

8 May 2017



Committee Secretary  
Parliamentary Joint Committee on Law Enforcement  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Ms Dunstone

I write in reference to my appearance as a witness in the Perth Hearing of the Parliamentary Joint Committee on Law Enforcement's Inquiry into Crystal Methamphetamine on Wednesday 3<sup>rd</sup> May.

Based on the Inquiry Terms of Reference, I had understood the context to be the importation, manufacture, distribution and use of crystal methamphetamine. Given the emphasis of the questions put to me in the WA Hearing, and their basis on Inquiry submissions from WA drug and alcohol peak bodies and service providers, I would like to provide clarification that will be useful to further inform the Committee.

The Australian Government Response to the National Ice Taskforce's Final Report established a role for Primary Health Networks (PHNs) in the planning and commissioning of drug and alcohol treatment services. The emphasis of the PHNs is to reduce the harms associated with drugs and alcohol, with a focus on methamphetamine use in the community, including Indigenous specific services. Consistent with the Government's requirements, the three Western Australian PHNs will commission activities in compliance with Annexure A2 – Drug and Alcohol Treatment Services. Annexure A2 supplements the PHN Grant Program Guidelines. I attach a copy of Annexure A2 for your reference.

Further to my responses at the Inquiry Hearing, I emphasise the extensive consultation and collaboration that has been undertaken by WA Primary Health Alliance (WAPHA) in supporting evidence based, cross-sectoral and integrated approaches to drug and alcohol treatment services that are responsive to local need. WAPHA's approach prioritises flexible and stepped care models that are tailored to individual need and are deliberately inclusive of a range of service types, not exclusively the residential rehabilitation beds that are the priority of some WA service providers.

I wish to specifically address a particular point that was canvassed in the Inquiry submission from the Palmerston Association (which is a service provider in this context), and one that was reiterated in the evidence given at the Perth Hearing by Ms Sheila McHale. Ms McHale expressed her organisation's disappointment that the Commonwealth funds for new treatment services in WA have not been commissioned. Further, she states that there has been a "lack of clarity about the commissioning of funding (*channelled through PHNs*) targeting alcohol and other drugs and this requires urgent review and attention".

WAPHA is required to undertake a sequence of processes to ensure that commissioned services are purposed for the people and the place for which they will be provided. There are specific governance processes, mandated by the Commonwealth, to ensure that new treatment services can be provided that will not cause harm. The haste that is recommended by the Palmerston Association would subvert this process. The funding that will be directed through the three WA PHNs for commissioning new treatment services will target the very vulnerable in our community. A cautious and planned approach is necessary that upholds the integrity of the Commonwealth's mandated requirements.

WAPHA maintains stringent governance and transparency around all commissioning activity, including the acquittal of the National Ice Action Strategy (NIAS) funding. Annexure A2 provides very clear guidance for PHNs as to the activities that are in and out of scope for the commissioning of drug and alcohol treatment services. More broadly, the PHN Grant Programme Guidelines specify the items that are ineligible for funding under the Drug and Alcohol Treatment Activity. The WA PHNs are required to provide regular and detailed activity reports to the Commonwealth Department of Health on a six and 12 monthly basis.

I am aware that particular WA based agencies have criticised WAPHA's inclusion of General Practitioners and other clinicians in the commissioning of drug and alcohol treatment services. WAPHA has clearly articulated that the basis of our approach is the integration of drug and alcohol, mental health and primary health care. As such, GPs and medical specialists have important roles to play in all commissioned services.

WA's NIAS funding is not substantial and a strategic and integrated approach will support a greater return on investment. NIAS funding cannot be used to supplement shortfalls, extend or duplicate what is considered to be a State or Commonwealth responsibility and must be used for new activity. WAPHA has expended considerable effort to engage with WA's drug and alcohol peak bodies and service providers in communicating these obligations.

In the context of the broad scope of the current Inquiry, particularly its extended focus on the NIAS funding directed to the PHNs and the commissioning of new drug and alcohol treatment services, the Committee may require further clarification from WAPHA in respect to the commissioning activities of the WA PHNs. I would welcome the opportunity to answer supplementary questions in respect to the issues raised in relevant submissions and those that may have arisen from the Perth Inquiry Hearing.

Yours sincerely

**Ms Learne Durrington**  
**Chief Executive Officer**