LEGISLATIVE ASSEMBLY FOR
THE AUSTRALIAN CAPITAL TERRITORY

Report on

Annual and Financial Reports 1999-2000

for the Department of Health and Community Care and related agencies

Standing Committee on Health and Community Care
Committee Report No 8

February 2001

Resolution of Appointment

The following general purpose standing committees be established to inquire into and report on matters referred to it by the Assembly or, after the Assembly's endorsement, matters that are considered by the committee to be of concern to the community.

> ... a Standing Committee on Health and Community Care to examine matters related to health and community care policy, planning and purchasing acute, community health and population health services, hospitals, housing and housing assistance and any other matter under the responsibility of the portfolio minister.

Legislative Assembly for the ACT, *Minutes of Proceedings*, (1998), No. 2, 28 April 1998, pp 15 and 16.

Amended on 7 December 2000, *Minutes of Proceedings* (2000), No. 110, p 1129

Terms of Reference

On 2 September 1999, the Assembly resolved that the annual and financial reports for the financial year 1998-99 presented to the Assembly pursuant to the *Annual Reports (Government Agencies) Act 1995* stand referred, on presentation, to the relevant standing committee for inquiry and report.

Committee Membership

Mr Bill Wood, MLA (Chairman)

Mr Harold Hird, MLA (Deputy Chairman)

Mr Dave Rugendyke, MLA

Secretary: Mr David Skinner

Administrative Officer: Mrs Judy Moutia

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Summary of Recommendations

Recommendation 1

The committee recommends that:

i) the Government urgently assess the current gaps in detoxification services for young people and provide the requisite funding to meet the full range of demand; and

ii) the Government investigate the need for youth-specific detoxification services.

Recommendation 2

The committee recommends that the Government provide funds or support-in-kind to allow Gugan Gulwan to move to more centralised premises.

Chapter 1. Introduction

2. The committee was tasked by the Assembly with examining the financial and annual reports of the Department of Health and Community Care and associated agencies.

3. The committee reviewed the annual reports and conducted a public hearing on 15 November 2000 taking evidence from the Minister for Health, Housing and Community Care and departmental officials.

4. There were several issues raised in the course of the public hearing which the committee wished to comment on and this forms the basis of this brief report.

Chapter 2. Issues

Tender process for long-wait patients

5. The committee was advised that the Department set out to purchase additional throughput to reduce the number of public hospital long-wait patients – patients who have not received treatment in the clinically indicated timeframe. The Government sought tenders to do the work and the Minister indicated that there were some problems associated with the approach that was adopted.

6. The Minister noted that:

> If we hadn't gone to tender there would be something in the order of… more than 600 patients that would not have had their operations that much earlier, but it's not what we had aimed for.
>
> We aimed for more than 900 [patients]. And so I think that whilst we haven't achieved what we set out to achieve…, that we have actually done much better than had we not used the process at all. And the process has raised some difficulties and certainly I've been in discussion with some of the surgeons who had problems with the process to make sure that should we use the process again, and at this stage we don't have an intention to use this process again, but should we use the process again we would be keen to make sure that we can manage it in a way that deals with the issues that they raised[1].

7. The committee was advised that four hospitals (two private, two public) were successful in the tender process with the main areas of surgery sought being ear, nose and throat; general surgery; orthopaedics; plastics; urology; ophthalmology; and gynaecology. The committee heard that through the tender process, Calvary Hospital was successful in getting 602 separations, Canberra Eye Hospital received 80, Lidia Perin 150 and The Canberra Hospital 100[2].

[1] Uncorrected transcript, 15 November 2000, p 17, Mr Moore.
[2] Ibid, p 19, Ms Killion.

8. The committee was concerned that while The Canberra Hospital tendered for 596 raw separations, it was only successful in getting 100 separations. In particular, the committee had to ask itself why *the* major public hospital in the ACT was unable to effectively compete in the selection process.

9. Another concern that was raised in the course of the hearing was that no contract had been signed with Calvary Hospital which is doing two thirds of the work. The committee also heard that some surgeons at the hospital were 'not content' with the pay arrangements relating to the surgery and that this has delayed the provision of services[3].

Overdose deaths

10. The committee's attention was brought to discrepancies between overdose figures provided by the Coroner and figures previously provided by the Government.

11. Given recent debates about drug policy, especially in relation to supervised injecting rooms, the committee felt that it was worth reproducing the current overdose figures. They are included as attachment A.

Drug services

12. The committee is aware of reports in the media and comments made by members of the judiciary about the need to improve detoxification services, particularly for young people and indigenous people.

13. The committee welcomes the opening of the new Ted Noffs youth rehabilitation centre. The committee is aware that there is a high level of need in the community for a facility of this type along with detoxification services for young people. However, the committee is concerned about the extended period of time that it has taken for the facility to become operational. The delay in opening the centre has meant that some people may have missed out on the opportunity to undertake rehabilitation after coming off drugs.

14. In commenting on the delays, the Minister noted that:

> I would remind you that the project is primarily one funded through the Commonwealth and the… Tough on [Drugs], although our contribution will be $125,000 a year in addition to the provision of the facility, and the delays are primarily about difficulties between the Commonwealth and the Ted Noffs Foundation and then the difficulty with recruiting and manager for the ACT service… all I can say is, yes, there is some embarrassment for me that it has taken [this] long[4].

[3] Ibid, p 20, Dr Gregory.
[4] Ibid, p 8, Mr Moore.

15. Despite the delays, the committee is pleased that the centre is up and running and sees that the service will play an important role in helping people get their lives back on track after a period of drug abuse.

Detoxification

16. The committee would like to make the comment that there is a serious gap in residential detoxification services targeted at young people. The Select Committee on Estimates made this point in May 2000. The committee is aware that effective rehabilitation services are predicated on the idea that the people undertaking it have previously been through detoxification and stopped using drugs. The committee is concerned that having a youth rehabilitation service in place without a comparable detoxification service may diminish the extent to which positive treatment outcomes can be obtained.

17. The committee notes recent comments by Specialist Children's Magistrate Shane Madden about this major gap in service provision for young people. Reporting on a letter Mr Madden sent to MLAs, a *Canberra Times* article quotes Mr Madden as saying that the lack of a residential detoxification centre for people under the age of 18 is, "a critical area of deficiency".

18. The Canberra Times quoted Mr Madden as saying:

> "I have been agitating for such a program since my appointment in December 1999… If it is unsatisfactory to send our adult offenders to serve custodial sentences in NSW away from their families, the circumstances of then having to send of children away from their families and support groups to places in NSW where there is no loving care or support available, with the risk of learning fresh ways to offend, becomes even greater and must be of grave concern"[5].

19. Mr Madden advocated spending a portion of the $800,000 set aside for the heroin injecting room trial on providing better assistance to young people before they reach the criminal justice system. On the face of it, a youth specific detoxification service could greatly improve health and general social outcomes for young people. However, the Government argued that this may not necessarily be the best approach.

20. The Government noted that:

> … just because there isn't a youth specific detox facility or some specifically identified youth specific beds, doesn't mean to say that there isn't an adequate system of youth detox. It is often not the best approach for a young person to be put into a detox facility. We do run outreach approaches, we do consider each person under the age of 18 who fronts wanting detox, there is a process of working out what is the best approach for that particular person and non-government agencies are also involved in working out what the best detox arrangement for a young person is.

[5] Roderick Campbell, 'Magistrate hits out at detox 'deficiency'' ***Canberra Times*** 29 November 2000

> So it doesn't necessarily have to be in a specific detox bed in order to make sure that we have adequate under 18 detox arrangements[6].

21.The argument was put that the poor economies of scale would make a youth-specific facility unviable, the implication being that there isn't enough demand to warrant the establishment of youth-specific services in this area. Another issue that was raised in defence of the lack of a youth-specific service was that young people are more easily detoxified than people who have been using drugs for prolonged periods and therefore detoxification was less of an issue than rehabilitation.

22. The Government also argued that detoxification services are widely available via home-based detoxification. The committee questions whether this emphasis on home detoxification is appropriate given that many people seeking such services may not have a home in which to undertake the treatment. Such treatments depend on the presence of a stable, caring home environment and unfortunately this environment does not always exist.

23. In short, the committee would like to see greater attention paid to the needs of young people requiring detoxification and has made a recommendation to this effect below.

Recommendation 1

The committee recommends that:

iii) the Government urgently assess the current gaps in detoxification services for young people and provide the requisite funding to meet the full range of demand; and

iv) the Government investigate the need for youth-specific detoxification services.

Indigenous drug services

24. The committee has been repeatedly made aware of the growing problem of indigenous heroin addiction in the ACT community. The committee is aware that there are widely varying estimates of the extent of the problem – anywhere between 30 young indigenous people, through to 500, have said to be addicted to the drug. The majority of this group were said to be under 25[7].

25. The Government noted that it had identified some areas where service improvements can be made. The Government noted that:

> From a workshop that was held in February discussing just this thing with the community, the three key things that came out of that were we needed increased Outreach services which we have funded now through Gugan Gulwan, there may be a need for more of that, but we can't

[6] Uncorrected transcript, 15 November 2000, p 29, Dr Gregory.
[7] ibid, p 32, Ms Barry.

> solve it all instantly with money. We need more family friendly and inclusive services, and how that comes about is something that has to be done in partnership with the Aboriginal community and the medical service. And we need both indigenous services and also improved access to mainstream services. And we have tried to push on all of those fronts. The solutions just aren't simple[8].

26. Having investigated the issues surrounding Indigenous health and drug misuse in particular, the committee agrees that the solutions are not simple. However, the committee sees that properly targeted resources do and must play a role in improving service delivery for Indigenous people seeking treatment for drug use problems.

27. The committee is aware, for instance, that the Red Hill premises at which Gugan Gulwan operates is completely unsuitable for an outreach service given the fact that it is geographically isolated from the people it is trying to help. The call has been made repeatedly to find a more suitable, central premises but the Government has failed to act.

28. The committee believes that it is only common sense to locate a service of the type offered by Gugan Gulwan where its core client base congregate and socialise, namely Civic (although Woden has been mentioned as a second choice).

29. The committee will be providing more detailed comments and recommendations on the issue of Indigenous drug use in its forthcoming report on Aboriginal and Torres Strait Islander Health.

Recommendation 2

The committee recommends that the Government provide funds or support-in-kind to allow Gugan Gulwan to move to more centralised premises.

Bill Wood, MLA
Chairman

7 February 2001

[8] Ibid, p 32-33, Dr Gregory.

ATTACHMENT A

For a copy of this attachment please contact the committee office .