

## **Responses to Questions on Notice – 6 April 2018 Batemans Bay Hearing**

[Dr MEHREEN FARUQI] —

### **QUESTION 1**

In submission No. 15 from Mission Australia it notes that rural and regional rehabilitation services have been forced to close down due to funding changes. They say that at the end of this year the Bega region will lose funding for the Wandarma Aboriginal Drug and Alcohol Service. Do you know whether that is the case?

Ms BESTON: That is Commonwealth funded, so I cannot comment on that because that is not funded through NSW Health.

Dr MEHREEN FARUQI: Do you know whether that is the only Aboriginal drug and alcohol service in your area?

Ms BESTON: I believe Katungul, who are going to talk after us, also have access to drug and alcohol staff, but I cannot comment on that completely. I can take that on notice. We certainly provide access for Aboriginal clients to our drug and alcohol treatment.

### **ANSWER**

Katungul, the Aboriginal Medical Service funded through the Commonwealth, currently provides drug and alcohol counselling and support to the Aboriginal community across the coastal regions of Southern NSW Local Health District.

The District provides drug and alcohol assessment, counselling and opioid replacement treatment to all referred clients across the region and ensures that appropriate access and support is provided to Aboriginal clients.

[Dr MEHREEN FARUQI] -

### **QUESTION 2**

We heard earlier from Lives Lived Well and Lyndon. Their experience and their statistics show that there has been a recent rise in women presenting with methamphetamine use. There is no specific women's service here. Is that a concern for you? What can the local health district do about that?

Ms BESTON: Anyone can access our service regardless of their gender. I cannot comment on the statistics of women because I have not got that here. I can take that on notice and certainly find out how many women have presented to our service with methamphetamine use.

### **ANSWER**

In terms of the trend in methamphetamine and amphetamine use amongst the female cohort within the District, we reviewed the data on open service requests for the last nine months of clients who accessed the District's drug and alcohol services. The data did not demonstrate a clear trend in the number of meth/amphetamine-related services for female clients across the five drug and alcohol community services across the district. Over the nine month period, there were 30 women identified who required meth/amphetamine-related services. There were from one to eight women provided services for meth/amphetamine-related issues per month.

[The Hon. PAUL GREEN] -

**QUESTION 3**

Is that a model that is in use anywhere else? Is anyone else saying, "This in-home drug and rehabilitation model is really successful"?

Ms BESTON: I have a feeling that Victoria went into the home-based assertive case management model instead of clients always coming to the centre for appointments and being voluntary. If someone does not turn up they think, "I am a bit worried about that person. Let us go out and see whether we can see them and see that everything is okay."

The Hon. PAUL GREEN: We would be much obliged if you could direct us to anyone in Victoria to whom we could speak about this issue. You could take that question on notice.

**ANSWER**

The best expert for the Committee to discuss models of care with is Dr Tony Gill, Staff Specialist Drug and Alcohol Services, St Vincent's Health Network. Dr Gill can be contacted at: [Tony.Gill@health.nsw.gov.au](mailto:Tony.Gill@health.nsw.gov.au) or on 0407 960 007.