

## Question 6

**Hansard page reference: pp. 38–39.**

**Senator WATT:** Just to be clear, could you also take on notice whatever this data is that's apparently held within the Commonwealth government as to the state-by-state breakdown. If you have a look at Professor Ritter's evidence, that's where she indicates what she's talking about.

**Ms Halbert:** I would have to go to the Department of Health for that.

**Senator SIEWERT:** That's around unmet need.

**Senator WATT:** Yes, so, if you could take that on notice for us, that'd be great.

See below transcript extract to inform Q6:

**Senator KAKOSCHKE-MOORE:** I want to stay on the subject of treatment and the fact that half the people who want treatment cannot actually access it. When you say 'treatment' are you talking about the whole range of treatment from counselling to residential rehab?

**Prof. Ritter:** Yes.

**Senator KAKOSCHKE-MOORE:** I know that in response to one of Senator Siewert's questions you said you did not have the locality details, but do you have a state-by-state breakdown?

**Prof. Ritter:** This is a little bit complicated. There was a model that I worked on to develop state-by-state estimates of unmet demand for alcohol and other drug treatment. Those data are theoretically available. The Ministerial Council on Drug Strategy said we were not able to release those results and they were not to be made available to anyone who requested them.

**Senator KAKOSCHKE-MOORE:** When was that?

**Prof. Ritter:** In 2014.

**Senator KAKOSCHKE-MOORE:** That information exists but you have been told it cannot be made public?

**Prof. Ritter:** Yes, that's right. In my opinion, the concern from the ministerial council was that it would identify the substantial responsibility that the states and territories and the Commonwealth government needed to start to take in relation to the appalling situation in relation to drug treatment.

**Senator KAKOSCHKE-MOORE:** When was the last time you asked whether that information could be made public?

**Prof. Ritter:** It was probably about 12 months ago.

**Senator KAKOSCHKE-MOORE:** And it was the same response then?

**Prof. Ritter:** Yes.

**Senator KAKOSCHKE-MOORE:** Do you think the situation is likely to be different since the report was compiled?

**Prof. Ritter:** I would very much like that to be the case. There are complicated issues—what am I telling senators for!—in relation to who funds alcohol and drug treatment in Australia. With federalism, it is not clear who is responsible for funding alcohol and other drug treatment. It is not primary care, it is not done by GPs, so it is not within the standard Commonwealth purview. The states and territories are arguably responsible for it, but they argue that the Commonwealth has been funding in this area. The Commonwealth funds 31 per cent of all alcohol and drug treatment in Australia, and the states fund 70 per cent of it. So there is an argument about which level of government should be responsible for this situation. As a result of that argument, and the problems with health care and federalism in Australia, projects like the work modelling the unmet demand become victims of the problem.

## Response

The States and Territories have primary responsibility for funding and regulation of drug and alcohol services in Australia.

The Commonwealth does not collect data on unmet demand in the specialist drug and alcohol treatment sector. The majority of the Commonwealth drug and alcohol treatment funding is provided to Primary Health Networks (PHNs) to commission services. PHNs have carried out extensive community consultations and region-based needs assessments to identify the gaps in service delivery and address the needs of their local community.

The Commonwealth has increased the availability of drug and alcohol treatment services, commissioned through the PHNs and via the Department of Health, on top of what the States and Territories provide including through additional funding of \$241.5 million as part of the National Ice Action Strategy to meet increasing demands for treating the scourge of ice. The Commonwealth combined funding for four years from 2016-17 is approximately \$544m for all treatment services, or \$685m including all initiatives, including prevention.

The Commonwealth also funded \$13 million to introduce new Medicare Benefits Schedule items for Addiction Medicine Specialists from 1 November 2016 to increase access for patients to these services.

## Question 8

**Hansard page reference: p. 40.**

**Ms Halbert:** I don't know whether I can name the actual organisation, but they were representatives of drug and alcohol service providers in some of the states and a primary health network. I don't want to comment on a specific one.

**Senator WATT:** You mentioned that Health might have some of that information. So, again, could you take on notice for us what analysis was performed to ensure that the workforce is there?

**Ms Halbert:** I would imagine that that is an ongoing role for Health, and we have been liaising closely with them.

See below transcript extract to inform Q8:

**Senator WATT:** A comment we heard from one of the other witnesses was that, for starters, there was a view that the \$10 million being put into additional rehab services was 'a drop in the ocean'. But, even if you did throw up a larger amount of money to meet the need for more services, the evidence we received was that the spare workforce just does not exist currently to be able to provide the kinds of additional services that would be required by 1 January. Has the department undertaken any analysis of workforce supply?

**Ms Halbert:** We haven't—and I believe the Department of Health would probably hold information on that—but we have been gathering information. That's not the feedback that we're getting—that we would need an enormous uptake in the workforce in the trial sites, given the numbers that we're taking about. We've actually had comments from some in the medical profession that they think that the relevant expertise will be available.

**Senator WATT:** What sorts of bodies and medical professionals have told you that?

**Ms Halbert:** I don't know whether I can name the actual organisation, but they were representatives of drug and alcohol service providers in some of the states and a primary health network. I don't want to comment on a specific one.

**Senator WATT:** You mentioned that Health might have some of that information. So, again, could you take on notice for us what analysis was performed to ensure that the workforce is there?

**Ms Halbert:** I would imagine that that is an ongoing role for Health, and we have been liaising closely with them.

**Senator WATT:** We don't have anyone from health here, have we?

**Ms Halbert:** No, we don't.

## Response

Drug and alcohol treatment workforce capacity was taken into consideration as part of the selection of Trial Sites. The Commonwealth Government is currently consulting with Primary Health Networks and drug and alcohol service providers about the implementation of this initiative including strategies to address any workforce capacity issues.