

Senate Community Affairs Legislation Committee Hearings

26 October 2020

HRA Transcript Extract



Opiate Dependence Treatment Program

Senator SIEWERT: Thank you. I have got a series of questions about the stage supply for people managing diseases of dependence on the opioid dependence treatment program. Has the government increased funding for dose administration, aids and stage supply in the budget? I understand it has been increased. Is that correct?

Ms Platona: It's not in the budget, but it is part of the Seventh Community Pharmacy Agreement that was completed at the end of the financial year and started on 1 July.

Senator SIEWERT: It is included in the budget to the extent that it is part of the—

Ms Platona: In the community pharmacy agreement, the CPA

Senator SIEWERT: Why was that increased?

Ms Platona: The dose administration aids have now increased in terms of volumes.

Mr Sladic: In particular, the commitment in the first year of the Seventh Community Pharmacy Agreement is to increase the base caps for the dose administration aids that pharmacists can claim from the current level of 30 to 60. That's something we're working through. We'll be talking more to the guild and other stakeholders ahead of that planning to commence in January. That commitment was touched on at the announcement of the agreement.

Senator SIEWERT: What types of circumstances are they used in?

Mr Sladic: A variety of circumstances for people who access the community pharmacy to get assistance with putting multiple medications into the correct, I guess, dose administration aid—I don't pretend to be a pharmacist. It's to help them take the right medicines at the right time at home or in other circumstances.

Ms Platona: Anywhere where compliance and adherence needs to be supported with people being reminded that today is the day. You have the old Webster packs that would remind people when to take their medicine and when they are due to take medicine.

Senator SIEWERT: It is not just Webster packs though?

Ms Platona: No.

Senator SIEWERT: They're included but it's not just that is it?

Ms Platona: Correct.

Senator SIEWERT: I just wanted to be clear. Are these programs normally on budget?

Ms Platona: We have been allocated, as part of the Seventh Community Pharmacy Agreement, \$1.2 billion over five years. Yes, there is a budget and that is the budget constraint, and we will try to manage within the budget.

Senator SIEWERT: Pharmacists get paid for doing this don't they?

Ms Platona: Correct.

Senator SIEWERT: Could you take on notice what that is? I presume it varies with the different aids and things or is just one fee?

Ms Platona: The fee.

Senator SIEWERT: It's just one fee across everything?

Mr Sladic: I will take it on notice for the dose administration aids to confirm that I think it is a partial subsidisation of about \$5.50, for each dose administration, that the pharmacist gets paid under the community pharmacy agreement. But that doesn't stop them charging private fees separately to that. For the actual patient the amount that is subsidised through the pharmacy agreement from the government is about \$5.50, but I will confirm that on notice.

Senator SIEWERT: If you could confirm that on notice. But that won't necessarily give me the full picture. From what you've just said pharmacists can charge more?

Mr Sladic: For the delivery of the dose administration aid, yes.

Senator SIEWERT: To your knowledge do they?

Mr Sladic: Yes.

Senator SIEWERT: Do you know what size of additional fee they charge?

Mr Sladic: I could have a look on notice for you, Senator.

Senator SIEWERT: I can go and find it too. I just wanted to know if you knew or if there is an understanding of what the common fee is, but obviously there isn't. So that's fine. I'm presuming that this is continuing for the whole life of the—

Ms Platona: Five years.

Senator SIEWERT: Thank you. Staged supply is an important part of delivering certain medications, isn't it?

Ms Platona: Correct.

Senator SIEWERT: Does staged supply apply to medicines dispensed under the opioid dependency treatment program?

Ms Platona: I will check that. It is designed through the provision of medicines in instalments where they are requested by a prescriber with an aim to improve medication adherence. I will find that for you.

Senator SIEWERT: So you don't know if that applies to those who are getting treatment under the opioid dependence program? That's prescribed, isn't it?

Ms Platona: I'll take that on notice, Senator.

Senator SIEWERT: So you can't tell me if those medications are part of the staged supply?

Ms Platona: I don't know

Senator SIEWERT: It makes it hard for me to ask my other questions if you don't know that. Does anybody know?

Mr Sladic: As far as the crossover between the opioid dependence treatment program and the community pharmacy staged supply program, similarly, I would need to take that on notice and check. But my understanding is that the opioid dependence treatment program is probably separate to that and relates to money that goes to states and territories for the delivery of some of that.

Senator SIEWERT: So they can't access the staged supply, is that right?

Mr Sladic: I'm not sure if they're two different things. That's what I think I need to check on notice as well.

Senator SIEWERT: Can you expand on why they would be two different things? If someone's been prescribed medication for a dependency, why would it be treated differently?

Mr Sladic: Let me rephrase that. I was trying to say that the payment to the pharmacist for the staged supply program is different to the cost of the medicine, which, I think, is what's supplied under the opioid dependence treatment program.

Senator SIEWERT: If they're getting medication for a dependency, it's paid for separately. Is that the point?

Mr Sladic: I was trying to say that the opioid dependence treatment program covers the cost of the medicines under that program for the states and territories as opposed to paying the pharmacy for supporting the medication adherence.

Senator SIEWERT: Okay. It goes to the states, who then pay—

Mr Sladic: That's it.

Senator SIEWERT: I get your point now. Sorry, I wasn't following you. If State and territories are paying the pharmacists to do that, can the pharmacists access the staged supply process?

Mr Sladic: Can the pharmacists access the staged supply?

Senator SIEWERT: Yes.

Mr Sladic: Yes. That's the bit I need to check for you on notice. But the pharmacist can access the staged supply.

Ms Platona: The staged supply is a payment to the pharmacists.

Senator SIEWERT: Yes. They can access that—

Ms Platona: For the delivery.

Senator SIEWERT: for the delivery if the state or territory is paying for that program. Is that correct?

Ms Platona: We will check the interplay between the two programs. They are separate pools of money, and we'll come back to you to confirm how they work together.

Mr Sladic: There might be some overlap, but I can't give you a definitive answer.

Senator SIEWERT: I take the point you're making. Is it recognised as part of a co-payment under the PBS? If the states are supplying that funding, could it be dealt with that way?

Mr Sladic: Is that for the opioid dependence treatment program? Is that the question?

Senator SIEWERT: Yes.

Mr Sladic: I can't give a 100 per cent confident answer on that, Senator. I'll need to take that on notice.

Senator SIEWERT: I suspect the rest of my questions are dependent on whether they can actually access the staged supply process. So you can't tell me if it is or it isn't paid? It's not yes, and it's not no.

Mr Sladic: The co-payment?

Senator SIEWERT: No, sorry, going back to the staged supply, whether the Commonwealth will actually pay for that.

Ms Platona: The Commonwealth pays for the staged supply—the pharmacist—for doing the work which is encompassed in the activity of staged supply, meaning at the request of the prescriber, somebody, an individual, shows up at the pharmacy and the pharmacist is paid to do that work.

Senator SIEWERT: Even for the opioid dependency program? That's where I'm stuck.

Ms Platona: And that is the bit where I am also stuck, Senator, so please forgive us. We will come back and answer the question between how the staged supply payment to the pharmacist blends in with the opioid substitution program, which is a separate pool of money that does not go to the pharmacist; it goes to the purchasing of the product.

Senator SIEWERT: Yes, right. I beg your pardon. I thought you said before that state and territory money was going to the pharmacist as well, just a different way. I apologise. It goes to the patient—is that correct?

Mr Sladic: Sorry, which one goes to the patient?

Senator SIEWERT: Sorry, it's getting late. This is what I thought you said, so correct me if I've got it wrong: the payment for the medication for opioid dependency goes to the states and territories.

Mr Sladic: That's my understanding, yes.

Senator SIEWERT: And they then pass it on to the patient?

Ms Platona: We'll check, Senator.

Mr Sladic: But the crossover with the staged supply is also the bit that I think we need to clarify for you.

Senator SIEWERT: Okay. I have a series of questions then, moving on. The bottom line is: I want to know whether people with an opioid dependency are able to access this scheme, and, if not, why not. That's the bottom line.

Ms Shakespeare: I think somebody who had a dependency and was receiving a prescribed medicine from their doctor could use the staged supply program where that was appropriate. We just need to check the opioid substitute program and whether medicines funded under that are then dispensed through staged supply. That's the bit we're not clear on.

Senator SIEWERT: Okay. Could you check that? Are you able to get back to us tomorrow on this?

Ms Shakespeare: Yes, sure.

Senator SIEWERT: And I may have some more questions then.

Ms Shakespeare: Yes. I don't think the money goes to patients. I think it's actually the opioid substitute treatment that is provided to patients through the states and territories, through clinics.

Senator SIEWERT: That's what I had originally thought was meant. I realise I'm taking up time now on further questions that you won't be able to answer, but I would like to deal with this tomorrow, please, if possible.

Ms Shakespeare: Sure.

Senator SIEWERT: Thank you.

CHAIR: Those are all your questions?

Senator SIEWERT: I have a lot more in that area, but I will ask them tomorrow.

CHAIR: I will put mine on notice.

Mr Sladic: Can I take this opportunity to clarify part of my earlier evidence for Senator Siewert?

CHAIR: Yes.

Mr Sladic: I've had a look in the break, and the opioid dependence treatment program is specifically excluded in the program rules from Staged Supply. I wanted to give you that clarification tonight.

Senator SIEWERT: Can we go back there then? So they're specifically excluded?

Mr Sladic: People who are receiving medicines through the state and territory-run opioid dependence treatment programs aren't eligible to participate in the Staged Supply Program.

Senator SIEWERT: Why is that?

Mr Sladic: Because the opioid dependence treatment programs are run through the states and territories. As I think we clarified in the earlier evidence, the Commonwealth pays for the cost of the drugs that are under the ODTP program, and—I think I'd prefer to clarify this on notice—the drugs covered by ODTP are different to the drugs that are covered under Staged Supply.

Senator SIEWERT: Why is that?

Mr Sladic: In terms of the cost of the drugs under the ODTP?

Senator SIEWERT: They are more expensive or—

Mr Sladic: It's just that the actual drugs that are available under the ODTP arrangement are different from those that are available under the Staged Supply arrangement.

Ms Shakespeare: The ODTP is a section 100, a special program under the PBS. It's traditionally been run through state and territory opioid replacement clinics. It doesn't cover the costs. The community pharmacy programs are for medicines delivered in community pharmacies, so traditionally they've been separate.

Senator SIEWERT: So when people are getting access under section 100 to the ODTP drugs, that's not through the pharmacy?

Ms Shakespeare: Traditionally, it's been through opioid therapy replacement clinics.

Senator SIEWERT: Traditionally? Does that continue?

Ms Shakespeare: I think some of the state and territory clinics are now getting those medicines delivered through community pharmacy programs.

Senator SIEWERT: That's what I was going to get to—it's the chicken and the egg. Are they doing it that way because it wasn't delivered through community pharmacies before? Now they are being delivered by community pharmacies, so why can't they get access to this process? Wouldn't it be safer?

Ms Shakespeare: We've agreed to look at the programs under the Seventh Community Pharmacy Agreement in the first 12 months, so this is one issue we'll probably need to look at around staged supply arrangements.

Senator SIEWERT: Thank you for that clarification. Is that review definitely being undertaken in the next 12 months? Is there a time line for that?

Ms Platona: We have agreed as part of the community pharmacy agreement with the Pharmacy Guild and with the Pharmaceutical Society of Australia that there will be a review of all the programs that go under the 7CPA. Staged Supply is one of them. In terms of time frames, we will try to have new rules in place for at least some of the programs from 1 July next year and beyond.

Senator SIEWERT: Are consumers are being consulted during this review? These sorts of things are really important to consumers.

Ms Platona: Yes. As part of the new governance arrangement of the 7CPA, there is now, within the governance of this agreement, a consultative committee—which includes the Consumers Health Forum—for Indigenous matters. We have NACCHO representatives. The first meeting is on Friday.

Senator SIEWERT: Is this on the agenda?

Ms Platona: If you ask!

Senator SIEWERT: Can you put this on the agenda? And will you have consumers there who are particularly interested in this program?

Ms Platona: The participants have been nominated by CHF and NACCHO. The department also has the ability to consult with other experts and with other people as part of the program development going forward.

Senator SIEWERT: I'm not for one minute casting aspersions on Consumers Health Forum or NACCHO, but have they nominated somebody from the dependence treatment program?

Mr Sladic: This is the first of these new consultative governance arrangements under the 7CPA. There's a range of reforms that we're looking to make to pharmacy programs during the coming year. I think the CEO of Consumers Health Forum will attend the initial meeting. It's the start of the conversation around some of the reforms.

Senator SIEWERT: Okay. If you can put it on the agenda, I think that would be very much appreciated by a lot of people. The way these drugs are treated means they don't then count as access to somebody's safety net?

Mr Sladic: I think that's correct for the opioid dependence treatment program, because there's no PBS copayment paid. A private dispensing fee can be charged by the pharmacist, and therefore it wouldn't count towards their safety net.

Senator SIEWERT: The extra fee that they pay doesn't count as a co-payment?

Mr Sladic: Not under the opioid dependence treatment program is my understanding. That's different from Staged Supply, which we'll be starting a conversation on under the community pharmacy agreement governance committee. Senator SIEWERT: Is there a possibility that if the process were changed it could count as part of a copayment?

Ms Platona: Under the 7CPA, we could look at how the staged supply rules impact on the individuals—the patients who take these kinds of drugs—and what happens with their co-payments. That would be the first thing we would do: look at Staged Supply, and the rules applying to Staged Supply, and take advantage of some of the program opportunities for change that we have under the 7CPA.

Funding

Senator SIEWERT: I have some questions in the area around drug and alcohol services. First off, funding was committed for infrastructure and services for drug and alcohol programs or services. There are a number of them. You probably can't tell me now, but can you take on notice to provide me with an update on where they're up to and whether some of those have been retimed?

Ms Field: Absolutely.

Ms Edwards: Just for the clarity of other senators, we were talking about the Community Health and Hospitals Program funding that was allocated to alcohol and other drugs as opposed to all our other funding to alcohol and other drugs.

Senator SIEWERT: Yes, sorry. I do want to go to the fact that we've had, through the COVID crisis, a significant increase in demand for mental health services. I know there are some drug and alcohol services that are struggling with their capacity to meet the need, particularly in rural and regional areas. I'd like to know if any investment is being brought forward or new investment is being committed to drug and alcohol services in rural and regional areas?

Ms Edwards: It's not in Ms Field's area. In the COVID space, there has been extra commitment to the alcohol and other drugs funding package. There was a total of \$6 million in 2019-20 to support drug and alcohol activities to combat any harms that may have exacerbated during this period.

Senator SIEWERT: Is that overall, not just rural?

Ms Edwards: That's overall—and in addition to the mental health services. As you know, there's a big overlap.

Senator SIEWERT: I do realise. Ms Edwards: This is specifically for drug and alcohol. That funding was to various projects. I'm not sure I've got the information about the extent to which they're regional, but we can take that on notice if no-one appears with the magic answers.

SIEWERT: I can see someone coming. So it's \$6 million overall.

Ms Edwards: It's \$6 million to five different recipients. Ms Rishniw, you might talk about those generally, but the question is on the extent to which that may help in regional and remote areas.

Senator SIEWERT: Yes.

Ms Edwards: And we've noted that mental health services are already doing related functions.

Senator SIEWERT: And we'll deal with mental health during that section.

Ms Rishniw: There's \$6 million, as you outlined, for COVID alcohol and other drugs services in that funding package. Of that, \$1.5 million is going to Turning Point to expand counselling online. Obviously, the online counselling particularly is focused on access for regional and remote communities but also more broadly. Hello Sunday Morning's Daybreak program is receiving \$1.5 million, and that's to increase the reach of that program and to focus on engagement through primary care.

Senator SIEWERT: Do they cover rural and regional as well?

Ms Rishniw: My understanding is they do. Of course, it's a national program focused on engagement in the primary care setting, wherever that happens to be. Four hundred thousand dollars is going to SMART

Recovery to support the adaptation of their services to an online delivery model. Matilda Centre, Cracks in the Ice and Positive Choices are receiving \$600,000, and that's to support the enhancement of their portals to take into account COVID-19. So, once again, that's online delivery. And \$2 million is going to the Alcohol and Drug Foundation to deliver an information and awareness campaign—that's the Break the Habit campaign—to make Australians aware of the support that's available and other resources specific to COVID-19. So all of those measures are really trying to do a national reach.

Senator SIEWERT: Some of those will obviously be available to regional and remote areas. Are there specific services that have been funded in regional and remote areas? I'm not meaning to have a go at these services, but there's also specific expertise in many cases needed for rural and regional.

Ms Rishniw: For the detail of that, I'd need to take that question on notice. But, as you can see, all of those are really focused on online content and accessibility. That's in addition to the \$800 million that the government invests in alcohol and other drugs programs as well.

Senator SIEWERT: In terms of the decision-making, how were these services selected? How were they picked for funding?

Ms Rishniw: My understanding is, particularly in the context of COVID where we were trying to respond really quickly, we were looking at programs that had an existing footprint, an existing brand and profile and outcomes and we were looking at supplementing them to increase their reach and do the online activities.

Senator SIEWERT: Basically they didn't apply; you didn't do an open call or even a targeted call. You approached them.

Ms Rishniw: My understanding is we went to existing programs, but I'll get that clarified if that's not the case.

Senator SIEWERT: If you could, that would be appreciated. Were you allocated \$6 million and then you made a decision about how you would allocate that to those services?

Ms Rishniw: The funding was really based on, with discussions with those organisations, what was reasonable to give them for online modules so that they could actually make those resources available. So it was a negotiated amount.

Senator SIEWERT: Do we have an understanding about whether we're meeting need?

Ms Rishniw: Obviously, in the context of COVID, it's very live, and we're monitoring as we go. These measures were announced and put in place as quickly as we could, and we were monitoring that through those organisations as best we can.

Senator SIEWERT: There's a pretty common understanding that we don't have enough drug and alcohol services per se; they're not meeting need. Is there an assessment being undertaken or has an assessment been undertaken of the greater overall need for drug and alcohol services?

Ms Rishniw: The greater need for drug and alcohol services in the context of COVID?

Senator SIEWERT: Yes, let's just leave it at that at the moment: has there been an assessment of need right now?

Ms Rishniw: Not to my knowledge, but my experts in the field will be coming during outcome 2, so we can elaborate on that.

Senator SIEWERT: Okay.

Ms Rishniw: Certainly the delivery of online platforms is geared to trying to address need more holistically and to allow access more broadly.

Senator SIEWERT: Okay. I take your point about online services. We know we actually need a whole lot more treatment services, and, by and large, a lot of those cannot be or are not effective when provided online. So what are we doing about the infrastructure that's needed for better drug and alcohol treatment?

Ms Rishniw: That also goes to the broader \$800 million investment through the alcohol and drug program across the country and working with states and territories around their treatment services as well.

Senator SIEWERT: Have you done an assessment of the state and territory extra commitment to services during COVID?

Ms Rishniw: Not to my knowledge, but I'll take that on notice.

SIEWERT: If you could see how they're complementing each other—

Ms Rishniw: Indeed. And we're working through PHNs as well, in terms of the commissioning of services. PHNs are specifically focused on ensuring that they do a needs analysis and work with states and territories and the service footprint on ground.

Senator SIEWERT: Have the PHNs undertaken or provided feedback on that needs analysis?

Ms Rishniw: They do a needs analysis annually. In terms of COVID, we've been working directly with all 31 PHNs, but particularly the ones in Victoria around lockdown. So they do a general needs analysis—absolutely— and we work with them regularly.

Senator SIEWERT: I was thinking specifically during the current pandemic—are they undertaking extra needs analysis of drug and alcohol services?

Ms Rishniw: I will take that on notice. They certainly have been in terms of mental health and the connection with drug and alcohol services. And, given that they commission both of those, they are uniquely placed to look at that need. They've been undertaking needs, and, certainly, the mental health investment that has been channelled through PHNs and drug and alcohol investment there has been focused on how do we best provide those services in the context of COVID.

Senator SIEWERT: Thank you. Is there a process for determining ongoing need? Is this \$6 million for this financial year?

Ms Rishniw: Yes, that's right. It was announced in the budget, and it's funding for this coming financial year.

Senator SIEWERT: Yes—2020-21. What's the plan beyond that?

Ms Rishniw: We're obviously in the context of COVID. This is an investment that's COVID specific that's looking at the investment through that. There's broader investment in alcohol and drug programs more broadly. Most of those are commissioned through PHNs and working with Victoria, but, obviously, funding beyond that is a matter for government.

Senator SIEWERT: So there are no plans at the moment?

Ms Rishniw: At this stage, it would be in the context of the needs analysis and the commissioning.

Senator SIEWERT: In terms, then, of the evaluation of the additional funding, will you be looking at how effective particularly those online services are in the context of drug and alcohol services? Will you be looking at that?

Ms Rishniw: We always look at usage in particular and how people are responding to digital and online media. Certainly, with usage, we've seen good uptake so far. That's part of that evaluation in terms of the effectiveness of that. Obviously, that's a broader package around the effectiveness of the existing treatments as well. But we have seen some good analysis in terms of drug and alcohol treatment and the calls that we get in terms of callbacks after three months. They have gone down. If you bear with me, I've got those numbers.

Senator SIEWERT: That would be great, thanks.

Dr Murphy: Chair, this is largely outcome 2 related material.

Ms Rishniw will have experts in drug and alcohol— Senator SIEWERT: I'm very happy to come back to it then—sorry.

CHAIR: And you've only got about two minutes left of your time allocation.

Senator SIEWERT: In terms of indexation, is it better to ask it here or in outcome 2?

Ms Rishniw: If you would leave that to outcome 2, that would be great.

Senator SIEWERT: That's fine. In terms of funding for a peak body—is it better here or in outcome 2?

Ms Rishniw: Funding for peak bodies is Ms Edwards.

Dr Murphy: Peak bodies is outcome 1.

Senator SIEWERT: In terms of funding for alcohol and other drugs treatment services, is there a peak body that you fund?

Ms Edwards: Not under that program, I don't think. I'm just looking at the list now—bearing in mind, we've had the discussion before that it's only one of the ways we fund bodies.

Senator SIEWERT: Yes.

Ms Rishniw: We do fund the Alcohol and Drug Foundation, Break the Habit, through the alcohol and drugs program.

Senator SIEWERT: Sorry—can you say that again? You fund it through the program?

Ms Rishniw: We do.

SIEWERT: Pre-COVID, did you say?

Ms Rishniw: We do, but also with COVID measures.

Senator SIEWERT: They were part of the additional funding—the \$2 million—

Ms Rishniw: The additional funding. Through outcome 2 programs, not through the outcome 1 peak bodies program.

Senator SIEWERT: I'll ask then. Thank you, Chair.

Indexation & Peak Bodies

Senator SIEWERT: I want to ask the questions I was told to ask here. First off, I want to ask in regard to the approach to indexation for funding of services.

Ms Rishniw: For services under the alcohol and other drugs program?

Senator SIEWERT: Sorry, I beg your pardon. Yes. I wasn't thinking.

Ms Appleyard: Are you talking particularly in relation to primary health networks drug and alcohol funding?

Senator SIEWERT: I'm talking about both that funding and any other funding that's going specifically to alcohol and other drug treatment centres.

Ms Appleyard: There are different arrangements because there are various streams of funding for drug and alcohol, as you're aware. There was an indexation pause on alcohol and drug core funding. This was a couple of years ago. That indexation pause I understand is continuing. It would be a decision for government whether or not that pause were to remain. That is around common drug core funding. In relation to the National Ice Action Strategy, however, indexation is applied.

Senator SIEWERT: Is that the NIAS?

Ms Appleyard: NIAS, that's right. Indexation is applied to that funding. It really just depends on what the nature of the funding is, noting that we have so many different funding streams under alcohol and drug treatment.

Senator SIEWERT: Why do some get indexation and some don't?

Ms Appleyard: Sometimes decisions are made in respect of different programs at different points in time, as I think we've seen. This can happen across the department in different fiscal environments. They're just decisions of government at that time. The National Ice Action Strategy was a particular strategy. I think the review was in 2015. There was no indexation applied to the NIAS in relation to alcohol and drug core funding. That's something that's been paid for a very long time. I believe there might have been times when indexation was in place, and then a decision was taken to pause. I don't necessarily know that there's always a methodology around it. What I mean by that is: a reason I can bring to you and explain in every single case or strategically. It's done on a program by program basis.

Senator SIEWERT: You said that it was a question for government. I'm not asking for the advice; I'm asking if you've been asked to give advice on unfreezing the indexation?

Ms Appleyard: I don't believe so. We're certainly not preparing any advice for the government in relation to that.

Senator SIEWERT: Minister, is it possible that the government will be considering any indexation for the funding of these services?

Senator Cash: I would need to take that on notice.

Senator SIEWERT: Thank you. Is there any work on increasing the sector's capacity to provide drug and alcohol services at the secondary and tertiary levels? Is there any further capacity being provided at that level?

Mr Laffan: There isn't that active consideration of additional secondary or tertiary services at the moment. But, of course, the Commonwealth did provide a very significant funding boost into the drug and alcohol treatment services sector with the introduction of the National Ice Action Strategy in 2016.

Senator SIEWERT: There's been no further work since then?

Mr Laffan: Not specifically, no.

Senator SIEWERT: In terms of funding for a peak body, I just want to confirm that you said there isn't funding available for a peak body—

Ms Appleyard: I think what we said is there isn't a peak body for alcohol and other drugs.

Senator SIEWERT: What about for treatment services?

Ms Appleyard: For treatment services, there are some peak bodies at the state level, and funding is provided to those state level bodies. We also provide a small amount of money to QNADA, the Queensland Network of Alcohol and Drug Associations, for national coordination of state peak positions. If we're consulting, and we need to try to understand what the combined views of state based peaks may be, that gives them some capacity to coordinate that input for us.

Senator SIEWERT: Are you aware if you've ever funded a peak body?

Ms Appleyard: In the past, I think that was the case, but we haven't done that for a number of years. That's my understanding.

Senator SIEWERT: I'm just recollecting the last time I had this portfolio. Yes, there was.

Ms Appleyard: Yes, there was.

Senator SIEWERT: And there's been no consideration to funding a peak body again?

Ms Appleyard: No. There's hasn't been, is my understanding. We believe that we're quite effectively dealing through the state peaks, and the Queensland peak coordinates on their behalf.

Alcohol

Senator SIEWERT: I'll go to the work that's being done during the pandemic in terms of alcohol use. I'm focusing on alcohol use right now.

Ms Appleyard: Are you talking about the \$6 million?

Senator SIEWERT: Yes, the \$6 million. Let's start with that.

Ms Appleyard: Funding under that particular measure was really about boosting the capability and capacity to move the modality to online. We did provide \$1½ million to Turning Point to expand a service called Counselling Online with the aim that it would provide up to 26,000 additional triaging services and

up to 10,000 additional online counselling sessions. Another commitment, or funding, that was provided was \$1½ million to Hello Sunday Morning's Daybreak program. That was to increase the current reach of the program and focus engagement with the primary care sector. You would be aware that that's been quite a successful program, in that people use their phone to interface through an app. And then there was about \$400,000 to SMART Recovery, and that was to adapt their service delivery model to online. We also gave money to the Matilda centre to support enhancements to their Cracks in the Ice and Positive Choices portals. And then we provided \$2 million to the Australian Drug Foundation to deliver an information and awareness campaign during COVID-19.

Senator SIEWERT: Have you got any data on prevalence of increased drinking? Did you do that, and what's that data?

Ms Appleyard: It would be fair to say that we've been monitoring the evidence in relation to increased drug and alcohol use during COVID-19 and it's very mixed. There are some reports that alcohol use has gone up. There are some reports that alcohol use has gone down. It affects different population groups differently.

Senator SIEWERT: That's what I was going to ask.

Ms Appleyard: Yes.

Senator SIEWERT: Is anybody doing any more comprehensive work in that space?

Ms Appleyard: There are a number of surveys and studies being undertaken at the moment. But, as I said before, we are monitoring. There's nothing in particular that we've commissioned, but we are—especially because we fund NDARC, the National Drug and Alcohol Research Centre—constantly reviewing the evidence. We also keep a national minimum dataset of drug and alcohol treatment services. These are all data sources that we will be actively monitoring and waiting for the outcomes of in relation to seeing how the trends are going.

Senator SIEWERT: Would it be fair to say you've put some extra funding in but at this stage, given what you've just said, we don't really know if it's meeting any increase? A lot of the services that you've been talking about are to ensure that you meet existing needs during the pandemic—

Ms Appleyard: Yes.

Senator SIEWERT: It seems to me it's not clear whether there's enough there at the moment—

Ms Appleyard: Yes.

Senator SIEWERT: either way, to be fair, and whether they're sufficient resources to meet any increase in demand.

Ms Appleyard: Yes. We require of the services through their funding agreements—what I just took you through, the funding we provided—six monthly reporting from them. It commenced in June, so we will be expecting the first report out of that at the end of the year.

Senator SIEWERT: Or early new year.

Ms Appleyard: That's right. We'll be very carefully analysing that. As you know, it's often very difficult to attribute a specific outcome from a specific program or initiative, but we can at least monitor a trend, which should give us some indication. The other thing that we're seeing is the increase in the number of

calls to our AOD hotline. That usually tells you quite a lot about whether or not there is a perceived need for support for alcohol and drug treatment services.

Senator SIEWERT: There has been an increase there?

Ms Appleyard: There has been. There's been about a doubling, on the same time last year, of those calls.

Senator SIEWERT: That's quite significant, a doubling.

Ms Appleyard: Yes, it is.

Senator SIEWERT: So what are we talking about in terms of numbers there?

Ms Appleyard: I'm going to get the appropriate brief for you. I know I absolutely do have that number. The AOD hotline monthly calls in 2020 have increased compared—I have said the doubling. The scale of these increases has grown progressively as the COVID period has persisted. For the isolation period from April until September, call totals have more than doubled, which corresponds roughly with the most severe lockdown conditions. I don't actually have a number of 'doubled from' and I don't know if Mr Laffan would know that.

Senator SIEWERT: I'm sure you would somewhere. Do you want to take it on notice?

Mr Laffan: We're happy to take it on notice, but I would also note that the National AOD Hotline is essentially a single point of entry into a variety of systems. So you will be diverted geographically to the jurisdiction in which you are located unless, for some jurisdictions, that's at night where it diverts through to phone lines that are run by Turning Point for afterhours services.

Senator SIEWERT: So, given what we've been discussing regarding reports of increases and decreases and it is diverted to the states, we don't have a clear picture of where we're seeing that increase at the moment, or would that—

Mr Laffan: We will have data that's broken down state by state, but, because of some of that diversion, Victoria will look higher because that's where Turning Point are located.

Senator SIEWERT: Also because they have got the extended lockdown.

Ms Appleyard: Yes, that's right.

Mr Laffan: We won't be able to give you total volumes because we don't know exactly how many calls the states receive just to their normal number.

Senator SIEWERT: Okay. If you can provide as much data as you can—I understand the limitations—that would be great.

Mr Laffan: Sure—happy to.

Senator SIEWERT: I will put the rest of this on notice, but I'm interested in the black market in cannabis use as it relates to medicinal cannabis. Are you keeping an eye on illegal cannabis medicines?

Ms Appleyard: That would be a question for Office of Drug Control, who I think might be on tomorrow under outcome 5.

Senator SIEWERT: Okay; I will ask then. Thank you