

House of Representative Standing Committee on Petitions

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: DELIVERY OF MEDICINES BY NURSES TO PATIENTS IN PALLIATIVE CARE

Hansard Page: PET 3

Mr Adams asked:

The delivery of palliative care goes to the need for nurses to be able to provide drug therapies. Is that part of this knowledge base and laying down the guidelines—the issue of making sure that nurses can deliver the drugs necessary for someone in palliative care?

Answer

Registered Nurses (known as RN Division 1 in Victoria) in all States and Territories are able to administer medicines used in palliative care in all care settings including community care. What is required is a medication order from a medical practitioner which meets the requirements of a legal medication prescription.

Enrolled Nurses (known as RN Division 2 in Victoria) in accordance with their educational preparation are not allowed to administer prescribed medicines unless the State or Territory law and organisational policy allows. Enrolled Nurses who have completed the necessary education are known as either Authorised Enrolled Nurses or Endorsed Enrolled Nurses.

There is a number of courses for Enrolled Nurses to undertake the necessary training to become an Endorsed Enrolled Nurse. The Diploma of Nursing is becoming the standard preparation for Enrolled Nurses. The Diploma of Nursing includes preparation for medication administration, including the administration of medicines in community palliative care.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: COMMONWEALTH BENEFITS EXPENDITURE ON PALLIATIVE CARE

Hansard Page: PET 4

Mr Broadbent asked:

Aren't we the biggest funders of palliative care through the medical benefits scheme and the Pharmaceutical Benefits Scheme and does the department have an idea how much money the Commonwealth government spends on palliative care through medical benefits and pharmaceutical benefits?

Answer:

In the 2007-08 financial year, \$751,625 was spent on pharmaceutical benefits for 'Preparations which may be prescribed for patients receiving palliative care' on the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: STAND ALONE HOSPICES

Hansard Page: PET 4

Mr Adams asked:

There is a growing issue about stand-alone hospices and issues about costs and things. Can you give us any information on that so that we could give it to the people who are petitioning us about these costs?

Answer:

The Australian Government is providing \$230 million to the States and Territories to support palliative care service delivery, for the period 1 July 2003 to 30 June 2009. This funding is being provided under the Australian Health Care Agreements 2003-08 and 2008-09 Health Care Determinations.

State and Territory governments are therefore responsible for and fund the provision of palliative care services.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: NATIONAL PALLIATIVE CARE STANDARDS

Hansard: PET5

Mr Chester asked:

Does the strategy (National Palliative Care Strategy) set national standards of what is expected through palliative care?

Answer

Goal 2 of the National Palliative Care Strategy - quality and effectiveness - supports continuous improvement in the quality and effectiveness of all palliative care service delivery across Australia. Specifically Objective 2.1 is to establish agreed, evidence based, best practice standards in palliative care service provision and to support and encourage the implementation of these standards nationally.

Palliative Care Australia has an ongoing interest in the development of consistent standards for the delivery of care and published the first edition of the *National Palliative Care Standards for Providing Quality Palliative Care for all Australians* in 1994.

Palliative Care Australia released the 4th edition of the Standards in 2005 and was funded by the Commonwealth Government to undertake national awareness workshops and skills building workshops to enable the sector to build capacity to adopt and implement the Standards as part of continuous quality improvement and accreditation activities.

Palliative Care Australia is also funded to support the roll out of the National Standards Assessment Project.

The Project supports palliative care to move towards best practice through developing resources that will support and enhance the ability of palliative care services to improve the quality of care within their existing quality improvement and accreditation cycle. It is a national quality assurance program that streamlines self assessment and peer review activities that build on mutual recognition with existing accreditation mechanisms.

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HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: NATIONAL PALLIATIVE CARE STRATEGY

Hansard Page: PET 6

Mr Broadbent asked:

And has there been any sort of report come through at his stage as to where we are at and where the department and the government are headed..... All right. So there is a strategy?

Answer

The National Palliative Care Strategy – A National Framework for Palliative Care Service Development (National Strategy) was endorsed by the Australian Health Ministers' Advisory Council in October 2000.

The National Strategy represents the commitment of Commonwealth, State and Territory Departments, palliative care service providers and community based organisations to the development and implementation of palliative care policies, strategies and services that are consistent across Australia, and to the delivery of quality palliative care that is accessible to all people who are dying.

The National Strategy was prepared in consultation with representatives from the Commonwealth, State and Territory Departments, consumer groups, service providers, clinicians and academics, and national advocacy groups.

The National Strategy sets national priorities that are intended to inform policy and service development across Australia. States and Territories use the Strategy to guide their planning for the development of palliative care services and in supporting patient care agencies in this development. The Strategy provides the framework for the Commonwealth, States and Territories to work together cooperatively, and that palliative care policy, planning and service delivery is directed towards common and agreed goals.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Hearing Date: 3 December 2008

Topic: PALLIATIVE CARE MEDICINES WORKING GROUP

Hansard Page: PET 6

Mr Broadbent (Russell Broadbent MP, Member for McMillan (Vic), Liberal asked:

What is the relationship between that group of people looking at palliative care and pharmaceutical benefits? Do you have contact with that group? (PET 7) Is it possible to get a report from that group? Do they produce reports on their progress (trials)?

Answer:

The Commonwealth has funded the establishment and ongoing costs of the Palliative Care Clinical Studies Collaborative (the Collaborative).

This Collaborative forms part of the Australian Government's commitment to improve access to and quality use of palliative care medicines in the community. It is a key initiative of the National Palliative Care Program.

The aims of the Collaborative are to:

- develop an efficient and effective method of generating research data that will support the registration of palliative care medicines on the Australian Register of Therapeutic Goods;
- build the research capacity of the palliative care sector so that ongoing clinical medication studies can occur; and
- increase the evidence base to support the ongoing implementation of studies on medicine use and quality practice in palliative care.

It is intended that the clinical studies will evaluate the effectiveness of individual medications in symptom management for palliative care patients and provide data on the benefit to risk balance for each of those medications and will allow consideration of select medicines for palliative care use by the Therapeutic Goods Administration and the Pharmaceutical Benefits Advisory Committee.

Anticipated outcomes for the Collaborative include:

- clinical medication studies;
- research into utilisation of medicines in the Schedule of Pharmaceutical Benefits with a dual listing (that is, with a palliative indication and general listing);
- data analysis that will support submissions to the Therapeutic Goods Administration and the Pharmaceutical Benefits Advisory Committee;
- evidence to support the clinical usage of medicines in palliative care; and
- greater awareness in the pharmaceutical industry of community needs for palliative care medicines and recognition of the importance of registering palliative care indications on the Australian Register of Therapeutic Goods.

In addition to the Palliative Care Clinical Studies Collaborative, the Palliative Care Medicines Working Group provides the Department with expert advice on improving access to affordable palliative medicines in the community. This Working Group draws together external and internal experts to discuss palliative care medicines issues.

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ANSWERS TO QUESTIONS ON NOTICE

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Hearing Date: 3 December 2008

Topic: ALLOCATION OF VET PLACES TO PERSONAL CARE WORKERS

Hansard Page: PET 8

Ms George asked:

Under the COAG agreement an additional 50,000 VET places will be delivered over three years from 2008-09. In reference to those places, as I understand it they fall under the umbrella of what is referred to as productivity places. Some 54,000 have already been rolled out this year. Could you tell us how many of the total number that have been allocated went to personal care workers? How many are currently involved in training?

Answer:

The following information was provided by the Department of Education Employment and Workplace Relations (DEEWR).

At the Council of Australian Governments (COAG) meeting in July 2008, it was agreed that all governments would immediately roll-out the first 4,500 places of the 50,000 to be allocated to the priority health occupations under the Productivity Places Program.

The Productivity Places Program comprises a component of training places for job seekers as well as a component of training places for existing workers.

DEEWR has been administering 'job seeker' training places. As at 19 December 2008, 8,296 job seekers have enrolled, 7,121 have commenced and 2,769 have completed health care training relevant to personal care workers.

The Commonwealth has entered into Memorandums of Understanding (MOU) in 2008 with state and territory governments to deliver 'existing worker' places, including the priority health occupations places. These include a wide range of health related occupations. The MOU require that the states and territories report, and DEEWR will conduct analysis in 2009 on receipt of the reports.

Through COAG a National Partnership Agreement has been negotiated and, from 1 January 2009, state and territory governments will deliver both the 'job seeker' and 'existing worker' places.

Further questions on this matter should be directed to DEEWR.

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Hearing Date: 3 December 2008

Topic: INFORMATION ON KHAT

Hansard Page: PET 19

Mr Hawke asked:

In relation to the import licences, do you have data.

Answer:

Import Data for Khat

Number of import permits issued

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008*
VIC	12	74	145	177	173	295	290	297	238	269	308	437
NSW	0	3	15	24	22	31	27	33	23	24	30	21
QLD	0	0	0	0	0	0	1	3	2	8	7	7
ACT	0	0	0	0	0	1	1	2	0	1	1	0
SA	0	0	0	0	0	0	1	0	0	0	0	0
WA	0	0	0	0	0	0	1	0	0	0	0	0
Total	12	77	160	201	195	327	321	335	263	302	346	465

*year to date, as at 1 December

Volume of khat authorised for import

Year	Kilograms
1997	70
1998	1025
1999	2236
2000	3282
2001	3253
2002	6701
2003	5806
2004	9929
2005	17420
2006	17105
2007	18380
2008 ¹	20130
Already authorised for 2009 import date ²	12175

1. As at 1 December 2008, 12 month permits have been adjusted for amounts authorised for import in the following calendar year
2. Authorised in permits issued in 2008 which carryover for one or more imports of 5 kg in 2009. The authorised total for 2009 will increase as permits continue to be issued.

REGULATORY CONTROLS ON KHAT¹

Western Australia

Poisons Act 1964

Section 5: Interpretation

“**drug of addiction**” means any substance included in Schedule 8 or 9 (*of SUSDP*)

“**prohibited plant**” means any plant from which a drug of addiction may be obtained, derived or manufactured, or such other plant as the Governor declares and is hereby authorised to declare from time to time to be a prohibited plant for the purposes of this Act; and includes any part of such a plant, except in the case of the plant *Papaver somniferum*, the non-viable seed of that plant;

Khat is prohibited to cultivate, sell, purchase or possess unless a licence is granted under S41A of the Poisons Act.

South Australia

It is an offence to cultivate and possess to sell a **controlled plant** under section 33 of the **Controlled Substances Act 1984**.

Khat is defined as a controlled plant under the **Controlled Substances (General) Regulations 2000** Schedule 3. A trafficable quantity is any quantity of khat >250g, possession of >250g (without evidence to the contrary) is deemed to have the intent to sell.

Queensland

It is an offence to cultivate, possess or supply a **Dangerous Drug** under Section 9 of the **Drugs Misuse ACT 1986**.

Khat is classified as a **Dangerous Drug** under the **Drugs Misuse Regulation 1987** Schedule 2.

Australian Capital Territory

Khat is classified as a **Controlled Plant** under the **Criminal Code Regulations 2005** schedule 2.

It is an offence to cultivate or supply khat.

Northern Territory

It is an offence to cultivate, supply or possess a **Dangerous Drug** under the **Misuse of Drugs Act**.

Khat is classified as a **Prohibited Plant** and a **Dangerous Drug** under the **Misuse of Drugs Act**.

¹ Based on search of legislation by Department of Health and Ageing. This does not constitute formal legal opinion or advice.

Victoria

No criminal regulation on the khat plant located. Only control would be jurisdictional enforcement of the Food Standards Code.

New South Wales

No criminal regulation on the khat plant located. Only control would be jurisdictional enforcement of the Food Standards Code.

Tasmania

No criminal regulation on the khat plant located. Only control would be jurisdictional enforcement of the Food Standards Code.

Food Standards Code

Khat is classified as a Prohibited plant in Schedule 1 of the Standard 1.4.4 (Prohibited and Restricted Plants and Fungi).

A plant or part or derivative of a plant listed in Schedule 1, or any substance derived therefrom, must not be intentionally added to food or offered for sale as food.

The Food Standards Code is enforced via State and Territory health legislation.

Customs (Prohibited Imports) Regulations 1956

The khat plant itself is not specifically listed in the *Customs (Prohibited Imports) Regulations*, however, it is treated as a prohibited import by virtue of the fact that it is known to contain cathine and cathinone which are specifically scheduled in the legislation. The commencement of issuing import licenses and permits occurred in 1997 under the existing regulations that were in place at the time and continue to the present.

Individuals wishing to import khat for personal use are required to hold both a 'Licence to Import' (licence) and a 'Permit to Import' (permit), both issued by the Department of Health and Ageing (Office of Chemical Safety, Office of Health Protection Division).

Licenses and permits to import khat are issued under the *Customs (Prohibited Imports) Regulations 1956*. Individuals must complete and submit an application form that can be obtained from the internet. Applicants must provide a copy of identification to establish that they are over 18 years old. Applicants sign a declaration that all information provided in the application form, including criminal history, is true and correct.

Permits to import are issued for a period of 12 months and authorise monthly imports of 5 kg of khat. Importers present the paper copy of the permit to the Australian Customs Service when collecting a consignment and the permit is stamped and dated.

Summary of khat controls in Australia

	Cultivate	Supply	Sell as food ¹	Possess
ACT	X	X	X	-
NSW	-	-	X	-
NT	X	X	X	X
QLD	X	X	X	X
SA	X	X	X	X
TAS	-	-	X	-
VIC	-	-	X	-
WA	X	X	X	X

1. Regulated through Food Standards Code

X = khat plant regulated

- = no regulation on khat plant located
