

LEGISLATIVE COUNCIL BUDGET AND FINANCE COMMITTEE

Plaza Room

Monday 13 August 2007 at 10.35 a.m.

[OFFICIAL HANSARD REPORT]
BY AUTHORITY OF THE LEGISLATIVE COUNCIL

MEMBERS:

Hon. R.I. Lucas MLC (Chairperson)
Hon. D.G.E. Hood MLC
Hon. C.V. Schaefer MLC
Hon. R.P. Wortley MLC

WITNESSES:

TONY SHERBON, Chief Executive;
JOHN O'CONNOR, Executive Director, Finance and Administration; and
JAMIN WOOLCOCK, Acting Deputy Director, Finance and Administration,
all of the

Department of Health,
Citi Centre Building,
11 Hindmarsh Square,
Adelaide 2000,

called and examined:

~~~~~*EXTRACT*~~~~~

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343 THE HON. D.G.E. HOOD: I have a few questions on a related topic. The department funds DASA at some level and ultimately DASA funds the AIDS Council of South Australia.

DR SHERBON: Yes, the department definitely funds the Drug and Alcohol Services Council SA and through it funds some programs within the AIDS council. There are also other programs funded through other parts of the department, namely, the public health and clinical coordination division.

344 THE HON. D.G.E. HOOD: Some weeks ago I raised an issue in parliament. The Norwood office of the SAVIVE group was selling body piercing needles through its office and has no authority to do so, I understand. I raised the matter in the parliament with the minister and she said:

I ascertained that, in relation to the question from the Hon. Dennis Hood asked in relation to body piercing kits, it is not part of the SAVIVE program at all. It is an issue the council has taken up, but is certainly

not part of the drug and alcohol program provided through SAVIVE in terms of supplying those kits. I put that on the record.

I am somewhat concerned that the minister has been ill-informed, presumably by someone in the department. Certainly her answer would suggest that the needles were not being supplied by SAVIVE, but I had a member of my staff buy a needle that week and, on a separate occasion, accompanied by an *Advertiser* photographer, they purchased a second needle, which I still have. Can you comment on the process to advise the minister? Is that an error in your view and, if not, what should have happened?

DR SHERBON: The department has not been satisfied that the AIDS Council has delivered appropriate services through the SAVIVE program. We are aware of the concern over body piercing services, which we consider to be off strategy and not in accordance with government policy. We are also aware that the SAVIVE program has been involved in communications to IV drug users that we would consider to be inappropriate. We became aware of those variances to our intended program. We advised the minister as soon as we knew. She took expeditious action in clarifying with us that her view accorded with ours, that it is outside government policy and not on. We transmitted that advice to the AIDS Council and, to its credit, it has ensured that funding it has from the department is used for activities that accord with government policy. The South Australian government is not the sole funder of the AIDS Council as it receives significant commonwealth funding as well. We have ensured that the commonwealth is aware of our concerns as well. To its credit it has rectified the situation, but we were not comfortable with body piercing from a policy viewpoint as it was not an appropriate use of those funds.

345 THE HON. D.G.E. HOOD: I am pleased to hear that. The AIDS Council's SAVIVE program, which receives state government funding also, has joined a group called the Australian IV League. This group calls itself 'an international network of activists who use drugs' and goes on to say:

No group of oppressed people ever obtained liberation without the involvement of those directly affected by this oppression. Through collective action we will fight to change local, national, regional and international drug laws.

Is that an appropriate position for a publicly funded organisation to hold?

DR SHERBON: Without seeking a response from the AIDS Council or conferring with the minister, my advice to the minister would be that that is outside government intended outcomes for the program. Membership of an organisation with the intent of altering government policy with respect to drug laws is something in which we would seek to involve health department funding. I would have to check with the AIDS Council if it is using our funds and, if it is, on the information you have given me I would be firm in my advice that it is not an appropriate use of our program funds.

346 THE HON. R. WORTLEY: Is it fair to say that both state and federal governments provide funding to various organisations which are actively involved in lobbying and changing government policy?

DR SHERBON: Yes, but as Mr Hood outlined, health funding is specifically targeted towards health outcomes. We value the AIDS Council's contribution to achieving better health outcomes for the intravenous drug using community, but whether it extends to an international approach to changes in drug laws is something I believe is not in accordance with our funding program. I would have to confer with the minister.

347 THE HON. D.G.E. HOOD: I have a publication, *Pure S*, by the AIDS Council of South Australia. It has a number of quotes as follows: 'So many drugs to take, so little time in which to take them'; 'You say I am smashed like it's a bad thing'; 'Alcohol is fun, but take drugs instead and you'll remember your night out'; and, the one truly objectionable quote is 'Children are a blessing: you never know when you will need someone to go out and score for you.' Is that an inappropriate use of taxpayers' money and something your department would not condone in any way?

DR SHERBON: Mr Hood, I can confirm that without reservation. The department was recently alerted to that publication (*Pure S*). We met with the AIDS Council and indicated that it was clearly inappropriate, and the AIDS Council has agreed to discontinue the funding of the publication of that magazine. With respect to the last observation you made (about advice from that publication with respect to the use of children to obtain drugs), if any of my staff were aware of children being used to procure drugs they would be obliged under the relevant policies of our department to ensure that the parent or adult who oversaw that process was reported to the appropriate authorities, as it is clearly unacceptable exploitation of children.

348 THE HON. D.G.E. HOOD: This question is on a related topic. I will read this one, because there is some data in here which may make it clearer. The SHine SA sex education program, originally called SHARE and now known as Rash (an interesting name for the sex education program) is another program of the AIDS Council. This program was designed, in part, to address (or so they claim) an increase in sexually transmitted diseases amongst South Australian school-aged teenagers. Data from the Sexually Transmitted Diseases Services at the Royal Adelaide Hospital shows that in 2003, when the program was first trialled in South Australian schools, some 441 teenagers were reported as having chlamydia, which was one of the targeted transmitted diseases of the program. In 2004, as the project expanded, the number of reported cases rose to 581. In 2005, the program was further expanded, and the number of cases also increased marginally to 588. The most recent data we have is 2006. There are many more schools in the program now and some 747 cases of chlamydia specifically have been reported amongst school-aged children in South Australia, despite a 70 per cent increased roll-out in the program. I would deem that this program has, therefore, failed to achieve one of its primary targets, which is a reduction in levels of chlamydia in school-aged children. I am interested in your thoughts on that.

DR SHERBON: It is true to note, Mr Hood, that chlamydia notifications have increased. We think that a fair bit of that is due to better detection of chlamydia. Chlamydia is an insidious infection in many people, particularly women, in that people can live with chlamydia infection for some time and not know it. Making people aware of that possibility is an important part of sexual health communicable disease control. As we encourage people to be tested, it is not unexpected that more people will be detected with chlamydia. In an additional response to your concerns, I would say that the SHine SA program that focuses on young people has been supported by the department, and it will continue to be so.

We do encourage young people to seek testing for chlamydia if they are at risk, and they can assess their own risk based on the behaviours that are described. We are also aware that 15 000 young people have participated in that program, and training has been provided to over 900 teachers. We have evaluated the program and recommended that it be continued and, in fact, expanded as it improves sexual health awareness. Also, interestingly and importantly, it has largely supported the reduction in teenage pregnancy rates in South Australia from 47.4 per thousand 15 to 19 year olds, to 36.1 per thousand

15 to 19 year olds in recent years. We do expect a further reduction in the teenage pregnancy rate as the program expands. In response to your earlier observations about the AIDS Council, I was very happy to agree with your observation but, on this one, Mr Hood, I have to say that we have a slight difference with you there. We do think the program has been of significant benefit.

349 THE HON. D.G.E. HOOD: Whilst I certainly would agree with you with respect to a reduction in teenage pregnancies (which we would applaud, obviously, as being a good thing for our community), one of the stated aims of the programs at its launch was to reduce specifically chlamydia-related infections amongst school-aged children. Despite that, there has been some 70 per cent increase, and we would regard that as unsuccessful, certainly in that measurement at least.

350 THE HON. R. WORTLEY: But isn't there more testing going on?

DR SHERBON: There's a lot more testing going on, Mr Wortley, yes.

351 THE HON. R. WORTLEY: Naturally, it stands to reason that, with more testing, the more you would pick up.

352 THE HON. D.G.E. HOOD: It is not a matter for discussion here. My comment is that we do not need a sex education program to have people tested.

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420 THE HON. D.G.E. HOOD: Are there any plans to introduce an ICU at the Mount Gambier Hospital?

DR SHERBON: There is already a high dependency unit there.

421 THE HON. D.G.E. HOOD: But no ICU. Are there any plans for that?

DR SHERBON: From memory, it is probably functioning pretty close to what you would consider to be an intensive care level of functioning with extended ventilation of some patients. However, yes, the Country Health Plan will examine the intensive care needs of all the four major regional centres. The answer is that at this stage there is no firm plan, but what I can point out is that the Country Health Plan will examine the needs of regional centres.

If there were to be an intensive care unit at Mount Gambier it will require very significant increases in staffing.

**Note: Further answer submitted post-meeting appears overleaf (2 pages):-**

Further answer on AIVL issue:

## BUDGET AND FINANCE COMMITTEE

### REPLY TO QUESTION WITHOUT NOTICE

**Question:** The AIDS Council's SAVIVE program, which receives state government funding, has joined the Australian IV League. This group calls itself 'an international network of activists who use drugs' and goes on to say "no group of oppressed people ever obtained liberation without the involvement of those directly affected by this oppression. Through collective action we will fight to change local, national, regional and international drug laws." Is that an appropriate position for a publicly funded organisation to hold?

In reply to the Hon D G E Hood MLC on 13 August 2007

**Dr Tony Sherbon:** "I can report that:

- The Australian Intravenous League (AIVL) is the peak organisation representing state and territory organisations for people who use or have used illicit drugs and deals with issues of national significance. AIVL has received significant Australian Government funding for hepatitis C education prevention initiatives since 1998.
- As a peak body, membership of AIVL is comprised of a national network of peer-based organisations and programs. SAVIVE is a member organisation of AIVL, as are other like services around Australia.
- The statements that the Hon. D.G.E. Hood attributes to AIVL have been taken from a declaration made by an international network of activists who use drugs. This statement is available on the AIVL website.
- Drug and Alcohol Services South Australia (DASSA) has held discussions with the AIDS Council of South Australia to ensure that the department's contracted services provided by the AIDS Council do not endorse or glamorise illicit drug use. This includes the SAVIVE program to ensure there are no declarations such as those made by the international network of activists who use drugs.
- DASSA does not provide funding either directly to AIVL or indirectly through SAVIVE.
- It should be stressed that providing services to people who engage in potentially at risk behaviour for the transmission of blood borne viruses is a difficult and complex task of paramount importance is preventing the transmission of HIV / AIDS and other blood borne viruses amongst individuals and the broader community. It is therefore important that the government fund agencies such as the AIDS Council and their SAVIVE program to do this work. SAVIVE have a proven history of engaging hard to reach groups for the purpose of blood borne virus prevention.

- They undertake important work through the Clean Needle Program that focuses on strategies to reduce the transmission of blood borne viruses. Australia has been very successful in our HIV/AIDS prevention efforts, a significant component of which has been the provision of peer education services such as those provided by SAVIVE.