentives at each of these levels?

Answer:

(a) In the financial year 2000-2001, there was approximately $56 million paid to practices participating in the Practice Incentives Program (PIP) After Hours Incentive.

(b) For access to any of the PIP After Hours Incentive tiers, practices are required to ensure their patients have access to out of hours visits (at home, in a residential aged care facility, or in a hospital) where necessary and appropriate.

To cater for their patients, practices may use one or a combination of activities to provide 24 hour care by:
- having a formal arrangement with a medical deputising service;
- having a formal arrangement with nearby practice(s) to provide cooperative after hours care;
- having a formal collaboration agreement with a local hospital or other after hours care facility; or
- by providing all after hours care from within their practice.

There are three tiers paid under the PIP After Hours Incentive:

Tier 1 - The practice ensures that patients have access to 24-hour care.
Tier 2 - The practice qualifies for Tier 1, and on average, covers at least 15 hours per week of its after hours arrangements from within the practice.
Tier 3 - The practice provides 24-hour coverage seven days a week from within the practice. (The use of a deputising service or participation in a roster system does not count towards this tier).

(c) In the financial year 2000-2001, approximately $27 million, $21 million, and $8 million was paid for tier 1, tier 2, tier 3 respectively of the PIP After Hours Incentive.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000026

OUTCOME 2: ACCESS TO MEDICARE

Topic: GP PRACTICE INCENTIVES PROGRAM

Written Question on Notice

Senator Evans asked:

Has the Department conducted any audits of GPs or Divisions of GPs to assess their performance in relation to after hours care?

Answer:

No. However, the HIC, as part of its responsibility for the administration of the Practice Incentives Program (PIP), undertakes audits of a proportion of general practices participating in the PIP to ensure that correct payments are made and eligibility requirements are met. This financial year around 5 percent (approximately 260) of practices will be audited.

Divisions of general practice are not eligible for the PIP.

Senate Community Affairs Legislation Committee

ANSWERS TO WRITTEN ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question E02000027

OUTCOME 2: ACCESS TO MEDICARE

Topic: PRACTICE IMPROVEMENT PROGRAM

Written Question on Notice

Senator Evans asked:

Was there any evidence that GPs were receiving incentive payments but not complying with the conditions required to receive those payments?

Answer:

The Health Insurance Commission (HIC) conducts regular audits on PIP payments to practices. Audits conducted by the HIC reveal that some practices have been inappropriately paid PIP payments. For example there were 169 practices audited nationally for the 2000/2001 financial year. Forty practices did not meet the program's eligibility criteria, mainly in the area of electronic data transmission and the provision of after hours services.

If there is any evidence that a practice is not complying with the requirements to receive PIP payments then the payments for those components can be stopped and/or recoveries made.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000028

OUTCOME 2: ACCESS TO MEDICARE

Topic: MRI TENDERS

Written Question on Notice

Senator Evans asked:

Why was the contract for an MRI scanner to service Gippsland and the Latrobe Valley given to a hospital in Dandenong on the outskirts of Melbourne? How has this improved the distribution of MRI equipment when the same network of hospitals has another public machine a few kilometres away at the Monash Medical centre?

Answer:

The Area of Need for this tender was actually much wider than Gippsland and Latrobe valley, also including the Mornington Peninsula Shire, Frankston City, Greater Dandenong City and South Eastern Outer Melbourne statistical subdivisions of Victoria. The successful tenderer achieved a higher weighted score against the selection criteria than the other tenderers for this Area of Need. The five criteria, listed in priority order, were:

(a) Comparative advantage in terms of access within an Area of Need;
(b) Patient affordability;
(c) Location in or collocation/proximity with a Tertiary Referral Centre/Hospital.;
(d) Location of relevant specialist referral base relative to the proposed location of the MRI; and
(e) Hours of operation – emergency services or after hours availability.

Having regard to population distribution and transport corridors, the Dandenong tender was considered to demonstrate advantages in terms of patient access, including geographical accessibility. Only 22% of the population in this Area of Need is located in Gippsland and the La Trobe Valley, with the majority concentrated in the outskirts of Melbourne. The site for the Dandenong unit is about 10km away from the Monash unit, which will provide some benefits in terms of reduced travel for significant numbers of patients. More importantly, however, the Dandenong unit will create better patient access by increasing the level of services in the region, improving the eligible MRI unit to population ratio in the broader Melbourne Statistical Division from 1 unit per 276,806 people to 1 unit per 255,513 people.

The Dandenong tender also compared favourably with the other tenders in terms of proximity to support services, offering location within a tertiary referral centre and access to a diverse and relevant specialist referral base.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000029

OUTCOME 2: ACCESS TO MEDICARE

Topic: FUNDING UNDER THE AUSTRALIAN HEALTH CARE AGREEMENT.

Written Question on Notice

Senator Evans asked:

(a) How much did (or will) the Commonwealth actually provide to the States for hospital funding under the Australian Health Care Agreement for each of the years 1993-2003?
(b) Can you provide these figures on both a calendar year and financial year basis?
(c) Can you remove the effect of inflation from both sets of figures to provide a comparable series? What index has been used to do this?

Answer:

(a) Payments to the States and Territories under the public hospital funding arrangements, as currently determined, are:

1988-93 Medicare Agreements	1992-93	$3,933 m
1993-98 Medicare Agreements	1993-94	$4,332 m
	1994-95	$4,502 m
	1995-96	$4,718 m
	1996-97	$4,809 m
	1997-98	$5,024 m
1998-2003 Australian Health Care Agreements	1998-99	$5,644 m
	1999-2000	$5,893 m
	2000-01	$6,287 m
	2001-02	$6,730 m [(a)]
	2002-03	$7,103 m [(a)]

(a) Estimated outlays based on Ministerially approved estimates of 28 September 2001.

(b) No. Data is recorded on a financial year not a calendar year basis. As payments are made weekly throughout the year, there would be very little difference between the pattern of expenditure over time on a calendar year basis compared with a financial year basis.

(c) Yes. Non-farm GDP has been applied to price adjust the amounts at (a) to 1997-98 prices.

1988-93 Medicare Agreements	1992-93	$4,270 m
1993-98 Medicare Agreements	1993-94	$4,661 m
	1994-95	$4,797 m
	1995-96	$4,885 m
	1996-97	$4,876 m
	1997-98	$5,024 m
1998-2003 Australian Health Care Agreements	1998-99	$5,599 m
	1999-2000	$5,743 m
	2000-01	$5,908 m
	2001-02	$6,237 m [(a)]
	2002-03	$6,422 m [(a)]

(a) Estimated outlays based on Ministerially approved estimates of 28 September 2001.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000030

OUTCOME 2: ACCESS TO MEDICARE

Topic: CLAIM OF 28% REAL INCREASE IN HOSPITAL FUNDING.

Written Question on Notice

Senator Evans asked:

(a) Is the Department aware of the Government's claim during the election campaign that it had provided "a 28% real increase in funding" for public hospitals?
(b) Was the Department the source of these figures?

If so can you provide a detailed explanation of the calculation?
If not, do you agree with these figures?
If not, why not?

Answer:

(a) Yes.

(b) Yes. The estimate of 28% real growth is derived by comparing estimated expenditure in 2002-03 (the last year of the 1998-2003 Australian Health Care Agreements) of $7,103m, deflated to 1997-98 prices of $6,422m (using non-farm GDP), with actual expenditure in 1997-98 (the last year of the 1993-98 Medicare Agreements) of $5,024m.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000031

OUTCOME 2: ACCESS TO MEDICARE

Topic: HOSPITAL FUNDING – POPULATION GROWTH

Written Question on Notice

Senator Evans asked:

(a) What has been the population growth over that period?
(b) Has the Department calculated the rate at which hospital costs have increased in advance of the CPI?

Answer:

(a) On the basis of the Ministerially approved estimates of 28 September 2001 which form the basis of payments to the States under the 1998-2003 Australian Health Care Agreements in 2001-02:

    Using Australian Bureau of Statistics projections, Australia's population is estimated to grow over the period 1997-98 to 2002-03 by an average of 1.1% a year; and

    Over the same period Health Care Grants are estimated to grow by an average nominal rate of 7.0% a year.

(b) The Department does not accept that hospital output costs will necessarily increase faster than the rate of increase in the CPI. However, calculations of this sort rely on detailed expenditure data and output data which is held by the States and Territories and not the Commonwealth.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000032

OUTCOME 2: ACCESS TO MEDICARE

Topic: ADMINISTRATIVE COST OF IMPLEMENTING GST FOR PUBLIC HOSPITALS.

Written Question on Notice

Senator Evans asked:

(a) What was the increased administrative cost of implementing the GST for public hospitals?
(b) Does the Department agree with the SA Health Minister Dean Brown who estimated it had cost his State alone $10 million?

Answer:

(a) As the implementation of the GST in public hospitals is a State and Territory Government responsibility the Department has no information available on the cost of implementation.

(b) The Department does not have any factual basis on which to form a view whether $10 million is or is not a realistic estimate.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000033

OUTCOME 2: ACCESS TO MEDICARE

Topic: WHAT IS THE VALUE FOR WCI1 .

Written Question on Notice

Senator Evans asked:

What is the value for WCI1 used in the current year's payment and what is it forecast to be next year?

Answer:

The WCI1 for 2001-02 is 2.2%. The forecast for 2002-03 is confidential.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000034

OUTCOME 2: ACCESS TO MEDICARE

Topic: WHY IS WCI1 USED FOR HOSPITALS WHEN THE HIGHER WAGE COST INDEX 5.

Written Question on Notice

Senator Evans asked:

Why is WCI1 used for hospitals when the higher Wage Cost Index 5 is used in the GP MOU for setting increases for private doctors?

Answer:

WCI1 most accurately reflects the cost base of operating public hospitals, which is more labour-intensive relative to medical practices. WCI1 broadly reflects the split between labour (75%) and other costs (25%) in public hospital budgets. WCI5 reflects the split between labour (60%) and other costs (40%) in medical practice budgets.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000035

OUTCOME 2: ACCESS TO MEDICARE

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Evans asked:

Can you explain the two components which lead to an extra $70m for the Australian Health Care Agreements as shown on p152?

Answer:

The estimates for the *Health Care (Appropriation) Act 1998 – Australian Health Care Agreements – provision of designated health services* are allocated between Outcomes 2 and 4. A range of factors account for the variation between the estimates as at the finalisation of the 2001-02 Budget and the 2001-02 Additional Estimates, including:

- updated Australian resident and entitled veterans' population data ($27.371m);
- correction to the calculation of Western Australia's Health Care Grant in Western Australia's favour ($16.590m); and
- rollover of financial assistance for national programs ($28.867m).

Senate Community Affairs Legislation Committee

ANSWERS TO WRITTEN ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question E02000037

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE CARD - REPLACEMENTS

Written Question on Notice

Senator Evans asked:

What is the procedure for sending replacement Medicare Cards for cards which have expired?

Answer:

HIC has an automatic card replacement program. This system confirms if there has been a claim submitted, or an address change, within a certain time frame and concludes from that if a Medicare card is to be sent out automatically.

Where there is no recent activity on the system other than direct bill (claims made by a Doctor for a benefit that has been assigned to the Doctor by the patient/claimant), the information is checked against Telstra's white pages. If this matches against a surname with the same address, a Medicare card is automatically reissued.

Where there is no match, a reminder letter is forwarded.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000039

OUTCOME 2: ACCESS TO MEDICARE

Topic: PRIVATISED HOSPITALS

Written Question on Notice

Senator Evans asked:

(a) What investigations has the Department undertaken into the effectiveness of privately run public hospitals? – for example those at Joondalup, Modbury, Latrobe and Port Macquarie?
(b) Has the "per patient" cost of operating these facilities been higher or lower than for other public hospitals?
(c) Has the Department examined the profits being made at these facilities by the parent company and has it formed a view about whether these profits have been justified by lower operating costs and better service?
(d) Has the range of services available in these places been more limited than is available at other similar hospitals? If so what is the cause?
(e) What involvement has the Department had in the collapse of the Latrobe Valley hospital and the resumption of its management by the Victorian Government?

Answer:

(a) As the operation of public hospitals, including the operation of public hospitals by private entities, is a matter for State and Territory Governments, the Department has not undertaken any investigations into the effectiveness of hospitals operated by the private sector.

(b) The Department has no information on the relative operating costs of these hospitals.

(c) No.

(d) Under the 1998-2003 Australian Health Care Agreements, it is a State or Territory responsibility to continue to provide the range of public hospital services that were available on 30 June 1998. How this is done, including the range of services provided at particular hospitals, is entirely a matter for the State and Territory Governments. The Department therefore has no information on the range of services available at public hospitals operated by private entities.

(e) None.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000040

OUTCOME 2: ACCESS TO MEDICARE

Topic: KNOX HOSPITAL

Written Question on Notice

Senator Evans asked:

(a) What involvement has the Department had in assessing the proposed Knox public hospital in eastern suburbs of Melbourne? Have any Commonwealth funds been committed to planning or building this hospital?
(b) What approaches has the Department had from the Member for Aston concerning the construction of this hospital?
(c) The capital cost of the hospital is said to be around $300 million. What programs does the Commonwealth to provide capital for the construction of public hospitals?
(d) Has the Department done any studies which would suggest that existing hospitals in the Eastern suburbs of Melbourne are inadequate to meet demand and have assessed the effectiveness of building a new public hospital at Knox compared to the alternatives of adding to other hospitals in the vicinity?
(e) What funding has the Department put aside to fund the building of the Knox hospital?

Answer:

(a) As the administration of its public hospitals is a matter for the Government of Victoria, the Department has not had any involvement in assessing the proposed Knox public hospital. No Commonwealth funds have been committed to planning or building this hospital.

(b) It is not appropriate to comment on private representations to the Minister or the Department from Members and Senators, including whether such representations have been made or not.

(c) None. This is entirely the responsibility of State and Territory Governments.

(d) No.

(e) None.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000041

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS BLOWOUT

Written Question on Notice

Senator Evans asked:

(a) Is it correct that PBAC recommended listing Celebrex at $1 a day but the Minister approved Celebrex at $1.17 a day?
(b) Is it correct that the PBAC recommended a price/volume agreement?
(c) If the PBAC's advice on the listing of Celebrex had been followed how much would have been spent? What would the saving have been?

Answer:

(a) The Pharmaceutical Benefits Advisory Committee's (PBAC) recommendation with respect to Celebrex was as follows:

"Recommended on the basis of acceptable cost-effectiveness at a price not significantly greater than $1 per day. The arrangement should be subject to a price volume agreement based on the estimated proportion of current NSAID use by patients with the approved indication who are 60 years of age and above."

As has been explained in previous answers provided to the Committee, the Government receives advice from the Pharmaceutical Benefits Pricing Authority (PBPA) as well as the PBAC when considering the listing of drugs on the Pharmaceutical Benefits Scheme. The Government listed Celebrex at a price of approximately $1.17 per day having taken into account the advice of both the PBAC and the PBPA.

(b) Yes.

(c) The PBAC is not responsible for determining the price at which a product should be listed on the PBS. The Government considers the PBAC's advice on clinical and cost-effectiveness but it is the role of the PBPA to provide advice on pricing issues. In the case of Celebrex, the PBAC included in its advice a recommendation that a price "not significantly greater than $1 per day" would be appropriate. As the Committee did not provide advice on a specific price recommendation, it is not possible to provide a specific response to the question posed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000042

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE (PBAC)

Written Question on Notice

Senator Evans asked:

(a) On how many occasions has the Federal Government rejected the advice from the PBAC?
(b) Can you provide a list of these occasions?
(c) On how many occasions has a Federal Government delisted drugs from the PBS without the advice of the PBAC?
(d) Can you provide a list of these occasions?

Answer:

(a) On nine occasions.

(b)

PBAC RECOMMENDATIONS NOT ACCEPTED BY THE GOVERNMENT	YEAR OF PBAC MEETING
Listing of sildenafil (Viagra) tablets	2001
Recommendation to delete 'note', which stated that registered indications for individual agents may differ and that prescribers should refer to the current product, included in the criteria for subsidy of lipid-lowering drugs (statins, eg Pravachol, Zocor, Lipex, Lipitor)	1999
Remove chronic renal failure from PBS indications for human growth hormone (hGH)	1998
Deletion of codeine phosphate 30 mg combination analgesics (Panadeine Forte)	1996
Tighten restriction for omeprazole (Losec) to require confirmation of ulcerating oesophagitis by endoscopy for all patients, to include those already established on the drug who had not had an endoscopy.	1996
Transfer the indication for interferon alfa (Intron A and Roferon A) in treatment of chronic myeloid leukaemia from section 100 to authority listing	1996
Listing of nicotine patches (eg Nicabate)	1994
Remove glucose testing strips from PBS	1993
Remove therapeutic foods from PBS	1991

(c) None

(d) See answer to (c) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2001-2002, 20 February 2002

Question: E02000088

OUTCOME 2: ACCESS TO MEDICARE

Topic: INCREASE IN COSTS OF UNLIMITED IVF TREATMENTS

Written Question on Notice

Senator Harradine asked:

Could the Department please provide a detailed analysis to determine expenditure in respect of treatment cycles beyond six when it has the 12 months data available?

Answer:

An analysis of the data will be undertaken and information on the results will be provided to Senator Harradine when available.