

12 November 2024

Ms Libby Dunstan
Chief Executive Officer
Brisbane North Primary Health Network

Good afternoon Ms Dunstan

**House of Representatives Standing Committee on Health, Aged Care and Sport
Inquiry into the health impacts of alcohol and other drugs in Australia
Public hearing – Brisbane, 30 October 2024**

Thank you for appearing before the House of Representatives Committee on Health, Aged Care and Sport at the public hearing in Brisbane on 30 October 2024.

During this hearing, the Committee asked you for more information in the form of a question on notice. This question is recorded in the hearing [transcript](#) and also listed below for your consideration.

Could you please review the question below:

1) (Page 26)

Dr ANANDA-RAJAH: I am so surprised that this has not been dealt with. I am actually amazed that this has not been dealt with. You mentioned that GPs—you are one of many people who have said this—have limited knowledge and confidence, and are reluctant to engage. I completely understand that. You also had a survey. Could we have a copy of some of those results?

Ms Dunstan: I can provide that after today; it is a summary. We commissioned QNADA to undertake some research in this area, and we are happy to share those findings.

Dr ANANDA-RAJAH: That would be great, along with some qualitative and quantitative data.

Please see Michala Kowalski and Liz Barrett, *Engaging general practice and General Practitioners in alcohol and other drug treatment* (April 2020), Drug Policy Modelling Program, Social Policy Research Centre, UNSW:

https://brisbanenorthphn.org.au/web/uploads/downloads/Mental-health-services/WEB_MHAOD_Engaging-general-practice-and-GPs-in-AOD-treatment-Final-report.pdf?mtime=20200706114804&focal=none

2) (Page 27)

CHAIR: I want to talk to you a little more about the GP workforce. How many GPs are there in the Brisbane North PHN?

Ms Dunstan: We have about 340 practices and just over 1,000 GPs.

CHAIR: How do you interact with them?

Ms Dunstan: Through a variety of mechanisms. We have a blanket approach to standard communication and alerts and things that go directly to the GPs. We also have a practice support team. We have staff who work with those practices and the GPs on particular quality improvement and practice support issues. Then we have targeted training and support programs in which GPs, if they are interested in that sort of area, can participate in as well.

CHAIR: Do you know how many are interested in the AOD space and whether they are doing any training?

Ms Radowski: We don't have that statistic on hand. We can ask QNADA to provide that.

Ms Dunstan: We will check whether we can provide some figures.

Please see Michala Kowalski and Liz Barrett, *Engaging general practice and General Practitioners in alcohol and other drug treatment* (April 2020), Drug Policy Modelling Program, Social Policy Research Centre, UNSW:

https://brisbanenorthphn.org.au/web/uploads/downloads/Mental-health-services/WEB_MHAOD_Engaging-general-practice-and-GPs-in-AOD-treatment-Final-report.pdf?mtime=20200706114804&focal=none

3) (page 27)

Ms Dunstan: Yes; help with the care planning and connection with services. We have been able to demonstrate that, with that sort of a model, we can reduce presentations back to hospital by about 75 per cent. We know that those sorts of models work.

CHAIR: Do you have data about that which we could access?

Ms Dunstan: Yes, and we can share that data as well.

Please see Brisbane North PHN, *Evaluation of the Care Collective – Caboolture and Redcliff – Interim Report for Brisbane North PHN and Metro North Health* (28 March 2024):

<https://brisbanenorthphn.org.au/web/uploads/images/Care-Collective-Abridged-Interim-Evaluation-Report-28-March-2024.pdf>

4) (page 28)

Ms STANLEY: You cited the statistic that 71 to 81 per cent of people presenting had a co-condition. Is that your statistic, and can you share that with the committee? Those sorts of figures are powerful in being able to explain why particular recommendations are necessary. If you would provide those to the committee, that would be great. The biggest issue we have heard about over the last three days is stigma. The stigma is causing issues with workforce. It is causing issues with people who have addiction, or who are setting themselves up for addiction, being able to admit it and get treatment, or whatever the case may be. As a PHN, have you considered, or has anybody come to you with a funding request, to deal with that stigma? Does it sit in the broader government remit of campaigns to explain what is going on?—awful warnings on bottles of wine that nobody ever reads. Have you considered that as a PHN?

According to our internal reporting systems based on data we collect from our AOD commissioned service providers, 71-81 per cent of clients present with experienced a co-existing mental health condition.